ALL FOR ONE & NONE FOR ALL: VACCINE NATIONALISM

By Paola Ricaurte

The global race for a COVID-19 vaccine takes a page out of the Hobbesian state of nature. The potential end of the health and economic crisis caused by the COVID-19 pandemic pits affluent countries against each other, prioritizing national interests over international cooperation. Health experts agree that in order to save the most lives and slow the transmission rate as much as possible, vaccine access should be prioritized globally to health workers, then people at a higher risk, then areas with high transmissibility, and then everybody else. Still, vaccine nationalism triumphs. Countries continue a “save yourself” approach to COVID-19, competing for prioritized access to a vaccine for health and economic recovery and the bragging rights that follow.

Encompassing the sentiment behind vaccine nationalism, Peter Marks from the U.S. Food and Drug Administration (FDA) compares the vaccine to oxygen masks on an airplane: “You put on your own first, and then we want to help others as quickly as possible.” The U.S. Operation Warp Speed and Europe’s Inclusive Vaccines Alliances demonstrate this analogy, prioritizing access to their own before anybody else. Under Operation Warp Speed, the United States signed more than $6 billion deals with vaccine companies, aiming for an available vaccine by January 2021. Europe’s Inclusive Vaccines Alliances – comprised of France, Germany, Italy, and the Netherlands – bought 400 million doses of a potential vaccine from AstraZeneca for European Union (EU) members. The United Kingdom signed deals with several vaccine companies as well, and China and Russia have developed their own vaccines.

As Thomas Bollyky and Chad Brown pointed out, the problem with the oxygen mask analogy is oxygen masks do not drop exclusively in first class. In the case of the coronavirus pandemic, access to vaccines will be prioritized to “first class” globally, as affluent countries receive their dosages before other countries. Poorer countries are left out of the picture, though their public health is also essential to global recovery. Global supply chains would
remains disrupted as the crisis continues in countries from which materials are sourced, forcing the regions into lockdown and leaving foreign workers unable to manufacture supplies. States desperate for the vials may sign deals detrimental to long-term economic, diplomatic, and strategic goals. Not to mention the blatant morality issue in ignoring an ongoing health crisis. The World Health Organization attempts to counter this challenge with the Covid-19 Vaccines Global Access Facility (COVAX). COVAX has invested in 12 different vaccines and ensured access to these vaccines to split the dosages evenly globally. Yet, the United States and Russia continue in their nationalistic approach, declining to join the WHO’s effort.

Dr. Anthony Fauci predicted we are approaching a pandemic era. COVID-19, H1N1, and SARS are only the latest examples of infectious diseases that have emerged in the last two decades and, given the size and interconnectedness of society and our relationship with nature, more are predicted to come. Recent history with these diseases, however, points to a bleak future in international cooperation. Africa, hit hardest with HIV, was among the last to receive antiviral HIV treatment. During the H1N1 outbreak, the U.S. and Europe agreed to donate 10% of their vaccine stock to other countries only after it was clear they had enough for their own. Looking at the most recent example, China, the EU, and the United States all stashed medical supplies for themselves during the beginning of the COVID-19 outbreak in the midst of global shortages. Strengthening our mechanisms to cooperate internationally, through the WHO, multinational research, and intergovernmental collaboration, will shorten the global burden faced in future outbreaks. With the world facing one common enemy, it is best to put our heads together and work to defeat it together.