Scarcity in crises – The role of social and economic resources in accessing COVID-19 vaccines in Germany

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Abstract

The COVID-19 pandemic generated new demand for medical goods such as masks, disinfectants and COVID-19 vaccines. Production processes lagged behind to saturate the high demand right away. Until the production had been sufficiently scaled up and all of these products were available in abundance, their scarcity resulted in competition. To assure a fair distribution, many states proposed prioritization systems based on core ethical principles. For instance, the German government supported the distribution of free masks to elderly or prioritized certain groups for vaccinations. However, despite the prioritization rules unintended inequality in access is likely.

In this study, we ask whether other – unintended – factors created inequality in access to COVID-19 vaccines in Germany. Vaccination appointments were made through registration platforms and information about additional vaccination opportunities, e.g. through personal doctors, had to be distributed through personal networks. We therefore hypothesize the timing of getting vaccinated to be dependent on individual social and economic resources such as elaborate personal networks, the inclusion into the public health system or language competencies. In short – the probability to receive a vaccination early on is hypothesized to be higher with increasing social and economic resources of one’s own.

Such individual resources are well-known to not be equally distributed in the society. In particular, the recent immigrants and refugees might be limited in access to these social and economic resources. Given their shorter time span in the receiving country, they often have weaker social networks with fewer connections in the host country. Additionally, they face language as well as structural barriers. We thus analyze which role social and economic resources of one’s own played in the distribution of COVID-19 vaccines in Germany and whether immigrants and refugees have been consequently disadvantaged.

Empirically, we rely on the newest survey data from the RKI-SOEP-2 study containing information on respondents’ vaccination status, timing of vaccination and various socio-economic characteristics. We firstly conduct a Kaplan-Meier survival analysis with this information to uncover differences in vaccination dates by migration background. We are subsequently able to disentangle differences in the vaccination timing that were intended by the prioritization system from those that were not by performing an Oaxaca-Blinder-Decomposition analysis considering prioritizing factors such as age, area of employment and previous health conditions and using further variables indicating social and economic resources. Since in future crises we can likely face scarcity of goods or services again, we shed light on factors causing a disadvantageous starting point in such a competition.