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The COVID-19 Vaccination Race

ROOJIN HABIBI

I was asked to speak about the COVID vaccination race, and I think it is important to unpack this idea and reflect on what we mean when we talk about a ‘race’. Who are we really racing against? Many countries around the world have lost the plot on the global response to COVID-19, as they remain razor-focused on vaccinating their own populations as quickly as possible. As the emergence of new variants of the SARS-CoV-2 virus reveals, however, this is a recipe for disaster.

Before we get to that, though, I do want to begin with a silver lining to this pandemic, which is that within less than a year, the world managed to produce several safe and effective vaccines against the virus that causes COVID-19. This is a no small part thanks to the broad spirit of international cooperation, scientific research and knowledge sharing that emerged in the early stages of the pandemic. It is a laudable and unprecedented feat, and we should continue to finetune this model to better hone our capacity to develop therapeutics urgently in response to inevitable new outbreaks that lie around the corner. Pandemic threats are a fact of life in our modern globalized era.

But the picture of human solidarity rising up against a common threat ends there; almost as soon as vaccines entered the market, countries began bidding against one another to procure access to these lifesaving innovations. The handful of higher income countries that had the means to do so predictably began crafting lucrative bilateral deals with pharmaceutical companies to secure their own domestic supply of vaccines.

At the time of this presentation, more than 550 million vaccine doses have been administered in over 150 countries. This figure belies the great imbalance we are now witnessing in terms of the countries that have a substantial portion of the population vaccinated and the number of people getting doses in a single day. Globally, only 10

economies account for 77% of vaccine doses administered thus far. When we plot this on a map, it becomes all too clear that some places, and especially the continent of Africa are being left behind in what should have been the world's most solidaristic vaccination drive. At this rate, the poorest countries in the world may not achieve a critical mass of inoculations for several more years.

The COVAX facility was the international mechanism intended to facilitate, among other things, the distribution of doses to countries that lacked adequate supply on their own. The idea behind COVAX was to build a strong and unified pool of funds that would diversify the portfolio of vaccine candidates available to all members of COVAX. Ultimately, this would help fund and distribute vaccines to at least 20% of populations in low- and middle-income countries.

At the time of this presentation, COVAX has so far delivered 33 million doses to 70 countries but it could have accomplished much more. It did not because wealthy countries began "cutting to the front of the queue" and negotiating their own deals with pharmaceutical companies, paying more than what COVAX had to offer. That move essentially crippled the world's bargaining power with vaccine makers. When you have only one negotiating partner with pharmaceutical companies, you can essentially negotiate the terms of that deal. When you have multiple negotiating partners and high-income countries entering the equation, lower income countries no longer have that leverage to negotiate favorable contractual terms. We largely do not know what transpired in these bilateral vaccine purchasing negotiations, and the fine print that became of deals that countries struck with pharmaceutical companies. This information has remained strictly confidential.

This secrecy has also had secondary nefarious effects. It has exposed many countries in the Global South, who are also working to negotiate deals bilaterally with pharmaceutical companies, to 'high-level bullying' in the deal-making process. Reports have emerged of countries having no choice but to agree to contracts with unfair or one-sided liability clauses that essentially absolve vaccine makers of even the most egregious forms of negligence. Secrecy undermined global solidarity for pandemic response and recovery at a time when it was needed most.

There has been a stream of piecemeal financing commitments in order to help achieve the aims of COVAX, but significant shortfalls in funding remain. Additionally, despite delays in the rollout of COVAX vaccine distribution efforts to the poorest countries, some wealthy

2021]

THE COVID-19 VACCINATION RACE

21

contributor-countries have bewilderingly opted to take vaccines out via the mechanism, even though their own bilateral deals with vaccine makers guaranteed them enough doses to fully vaccinate their populations several times over. Here I am especially referring to my own country, Canada, which notoriously opted to take millions of doses out of COVAX in February 2021.

As a result, there are now even fewer jabs available for people living in countries that are reliant on COVAX. This move might have been understandable if all high income countries had agreed to pool their vaccine financing commitments through COVAX, as originally hoped. Under current conditions, however, with high-income countries negotiating their own bilateral deals with vaccine makers, Canada's decision to withdraw doses from the COVAX facility is inexcusable.

The ability of countries to procure vaccines from COVAX is also limited by the international rules that grant exclusive intellectual property rights to pharmaceutical companies under the World Trade Organization's (WTO's) Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement. A waiver to the TRIPS agreement, which is currently supported by over 100 WTO members led by South Africa and India, calls for a temporary suspension of intellectual property rights related to COVID-19 vaccines until the end of the crisis. If we did have a waiver in place then it follows, at least conceptually, that the number of manufacturers that could produce vaccines could meaningfully increase. This is contingent on how much money we invest to produce vaccine manufacturing sites around the world, and of course how the original makers of vaccines, such as Pfizer and Moderna, may be compelled to transfer technical know-how to manufacturers in other parts of the world. The TRIPS agreement nevertheless is a legal impediment to an equitable global pandemic response that should operate on multiple fronts including but going beyond "charitable" donations of doses.

Instead, we now must rely on the goodwill of pharmaceutical companies to license their vaccines to a select handful of third party manufacturers. Recent experiences expose this as a losing strategy. In 2020, for instance, the Astra-Zeneca vaccine was licensed to the Serum Institute of India in hopes that the latter company would become the biggest supplier of vaccines to COVAX. By spring 2021, however, as Indians died in record numbers from an unrelenting outbreak of COVID-19 across the country, the Indian government ordered the Serum Institute to prioritize vaccination of the Indian population, and in late May 2021, the Serum Institute acknowledged that it would not

be able to fulfill timelines for vaccine exports to COVAX. Noting these and other shortcomings in the global COVID-19 response, the WHO Director General has called this observed lack of cooperation and solidarity across nations a catastrophic moral failure. And there are at least four reasons why he is right.

The first and most obvious reason is that vaccine inequity gives the virus more opportunities to mutate into variants that can cause more dangerous and transmissible versions of the COVID-19 disease. Eventually, these variants of concern may spread and become the dominant strain, particularly in localities that choose, against WHO advice, to loosen public health measures and take their “foot off the brakes” on effective non-pharmaceutical public health strategies such as contact tracing, and robust, population-wide testing. The virus’ ongoing evolution means that no country can feel safe until every country has taken precautions.

The second consequence of this profound vacuum of global solidarity is that the global economy may take a much longer to reach steady state because of an unnecessarily prolonged and divided pandemic. By some estimates, if we fail to swiftly curb the pandemic, we run the risk of losing as much as \$9 trillion dollars in the global economy – a cost that will be borne and felt in equal parts by all countries.

The third consequence is that it has in some cases enabled neocolonial and problematic manifestations of vaccine diplomacy. The idea of using vaccines as a tool for diplomacy is not at all new and it can sometimes even be a catalyst for peaceful interstate relations. In the 1800s, for instance, an English physician known as Dr. Edward Jenner discovered that the use of the cowpox virus could inoculate humans against the smallpox virus. The smallpox vaccine Jenner created not only entered widespread use in England, but was then shipped over to France, where it became so successful as a public health intervention that Napoleon Bonaparte swiftly mandated the establishment of vaccine departments throughout the major cities of the French Empire. Jenner later remarked in a letter to the National Institute of France that the “sciences are never at war”. The statement is especially significant considering that for the majority of the time that vaccines were being shared between England and France, the two countries were actually at war. But today, the manifestations of vaccine diplomacy we are seeing have generally not been of the kind that can help resolve conflict or tension between countries. In our polarized world, Western countries, Russia and China have all resorted to

2021]

THE COVID-19 VACCINATION RACE

23

vaccine sharing as a tool for soft power and statecraft, instead of as a matter of collective responsibility, solidarity and international rapprochement.¹

What should fundamentally concern us all, however, is the catastrophic failure to see how the virus will redraw borders around the world. As governments begin to vaccinate entire populations, the next step they may reach for is ensure that travel to their country is contingent upon proof of inoculation. Imposing such barriers to the entry of travelers that have only been vaccinated, or have only been vaccinated with certain vaccines, will inevitably result in the exclusion of vast swathes of people who no longer have the privilege of entering a country because of the fact that they do not have a certain number of doses of vaccine A or vaccine B or vaccine C. This is deeply problematic from an global health equity and human rights perspective.

So whether it is dose sharing through COVAX, technology transfer, voluntary licensing, or the waiving international trade laws that grant exclusive intellectual property rights, we need to pull out all the stops to get vaccines to people everywhere in the world as soon as humanly possible. The COVID-19 vaccine race is not about vaccinating the population of just one country or vaccinating some people quickly. It is about vaccinating the people of all countries as soon as possible. Few examples in global health show as palpably as the current pandemic how the fates of people in every country are inextricably tied. A pandemic response underpinned by solidarity is the *only* way to end this economic, health, and human rights catastrophe. Thank you very much.

1. For those interested in learning more about the historical use of vaccines as a tool for foreign diplomacy, I recommend reading works by Dr. Peter Hotez. See for instance: Peter J. Hotez, “Vaccine Diplomacy”: Historical Perspectives and Future Directions, 8 PLOS Neglected Tropical Diseases e2808 (2014).