SPC1: Special Conference on Global Health Threats

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Issue: Addressing the issue of vaccine nationalism

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I. Introduction

The emergence of the COVID-19 pandemic has introduced so many concepts that were not previously common in our everyday lexicon: “social distancing,” “flattening the curve,” and now, “vaccine nationalism.” The pandemic has highlighted and continues to highlight the altruistic efforts of scientists and frontline workers to tackle the spread of the virus through clinical discoveries, to rapidly produce vaccines, and take care of patients who have contracted COVID-19. It became apparent that the scientific community was ready to act in unison to tackle the pandemic, using the collective knowledge on immunology acquired through years of research. However, the pandemic has also, more importantly, shed light on the shortcomings of global health systems, namely many MEDCs’(More Economically Developed Countries) “my nation first” approach to making COVID-19 vaccine doses more readily available to their own citizens. As a result, LEDCs (Less Economically Developed Countries) are left behind, not being able to purchase COVID-19 vaccine doses due to lack of economic development, as well as the fact that there are limited doses of COVID-19 vaccines.

While the COVID-19 pandemic has made the concept of vaccine nationalism gain more attention, it is nothing new: a similar nationalistic trend in the distribution of vaccines and vaccination rates was seen in 2009, with the H1N1 virus, also known as swine flu. The virus caused the death of as many as 284,000 people worldwide (Weintraub et al.), despite a vaccine being developed within seven months. That being said, most high-income countries negotiated with vaccine manufacturers for the benefit of their own citizens, while also using facilities within their national borders for vaccine production and distribution. For example, the Australian government made it clear to the Australian vaccine manufacturer CSL that it must meet national needs before exporting vaccines to other countries such as the United States. The United States also promised to donate 10% of the vaccine it purchased to WHO on September 17, 2009, but on October 28, the U.S. Secretary of Health and Human Services announced that the United States would not donate the H1N1 vaccine until at-risk Americans got the vaccine (Fidler).

International collaboration such as the COVID-19 Vaccines Global Access (COVAX) program has attempted to provide vaccine access to low-income countries. However, it should be noted that still, many LEDCs are not expected to achieve widespread vaccination coverage before late 2022 (The Economist). While it may appear that many MEDCs are currently approaching access to vaccination like an analogy of

oxygen masks dropping inside a depressurizing airplane — putting one on oneself, then helping others as quickly as possible — healthcare officials express that not only this is "morally reprehensible, it is [also] the wrong way to reduce transmission" (Weintraub et al.), considering that the short-term nature of vaccine nationalism will exacerbate the economic and health-related impacts of the COVID-19 pandemic. Overall, within the context of the theme of TIMUN '21, which is "Resilience Amidst Uncertainty," it is the responsibility of all Member States to focus on global and collective initiatives in order to tackle the COVID-19 pandemic, instead of efforts to individualize recovery from the impacts of the crises brought by the pandemic. Moreover, considering the focus region of the Americas, the staggering difference in vaccination rates among countries in the region and how vaccine nationalism relates to this should be examined.

II. Involved Countries and Organizations

Brazil

Brazil has been one of the Member States in the Americas that have been most heavily and negatively impacted by COVID. As of 4 October 2021, there had been 21.4 million confirmed COVID cases as well as 598,152 confirmed deaths due to COVID. Relative to the country's population of almost 214 million in 2021, it should be noted that these numbers are quite high. The Brazilian government's, especially President Jair Bolsonaro's approach to these high numbers and negative impact has been heavily criticized as well. Bolsonaro has remained defiant on the COVID-19 pandemic and has backed unproven and ineffective treatments for the virus. He has also been quite open about not being vaccinated. Besides Bolsonaro's mishandling of the pandemic, we can also take a look at Brazil's vaccination statistics. As of 5 October 2021, 44.27% of Brazil's population has been fully vaccinated. Therefore, despite being one of the Member States in Latin America that has relatively higher vaccination percentages, Brazil still has a long way to go to ensure that more of its population is vaccinated. Brazil has been a member of the COVAX scheme and has been receiving doses of COVID-19 vaccines. Brazil has received 1,022,400 doses of COVID vaccines on 21 March 2021, as the United Nations International Children's Emergency Fund (UNICEF) reports.

Chile

Chile seemed an unlikely Member State to be ahead in securing COVID-19 vaccine doses. With a population of 19.21 million as of 5 October 2021, not only had Chile secured and purchased more than 90 million doses of COVID-19 vaccines by 1 October 2021, but, parallel to this, as of 5 October 2021, 73.78% of its population has been fully vaccinated. While Chile sets an example to other Member States in the Americas, and especially in Latin America, it should be noted that these high vaccination numbers have not been a result of the COVAX scheme aiming to collaborate and supply vaccine doses to countries that

cannot purchase them. Chile was able to finance its own vaccine purchases and doses and secure agreements with many pharmaceutical companies like Pzier and AstraZeneca. So overall, for Chile, unlike other countries in Latin America with low incomes, a case of vaccine nationalism, or at least a matter of trying to secure its own nation's vaccination status may be present.

Germany

Germany is one of the Member States that managed to vaccinate a large percent of its population. According to Our World in Data, Germany has fully vaccinated 55.68% of its population while 6.67% of its population has only been partly vaccinated against COVID-19 by August 2021. Being a member of the G7 and one of the countries that have expressed support of the COVAX initiative, Germany has pledged to donate at least 100 million doses of the COVID-19 vaccine to LEDCs, through the COVAX initiative. According to Germany's Federal Foreign Office, "as of 29 September [2021], 11,134,160 doses have been delivered to third countries, 7,313,600 through bilateral channels and 3,820,560 through the COVAX initiative."

United Kingdom

The United Kingdom is also one of the MEDCs that managed to vaccinate a large percentage of its population. The UK managed to fully vaccinate 58.69% of its 68.21 million population, and 10.74% of its population is only partially vaccinated against COVID-19 as of August 2021 (Our World in Data). The UK, according to a report published in the British Medical Journal, has secured 340 million doses of the vaccine, which corresponds to approximately five doses for each citizen (Khan). Moreover, the UK also developed its own vaccine, the Oxford-AstraZeneca vaccine. The UK, as a member of the G7 like Germany, has demonstrated interest in supporting the COVAX initiative. Prime Minister Boris Johnson has stated that the UK would be donating 100 million doses of the vaccine in the upcoming year through the COVAX initiative to low-income countries.

United States of America

Overall, the United States (the US) has been rapidly vaccinating its population, especially with the new Biden administration. Within the first 58 days of Biden taking office, the US reached the milestone of 100 million COVID-19 vaccine doses. As of March 2021, according to ABC News, only about 16.5 million doses of the current 167 million were administered under the Trump administration. According to the aforementioned report published in the British Medical Journal, as of February of 2021, the US had already secured 800 million COVID-19 vaccine doses for its citizens (Khan), in concordance with Biden's promise of vaccinating every adult in the US by the end of May 2021. The US, a member of the G7, has similarly

expressed support for the COVAX initiative and has announced plans to donate 500 million doses of the Pfizer vaccine. The US had previously offered only 60 million doses (BBC).

World Health Organization (WHO)

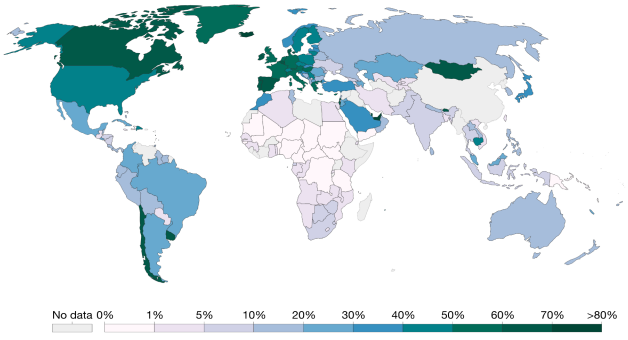
The World Health Organization is a UN agency "that connects nations, partners, and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health," as it self-defines its mission. WHO leads global efforts to expand health coverage in the world using science-based policies. WHO has been the primary source of information and efforts to tackle the COVID-19 pandemic, and has since expressed its concerns about vaccine nationalism. The WHO Director-General Dr. Tedros Adhanom Ghebreyesus himself stated "Supply nationalism exacerbated the pandemic and contributed to the total failure of the global supply chain" at the media briefing on COVID-19 on 18 August 2020. WHO, the Coalition for Epidemic Preparedness Innovations (CEPI), and Gavi, the Vaccine Alliance, have collaborated to create COVAX, which is a vaccine-sharing initiative to ensure that low-income countries secure doses of COVID-19 vaccines.

III. Focused Overview of the Issue.

1. COVID-19 Vaccination Trends

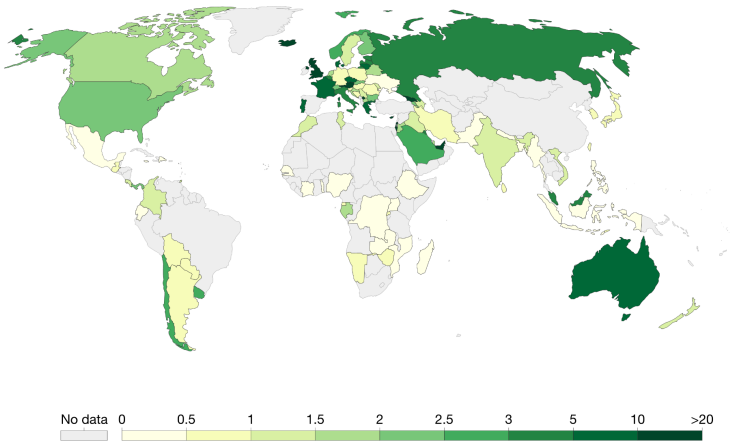
To understand what vaccine nationalism stands for, trends regarding vaccination across the globe can be used for guidance. The examination of these trends is crucial for understanding vaccine nationalism, and therefore vaccination maps, as well as vaccination statistics, are going to be used as a medium of transition to the risks and dangers of vaccine nationalism.

In the figure below, a map color-coded to show the percentage of citizens in each Member State that is fully vaccinated against COVID-19 is shown:



"Picture 1: Map Showing the Share of Population Fully Vaccinated Against COVID-19 (Our World in Data)"

As the legend of the map suggests, the darkest colors display higher vaccination shares. As seen from the map, these darker colors are focused around countries that are MEDCs, such as Canada, the US, Germany, Italy, the UK, and France. It can be argued that these Member States have vaccinated their citizens as confirmed cases are the highest in these Member States. However, the total number of COVID-19 testing should also be considered when it comes to arguing that most LEDCs did not necessarily have to vaccinate their entire populations as there have not been a large number of confirmed cases. The map below shows the map of COVID-19 tests per 1,000 people:



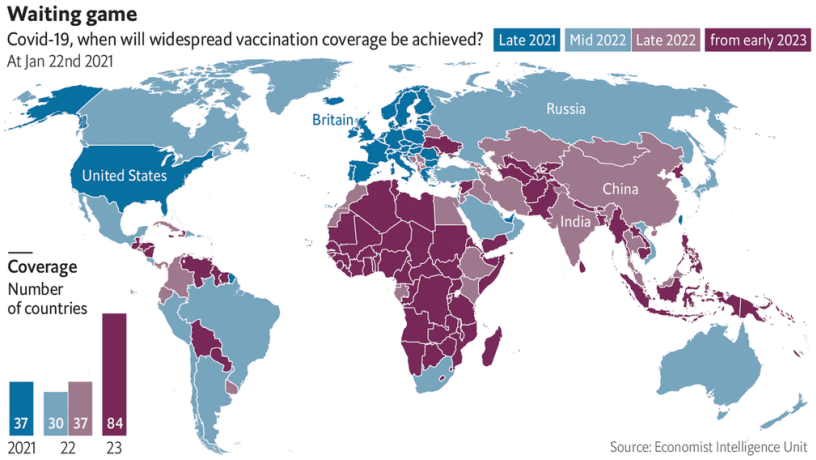
"Picture 2: Daily New COVID-19 Tests per 1,000 People (Our World in Data)"

As seen in Figure 2, in many low and middle-income countries, there is very little daily COVID-19 testing present or no data at all. Therefore, the low number of confirmed cases might as well be attributed to the lack of COVID-19 tests in these Member States. Furthermore, there are not a large number of confirmed cases in many LEDCs, possibly due to the younger population in these countries as well as the quick planning of preventative measures such as the use of masks and avoidance of handshakes. However, this does not change the fact that with the risks of future variants of COVID-19, the fewer vaccination shares among populations around the globe, the longer the negative effects of the pandemic will continue to deteriorate public health and economies. This brings us to the next section focusing on why vaccine nationalism is harmful.

2. Risks and Dangers of Vaccine Nationalism

The main reason for vaccine nationalism to be deemed dangerous and harmful to not only low and middle-income countries but the entire world is its short-term nature. It was established in the previous subsection that high vaccination shares against COVID-19 were mostly prevalent in high-income countries as an attempt to protect their own citizens. However, even though COVID-19 cases have been seemingly

decreasing in these countries, new COVID-19 variants such as the Delta variant threaten the protection wall set against the virus by high vaccination percentages.



"Picture 3: Map Showing Estimated Time for Countries to be Widely Vaccinated (The Economist)"

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization stated "No one is safe until everyone is safe" at the media briefing on COVID-19 on 18 August 2020. Considering that COVID-19 would continue to increasingly affect the regions that have not been primarily vaccinated, it is only a matter of time for new and stronger variants to emerge. This is shown in Figure 3: in many low and middle-income countries, widespread vaccination coverage will not be achieved at least until late 2022. As these stronger variants emerge, it is not known whether developed vaccines will be completely effective. Therefore, the policy of vaccine nationalism is most likely to backfire, dragging negative health-related problems possibly for years to come.

Consequently, the financial cost of vaccine nationalism will also be a considerably large sum. A new study commissioned by the International Chamber of Commerce Research Foundation has found that if most MEDCs vaccine nationalism policies continue without ensuring COVID-19 vaccine equity is established for all countries, especially for all developing economies, this approach to vaccination will likely cause a worldwide GDP loss of all the way up to US$ 9.2 trillion (ICC). The economic cost to the US is expected to be up to US$ 1.38 trillion, in the range of US$8.5 -146 billion to the UK, and in the range of US$ 14 - 248 billion to Germany. It should be noted that the Access to COVID-19 Tools Accelerator (ACT Accelerator), a partnership launched in April 2020 that aims to speed up development, production, and equal access to COVID-19 tests, treatments, and vaccines, is estimated to cost US$ 38 billion to MEDCs, a price much smaller compared to the price of vaccine nationalism.

3. Why Does Vaccine Nationalism Occur?

Looking at COVID-19 vaccination trends as proof of vaccine nationalism and having already established the idea that vaccine nationalism is dangerous, both within matters concerning health and concerning economics, then the question of "why?" arises. If the case against vaccine nationalism can very well be structured, why does vaccine nationalism still occur? The answer most primarily lies between the economical development between Member States and the fact that what is the best for the world is not necessarily the best for an individual Member State that is concerned about its well being and its well being only. To put it differently, some Member States may argue that not being in a coalition or cooperation like COVAX that is to be evaluated in the "Failed Solution Attempts" section, may plant the seeds of vaccine nationalism. This situation coupled up with the fact that some Member States are more economically developed than others, and hence can purchase a much larger number of vaccine doses creates the problem of vaccine nationalism. It is this inequality of opportunity and individualism that is the main reason for this issue.

4. Vaccine Nationalism as a Human Rights Issue

All risks, dangers, and harms of vaccine nationalism considered, the issue manifests itself as a human rights issue. According to Article 1 of the Universal Declaration of Human Rights, "All human beings are born free and equal in dignity and rights" and according to Article 25, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control." Vaccine nationalism can be considered against these two articles, as not only all citizens in the Member States across the world are rendered unequal when it comes to receiving vaccines, many people's right to live healthy lives also become at the risk of being neglected. The Director-General of WHO, Dr. Tedros Adhanom Ghebreyesus himself, has defined vaccine nationalism as a "catastrophic moral failure" (Reuters). Therefore all Member States, while coming up with resolutions on the issue, should keep the humanitarian aspect of the issue in mind while being collaborative instead of being individualistic.

IV. Key Vocabulary

Equity: Equity can be defined as the quality of being fair and impartial, equal. This word relates to the issue of vaccine nationalism due to the concept of "vaccine equity." The United Nations Development Programme (UNDP) defines "vaccine equity" with the following sentences: "Vaccine equity means that vaccines should be allocated equally across all countries, regardless of their developmental or economic status. Access to and allocation of vaccines should be based on principles grounded in the right of every human to enjoy the highest attainable standard of health without distinction of race, religion, political belief, economic, or any

other social condition." Hence, vaccine nationalism can be considered to be directly contradicting the goal of vaccine equity.

Immunization: Immunization is the process of protecting a living thing from infectious disease by putting a substance into the body that makes it produce antibodies ("Immunization"). The wider distribution of COVID-19 vaccines would greatly aid in the immunization of a larger population, protecting all Member States from exacerbated negative health-related and economic impacts of the pandemic.

Nationalism: According to the Stanford Encyclopedia of Philosophy, the term is commonly used to describe two phenomena: "1. the attitude that the members of a nation have when they care about their national identity [and] 2. the actions that the members of a nation take when seeking to achieve (or sustain) self-determination." For the sake of this report, the former phenomena is more useful to discuss the concept of "vaccine nationalism." While the former definition gives rise to the question of what it means to be a nation, it also consequently brings people together while encouraging them to spend efforts for the benefit of their own nationality. Within the context of this agenda item, many high-income countries' direct purchases of an overwhelming number of vaccine doses for their own citizens that eventually cause vaccine dose shortage relates to the phenomenon of nationalism.

Pandemic: The International Epidemiology Association's Dictionary of Epidemiology defines a pandemic as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people."

Patronage: It is the support, money, and encouragement given by someone powerful, a patron, to a person or a group such as a charity. The Director-General of WHO, Dr. Tedros Adhanom Ghebreyesus has said "This is a time for partnership, not patronage" when referring to the issue of vaccine nationalism.

V. Important Events & Chronology

Date (Day/Month/Year)	Event
4 March 1918	The date marks the beginning of the Spanish flu pandemic as the first case.
1920	The Spanish flu pandemic ended with an estimated 50 million dead (Boivin, Piret).
10 December 1948	The Universal Declaration of Human Rights is adopted.
15 April 2009	"First human infection with new influenza A H1N1 virus was detected in California." (CDC)
17 April 2009	Second human infection with the new influenza A H1N1 virus was detected in California.

25 April 2009	WHO declared a public health emergency of international concern due to the new influenza A H1N1 virus.
July 2009	Clinical test trials for the influenza A H1N1 virus started.
30 September 2009	The US placed first orders of the H1N1 vaccine.
11 August 2010	WHO declared the H1N1 pandemic to be over.
31 December 2019	"WHO's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission from their website on cases of 'viral pneumonia' in Wuhan." (WHO)
9 January 2020	WHO reported that Chinese officials have determined that the outbreak in China was caused by a novel coronavirus strain.
11 March 2020	WHO classified COVID-19 as a pandemic.
24 April 2020	The "Access to COVID-19 Tools Accelerator, or ACT-Accelerator" was launched. COVAX became one of the main pillars of this initiative.
8 December 2020	Margaret Keenan, a 91-year-old woman from the UK received the first-ever dose of the Pfizer COVID-19 vaccine.
February 2021	Ghana became the first country to receive COVID-19 vaccine doses from the COVAX partnership.

VI. Past Resolutions and Treaties

The issue of vaccine nationalism has been highlighted with the crises brought by the COVID-19 pandemic, so the majority of these resolutions and treaties relate to the COVID-19 pandemic.

- United Nations Universal Declaration of Human Rights (UDHR), 10 December 1948, (A/RES/217(III)[A]):

  The United Nations Universal Declaration of Human Rights is a document adopted by the UN General Assembly to protect the rights and freedoms of all human beings. All 193 Member States have ratified at least one article of the document, with most of them ratifying four or more. This document relates to this issue since, as discussed in the "Vaccine Nationalism as a Human Rights Issue," all humans have the right to live healthily. So considering that vaccine nationalism is still an issue to be solved, though Member States have ratified this declaration, some policies relating to a "my nation first" approach neglect the rights of others.

- Global solidarity to fight the coronavirus disease 2019 (COVID-19), 2 April 2020, (A/RES/74/270):
  This resolution was adopted by the General Assembly, relatively at the start of the COVID-19

pandemic. So this short resolution sets goals and offers guidance regarding the handling of the pandemic. It "calls for intensified international cooperation to contain, mitigate and defeat the pandemic, including by exchanging information, scientific knowledge and best practices and by applying the relevant guidelines recommended by the World Health Organization." Even though vaccines have been the primary example of international cooperation, once again, the guiding and somewhat vague nature of this document has rendered it inefficient in pinpointing the issue of vaccine nationalism.

- International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19, 20 April 2020, (A/RES/74/274):

  This resolution, adopted by the General Assembly, not so later than the previous resolution, focuses more on the then emerging problem of vaccine nationalism. The possibility of the pandemic relapsing due to limited cooperation and distribution of COVID-19 vaccines has been recognized and discussed. Moreover, considering that, as will be elaborated in the next section, the COVAX partnership was launched on 24 April 2020, this resolution can be thought of as the blueprint for coming up with tangible solution attempts to vaccine nationalism.

- Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic, 23 March 2021, (A/HRC/RES/46/14):

  This resolution was adopted by the Human Rights Council (HRC) almost a full year after the previous resolution. This time, the issue of vaccine nationalism and the unequal distribution of vaccines having fully emerged, this detailed resolution takes a more immediate and even more tangible approach to solving vaccine nationalism, as it discusses issues of funding, fair pricing, and trade agreements. This resolution, while focusing on the human rights aspects of vaccine nationalism, also evaluates economical measures that can be taken to solve this issue. Hence, this resolution can be a significant starting point for delegates to further the solution attempts made for this issue.

VII. Failed Solution Attempts

Currently, the main solution to overcome vaccine nationalism during the COVID-19 pandemic has been the ACT Accelerator and the COVAX partnership. On 24 April 2020, with the partnership of many governments, scientists, businesses, and global health organizations and foundations (the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, the WHO, and the World Bank), the Access to COVID-19 Tools (ACT) Accelerator was launched as an attempt to "accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines" (WHO). COVAX can be thought of as the vaccination pillar of the ACT Accelerator. COVAX is set to ensure that all countries, especially low- and middle-income ones are able to get doses of COVID-19 vaccines. With the COVAX initiative, high-income countries subside costs for doses of COVID-19 vaccines. Even though this initiative is an admirable attempt for global collaboration, COVAX has fallen short in quickly distributing vaccines to LEDCs, mostly due to the nationalistic approaches of many MEDCs. According to UNICEF, COVAX has been behind schedule. UNICEF Executive Director Henrietta Fore has stated: "Among the global consequences of the situation in India, a global hub for vaccine production is a severe reduction in vaccines available to COVAX. Soaring domestic demand has meant that 140 million doses intended for distribution to low- and middle-income countries through the end of May cannot be accessed by COVAX. Another 50 million doses are likely to be missed in June. This, added to vaccine nationalism, limited production capacity, and lack of funding, is why the roll-out of COVID vaccines is so behind schedule" (UNICEF)

As seen from the words of Henrietta Fore, in a way, COVAX, the initiative to solve vaccine nationalism, has been hindered by it, which creates a paradox due to some MEDCs' unwillingness to donate doses of the COVID-19 vaccines. Overall, while the ACT Accelerator and COVAX are not failed solution attempts, they have underperformed. Still, there is a possibility that these initiatives can turn into successful solutions.

VIII. Possible Solutions

Likely, the most important solution to this issue is policy changes that create mass donations of COVID-19 vaccines and other health equipment. So it is most MEDCs' responsibility to take immediate action to share their excess resources. Only then, the scheme of COVAX can reach its intended success through widespread vaccination. There have been instances where Member States like the US and the UK have made considerable donations to COVAX and the ACT Accelerator, not just in terms of vaccines but also in terms of monetary support and funding. The mass continuation of this could potentially soften the blow of the harmful consequences of vaccine nationalism.

Another solution relies on the manufacturing capacity of vaccines. There have been attempts by local manufacturers of vaccines, biologics, and drugs in developing Member States to produce COVID-19

vaccines that have been rejected by more global, bigger pharmaceutical companies. If the legal rights and the patents to develop vaccines are shared with these local manufacturers, if vaccine recipes are shared, and if the opportunity to produce them is provided, then many developing countries would very well be on their way to supplying vaccine dose demands. That way, not only low- and middle-income countries would not be at the mercy of high-income countries when it comes to vaccination but also, the increased production of vaccines through local manufacturers would further create supplies for COVAX. After all, only Member States' eagerness to help other Member States can solve this humanitarian issue, and delegates should not focus on nationalistic gains, but on collective progress with their solution attempts.

IX. Useful Links

- International Chamber of Commerce's Summary for Policymakers of The Economic Case for Global Vaccination Study
- RAND Corporation's Report on COVID-19 and the Cost of Vaccine Nationalism
- WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 18 August 2020
- COVID-19 Data Explorer by Our World in Data

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