

## No Internet “ No Vaccine?

Our journalist-in-residence Samik Kharel dives into Nepal’s digital divide and its struggle to ensure vaccine equity.

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Dit is de omschrijving

The COVID-19 pandemic has witnessed how digital technologies play a vital role to enhance and function the modern-day health care system. The ease of having timely access to essential information with the use of the internet and smart devices has provided a breath of fresh air for people seeking services during the pandemic. But, for people like Dhana Bahadur, a tea shop owner at Namuna Basti, a settlement of squatters near the Bagmati village in Nepal- COVID 19 vaccines are still a long-lost dream. Like many in his locale, he doesn’t have any idea about the available vaccines, the dates for vaccination and the assigned centres. The reason- most of the reliable information surrounding vaccines from concerned national authorities is disseminated via the Internet- Dhana lacks both internet connection and the skills to use it.

“We don’t know the process of getting the vaccines, some say we have to register ourselves using a computer”, says Dhana, referring to the online form set up by the Ministry of Health and Population (MoHP) to get vaccinated. Dhana is among the hundreds of thousands who have been deprived of jobs: and one of the major causes of this vaccine inequity is the digital divide. Being from a marginalized community in Nepal and living in the squatters already reduces Dhana’s chances to accessing the vaccines- while the lack of internet literacy and access to digital devices makes it even worse. Both unseen in the foreground- vaccine equity and digital divide have been worrying as low- income countries like Nepal have witnessed double whammy.

In Nepal, a total of 10,352,845 people (34.1 %) have received the first dose of vaccine and among them, 8,697,989 people (28.8 percent) have had their second dose. As of the first week of December 2021, the country has received 25,049,840 doses of COVID-19 vaccines as part of diplomacy, COVAX and government procurement- which include AstraZeneca, Janssen, Pfizer-BioNTech, Vero Cell and Moderna. These numbers also question the functioning of international vaccine sharing facilities and their mechanisms. The disparity is also present at national level. Although vaccines and access to the internet are “rights” and should not be entitled as “privileges”, the government seems to be negligent and carefree, ensuring both to the common people. Only when the vaccines are nearing the expiry, the authorities tend to be aggressive with their interest. Among many developing nations, Nepal has also been witnessing a great challenge in vaccine roll out to reach the underprivileged, marginalized, and rural community. This is greatly due to the lack of key-information, including from the MoHP, which is mostly being circulated on digital mediums including their official social media handles and website- which is not accessible by a great chunk of the population. This is also not just due to the technology and infrastructure, but also due to the marginalized population lacking the digital literacy and skills. While the Nepal government claims over 87 percent of its population is now connected to the Internet, the real-time data on vaccinations do not show adequate access when linking it with health care. The inequality between the online and offline population to “access information” and particularly on “Vaccine registration” has widened the digital divide during the pandemic- also questioning the accountability of public health care. Another arising question is also how difficult it can be to ensure equitable rollout of services using the Internet and its technologies- while the authority lacks both technical know-how and fails to commit better despite knowing their weaknesses.

Nepal’s southern neighbour India also had similar stories echoed on vaccination roll out and digital divide. While the digital natives had easy access to vaccines with apps like Arogya Setu and CoWin, many people who didn’t have access and skills to digital technology were left behind. There were also cases when the digitally sound youngsters booked their shots in slots allocated for underprivileged communities via these government apps and websites.

While the International Telecommunication Union (ITU) data suggests 782 million more users worldwide were connected to the Internet during the pandemic, a mammoth 2.9 billion which makes 37 percent of the world population still have no access. Perhaps, based on the case of Nepal, a major part of the population without access to the Internet is also deprived of the COVID-19 vaccines- which suggests the interdependency between digital technologies and vaccine equity. Although both

access to the internet and vaccines can be seen as human rights, these data reveal a stark divide between people who have access and those who are deprived of every necessity. This is also not just due to the technology and infrastructure, but also due to the population lacking the digital literacy and skills.

On December 7th, 2021, leaders and nation representatives gathered in Katowice, Poland at the United Nations Internet Governance Forum and underlined how the COVID-19 pandemic had further left behind the “unconnected” population. Addressing the gathering UN Secretary General, Antonio Guterres said- “Pandemic had increased the digital divide”, which was also further echoed by other leaders questioning the access and equity.

Currently around 4.3 billion (56.7 percent) worldwide people have received a dose of the vaccine, according to New York Times Vaccine tracker. According to the Global dashboard for Vaccine Equity’s recent data, one in two people or 64.94 percent of population living in high income countries have been vaccinated with at least a single dose—while merely 1 out of twelve people or 8.35 percent have been vaccinated in the low-income countries as of December 8, 2021. This shows how big the difference is between higher income and lower income countries with vaccine equity.

The Sustainable Development Goal target 9.c committed to “Significantly increase access to information and communication technologies and strive to provide universal and affordable access to the internet in least developed countries by 2020.” But nearly a year has passed and the divide we have seen with the pandemic, suggests things are not being weaved as envisioned. It is becoming more urgent to achieve this goal, as COVID-19 and the discrepancies in vaccine rollout is a reminder on how far we have lagged as both the digital divide and vaccine equity continue to widen over time.

As discussed by a team of experts from India, Guinée, Peru, and ITM researchers- (“COVID-19 vaccine equity: a health systems and policy perspective”) that there is already a major inequality witnessed in countries’ race to get the vaccines- specially countries which fall under the low- and middle-income access has been limited. The disparity starts from there, at global level, while the rich nations turn a blind eye with greed and ignoring vaccine equity. The most relevant example is also with the booster doses, being given in the United States and Europe- while many citizens in lower income countries haven’t yet received not even a single dose. To make equitable access of vaccines in a country like Nepal is a big conundrum for the policy makers as well. Mostly this divide has hit the country’s minorities- shadowing senior citizens, people from marginalized communities and disabled who do not have access internet technologies.

Essential services like health care could be accessed equally from which it is very important to upskill people with digital technologies. Envisioning connectivity projects for better vaccine access, could be the nerve to build on for the future digital health care system in a place like Nepal. The government should also prioritize the offline population and fill gaps within the digital inequity to commit to vaccine equity. Multilingual systems and multi mediums should be facilitated for information dissemination and vaccine registrations.

While the pandemic has also encouraged healthcare services to migrate online, the policy makers were not sure what to expect from it. The chasm between the online and offline widened and it’s everyone’s duty to fix it and assure vaccinations to everyone and leave no one behind. It’s time we provide access and ensure equity for both vaccines and the internet.