



# **POLICY BRIEF**

PB 20 - 71  
September 2020

## **VACCINE NATIONALISM IN THE CONTEXT OF COVID-19: AN OBSTACLE TO THE CONTAINMENT OF THE PANDEMIC**

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# Vaccine nationalism in the context of Covid-19: An obstacle to the containment of the pandemic

## Summary:

As the Covid-19 pandemic continues to rage and fuel much political and economic turmoil, a new scourge is crashing down on the world: Vaccine nationalism. As a testimony of the fragmentation of global public health and the erosion of multilateralism in the midst of health chaos, vaccine nationalism – a race for priority rights to monopolize limited-production doses – is threatening to politicize access to vaccines. In addition to ethical concerns, this nationalist approach feeds health and socio-economic inequalities, causing harm to developing countries, while also threatening the health security of all, as border closures are only temporary and easily permeable.

This paper puts into perspective the geopolitical and economic stakes of the race for a vaccine against the new coronavirus, highlights the repercussions of vaccine nationalism on power imbalances, and identifies avenues for reflecting on how to guarantee equitable access to the vaccine, an imperative for the containment of the pandemic.

## Introduction

Covid-19 is an equalizing factor in the same ways that war, drought and famine can be: None. Deeply rooted in our societies, health inequalities hardly disappear in the face of pandemic waves. On the contrary, they are rather threatening for the precarious stability and security of the state. While the threat of infection weighs on everyone, the risks to which everyone is exposed differ widely because of pre-existing vulnerabilities, shaped by socio-economic factors such as poverty, malnutrition and substandard housing.<sup>1</sup> Moreover, social distancing per se is a luxury in many societies without social safety nets. The risk of exposure to infection is thus, increased for those who cannot forgo their daily income without failing to subsidize equally vital needs. In contrast, therefore, to its supposedly equalizing function, the pandemic acts as an amplifier of socio-economic and health inequalities, perpetuating rather a vicious circle of polymorphous insecurity. These inequalities divide both individual societies and the international community, and are creating an increasingly insurmountable gap between developed and developing countries. While both benefit from intellectual and scientific capital rich enough to cope with epidemics, inequalities in financial capital endow some countries with health capacities of different degrees of resilience. This influences not only the ability to manage the flow of infections, but also the research and development capacity needed to develop an effective vaccine. Yet, without the latter, it will be impossible to control the pandemic,

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1. Wagstaff, A. (2002). Poverty and health sector inequalities. *Bulletin of the World Health Organization: the International Journal of Public Health*; 80(2): 97-105

let alone eradicate it. By acquiring a value of vital strategic interest, scientific research has become a priority for several states, aware of the power that will accompany this discovery and the dependency that could result otherwise. This race against time, against others, and against nature has given rise to a new form of nationalism: vaccine nationalism. In addition to the ethical concerns it raises, preferential access secured by states holding prior agreements with laboratories involved in this race, is detrimental not only to states with more limited resources, but also to the health security of all, as the closure of borders is only temporary and easily permeable.

With the emergence of each new pandemic, hopes for eradication are constantly pinned on the development of a vaccine. While administering adequate treatments can reduce mortality, alleviate symptoms, and spare hospitals from an influx that exceeds their capacity, it does not prevent new infections and therefore does not interrupt the transmission and spread of the epidemic, only offering a superficial cure for a much deeper wound. Hence, the Pasteurian scientific discoveries of the 19th century have popularized immunization as an economically and socially viable intervention, preferable to a purely therapeutic approach, by developing new ways to achieve herd immunity and by confirming the effectiveness of asepsis as a preventive measure. Immunization campaigns have afterwards rapidly become essential to safeguarding the good health of populations, as a means for governments to reduce epidemic "bills" by opting for a policy that is relatively less costly, both in financial and human terms. Yet differentiated access to vaccines, both nationally and internationally, due to the prohibitive costs of some vaccines and to pharmaceutical monopolies, continues to maintain a gap between the well-off and the less well-off, exposing the latter to relatively preventable diseases. Nearly 20 million children worldwide, meaning more than one in ten, have not received life-saving vaccines by 2018, keeping immunization coverage against the three most deadly diseases below 86%<sup>2</sup>. Inequitable access to coronavirus vaccine would perpetuate these inequities and jeopardize the health security of millions of people worldwide.

## I. « Cold » vaccine race: geo-political and geo-economic competition

It would, therefore, be almost ingenuous to believe that the discovery of an effective vaccine against the new coronavirus will be enough to mark the end of a saga scarred by insecurities and inequalities. As a matter of fact, the discovery of a vaccine is only the beginning of a new chapter, the outcome of which will be decided on the basis of political rather than scientific grounds. Seeking to ensure health sovereignty, each state aspires to be the first to discover a vaccine against the coronavirus disease, thereby avoiding dependence on the goodwill of others. Indeed, in the fierce battle between states, there is an implicit certainty that the domestic market will be prioritized, in favor of its nationals and potentially to the detriment of the rest. As a result, four of the most promising Phase III vaccine candidates, respectively developed by AstraZeneca and the University of Oxford (UK), Moderna (USA), Biontech (Germany) in collaboration with Pfizer (USA) and Fosun Pharma (China), as well as Cansino Biologics and the Military Academy of Medical Sciences (China)<sup>3</sup>, have turned into the protagonists of the geopolitical competition opposing these various states, in search of a "victory" in these times of crisis in order to

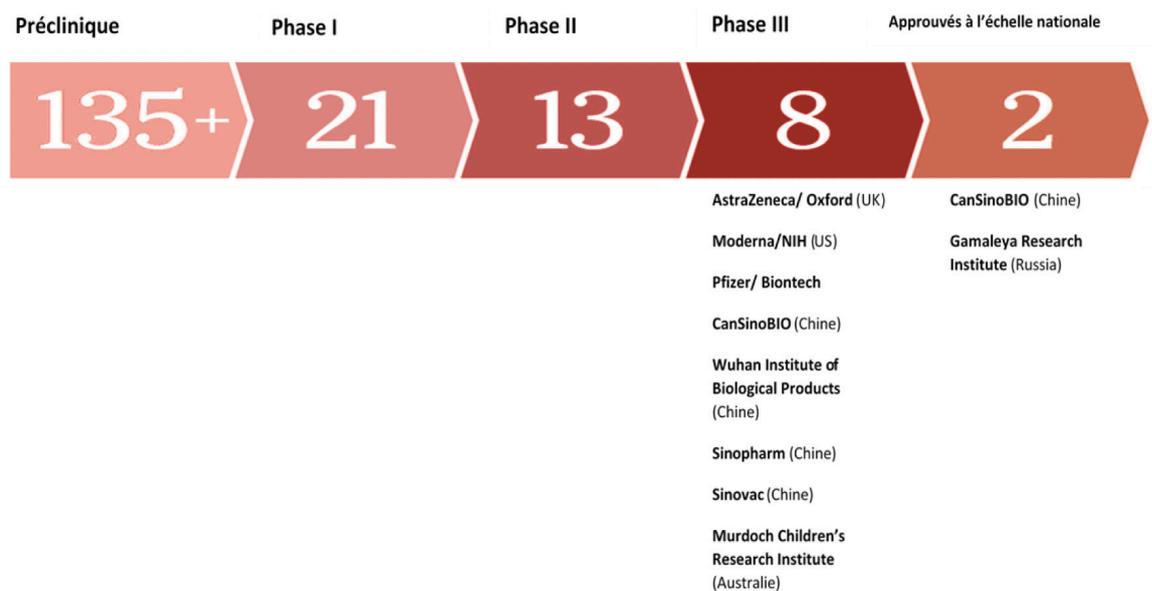
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2. OMS (2019). <https://www.who.int/fr/news-room/fact-sheets/detail/immunization-coverage>

3. New York Times (26 August 2020). Coronavirus Vaccine Tracker. <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

restore popular confidence and revive domestic economies, while dominating one of the most fruitful markets for years to come. The search for a vaccine has been designated a top priority, mobilizing not only the pharmaceutical industry and academia, but also the defense industry. This is exemplified for instance by the American military-industrial *Warp Speed Operation*<sup>4</sup> initiative, aimed at providing political and financial support for the mass production of several vaccines in clinical trials, so that they can be rapidly distributed if proven to be safe and effective.

**Figure 1. Overview of the progress of various vaccine candidates and the status of their clinical trials.**



Source: New York Times (26 August 2020).

This geopolitical competition also bears the seal of a deeply rooted Cold War logic, withstanding yet again the test of time, resulting from the historical rivalry carving the world into distinct blocs. Indeed, although Western allies are in clear competition for the development of a vaccine, they are nonetheless open to a certain level of cooperation, as evidenced by the various agreements concluded by the European Union (EU), the United States, and the United Kingdom, in order to claim priority rights from the various Western pharmaceutical companies involved in this race. The real geopolitical antagonism fuels the divide between these powers and China and Russia, whose success is perceived, particularly by the United States, as an existential threat to the hegemonic domination of the Western world, given the economic and diplomatic gains intrinsically linked to the discovery of a vaccine. In addition to the scientific and pharmaceutical front, this antagonism unfolds in another battle front taking shape and fueling concern: cyberspace. Indeed, several states seem to be indulging in a new form of cyberwarfare, targeting the pharmaceutical industry rather than the traditional military and national security targets. Numerous cyberattacks have recently been identified, in which China, Iran, Russia, North Korea, and Vietnam have allegedly been involved<sup>5</sup>, including an attack on the US

4. US Department of Defense. (2020). *Coronavirus: Operation Warp Speed*. <https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed/>

5. Center for Strategic and International Studies. (2020). *Significant Cyber Incidents*. <https://www.csis.org/programs/technology-policy-program/significant-cyber-incidents>

pharmaceutical company Gilead, whose drug Remdesivir<sup>6</sup> has been approved as an emergency treatment for some severe cases of Covid-19. Several Western countries, including the United States, Canada, and the United Kingdom, also accuse Russia of trying to steal vaccine research data from academic and industrial institutions.

This fierce competition explains to an extent the lukewarm response to Russia announcing it has developed the first vaccine against the new coronavirus. The vaccine, named Sputnik V in tribute to the first artificial satellite put into orbit in 1957 by the USSR - a major Soviet victory in the relentless race to conquer space -, was quickly questioned by several Western experts demonstrating skepticism towards the effectiveness and innocuity of the vaccine developed. This hostility results from genuine scientific concerns, particularly with regard to the non-completion of the clinical trial's Phase III, which is crucial to the approval of a vaccine, but also from entrenched geopolitical rivalries. As a result, nearly 20 other countries, most of them allied to Russia, were quick to order large doses, with President Duterte of the Philippines even volunteering to be personally inoculated, only to withdraw a few days later while maintaining the country's participation in the testing and production of the vaccine<sup>7</sup>. For its part, the World Health Organization (WHO) is urging Russia to ensure compliance with the rigorous processes required, while stressing the importance of a multilateral initiative to ensure broad and non-discriminatory access to any developed vaccine.

## II. Vaccine nationalism: a threat to health security

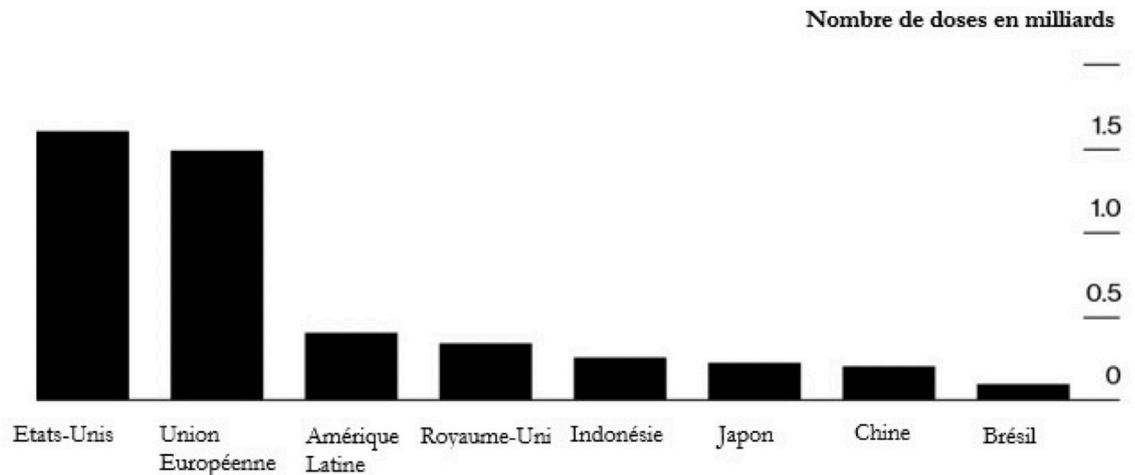
Quite ironically, the arms race has therefore turned into a vaccine race, with the hope of saving humanity triumphing over the despair of seeing it sink. However, this new Cold War holds little promise of a better world. Like any other conflict, it will cause collateral damage, and like any other race, it will leave some on the sidelines, breathless, unable to compete with the American, European, Chinese and Russian capacities. Indeed, the vaccine race is characterized by a fierce hunt for priority rights. Hundreds of teams are working tirelessly to test a multitude of candidate vaccines, achieving varying degrees of progress, and have already been approached by several governments, hoping to get their hands on enough doses to not only cover internal needs, but also to maintain a backup stockpile, while diversifying their pharmaceutical suppliers to maximize their chances of securing a safe and effective vaccine.

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6. Reuters. (2020). Iran-linked hackers recently targeted coronavirus drug maker Gilead. <https://www.reuters.com/article/us-healthcare-coronavirus-gilead-iran-ex/exclusive-iran-linked-hackers-recently-targeted-coronavirus-drugmaker-gilead-sources-idUSKBN22K2EV>

7. France 24. (2020). Duterte to skip Philippine trial of Russia virus vaccine. <https://www.france24.com/en/20200813-duterte-to-skip-philippine-trial-of-russia-virus-vaccine>

**Figure 2. Regions and countries that pre-ordered the largest number of vaccine doses.**



Source: Bloomberg (26 August 2020).

The material and logistical limitations to the immediate production of sufficient quantities to meet global demand for vaccines are fueling this frenetic competition, which could lead to a dramatic surge of prices according to the law of supply and demand, benefiting only those holding a dominant position in the market. However, although about 50 vaccine candidates are currently developed in certain developing countries, such as India, Turkey, Thailand and Brazil<sup>8</sup>, several other emerging economies, severely impacted by the compounding health and political-economic crises, do not possess sufficient means to pay for access fees, nor the infrastructure needed for the mass production of pharmaceutical products. Unable to claim priority rights, these countries may find themselves deprived of a vaccine that could relieve pressure on increasingly fragile health systems in real jeopardy, unless they contract loans that could thwart their long-term economic, diplomatic, and strategic interests. This will not only result in economic, political, and humanitarian distress, hampering the economic development of these countries and exposing households to nefarious direct and indirect costs<sup>9</sup>, but also translate into security costs, highlighting the weakness of some states and the precariousness of others.

These security and economic challenges are bound to spread across borders, similarly to the threat of an epidemic outbreak that fails to recognize or respect political boundaries. The discovery of a vaccine on its own does not stop the spread of a pandemic, for it is the act of vaccination itself that can boost herd immunity and therefore cease the spread of the virus, by minimizing contamination risks via physical contact between an infected person and a vulnerable non-immunized one. Although the general conception of health often fluctuates between a global public good and a commodity, it is important to emphasize the increased vulnerability of a globalized world to the outbreak and rapid spread of emerging or re-emerging diseases. The contemporary world order is based on a certain degree of freedom of movement of goods and people, facilitated by several recent technological advances, thus allowing the rapid circulation of various pathogens,

8. Paton, J. (2020). Some Countries Don't Want to Wait for Superpowers' Vaccines. Bloomberg. <https://www.bloomberg.com/news/articles/2020-08-26/the-countries-that-don-t-want-to-wait-for-superpowers-vaccines>

9. Price-Smith, A. T. (2001). Disease and International Development. In *Plagues and Politics* (pp. 117-150). Palgrave Macmillan, London.

easily infiltrating geographical, political and social borders<sup>10</sup>. Breaking the chains of transmission to contain Covid-19 requires, therefore, an extensive vaccination coverage, extending to all countries, particularly those marked by socio-economic precariousness accentuating the vulnerability of their populations, within which Covid-19 could become an endemic disease and, hence, a constant threat to global health security. Additionally, the financial drain the fight against the pandemic represents, diverts political and financial attention from other particularly pressing health priorities, such as malaria, tuberculosis, and measles, while the influx of coronavirus infection cases to hospitals puts considerable pressure on health systems. This often hinders access to health services for other patients, thus disrupting programs dedicated to the control of other infectious diseases, which can proliferate across borders. It is, therefore, in our common strategic interest to completely eradicate the coronavirus and eliminate any risk of contagion or resurgence, by adopting vaccination as a priority common line of defense.

### III. Recommendations on ensuring equitable access to the vaccine for all

In addition to the intrinsic ethical value of international cooperation to ensure equitable access to the vaccine, it is important to emphasize that such cooperation will also accelerate the evaluation of the efficiency of vaccine candidates by broadening the geographical scope of clinical trials, help avoid disruptions in supply chains, revive the global economy, restore trade and tourism activity levels, prevent unnecessary geopolitical conflicts and, above all, put an end to the pandemic once and for all.

- While several states and non-governmental organizations (NGOs) have responded positively to the Access to Covid-19 Tools (ACT) Accelerator<sup>11</sup> initiative, launched by WHO in partnership with the European Commission and the Bill & Melinda Gates Foundation to promote the equitable distribution of vaccines and treatments against coronavirus, **the tangible and unwavering commitment of the major powers** remains necessary for the success of this joint effort.
- **The adoption of a multilateral convention, establishing ground rules for the equitable production and distribution of vaccines**, could mobilize a larger number of actors, by setting up an investment fund to finance the most promising vaccine candidates, regulating the allocation of vaccines according to need, prioritizing, throughout the world, the people most likely to be infected, mainly health workers, and organizing supply chains following the transnational division of labor to optimize global production levels. The COVAX mechanism is a key element of the ACT Accelerator vaccine workstream, co-led by the Global Alliance for Vaccines (GAVI), WHO and the Coalition for Epidemic Preparedness Innovations, aimed at pooling vaccine production and procurement to ensure rapid and equitable access to the vaccine once it is licensed. However, while 172 countries have already expressed their intention to participate in this collective fund, their commitment is non-binding and is still not sufficient to cover the 2 billion doses needed by the end of 2021.

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10. Garrett, L. (1996). *The coming plague: Newly emerging diseases in a world out of balance*. London, UK: Penguin Books.

11. OMS. (2020). *The Access to COVID-19 Tools (ACT) Accelerator*. <https://www.who.int/initiatives/act-accelerator>

- A **legally binding agreement** for the equitable production and distribution of the vaccine will not only ensure that countries in the race will have guaranteed access to the final product, even if their own vaccine candidates fail, but will also help control the pandemic everywhere else and reduce its human, social, psychological, and political costs.
- It is necessary to **identify and determine the potential priority populations within each state**, in order to organize the allocation of the first doses according to emergency and need. Since it is logistically and operationally impossible to jointly vaccinate the entire population of a nation, the initial production will have to be used to protect health workers and "essential" workers, whose risk of infection remains considerably high. Particularly vulnerable people, such as those with chronic or infectious diseases that may complicate coronavirus infection, could also be given priority access.
- Financing mechanisms also need to be adjusted to fit the current situation. In order to ensure that access to the vaccine is not conditioned by the economic capacities of the states and, therefore, to ensure equity, a **tiered-pricing policy** must be negotiated and adopted.
- In order to **reduce the pharmaceutical dependence** of several countries on the concentration of vaccine production in a limited number of countries, it is important, in the long run, to **develop the R&D and production capacities of developing countries** by encouraging the emergence of pharmaceutical industries in those countries and integrating them into global supply channels.

These few, non-exhaustive recommendations lay the foundation for a multilateral public health cooperation strategy that could strengthen our common resilience to communicable and non-communicable diseases, in particular by aligning immunization policies with objectively assessed public health priorities. Though it may seem counter-intuitive to share limited resources in times of pandemic, the notion of the prisoner's dilemma in international relations reminds us that unilateralism rarely offers a sustainable long-term solution to the challenges commonly faced by the international community, which, on the contrary, require the establishment of reliable channels for information exchange, a mutual commitment to respect adopted norms, and the sharing of expertise, knowledge and capacities.

## Conclusion

Vaccine nationalism remains, however, only one of the many obstacles to the eradication of Covid-19. In addition to the real scientific challenge posed by the development of an effective and harmless vaccine, the growing mistrust and distrust of science, as well as the increasing hostility against vaccination, augurs well for significant resistance to inoculation campaigns. This requires all the more coordinated awareness-raising efforts, endorsed by independent experts and validated by the relevant international authorities, in order to restore public confidence. The prioritization of immediate – rather than long-term – strategic, political and financial interests feeds a fragmented approach that will allow Covid-19 to remain rampant for a long time to come. However, if there is one lesson to be learned from these anxiety-filled months, it is that our interdependence forbids us to ignore the health status of other nations and constantly reminds us of our vulnerability to any outbreak, here or elsewhere.

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