EDITORIAL

Vaccine nationalism's politics

Before coronavirus disease 2019 (COVID-19) struck, cooperation on global health—especially for pandemic preparedness and response—would, we told ourselves, enhance national security, support economic wealth, protect human rights, and facilitate humanitarian assistance around the world. However, the politics of the coronavirus catastrophe do not reflect such national interests or international solidarity. "Vaccine nationalism" is more evidence that efforts to elevate health cooperation—and the sciences that inform it—have produced more rhetoric than political roots within countries and the international community.

Concerns about vaccine nationalism were escalating even before the United States announced on 31 July its largest deal to date with pharmaceutical companies to secure COVID-19 vaccines. Other countries—including China, India, the United Kingdom, and members of the European Union—are pursuing similar strategies. To critics, this scramble to secure vaccine supplies is one of many decisions by governments that have failed to control spread of the virus, destroyed economic activity, and damaged international cooperation. Ineffective nationalistic policies appear to create a gap between science and politics that makes the pandemic worse and undermines what science and health diplomacy could achieve. In fact, vaccine nationalism reflects "business as usual" in global health.

> "...access to coronavirus vaccines has become a priority in power politics..."

Historically, health diplomacy has struggled with global, equitable access to drugs and vaccines during serious disease events. Countries did not achieve this goal, for example, during the 2009 H1N1 influenza pandemic. International access typically happened only after developed countries secured pharmaceuticals for use at home, as happened with vaccines for smallpox and polio and drugs for HIV/AIDS. Developing countries, such as China and India, tried to break out of this pattern by building their own pharmaceutical innovation and production capabilities. More recently, developing countries have asserted sovereignty over pathogenic samples. This approach conditions access to samples on the source country receiving benefits from research and development, including drugs and vaccines. This "viral sovereignty" strategy produced the virus-and-benefit sharing regime in the World Health Organization's Pandemic Influenza Preparedness Framework in 2011.

With COVID-19, history is repeating itself. Countries with the resources to obtain vaccines have not subordinated their needs and capacities to the objective of global, equitable access. And the worldwide spread of the coronavirus eliminates leverage that viral sovereignty might have provided countries without such means. International and nongovernmental organizations launched an ad hoc effort—the COVID-19 Vaccines Global Access (COVAX) Facility—to achieve equitable access. But with no serious participation by major states so far, COVAX lacks game-changing support. In keeping with the long-standing pattern of political behavior during pandemics, vaccines will eventually reach most populations, but only after powerful countries have protected themselves.

Further, changes in domestic and global politics have made matters worse. Domestically, the extent to which governments have ignored science, denigrated health experts, supported quack remedies and policies, peddled disinformation, and botched social distancing and other nonpharmaceutical interventions has been astonishing. This travesty flows from the traction that populist, nationalist, antiglobalist, and authoritarian attitudes have gained around the world.

Globally, balance-of-power politics has returned to world affairs. Geopolitical calculations have shaped national responses to COVID-19, with the United States and China treating the pandemic as another front in their rivalry for power and influence. National access to coronavirus vaccines has become a priority in power politics, especially as a means to recover from the economic damage at home, in export markets, and within regions of strategic importance in the balance of power.

These changes in politics have generated ferocious headwinds against global, equitable vaccine access—an objective only approached with great difficulty when political waters were less turbulent. Reorienting health policy and diplomacy will require root-and-branch reconstruction of political interests on infectious diseases. Perhaps the mounting desperation for scientists to deliver a vaccine against COVID-19 will provide an incentive for leaders to rebuild health policies sufficiently so that, when the next pandemic hits, politicians and citizens will be less likely to drink the hydroxychloroquine.

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