

Research on Vaccine Distribution in COVID-19 under Vaccine Nationalism

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Abstract

At the end of 2019, the outbreak of COVID-19 epidemic swept the world and continues to this day. Some developed countries in the west shirked their global anti-epidemic responsibility for their own interests, and launched a political movement of "vaccine nationalism". Under the narrow ideological trend of "vaccine nationalism", some countries hoard COVID-19 vaccine excessively, which makes it difficult for developing countries with weak health systems to obtain COVID-19 vaccine. With the rapid development of globalization, we have become interdependent, and the COVID-19 epidemic is testing the global health governance capacity and the resilience of human beings to cope with the crisis.

Keywords

Vaccine nationalism; Fair distribution of vaccines; COVID-19.

1. Introduction

Nationalism came into being with the modern nation, and it played the role of ideological weapon in the process of the bourgeoisie uniting the people to build a nation-state and then colonial expansion. Nationalism will be presented in different ways with the changes of the times, but its essence is a self-identification of the nation by the national community. There are also narrow-minded nationalism in many varieties of nationalism, that is, maximizing the interests of one's own nation excessively, sometimes even at the expense of the interests of other nations. While the COVID-19 epidemic has impacted the global value chain and industrial chain, it has bred this narrow ideological trend in western countries. How to dispel the haze of vaccine nationalism, so as to maximize the fair distribution of vaccines in COVID-19 has become our concern.

2. Vaccine Nationalism under the COVID-19 Epidemic

"Vaccine nationalism" is not a new term. The H1N1 flu that broke out in 2010 passed this trend of thought. The outbreak of COVID-19 epidemic caused a new round of "vaccine nationalism" to spread in western developed countries.

2.1. The Causes of Vaccine Nationalism

Under the crisis of COVID-19, vaccines can't be distributed. The countries concerned only take advantage of narrow nationalism to give priority to the distribution and vaccination of their own people from the perspective of individualism and political game, which set off a political movement to destroy the fair and reasonable distribution of vaccines, and contributed to a new wave of vaccine nationalism. The emergence of vaccine nationalism is a process in which historical and practical reasons are intertwined and interacted.

I. From the historical point of view, the western developed countries have deep-rooted racial prejudice and "inertia thinking" of pointing fingers. At the beginning of the outbreak of the

COVID-19 epidemic, former US President Trump called the virus "Chinese virus" without any basis, and let the media play it up and spread it, thus affecting the public opinion environment and public judgment. The deep reason behind this behavior is the "western centralism" and "racial superiority" in European and American countries.

II. In the real environment, "populism" and "anti-intellectualism" in western countries are on the rise again. Populism reached its climax during the COVID-19 epidemic, which was characterized by questioning and weakening the authority of international organizations from top to bottom, causing racial discrimination, etc. "Anti-intellectualism" was particularly evident at the beginning of the outbreak of the epidemic. The top-down "anti-intellectualism" in western developed countries-ignoring the danger of viruses-paid a heavy price.

III. International law is limited and international organizations are vulnerable. At present, the Global Health Law does not stipulate any specific obligation of the state to increase the access of developing countries to health-related resources when the domestic population needs have not been met; Some scholars have pointed out that international organizations such as the United Nations, which is composed of sovereign countries, also do nothing about "vaccine nationalism" and national hoarding of vaccines. This is because international organizations such as the World Health Organization and the United Nations cannot be completely separated from sovereign countries, resulting in limited effectiveness.

2.2. The Manifestations and Influences of Vaccine Nationalism

Faced with the ravages of the COVID-19 epidemic, countries all over the world should carry out anti-epidemic cooperation. However, some countries stubbornly adhere to the "zero-sum game" thinking, rendering and promoting vaccine nationalism. During the epidemic period, European and American countries showed a strong national preference-"crisis nationalism". It is worth considering to what extent this preference is reasonable in the global anti-epidemic period. Good-natured crisis nationalism should be sensitive to the potential moral costs of national preferences during the global crisis, and extra care must be taken to control or offset these costs. Moreover, no matter what arguments are put forward to defend national prejudice, he must accept the moral restriction of crisis nationalism. In some partial practices, there may be a real moral conflict between special concern for compatriots and fair global responsibility in times of crisis. "Crisis nationalism" needs to be measured by moral boundaries. [1]

Although international organizations call for sharing vaccines, many multilateral countries, including Canada, have maintained this kind of vaccine nationalism in recent two years. Such countries reject globalization under the pretext of vaccine crisis and reaffirm their sovereignty through "vaccine nationalism", which is also a process in which a high-income country competes for vaccines for its own people. Some scholars believe that the continued implementation of vaccine nationalism in rich countries is not only a reasonable product of realistic politics, but also a reason for safe speech. However, as a long-term multilateral country, Canada and other countries' nationalist actions to ensure the safety of their COVID-19 vaccines are unreasonable.

Of course, some scholars have also put forward another definition of "vaccine nationalism". They believe that countries such as China and India, as regional powers, conduct "vaccine diplomacy" out of geopolitical considerations. They believe that China hopes to gain the greatest diplomatic interests and soft power projection through vaccine policy, thus strengthening its international image, geopolitical power and domestic political legitimacy. [2]This kind of nationalist behavior has serious consequences for low-income countries that lack the capacity to produce vaccines or the funds needed to purchase doses, because it limits the access of developing countries to available vaccines. While western developed countries are adopting the "vaccine nationalism" that gives priority to their own residents' vaccination, India pursues its own form of "vaccine nationalism": generously subsidizing its regional neighbors.

Of course, there are India's strategic considerations behind this-covering up its initial lack of protest and competing with China for regional influence.

To sum up, the "vaccine nationalism" pursued by the West is manifested in the following aspects: hoarding excess vaccines to ensure absolute priority of the country by seizing the right to advance vaccine development and controlling the multilateral flow of vaccine raw materials. This practice has brought many adverse effects: the lack of correct understanding of the epidemic situation has intensified the spread of the virus, resulting in the simple public health incidents escalating into ethnic conflicts and cultural disputes, blocking the information sharing and experience exchange among countries in the prevention and control of the epidemic situation. The final result has hindered the improvement of global public health governance capacity, and human health and safety are facing enormous challenges.

3. The Fair Distribution of Vaccines in COVID-19

COVID-19, as the most powerful way to resist the epidemic, should be distributed as fairly as possible in the world. However, the western developed countries that are most likely and capable of supplying vaccines to the world have erected barriers to fair circulation of vaccines because of the wrong ideological trend of vaccine nationalism.

3.1. Vaccines in COVID-19 Have the Attribute of "Public Goods"

"Public goods" have non-competitive and non-exclusive, which can be divided into pure public goods and quasi-public goods. In the mode of production and supply, it can be produced by public organizations of government nature, or produced privately by private contractors and then provided to the market. Of course, there are also ways of mixed production between government and private to allocate resources effectively. With the globalization of the world, the concept of public goods transcends national boundaries. With the development of economic globalization, public goods are further divided into global and regional public goods. Global public goods are products that supply and benefit all countries, people and generations all over the world, and are the perfect form for the development of international public goods. COVID-19 vaccine fully conforms to the characteristics of global public goods, because the marginal social cost of this product is about zero and the reasonable supply of vaccine is in the common interest of all mankind. Only when the global vaccination of COVID-19 vaccine is realized can the health crisis be effectively curbed. Therefore, we can also summarize the attributes of the new crown vaccine as: means-based global public goods (vaccines are the most important means to achieve group immunity and epidemic prevention and control); Strong supply-oriented global public goods (a few big countries need to take the responsibility of vaccine supply in COVID-19); It belongs to the network-based global public goods ("network effect" means that the utility that consumers get from a certain product or service depends on the number of consumers of the product, and the consumer's consumption behavior has "positive externality" to others, which has produced an overall benign social effect).

3.2. Current Supply and Demand Situation and Causes of Vaccines in COVID-19

The epidemic situation in COVID-19 is still raging, and virus variants such as Omicron frequently appear. Although the annual vaccine production capacity is constantly released, the situation that the vaccine supply lags behind the actual demand will persist for a long time. Some scholars have pointed out that the research and development and vaccination of vaccines in COVID-19 have fallen behind in Africa. Vaccine nationalism makes it difficult for African countries to get effective assistance from developed countries; At the same time, African people are reluctant to vaccinate COVID-19 vaccine, which has limited supply, because of "vaccine hesitation"; Although African leaders and AU have promised to develop and supply vaccines, there are some problems such as shortage of funds and lack of technological innovation. COVID-

19 has not yet broken out on a large scale in Africa, but the case of Ebola virus in Africa is also very important to improve the collective immunity in Africa. The variant viruses in Brazil and South Africa are clear examples of people's difficulty in vaccination, which leads to the worsening of the epidemic situation. Therefore, donating unused COVID-19 vaccines to developing countries in time and solving the problem of vaccine hesitation have become the urgent task to prevent the emergence of new varieties. The following charts show the distribution of vaccines in COVID-19 as of now according to WHO statistics, so that we can have a clear understanding of vaccination in COVID-19 in various regions.

Table 1. Vaccination in COVID-19 (according to regional statistics)

WHO division	United Nations population statistics	Individuals receive at least one dose of vaccine.	Individual complete vaccination
Africa	1,339,406,880	202,257,508	127,,382,384
South America	1,084,883,971	416,633,988	320,618,563
North America	915,425,506	136,547,503	92,301,252
Europe	1,218,591,789	853,048,334	728,197,591
Southeast Asia	2,342,590,825	1,707,406,351	793,333,119
Western Pacific	2,112,797,141	398,780,760	134,264,715
Amount to	9,013,696,112	3,714,674,444	2,196,097,624

Source: The author translated and compiled according to the official website of WHO.

Table 2. Vaccination in COVID-19 (according to the gap between the rich and the poor)

World bank income division	United Nations population statistics	Individuals receive at least one dose of vaccine.	Individual complete vaccination
High income	1,474,103,534	1,018,877,314	880,329,735
Low income	918,966,313	84,992,424	48,905,861
Low-middle income	3,934,338,416	2,032,238,871	1,027,017,308
Middle and high income	2,655,813,817	568,619,601	233,635,862
Amount to	8,982,922,080	3,704,728,210	2,189,888,766

Source: The author translated and compiled according to the official website of WHO.

The causes of vaccine distribution dilemma are comprehensive: benign global health governance depends on the supply of global health public goods. Hegemonic countries supply global public goods with strong strength, while other countries will get public goods by hitchhiking. If hegemonic countries are not willing to provide security for global health, global health governance will fall into the "Kindleberger trap". While "vaccine nationalism" is set off in western developed countries, they are unwilling to provide more vaccines such as New Crown, and they are unwilling to take on their own international responsibilities too much. The disorder of the current global health governance system and the worsening global COVID-19 epidemic crisis are essentially the embodiment of the "Goldberg trap". In addition, it is difficult for international organizations represented by the United Nations and WHO to effectively coordinate and deal with global health affairs. The existing international law on global health only supports the negotiation charter of general influenza viruses, and has not established a strong vaccine distribution mechanism for pandemic like COVID-19.

4. Strategies of Vaccine Distribution in COVID-19 under Vaccine Nationalism

If the haze of vaccine nationalism in some countries can't be dispelled, and it's difficult for COVID-19 vaccines to be equally distributed around the world, it's hard to end the COVID-19 epidemic. We need to deal with the COVID-19 crisis at all levels.

4.1. The Level of International Cooperation Mechanism

It has gradually become a national consensus to deal with global problems and conduct global governance through international cooperation mechanism. The outbreak of COVID-19 epidemic has tested the resilience of international cooperation mechanism. Although the World Health Organization (WHO) has some problems in crisis response, such as being restrained by sovereign countries and weak in effectiveness, its role in global anti-epidemic is irreplaceable, and it is the most representative international organization in global health governance and COVID-19 epidemic response. WHO is doing its best to promote cooperation among sovereign countries. On January 13th, 2022, the 10th meeting of the Committee on Emergencies of 2019 Coronavirus (COVID-19) Pandemic was held. The Committee was deeply concerned about the challenges faced by countries that did not meet the conditions of the advance market commitment of COVID-19 vaccine global access mechanism in providing COVID-19 vaccine. In addition, the Committee urged WHO to continue to cooperate with the pharmaceutical sector to increase the access of all countries to vaccines, therapies and diagnostic testing tools by expanding tiered pricing, voluntary licensing agreements and other means, and to remove barriers to accessibility and affordability.

National authorities must realize that the ongoing epidemic is related to the whole world. Therefore, a differentiated distributive justice scheme is needed. International law provides some substantive standards for such plans and a large number of tools for creating global vaccine distribution tools. "COVAX" initiative shows the potential of public and private international law to provide principles and operational tools for the distribution of vaccines against COVID-19. This mechanism represents an innovation, which increases the fair access to life-saving drugs in times of emergency. The sustainable unity that it builds to balance competing interests may provide an idea on how to deal with other challenges, such as climate change, which may be a more threatening disaster than the COVID-19 outbreak, although it happened in slow motion. [6]

The effective operation of international cooperation mechanism lies in the state providing public goods as much as possible to restrain the "free-riding" behavior of some countries. If this behavior is universally recognized, it will lead to crossing the collective action dilemma. COVID-19 vaccine is a kind of international public goods, and the non-exclusiveness of the international public goods benefits easily leads to insufficient incentives for sovereign countries to participate in supply, resulting in "free-riding" behavior. In order to overcome this kind of behavior, the cost-benefit structure of each country should be reshaped through effective international institutional arrangements, selective incentives, alternative institutional design and collective structure optimization, so that the benefits of choosing to supply are higher than those of not supplying, thus forming desirable incentives and promoting the realization of international public goods supply.

4.2. The Conceptual Level of International Cooperation

The epidemic situation in COVID-19 has proved to us the importance of constructing the concept of international cooperation. If some world views that can be recognized by decision makers and the general public cannot be formed in the world, the effectiveness of international cooperation will still be greatly reduced. At present, the main actors in the international community are still sovereign countries. The prevalence of "vaccine nationalism", the uneven

distribution of vaccines in COVID-19 and the ineffective response of major international organizations are all due to the fact that "country" and "nation" are the first preferences in our world outlook, and then the interests of the country and nation are our first consideration. However, the tide of globalization makes us interdependent. Some scholars pointed out that under the impact of COVID-19 epidemic, people must regard the world as a "global village" or a community that must be saved collectively. In our cultural diversity, economic diversity and national concerns, we must regard ourselves as global citizens. The "national first" approach is not a feasible choice to solve the epidemic problem. On the contrary, every country needs a collective and global response. Therefore, we must regard the world as a global village, and as a whole, we must act together to save it.

To sum up, we list some ideas to promote the cooperative cognition of vaccine nationalism and vaccine distribution. Of course, the construction of related concepts has a long way to go, and we hope to get some valuable ideas for the discussion of concepts.

5. Conclusion

"Vaccine nationalism", as the embodiment of narrow nationalism, is one of the main reasons that affect the fair distribution of vaccines in COVID-19. Some western developed countries need to be responsible for their erroneous pursuit of vaccine nationalism and delay the overall situation of global anti-epidemic. Although the world today is under the impact of the unprecedented changes in a hundred years and the still raging COVID-19 epidemic, countries are increasingly interdependent, only through cooperation can win-win and development be achieved. Therefore, completely abandoning "vaccine nationalism" to promote the rational distribution of vaccines in COVID-19 is the right way.

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