COVID vaccine nationalism: History shows when countries act selfishly, everyone loses

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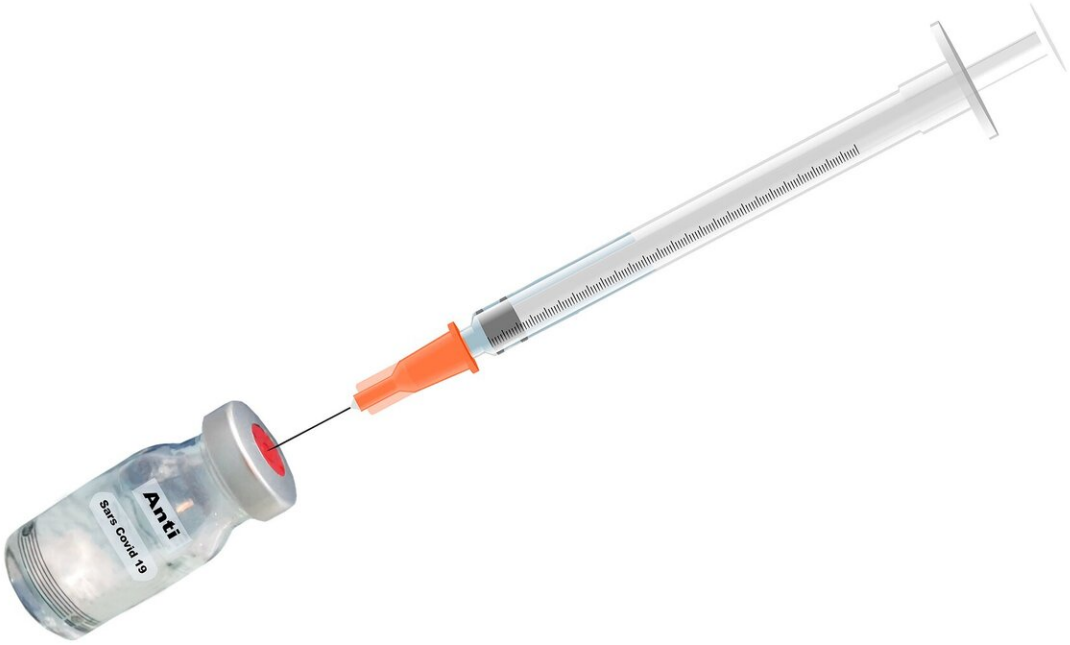

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According to one recent estimate, more than half of all vaccines against COVID-19 have been reserved for one-seventh of the world's population. At the time of writing, the UK alone has reportedly secured

enough vaccines to give each of its citizens five doses. If orders are met, the EU and US could jab their populations three times over, while Canada would have enough to do so nine times.

Meanwhile, the World Health Organization (WHO) has urged richer countries to consider the plight of poorer ones and support Covax, an international initiative to share vaccines around the world. But despite most countries having now signed up, the initiative has been slow to get going, and its stocks are limited. In 2021, Covax is aiming to supply 1.8 billion vaccine doses to 92 eligible countries—enough to cover only 27% of their populations.

At the same time, competition for diminishing vaccine supplies may lead to price spikes and further friction. Tensions have already risen between the EU, UK and AstraZeneca over a shortfall in vaccine production. In any situation where supplies are scarce and demand rises, it is poorer countries that will suffer most.

Twice in the past 15 years the world has experienced comparable crises. Both occasions remind us that nations seldom act out of anything but self-interest. But they are also reminders that nations have much to gain from just and collaborative approaches to vaccine development and distribution. Self-interested "vaccine nationalism" is rarely beneficial in the long run.

Selfishness the norm

In 2009, the H1N1 virus (swine flu) stimulated an international scramble strikingly similar to that seen now. With seasonal flu vaccines seemingly offering no protection, several high-income countries moved quickly to pre-order H1N1 vaccines from pharmaceutical companies deemed likely to develop effective ones.

Even before the WHO declared a pandemic in June 2009, the US had placed orders for more than 600 million doses: equivalent to between 30% and 60% of what the world was considered likely to produce. In the event, H1N1 faded away. Still, only when the worst was over did a handful of richer countries—the US among them—offer a fraction of their stockpiles to smaller economies.

"The challenge," said David Nabarro, who was coordinating the UN's fight against new flu variants at the time, "is to build up the solidarity between wealthy nations and poor nations to ensure that adequate vaccine is made available."

But today, just like then, not everyone wants to prioritise vaccine solidarity. In the context of COVID-19, vaccine nationalism has its defenders. Its proponents claim that "the sense of an international race… has accelerated progress, not hindered it," that "there would be no vaccine salvation at all without western know-how and wealth," and that the UK, for instance, "positively deserves to be prioritized; it's suffered both the worst per capita death rate and the biggest economic contraction from COVID in the world."

Limitations of such arguments are not hard to spot. Aside from the profound immorality of richer nations vaccinating their entire populations at the expense of other countries' vulnerable communities and key workers, self-interest on that scale ignores the positive effects on richer economies of spreading vaccine coverage globally. The RAND Corporation has estimated that unequal access to vaccines—meaning a continued need for physical distancing in much of the world—could cost the global economy US$1.2 trillion (£880 billion) a year.

A threat to vaccine development

Effective vaccine development also invariably requires knowledge and

products to flow both ways across borders. This, too, can be threatened by nationalism.

In 2006, when the world was confronted with an urgent need to develop vaccines against H5N1 influenza (avian flu), Indonesia—struggling with the highest death toll in the world—stopped sharing virus samples with the WHO. Widespread condemnation followed. Claims were made that Indonesia was scheming to gain financially. "Indonesia is endangering everyone," declared the Wall Street Journal.

But the motive behind Indonesia's actions wasn't money. It was convinced that international actors couldn't be trusted to protect the interests of the world's most vulnerable countries. This distrust stemmed from recent revelations that viral materials collected in Indonesia by Indonesian scientists and already entrusted to the WHO had been used, without the country's permission, by non-WHO-affiliated enterprises to develop patented vaccines: a step contrary to the WHO's 2005 guidelines about flu-specimen sharing.

Unsettling, too, had been the WHO's inability to reassure poorer countries, like Indonesia, that they would be able to access virus-fighting technologies produced from the samples they had shared.

When the WHO promised to ensure that vaccine production and access would proceed on a fairer basis, Indonesia agreed to resume sharing. Later efforts to improve sharing systems included the creation of Gavi, a public-private partnership for increasing access to vaccines in low-income countries.

Today, the rush by richer countries to stockpile COVID-19 vaccines has exposed the limited power of those developments. Once again, high-income nations may wish to be careful about similarly taking lower-income ones for granted. Vaccines such as AstraZeneca's have relied on

data from middle-income countries such as Brazil and South Africa, for example. As new strains emerge that the world needs to understand, what might happen if, like Indonesia, countries like these felt compelled to obstruct data flows?

The past shows us that it is perhaps unrealistic to expect any nation to act altruistically. But when confronted with diseases of global concern, governments need to keep in mind that all nations have a stake in principled responses based on fairness and cooperation. When countries cease to see the benefit in helping others as well as themselves, everyone stands to lose out.

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