

Covid-19 Vaccine and International Relations

New frontiers of vaccine diplomacy

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Abstract

The initial policy of the countries that developed vaccines has been to lock the vaccine by patent. This has been due to the fact that domestic demand for vaccine was mounting. Since only a few countries could invest in it, manufacturing and export remained at the behest of those few resulting in deep inequity in the global rollout. Pandemics are global health crises. Hence, calls for the patent waiver for the COVID-19 vaccine are growing to access the vaccine. The vaccine and its production, marketing and distribution have been politicized driven by the hegemonic aspiration. Both manufacturing and import-dependent countries are racing to win the diplomatic battle: the former has to win to gain hegemony and the latter to get the vaccine. Hence, the vaccine distribution has been marked with deep discrimination, and as a result, the migrant community is less likely to get their vaccine on time. This article engages in the decades-long debate over intellectual property rights and patenting life-saving vaccines. We argue that exemption of COVID-19 vaccines from intellectual property rights would improve global access and equity.

Keywords: COVID-19; Vaccine; Diplomacy; International relations; Hegemony.

Introduction

The number of COVID-19 infections and deaths is being slowly replaced with global vaccination counts (Ledford, 2021). Vaccine is seen as a beacon of hope for billions of us. However, the unpleasant reality is that the availability of vaccine and vaccine nationalism are becoming the fundamental challenges for an equitable and legitimate distribution of it because currently, just a handful of COVID-19 vaccines have been developed, mostly by a few medically advanced countries (Krasnyak, 2021). Hence, production, distribution, and delivery are falling way behind the global demand.

The demand-supply imbalance has led to a rise in “vaccine nationalism” (De, 2020:1), whereby “even before the end of final stage human trials or regulatory

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approval, several wealthier countries like Britain, France, Germany and the US have entered into pre-purchase agreements with Covid-19 vaccine manufacturers. This implies that countries are averse to share their stocks of vaccines with other countries until vaccination against the virus is complete in their own country (James & Lagman, 2021). Of course, vaccine nationalism poses a predicament in solving this global problem. Though prioritizing themselves seems to increase their protection and vulnerability to the virus (Wong, 2021) but the reality is if everybody is not safe, nobody is safe. The rich countries purchase and hoard supplies of the vaccine for their utilization (Ghebreyesus, 2021). Therefore, the vaccine manufacturing countries are planning to lock it by patent. Though voices are getting stronger for deglobalization and withdrawing within borders, this pandemic has given the lesson that it is impossible to be secure in a country unless there is security in all of them (Peterson, 2002; Vilasanjuan, 2021).

Even the United States has not committed to sharing vaccines with any country before vaccination of the American people is complete. Many other countries that were supposed to export vaccine to their allies blocked the export. The countries that cannot develop a vaccine and dismantle the pandemic are in an extremely tough position. The question here is this: how can states navigate the international system to eradicate the virus in the world ultimately, and how can they do it without compromising their national interests? Vaccine diplomacy might be the answer.

Diplomacy at the moment sounds like a critical force in solving vaccine distribution and delivery (Krasnyak, 2021). This means the state leaders, policymakers, and diplomats should handle the vaccine issues. However, the effectiveness of diplomatic task often depends on several factors, such as how strong is the relationship between the incumbent and the export countries; how good (proactive, fast, objective, determined in advancing state's national interests and ready to finance etc.) are the diplomats of the incumbent countries in negotiating issues. For example, the Russian vaccine Sputnik V has been registered in 39 countries, mainly those once in the Soviet sphere of influence in sub-Saharan Africa and Latin America. Still, it has also been registered to two European Union member states. Thus, vaccine diplomacy appears to be an effective tool for many countries at the moment of the Covid-19 crisis.

Significance, objectives and argument

The significance of this discussion of the Covid-19 vaccine and how it influences international relations has been succinctly captured by Jennings (2021), who wrote: The prospect of global health becoming a new arena for global power competition and rivalry should worry us all. Whatever benefits may have emerged from such rivalries in the past, they did so through cooperative rivalry. The global response to COVID-19 has thus far tended to be uncooperative and divisive,

casting blame or seeking to spread distrust. The complexities of global health, and the needs of the billions excluded from the benefits of vaccine science and innovation, demand a truly global response." In the following sections, we outline the role vaccines in global security, the history of "vaccine diplomacy," and the current polemic in relation to Covid-19. We aim to provide a complete picture of those complexities that Jennings (2021) referred to. We argue that the apparent rise of vaccine nationalism must be halted, replaced by a united global fight against the pandemic.

Vaccine and global security

After more than a year since the virus shattered our lives, we see the light at the end of the tunnel, i.e. the vaccine. COVID-19 has altered the roll call of global threats and has caught us off guard (Khan et al., 2020). It has today become clear to us that the collective ability of both states and the organizations to address this kind of challenge was insufficient, and the states have been unable to devise a resounding response.

Since the beginning of the pandemic, the collective voice that we have heard was the necessity for vaccine inventions. The vaccine should not be administered only in a pocket of countries. Instead, it should be made available and reached out to all countries and all the people. Hoarding and locking vaccine by patent and nationalism have been the fundamental barrier to reaching out to billions who need the vaccine most. Hence, the world is witnessing the least developed countries' governments fighting to win the vaccine battle. Who wins and who loses in the battle depends on who is powerful financially and has good relationships historically?

Hotez (2020) contends that the historical and modern-day accounts of the vaccine and vaccine diplomacy are remarkably great. However, these have not taken an overarching framework for its expanded role in foreign policy. Vaccine diplomacy as the branch of global health diplomacy relies on the use or delivery of vaccines" (Hotez, 2020). In the diplomatic battle to get the vaccine, it is important to remindessentiale of Edward Jenner, who discovered the smallpox vaccine in 1798 (Bazin, 2000), on how to administer the smallpox vaccine. Vaccine diplomacy should be premised on the spirit of Louis Pasteur's remarks that "science knows no country, because knowledge belongs to humanity (Hotez, 2013; 2021; David, 2005; Sabin, 2014). Hotel (2014; 2006) and Franklin (2020) reminded that Dr Albert Sabin (developer of the oral polio vaccine) travelled from the US to the Soviet Union during the Cold War to collaborate with Soviet virologists on prototype development for the oral polio vaccine (Kaufmann & Feldbaum, 2009). The success was possible because they placed humanity over ideology for joint scientific cooperation.

Vaccine diplomacy grew in popularity in the later half of the twentieth century. Vaccines were used to negotiate so-called ‘days of tranquillity’— UNICEF, often in partnership with WHO, uses this method to ensure that children have access to health care during times of conflict— in over a dozen nations in the 1980s and 1990s, including Afghanistan, Angola, Chechnya, the Democratic Republic of the Congo, El Salvador, Guinea Bissau, Iraq, Lebanon, the Philippines, Sierra Leone, Sri Lanka, and Sudan (Arya, 2019). Under the auspices of WHO, in 2007, Romania, Vietnam, Serbia, Brazil, Iran, Thailand, Republic of Korea, Mexico, Egypt, Indonesia and India collectively received US\$25 million that aimed to build their influenza vaccine production capacity through technology transfer. The 2010 survey reported 12 million influenza vaccine doses were produced by the eleven manufacturing countries, with three of them successfully implemented vaccine production and distribution countrywide (Friede et al., 2011). It is also worth noting a relatively low-profiled China humanitarian response, alongside others, the United States, France, Sweden, Norway, and Switzerland, against the Ebola outbreak in West Africa in 2014-2015 (Huang, 2017).

These are remarkable examples of how vaccine administration should go about. Historical instances of global health led to an unprecedented collaboration which has some impact on today’s diplomacy. For example, vaccines became integrated as critical tools in helping developing nations and international efforts to ensure universal access for low- and middle-income countries” are also fostering greater collaboration. The Global Vaccine Action Plan (GVAP) is also critical. Endorsed in May 2012 by World Health Assembly, it is working to provide more equitable access to existing vaccines to all populations by 2020 — based on the premise that health is a fundamental human right.

Kickbusch et al. (2007) described global health diplomacy as the process by which governments and civic groups “position health in foreign policy negotiations” and develop new forms of “global health governance (cited in Labonte & Gagnon, 2010). In 2007, foreign ministers from seven countries—Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand—issued the landmark “Oslo Ministerial Declaration” that formally linked global health to foreign policy (Kvåle, 2007; Fee, 2002; Fidler, 2010; Tognotti, 2013).

Kreutzer talks about ten principles for conducting operational level diplomacy to help practitioners frame the development and implementation of successful foreign policies. We attempt to see the traditional diplomacy framework through Kreutzer’s (2014) approach. Diplomacy — the use of negotiations to advance international interests — continues to play an important role in adjusting state interests and societies to contemporary challenges (Kreutzer, 2014). In preparing guidelines for operational diplomacy, the principles themselves need to reflect realistic parameters in their design and substance.

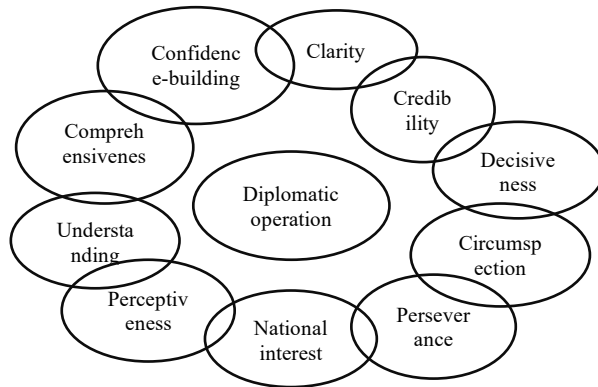


Figure 1. Principles for diplomatic operations.
Source: Kreutzer, 2014

Of course, traditional diplomacy and vaccine diplomacy are distinct in principle because traditional diplomacy is primarily based on the premise that diplomacy is meant to uphold national interest as determined by its legitimate policymakers, representative institutions, and enshrined commitments

and values. Vaccine diplomacy should be, however, premised upon the principle of humanity. Principles such as credibility, clarity, understanding, comprehensiveness, confidence-building, decisiveness, and perseverance conflict with vaccine diplomacy.

About two decades ago, a second modern framework for vaccines built around the concept of “vaccine diplomacy” (Hotez, 2001), recognizing how vaccines are not only economic drivers but also powerful and historically relevant instruments of foreign policy. Kickbusch (2013) argues that in modern global health diplomacy, "no longer do diplomats just talk to other diplomats," but instead a variety of experts in different areas are involved in solving timely global health issues. Katz et al. (2011) have included a number of elements in international health diplomacy: “(1) Basic diplomacy, which refers to “classical Westphalian negotiations” between nations that result in bilateral and multilateral treaties like the WHO ((2020; 2021)Framework Convention on Tobacco Control and International Health Regulations (IHR) 2005; (2) multistakeholder diplomacy, which includes peer-to-peer scientific partnerships, private funders such as the Bill & Melinda Gates Foundation, and even some government employees from USAID or the US military working more or less independently in the field; and (3) informal diplomacy, which includes peer-to-peer scientific partnerships, private funders such as the Bill & Melinda Gates Foundation, and even some government employees from USAID or the US military working more or less independently in the field” (Cited in Hotez, 2014:2). Vaccine diplomacy incorporates the crucial work of the GAVI Alliance, as well as aspects of the WHO, the Gates Foundation, and other critical international organizations, and refers to nearly any facet of global health diplomacy that relies on the use or delivery of vaccinations (Hotez, 2001; 2001a).

COVID-19 Vaccine and diplomacy

As we entered the COVID-19 period, we realized how a pandemic could wreak havoc on global normalcy (Ullah et al., 2021). The World Bank (2020) estimates that due to the pandemic, from 88 to 115 million people will fall into extreme poverty in 2020, with the total rising to as many as 150 million by 2021. The economic cost of COVID-19 (which is expected to reach between US\$5.8 and US\$8.8 trillion globally— almost 6.4–9.7% of global GDP) (Chowdhury and Chakraborty, 2021). More than 500 million full-time jobs are estimated to be lost from the job market (Ullah et al., 2021). These stark changes will affect the global economy, population mobility and foreign policy.

A race for the invention of a magic bullet that would halt the epidemic began soon after the outbreak came to be known to us. Now the race is to obtain the magic bullet, i.e. vaccine. Governments have spent at least €93 billion on COVID-19 vaccines and therapeutics globally since the beginning of the pandemic (Hoecklin, 2021). Hence the unprecedented investment to secure an effective vaccine as quickly as possible. Never before in human history had there been so much haste to obtain a vaccine. Never before had a vaccine been developed in so short a time. It took 18 years to develop the first flu virus in the previous century; for other more recent diseases such as AIDS (Ullah and Huque, 2014; Ullah and Kumpoh, 2018), the search is continuing more than three decades later.

On the geopolitical front, there is vaccine diplomacy and vaccine nationalism. The former is demonstrated by swift action to build COVAX Facility after the declaration of COVID-19 as a pandemic. COVAX convenes Gavi, the Vaccine Alliance, WHO, and a Coalition for Epidemic Preparedness Innovations (CEPI) to support the development, manufacture, or distribution of new COVID-19 vaccines. It emphasizes equity access for low- and middle-income countries (LMICs) (Excler, Saville & Berkley, et al. 2021; Gavi, 2020). India currently hosts some of the largest vaccine producers, which now work with WHO for prequalification and COVAX for financing and distribution.

At the same time, vaccine nationalism has steadily gained geopolitical significance as high-income nations led the global race to secure vaccine access for their populations, leaving behind the vulnerable ones in the geopolitical competition. The politics of aid and mask diplomacy that dominated the international relations in the first year of the COVID-19 pandemics have been replaced by vaccine nationalism and distribution, which “all, of course, act as an extension of existing geopolitical competition” (Grgic, 2021:1). The US Government refused to participate in COVAX, withdrawing from WHO and the ‘America First’ executive order in December 2020 to secure a “priority access” for COVID-19 vaccines (WHO, 2020; 2020a). The Brexit row worsened due to an EU’s blockade against the vaccines produced by EU manufacturers to Northern Ireland (Eaton, 2021). Compared to 49 wealthy countries that administered 39 million vaccine doses, only 25 million doses were delivered to one developing country (Farge, 2021). In addition, vaccine producers in Russia and China test or

approve vaccines of uncertain quality, so far avoiding stringent regulatory authorities yet negotiating bilateral agreements with Latin American, Asian, and African nations to sell vaccines or propose joint production.

Vaccines for who?

Understandably, the competition has been fierce to buy doses, and as a result, the initial production was exhausting for consumption in Russia, China and the Western nations (Vilasanjuan, 2021). In these circumstances, India and South Africa requested the World Trade Organisation (WTO) not to lock the vaccine, diagnostic tools and treatments by the intellectual property rights during the pandemic. If the patent was locked, only the rich countries would benefit from the new technologies as they come on the market, whereas the less-developed countries will be wrecked by the pandemic (Vilasanjuan, 2021).

The below statistics demonstrate how unfairly the vaccine has been distributed and delivered.

About 20.8% of the world population has received at least one dose of a COVID-19 vaccine, and 2.4 billion doses have been administered globally, and 32.6 million are now administered each day. Only 0.8% of people in low-income countries have received at least one dose (Oxford Martin School, 2021).

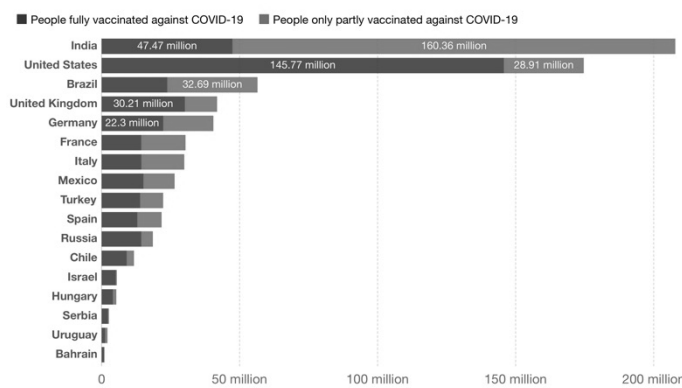


Figure 2. Number of people vaccinated as of 19 June 2021
Source: Oxford Martin School, 2021

The Covid-19 pandemic has affected nearly every country globally, changing the lives of billions of people. About 178 million infected, and about 3.9 million died of Covid-19 (Ullah et al., 2021; 2020). Therefore, vaccine development has come as a beacon

of hope for billions (Balasubramanian, 2021).

With regards to vaccine access, some countries are fortunate to be able to order sufficient doses and invest in producing vaccines, while some are struggling to order for purchase for their citizens. Countries like the United States, Israel, United Arab Emirates, United Kingdom, and India, among others, developed and/or acquired vaccines and rolled out their distribution plans to some extent (Figure 2). Many others in Latin America, Africa, and South Asia could not

develop their vaccine or acquire purchasing rights to existing vaccines. Although Russia developed Sputnik V vaccines and China did the Sinovac vaccine, with limited authorizations and undermining by others, there were limited use and export. China and Russia being bullied and labelled by the West as a myth in the free trade and secrecy seized on a chance to project their influence by providing medical aid to countries in need (Grgic, 2021), even though this did not go without contention and controversy within the ambit of international relations.

Vaccine donations gave some producing countries such as China, India and Russia geopolitical leverage to step into a gap left by Western governments (Hosp and Wenger, 2021). In early June 2021, the G-7 summit ended with some notable decisions. We quote below from UNICEF. “In a landmark agreement at G7 summit, held in Cornwall, UK, global leaders have pledged to share COVID-19 vaccine doses internationally, in support of global equitable access and to help end the acute phase of the pandemic. Building on the momentum of the G20 Global Health Summit hosted by Prime Minister Draghi and President von der Leyen and the Gavi COVAX AMC Summit hosted by Prime Minister Yoshihide Suga of Japan, G7 countries committed to sharing at least 870 million doses of COVID-19 vaccines directly, to deliver at least half by the end of 2021, and reaffirmed their support for COVAX as “the primary route for providing vaccines to the poorest countries (UNICEF, 2021:1).”

The painful reminder, however, from the summit has been the overtly repetitive words from G-7 leaders that “the poorest” countries would be given the vaccine. This phrase, while well-intentioned, suggests the G7's being out-of-touch or even disrespectful because the World Bank and United Nations have already replaced this term with “least developed”.

We touch upon a bit about some vaccine diplomatic successes. The US plans to donate 500 million Pfizer coronavirus vaccine doses to nearly 100 countries over the next two years (Reuters, 2021). China has donated 18.5 million vaccine doses worldwide, with 5.85 million going to Africa, less than half of what has been donated to the Asia Pacific region (Edward-Ekpu, 2021). China has sold about 683 million doses worldwide. Africa has purchased 33 million, the majority by Egypt and Morocco, and Latin America has purchased 279 million doses, Asia Pacific 260 million, and Europe 111 million (Edward-Ekpu, 2021). Additionally, China has donated 500,000 doses of its Sinopharm vaccine to Nepal (Sharma, 2021).

Of course, vaccine diplomacy is delicate. Governments have to attempt to strike a balance between global and domestic pressures. Domestic demands mount as citizens of respective countries suffer and die. Therefore, quelling infection rates and citizens' discontent are priorities over sending shipments abroad. In addition, vaccine diplomacy provides massive opportunities for the governments to

increase their influence through diplomatic relationships and developing common goods.

Diplomacy today has become a race. It is about losing and winning over others. Wheaton and Deutsch (2021) appropriately pointed out that European capitals are getting ready to give away their coronavirus vaccines with conditions that they get back as good as they give. Soon after they realized that the supply of vaccines in the EU is set to exceed demand, they reversed their decision from the halting vaccinations to start diverting doses to less fortunate countries. Interestingly, the EU feels humiliated because Russia, China and India seemed to have taken all the credit for supplying vaccines (Wheaton and Deutsch, 2021).

Discussions and conclusions

According to Bloomberg (2021), as of 21 June 2021, more than 2.62 billion vaccine doses have been administered. If we look at the global vaccine demographics, a stark disparity appears; for example, in DR Congo, only 0.1% of the population has been vaccinated when it is about 50% in the USA. This disparity has been exacerbated by the disparity in foreign relations with certain countries. For example, socialist countries cannot expect to get vaccine doses from the USA. Though there are debates that the world goes through humanitarian crises, ideological war should be placed aside. As mentioned earlier, during the Cold War period, the two superpowers of the United States and the Soviet Union put aside tensions for the common good. They cooled bilateral relations in the process by practising vaccine diplomacy.

These two countries successfully helped many underdeveloped nations eradicate smallpox and polio. They were also successful in gaining their foreign policy goals, such as the expansion of influence in the world and confirming their global roles. This means that they did it through vaccine diplomacy. Of course, there are opportunities for vaccines to promote cooperation between Asian nations. For example, China, India, Indonesia, Japan, and Vietnam can develop and produce new vaccines (Almedia et al., 2009). Coordination and cooperation about vaccine development between and among them could ease existing conflicts, notably between China and India.

Given the exemplary legacy of international scientists, vaccine developers, global health practitioners and government officials joining together for the goal of improved universal health, the current leaderships double down the use of vaccine diplomacy in foreign policy.

A patent waiver could also be the way to achieve equitable vaccine access globally without being dependent upon vaccine diplomacy. The suspension of the IP protections on Covid-19 vaccines allows producers to export raw materials, industrial parts and components and allow technical knowledge transfer from

vaccine makers in the global north to new manufacturers in the global south (Gonsalves & Yamey, 2021). There are needs to be aware of immediate implications and limitations once the waiver is enforced, including raw material and supply bottleneck, infrastructural and manufacturing limitations and funding unavailability (Chakraverty, 2021). However, in the long run, waiving the patent could end “the vaccine apartheid” (Byanyima, 2021).

Weaker nations are falling behind in global vaccine competitions. But the migrant communities who are already in vulnerable conditions bear the brunt of this competition disproportionately. Migration is becoming an increasingly essential aspect of bilateral and international diplomatic relations, just as it is in war and peace, trade, economics, culture, the environment, and human rights. Despite a growing body of research on the many dimensions of modern diplomacy, migration has yet to be included in such studies, despite its prominence in practitioners' plans. This is not to suggest that research into the relationship between foreign policy and population movement has not been done. Indeed, there is a substantial body of knowledge in this domain, with the majority of it focusing on immigration across OECD countries (e.g., Tempo 2008; Hollifield, 2004).

While taking on the rewarding role of global vaccine leader may appear to have a short-term benefit, it is in the national interests of the world's wealthiest countries. Nonetheless, it is unlikely to see the pandemic ending anytime soon unless they take on this responsibility. Therefore, policymakers and leaders in all affluent countries, particularly the most powerful states, should reject vaccine nationalism, and promote vaccine diplomacy as a top priority.

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