



RESEARCH PAPER

**Governance, Nationalism, or Diplomacy for Global COVID-19
Outbreak Response**

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DOI [http://doi.org/10.35484/pssr.2022\(6-I\)01](http://doi.org/10.35484/pssr.2022(6-I)01)

PAPER INFO

ABSTRACT

Received:
September 29, 2021
Accepted:
January 10, 2022
Online:
January 15, 2022

Keywords:
Post- Pandemic
Governance,
Vaccine
Diplomacy
Vaccine
Nationalism

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The document discusses the efforts to manage Covid-19 outbreak global governance response on an equitable and timely way using the Covax mechanism and the reality imposed by developed countries' agenda through nationalism and vaccine diplomacy. The analysis is based on hegemonic approaches in the international relations contrasting with the global cooperation approach. At a glance, cooperation and solidarity have been misunderstood as charitable diplomacy, in addition to the selfishness and discrimination of the nationalist measures of countries with significant financial and geopolitical resources that have monopolized vaccination for their population.

Introduction

After centuries of military confrontation between nations, the 21st century seemed to be the episode of strengthening global cooperation but the supremacy of national interests, would bury the construction of global regimes that paved the way for collective responses. However, global cooperation did not happen.

More than a year after the lockdown as a result of a novel virus and a new disease and, when it seemed the health crisis worst scenario had been overcome, the tragic situation in India reminded us of the worst months experienced for humanity: the highest daily infections rates, increase of disease lethality and collapsed hospitals. The rest of the world looked astonished 350 thousand infections or more

that happened in that country, even when the conditions in their own territories had not been similar.

In South America the shadow of a new rebound is appearing at the time of a vaccine shortage, meanwhile the countries of Western Europe and, at the time of this writing, for Mexican territory, it is moving to vaccination, but fighting with a new infection regrowth. Each country, each continent, each region observes itself, occupied within, but observing the rest of the world as a mere spectator.

It makes us wonder if we are going the wrong way for humanity. Have we confused charity with cooperation? Or worse yet, we have simply let our human nature really bring out our selfishness.

This document sets out the actions that have led different nations to be unequal participants in access to vaccines caused by an attitude that has been called vaccine nationalism or diplomacy, in the middle of the health governance failure. Besides this introduction, the document considers a theoretical part about hegemonic and cooperation approaches for international relation analysis. Then, Covax mechanism is described, and the nationalism and the vaccine diplomacy undertaken by some developed countries is analyzed. In the last part are the conclusions, the most important highlights that cooperation and solidarity have been mistaken for charitable diplomacy, in addition to the selfishness and discrimination of the nationalist measures of countries with significant financial and geopolitical resources that have monopolized vaccination for their population.

Hegemonies and Global Cooperation

Scientific paradigms are tools to understand the International Relations. Paradigms are an approach to the different conceptions of a reality (Kuhn, 1962).

Without the desire to simplify scientific knowledge, but with the intention of structuring the analysis, classic paradigms for understanding the global system are the cooperative approach and the conflictive approach. The first one seeks to maintain a distributive order by building consensus and negotiations and with institutions that reduce uncertainty among the actors of the global system. The former pursues power, uses goods and processes to regulate the system for its own benefit (Attinà, 2001).

Classical theories of International Relations derive from the former paradigm and contribute to the analysis of contemporary global system's actors and processes. The first theory is Political Realism or *Real Politik*, which comes from the European school based on the political ideas of Machiavelli, and during the 20th century served to define the actions of the superpowers or hegemons. The main theorists of this thought, such as Raymond Aron (1970), Hans J. Morgenthau (1948),

or Martin Wight (1947) tried to understand the international order after World War II, from a rational vision of the nation-state and its national interests.

Political realism employs a methodology based on methodological individualism, where the nation-state is the main analysis unit to understand the contemporary global system. Hence, state rationality's importance and definition of national interests are based on the relations of force among states, meaning, the main actor's attribute is military power.

Of course, there are much more theoretical assumptions that guide the international realistic analysis. It is not the intention of this document to delve into them, instead, to provide the analytical categories that allow to understand the performance of States and other non - state actors in the actual context.

These realistic bases are taken into consideration by neorealists authors to expand global system analysis. Neorealists emerged as an Anglo-Saxon school, with authors such as Kenneth Waltz (1979) and Robert Gilpin (1987). Neorealist approach differs from the first school by considering a systemic methodology that allows them to link political analysis with (macro) economic variables.

Waltz (1979) defined international system's structure in terms of distribution of power and economic-rational calculation. Hence, existence of hegemonies in the system is defined by nations-states' capacities and positions. However, although for realists' perspective power was understood by military terms. For neorealists, the most important factors are geoeconomics: economic element is fundamental in the definition of global system's forces and positions.

Nation-state is an essential actor for international relations, but within the framework of international system. Nation-state belongs and occupies a position determined by geo-economic factors into this international structure. Therefore, hegemon's greatest economic resources determine international structure.

Other hegemonic theories are derived from neorealist theory, but those approaches consider a structurationist methodology (Attinà, 2001), transiting into state's analysis level and international system structure, i.e. existence of social structures does not excludes effectiveness of social subjects' actions. In the case of Gilpin (1987), hegemonic definition is based on economic superiority, and State is an entity that organizes the market and not only that of its own survival. In other words, hegemony has the right to govern from not only war victory, but from the provision of global public goods or goods that are for universal use, and the promotion of values among States for the purposes of legitimation.

Pahre (1999) considers that hegemony has initiative power and the ability to protect the international economy for its own benefit, that is, it promotes international collective action.

In another line of analysis, but derived from the existence of hegemonies, Kindleberger (1981) highlights the importance of economic mechanisms that will ensure international system stability, in particular State existence due to its qualities - material, economic, financial resources and leadership - which guarantee essential collective goods.

Finally, and in order to contrast these hegemonic theories assumptions, cooperation approach stands out. One of the differences is the existence of state and non - state actors into a turbulent global system (Rosenau, 2003). Turbulence causes tension and conflict among actors, but cooperation is not necessarily absent.

Turbulent situations tend to be marked by rapid responses, demands, temporal and political coalitions, which cause conflict and / or cooperation among actors (Rosenau, 1990). Operation of this type of structure implies State's recognition to be able to adapt to new dynamics, the presence of new actors and, therefore, the way in which all these agents interrelate. This does not imply the idyllic vision of a perfect system, without problems and difficulties, however, it is possible to understand all globalization trends. They could lead to a better coexistence and the search for solutions at global and national level.

State must exercise its negotiating capacity, coordination, and collaboration with these supranational, inter-governmental and transnational networks (Held and McGrew, 2003). It means, global governance. Giddens visualizes a transformation based on the reformulation of identities, raised from the appearance of risks and dangers that emanate from the risk society.

Globalization implies coexistence within a risky society, meaning, a social-political construction characterized by chaos, sequels, and global turbulence because of human endeavors (Beck, 1998). This society assumes the conception of global goods and problems that goes beyond States political-territorial security and the rules of the global economic market (Attinà, 2001).

It is suggested an expansion of possibilities for internal and external intervention, through cooperation among governments, non-governmental associations, and global economic actors to solve transnational problems (Beck, 2004).

The Effort Global COVID-19 Outbreak Response: The Covax Initiative

Covax, (*Covid-19 Vaccines Global Access*) had its origin in the accelerator for access to tools for Covid-19 (ACT, for its English acronym), which brought global

efforts on April 24, 2020, under the initiative of the World Health Organization (WHO), the French presidency of the European Union, the European Commission, and the Gates Foundation. The ACT was born with four pillars in its effort to fight Covid-19: vaccines, diagnosis, treatment and strengthening of health systems to guarantee equitable access to vaccines and treatments for the disease on a global scale.

The vaccines pillar is based on three organizations working with three goals (Sánchez, 2020):

1. The Coalition for Epidemic Preparedness Innovations (CEPI), a global partnership launched in 2017 to develop vaccines to stop epidemics.
2. The World Health Organization, who leads equitable access and allocation for vaccines
3. The Global Alliance for Vaccines and Immunization (GAVI), who drives the purchase and distribution of vaccines.

These three organizations make up Covax, which is a shared risk mechanism between countries and manufacturers and offers two acquisition methods, first, concerned about access to a viable vaccine, the second, interested to invest without a guaranteed demand. The objective of this mechanism is to guarantee equitable access to adequate, safe, and effective vaccines.

All countries were invited to participate regardless of their income level and the bilateral agreements they could establish with pharmaceutical companies. Thus, the participating countries receive access to vaccines at the price negotiated in the mechanism.

In the case of the Americas region, the Revolving Fund of the Pan American Health Organization (PAHO), represents the countries as a block in Covax since it is recognized as a viable acquisition channel.

Twenty-seven Pan American countries signed participation agreements at Covax. Nineteen nations signed committed purchase agreements and eight signed optional purchase agreements. However, ten countries could not and still cannot afford the costs involved in the cost of vaccines in any of these agreements.

The committed purchase model requires a lower initial payment by the countries, with an initial cost of US\$ 3.20 per person, it allows them to advance financing for the purchase of the vaccine. However, the commitment is to acquire vaccines to cover a least 20% of the population and it needs a binding

financial guarantee to cover the rest of the vaccine payment. Furthermore, countries cannot sign off the agreement because of this binding financial guarantee (Sánchez, 2020).

The optional purchase model requires a larger down payment (US\$ 6.20 per person), so that there is no need for a binding financial guarantee, just the initial payment; this agreement extends the possibility of not buying optional doses, countries have flexibility to indicate the preference of providers, but the allocation is not clear if there is a considerably limited supply. It is a suitable scheme for developed countries that have additional bilateral agreements and with budgets that allow the initial payment (Sánchez, 2020).

Covax also provided financing mechanisms for those countries that did not have resources for the purchase of vaccines and their equitable distribution. This distribution includes two phases: the first one to ensure that the participating countries achieve coverage of 20% of the population at first, otherwise, it can't be moved to the next phase. The second one is a weighted allocation based on risk assessment, according to population and vulnerability, which would imply that countries with a high risk could receive doses faster than others. Finally, the mechanism will always keep a reserve of vaccines for emergency situations.

Covax allocation mechanism is based on the recommendations made by the Strategic Advisory Group of Experts on Immunization of the WHO, this is, an ethical framework based on objectives and populations under different epidemiological scenarios and supply. Specific recommendations are also made for vaccination procedures and after the vaccines have been authorized by Governments. Ethical framework is based on global equity, reciprocity, equal respect, human welfare, national equality, and legitimacy. Principles of solidarity, affordable, equitable and sustainable access assignment are considered as well (Sánchez, 2020).

Covax's intentions were joined by the support and manufacturing of vaccines, mainly associated with companies, like AstraZeneca and Novavax. These firms promised 200 million doses for poor countries. Of course, the success of the initiative also depended on the sufficiency of financial resources and the compliance of the enterprises.

Vaccination Nationalisms

Despite of the effort, principles and values that contributed to global governance and equitable distribution access to vaccines, during the first two months of 2021, the reality was imposed by the domestic agenda of the countries.

The weak governance build-up after the Covid-19 outbreak, led to an irrational fight for the stockpiling of vaccines to immunize powerful nations'

populations, in the ruthless race to be the first country to achieve community protection and return to the former normality. Moreover, in the second half of 2021, a new race began for a 3rd dose of vaccination in developed countries when there are nations, like Haiti, where nobody has been immunized.

The resources invested in the developed world main laboratories – AstraZeneca, Moderna, Novavax – were the argument for those countries. United States invested 1.6 billion dollars in Novavax and 1 billion dollars in Moderna. Meanwhile, 97% of the AstraZeneca vaccine research was financed by public funds: 45 million Euros from the United Kingdom (UK) and 30 million from the European Commission, along with other public funds and foundations that contributed to the scientific research (Apuzzo & Gebrekidan, 2021; Güell, 2021).

The countries checkbooks demonstrated the validity of those geoeconomics factors. United States purchased vaccines for four times the size of its population (200 million doses from Pfizer, with the option to purchase 500 million more and guaranteeing local manufacturing to exclusively supply the country; 200 million from Moderna, with an increase of 300 million more; 810 million from AstraZeneca, Johnson & Johnson, Novavax and Sanofi, and this final number can be increased to 1.5 billion). Also, the UK could inoculate its population four times over (It signed agreements for 357 million doses with AstraZeneca, Pfizer, Moderna, Johnson & Johnson, Novavax and Sanofi). The European Union guaranteed 1.3 billion doses from the same laboratories as the UK in addition to CureVac supplies, which signed a contract of optional purchase for 660 million doses (Twohey, Collins and Thomas, 2020).

However, in a real world with an imperfect market and incomplete information, the acquisition of doses made by developed countries had several challenges: the optimal production, regulatory approval in each country or economic region, delivery lead times and signed contracts, either through Covax or bilaterally.

In the latter case, the contracts were managed by the pharmaceutical companies as global protagonists, placing private clauses that, in some cases, forbidding vaccines' price disclosure and manipulating delivery dates for different countries. The reality was that, until October 2020, none of the companies had concluded its clinical trials or even after having been approved their use in various countries, none of them had the ability to fulfill contracts and deliver on the promises of such signed contracts.

Nonetheless, political and economic resources from developed countries began to play, first between them, but mainly, against the poorest nations. In August of 2020, Canada secured a 20 million doses contract with Moderna. A little later, the United States announced an agreement for 500 million vaccines with the same

company, receiving the first 20 million, displacing Canada (Twohey, Collins and Thomas, 2020). Chile is the developing country that has secured vaccines for as much the twice the size of its population.

The best-known case against emerging countries was the one led by the pharmaceutical company Pfizer, the first conglomerate to achieve the application of emergency use at a global level. Pfizer demanded a change in Argentinian legislation in order to protect itself from possible errors in the manufacturing of vaccines associated with the cold chain required for distribution of this biological preparation. In both Argentina and Brazil, Pfizer requested sovereign assets (international reserves or real-estate in embassies abroad of those countries) to avoid multiple and million-dollar lawsuits. In Peru, the country accepted to assume full responsibility for any lawsuit regarding the adverse effects of the vaccine and an international court in New York for any settlement of disputes (Rivadeneira, 2021). All Pfizer contracts with Latin America governments, stated a condition to not disclose the prices and the terms of the agreements.

United Nations Secretary has denounced the vaccine nationalism and the race of developed countries to complete the inoculation of their inhabitants leaving the rest of humanity to the side. This shows a failed global solidarity and vision of vaccines as a global public good.

From Stockpiling to Vaccine Diplomacy

There are 92 countries that do not have resources to enter into bilateral agreements with pharmaceutical companies, and they have placed all their hopes in the Covax mechanism. These countries have been the most harmed by the evident failure of this initiative to achieve equitable access to vaccines.

At the beginning of February of 2021, according to data from the United States Centers for Disease Control and Prevention, 60.4% of the people vaccinated were white, 11.5% Hispanic, 6% Asian, and 5.4% African American, despite African Americans and Hispanics were the populations most affected by the pandemic (Laborde, 2021).

In Israel, 57% of its population was completely vaccinated in May of 2021. However, there was “the manifest of institutionalized discrimination that defines the policies of the Israeli government toward the Palestinian population” (Martí, 2021). The Palestinians who live in the occupied territories of the West Bank and the Gaza Strip have not received any dose. Only 30,000 Palestinians would have received the donation of the Russian vaccine, but instead, Israeli government preferred to send doses to countries that moved their embassies to Jerusalem, such as Guatemala, Honduras, the Czech Republic, and Hungary.

The so-called “vaccine diplomacy” exercised by China, Russia, and India, which agreed to the distribution and donation of their vaccines to emerging countries, made their entry. For example, in Latin America, China and Russia made supply agreements with Argentina and Mexico.

The case of China is interesting because its actions have shifted focus from the idea of the cause of the pandemic to the global solution to the problem, which has converted their vaccines into a global public good. Vaccines from its pharmaceutical companies Sinopharm and Sinovac were donated to 69 countries (such as Senegal, Sierra Leona, Zimbabwe, Venezuela, and the Dominican Republic) and they are sold in 28 countries, most of them emerging.

In the case of Russia, countries from East Europe such as Hungary, Slovakia, and the Czech Republic have shown interest in the Sputnik vaccine even though it has not been approved by the European Medicines Agency. Currently, Russia has agreements with more than 50 countries in Asia and Latin America for the supply of their biological preparations.

In the case of India, during the first trimester of 2021, it made use of its pharmaceutical manufacturing industry to provide vaccines to 95 countries, and it sent more than 33 million doses to the poorest countries, such as Bangladesh, Myanmar, Nepal, and Sri Lanka. India is the most important contributor to the Covax mechanism, through the Serum Institute of India, by producing 1.8 billion doses for 92 of the poorest countries (Chainferber, 2021).

These three nations are trying to drive the idea of provision of global public goods through the development of vaccines that compete with the occidental biological preparations. In some cases, for example Sputnik V vaccine, with the levels of safety, immunogenicity and efficacy as Pfizer-BioNTech vaccine (CONNECTA National News Desk, 2021). These nations are also acting as global providers through the contracts and assistance given to poorer countries nevertheless, tiny donations are not a real cooperation but instead, charity for future supporters and the real consolidation of their power.

However, in February of 2021, companies from these three Asian countries faced production issues limited by resources and the size of their manufacturing output, as their western counterparts, which could put their promises made to those emerging nations at risk.

The actions of these nations also cannot go unnoticed by the United States and Europe. In the case of the United States, President Biden has promised the release of doses of the AstraZeneca vaccine for the Covax mechanism and has given Mexico more than 2 million doses to continue with its vaccination plan, and more than a 1

million doses of Moderna. Similarly, Europeans have promised to send 500 million doses to Balkan countries that do not belong to the European Community.

Conclusion

What is left after the failure of global solidarity? It is regrettable to observe that we as human beings have confused cooperation and solidarity with charitable diplomacy, and we have been witnessed to the selfishness and discrimination encouraged by the nationalist measures of the most powerful countries because of their stockpiling of the vaccine in their own territories.

On one hand, cooperation implies joint action to reach a common objective and solidarity to the cause of others. Meanwhile, vaccine diplomacy has supposedly implied alms to give or lend to countries that urgently need the biological preparations.

Vaccine diplomacy is neither the sum of the efforts of cooperation nor much less solidarity, as China, Russia, and, perhaps to a lesser extent, India have acted according to hegemonic interests of strengthening their influence over emerging countries. This means the deployment of a soft power that in any moment will reverse according to the interests of those powerful nations.

On the other hand, the selfishness and discrimination of developed countries is clearly expressed in nationalism and the stockpiling of vaccines. If 100% of their populations are vaccinated and the former normality is coming back, the end of this crisis will have been achieved. The protection of their national interests is the principle from which, in an incoherent way, the solution to a global problem will come.

The pandemic in its own sense implies a global resolution and joint efforts towards a common objective. The failure of resolutions as a result of the Covid-19 outbreak only reveals the incapacity of human beings to act together with our fellows.

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