

Full Length Research

Vaccine Nationalism and its Impacts on Africa's Recovery to COVID-19

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Pandemics are not a new occurrence in the International System as from the 20th to the 21st centuries the global community has suffered from the outbreak of several of such pandemics. Hence, 2020 became a defining year that reshaped the global understanding of the response to pandemics. Such was because the world stood still as nations scrambled to respond to the outbreak of Covid-19 across borders. The World Health Organization and States around the world responded by accelerating vaccine development to halt this silent enemy, yet with the development of the first batch of vaccines, something unnerving occurred, states began hoarding vaccines in the name of national health priorities. Such action has been termed Vaccine Nationalism and went against the principles of international cooperation that has been preached by the promoters of liberal institutionalism and globalization. Such action, "Vaccine Nationalism" has most prominently been felt by developing nations especially in Africa, who lacking the capacity to rapidly develop their Vaccines on the continent look to the ideal of internationalism to gain such critical resources. The impact of said nationalism on Africa's recovery from the Covid-19 pandemic is the focus of this article. In undertaking such analysis this study adopted neo-realism as its theoretical framework, as it explains the issues inherent in the research. Likewise, for methodology this study adopted the qualitative method, making use of secondary data for its source and content analysis for its analysis. From this article findings, it can be established that Africa is most vulnerable to the interplay of Vaccine Nationalism that is occurring in the international system, such an occurrence affect the speed at which Africa will come out of the pandemic and make Africa social, political, health, economic and security internal structure vulnerable to spike and new waves resulting from Covid-19. Also, finding shows that the pandemic in Africa because of Vaccine Nationalism, Africa will remain cut off from the world and isolated as the conflict is most likely going to be the last region in the world to be Vaccinated. In making recommendations, this study recommends that Vaccine Nationalism is most likely going to damage the gains of institutionalism as nations around the world will focus more on nationalism than international cooperation which will have serious implications for the world, state practising Vaccine Nationalism should do well to remove it. Also, the promotion of Vaccine Nationalism will mean that it will take greater time for global herd immunity to achieve harming the various national interest developed states want to protect, as they will still be exposed to the pandemic from other regions of the world, so Vaccine Nationalism should be abolished.

KEYWORDS: Pandemic, Covid-19, Vaccine, Vaccine Nationalism, Africa's Recovery

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INTRODUCTION

COVID-19 and Pandemic

Conceptualizing a pandemic into a singular context or definition is not a simple undertaking, as various factors shape such an undertaking, (Morens, Folker and Fauci, 2021, p. 1018). For this study, a pandemic is defined as the outbreak and spread of disease that is infectious, contagious, severe, novel, transmutable, has a high rate of exposure and attack, have high geographical reach and lastly has minimum population immunity, (Morens, Folker and Fauci, 2021, p. 1018). The Covid-19 virus currently ravaging the world falls into this category definition as a pandemic.

The 2019 novel coronavirus disease (COVID-19) was first reported in China as an infectious upper respiratory disease. The virus has since spread worldwide presenting one of the most serious global health crises in history, with high socio-economic costs. While the health impacts are directly through contagion, the economic impacts are largely a consequence of the preventive measures adopted by the respective governments to curtail its spread. Key measures adopted by most countries to curtail the spread include the closing of their frontiers and partial or complete lockdowns of economies which among other things, have seen the temporary closure of businesses, schools and social services, (Gondwe, 2020).

On being alerted of reports of COVID-19 emerged from Wuhan, China, Africa started to prepare for the introduction of the first cases that would eventually arise from its close connections to China, (Loembe. M, Tshangela. A, Sayler. S, Varma. J, Ouma. A and Nkengesong. J, 2020). Statistical models based on air-travel data from China identified Egypt, Algeria and South Africa as the countries at highest risk of introductions and spread in Africa, (Loembe. M, Tshangela. A, Sayler. S, Varma. J, Ouma. A and Nkengesong. J, 2020). Hence, the years 2020 and 2021, brought on Africa Covid-19. As the continent felt the brunt of the pandemic, it leads to cases of infections, loss of lives and disruption in the fabric of societal normalcy.

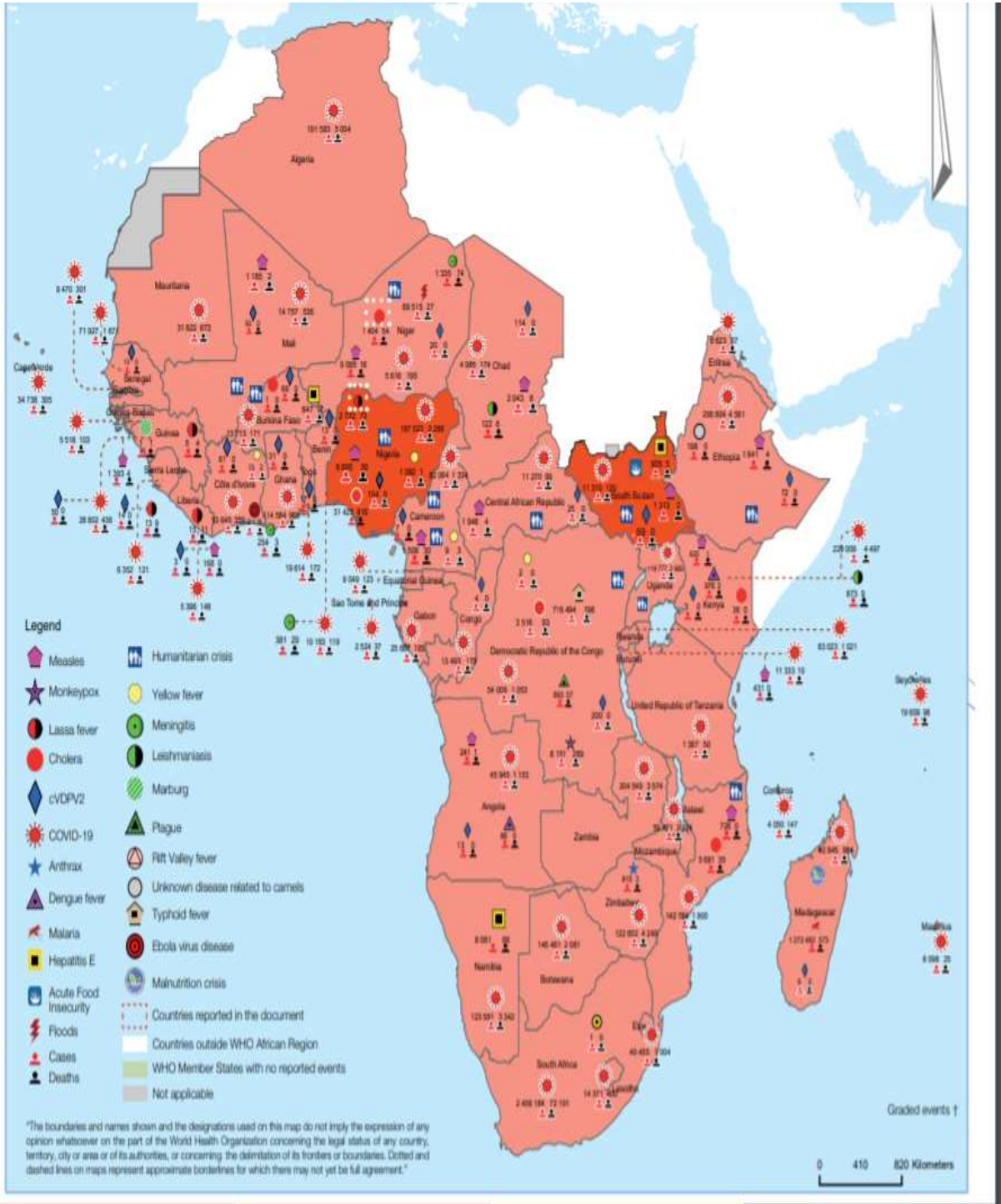


DIAGRAM 1: Covid-19 Cases in Africa, August 21- 22, 2021
SOURCE: World Health Organization (WHO), 2021

VACCINE AS THE ROUTE TO PANDEMIC RECOVERY

A Vaccination is a simple, safe, and effective way of protecting you against harmful diseases before you come into contact with them. It uses your body’s natural defences to build resistance to specific infections and makes your immune system stronger, (World Health Organization {WHO}, 2021). Vaccines train your immune system to create antibodies, just as it does when it’s exposed to a disease. However, because vaccines contain only killed or weakened forms of

germs like viruses or bacteria, they do not cause the disease or put you at risk of its complications, (WHO, 2021). Vaccines reduce risks of getting a disease by working with your body's natural defenses to build protection. When you get a vaccine, your immune system responds. It:

- Recognizes the invading germ, such as the virus or bacteria.
- Produces antibodies. Antibodies are proteins produced naturally by the immune system to fight disease.
- Remembers the disease and how to fight it. If you are then exposed to the germ in the future, your immune system can quickly destroy it before you become unwell.

The vaccine is therefore a safe and clever way to produce an immune response in the body, without causing illness. Our immune systems are designed to remember. Once exposed to one or more doses of a vaccine, we typically remain protected against a disease for years, decades or even a lifetime, (WHO, 2021). This is what makes vaccines so effective. Rather than treating a disease after it occurs, vaccines prevent us in the first instance from getting sick. All the ingredients of a vaccine play an important role in ensuring a vaccine is safe and effective. Some of these include:

- The antigen. This is a killed or weakened form of a virus or bacteria, which trains our bodies to recognize and fight the disease if we encounter it in the future.
- Adjuvants, which help to boost our immune response. This means they help vaccines to work better.
- Preservatives, which ensure a vaccine stays effective.
- Stabilisers, which protect the vaccine during storage and transportation.

Vaccine ingredients can look unfamiliar when they are listed on a label. However, many of the components used in vaccines occur naturally in the body, in the environment, and in the foods we eat, (WHO, 2021). All of the ingredients in vaccines – as well as the vaccines themselves - are thoroughly tested and monitored to ensure they are safe. Hence, why the development and use of vaccines are seen as the route to pandemic recovery. This arises as Millions of people worldwide have been infected with COVID-19 and so far, more than a million have lost their lives because of the pandemic (GAVI, 2021). A huge global research effort is taking place to bring a fast-tracked vaccine to the market. As of late October 2020, there were more than 165 vaccines being developed, with some already in human trials (GAVI, 2021). But even when a safe and effective COVID-19 vaccine or treatment is eventually developed, further challenges will emerge with regards to the manufacturing and distribution process of it.

VACCINE NATIONALISM: THE REALITY ON GROUND

As the global COVID-19 pandemic passes the one-year mark, new hope has arrived in the form of various vaccines to thwart the spread of the virus and allow nations to reopen their societies and economies, (Courtney, C. and Rose T, 2021). And as predicted, many nations have sought to secure the vaccine for themselves in order to reduce the amount of time they must remain under restrictive protective measures and gain back some of the economic ground lost over the past year. As a result, we witnessed the emergence of vaccine nationalism as governments jumped into line to sign agreements with vaccine manufacturers to supply their own populations ahead of others, (Courtney, C. and Rose T, 2021). So, The term has essentially been coined in the wake of dozens of governments in wealthy countries scrambling to sign deals with pharmaceutical companies directly, to secure vaccines for their own populations — limiting the stock available for others. And while “nationalism” is a wide-ranging political concept that can apply to different contexts, it generally relates to putting the interest of a single nation first, above others, for economic or security reasons. so that's why the vaccine approach mentioned above has been described this way.

STUDY METHODOLOGY

Research Method is the broad classification of the strategies, processes, or techniques utilized in the collection of data for analysis, (Jackson, 2009). For this research, the qualitative research method was adopted. This research method covers techniques that interpret events and describe actions via the analysis of complex concepts, social phenomena, and interactions. This method was adopted because of its ability to interrogate the tangible and intangible influence of Vaccine Nationalism on Africa's Recovery to Covid-19. In carrying out its assessment the study requires data analysis techniques which it inculcated. Data analysis is a process whereby the researcher generates all its forms of data from either quantitative or qualitative methods sources of information, (Jackson, 2009). This is done to obtain useful information and deduction to serve as findings to the study. Hence, this study adopted content analysis to assess the relationship of subject matters under review to make its deduction.

THEORETICAL FRAMEWORK: NEO-REALISM

This theory, “Neo-Realism” was founded by Kenneth Waltz. It uses the anarchic nature of the international system as its explanatory variable, (Chiaruzzi, M., 2012). Since there is no organization, with a monopoly on the legitimate use of force in the international system, the international system is anarchic. Waltz argues that primary units in the international system are the States, and he assumes that States seek to survive and will do whatever it takes to achieve that. Neo-realists see power as a possibly useful means (Chiaruzzi, M, 2012). States see decisions in the international system from the lens of security, (Dunne, T, 1996). So, for the Neo-Realists, it is not too unsurprising that Vaccine Nationalism originates as the response of developing states to hedging their bets in a Covid-19 Pandemic Era. For states adhering to Vaccine Nationalism, it is a policy of state survival, as there must be prioritizing the safety of their citizens first before any international concerns of what is going on in the world. A Criticism of that could be in the form of the security dilemma. This said that as the state seeks to promote their interest and survival, their actions lead them to be invariably trapped in a dilemma where their actions perpetuate the continuation of the threat they seek to end. Here, by promoting vaccine nationalism these states thereby ensure that other regions of the world remain unvaccinated and defeat the prospect of creating a global herd immunity which will reduce the risk of infections. So by pursuing Vaccine Nationalism, these states expose themselves to the risk of infection from elsewhere as well as the possibility of new strands and waves of the virus negating their vaccination regime.

IMPACT'S OF VACCINE NATIONALISM ON AFRICA'S RECOVERY TO COVID

In Africa, the African Union mainly through its Africa Centres for Disease Control and Prevention (Africa CDC) has done well in trying to acquire COVID-19 vaccines for the continent as part of its commendable approach to tackling the pandemic in general, (Morens, Folker and Fauci, 2021, p. 1019). But Africa CDC Director John Nkengasong isn't getting as much help as he would like from the international community – or even from all African governments. ‘We are seeing vaccine nationalism, explicitly and implicitly,’ the International Monetary Fund's (IMF) Chief Economist Gita Gopinath warned on ITV last week. ‘We are seeing some countries who are way ahead in vaccinating the vast majority of their population, while even the most vulnerable in a whole bunch of countries haven't gotten a single shot.’

The World Health Organization calculates that Africa has administered only 2% of the global COVID-19 vaccine jabs (Courtney, C. and Rose T, 2021). The IMF noted that almost half of the United Kingdom and a third of the United States populations had received at least one dose, and both countries could look forward to strong economic recoveries. By contrast, Mali has vaccinated only 643 people, according to the Africa Data Hub's Vaccine Tracker. Namibia has vaccinated 0.08% of its population, and Mozambique 0.18%. Some have done better, though not great. South Africa has jabbed 0.5%; Nigeria 0.48%; Senegal 2.1%; and Sierra Leone 0.48%. Only Morocco is in the European ballpark, with 23%. All would have been well had India not reneged on providing 600 million AstraZeneca doses through COVAX. South Africa's international relations minister Naledi Pandor blames ‘emergent vaccine nationalism.’ But it's not as simple as it might seem. For one thing, these vaccine nationalists don't number only the usual, Western suspects (Loembe, M, Tshangela, A, Sayler, S, Varma, J, Ouma, A and Nkengasong, J, 2020).

The Africa CDC has acquired 220 million doses of the Johnson & Johnson (J&J) vaccine with an option for another 180 million. Since this is a single-dose shot, it would enable the continent to vaccinate 400 million people, (WHO, 2021). But these vaccines wouldn't be enough to meet Africa's target of vaccinating 750 million or 60% of its population by the end of 2022 to achieve herd immunity, Nkengasong said. And the J&J vaccines would only be available at the start of the third quarter of 2021 anyway, leaving Africa with its ‘greatest challenge’ of how to manage until then, he said. All would have been well had India's Serum Institute not reneged on an agreement to provide 600 – 700 million doses of the two-shot AstraZeneca vaccine through COVAX – because of a sudden spike of infections in India. ‘India is not an island,’ Nkengasong said, warning that its insistence on vaccinating all its people before Africa had vaccinated even its most vulnerable could backfire on it. India's approach would allow COVID-19 variants to evolve elsewhere that current vaccines might be unable to prevent, anywhere, he said. Some African governments have allowed vaccines delivered to them by the Africa CDC to expire. Some African governments are also performing poorly, allowing vaccines delivered to them by the Africa CDC to expire – for example, Malawi. Nkengasong suggested it was deplorable after the continent's extraordinary efforts to get vaccines. But he praised countries such as Morocco, Nigeria and Ghana, which had already used most of theirs.

Nevertheless, the overall figures are worrying. African nations had acquired 34.6 million doses and had administered only 13.9 million so far, Nkengasong said. As Africa falls behind on vaccinating, it faces the danger of isolation – what some call ‘COVID apartheid’. Here richer countries restrict their citizens' ability to visit hotspot countries or limit entry of hotspot citizens, including through proposed vaccine passports. Nkengasong has warned that ‘any imposition of a vaccination passport will create huge inequities’ and further exacerbate Africa's vaccination shortfall, (Morens, Folker and Fauci, 2021, p. 1018).

What's to be done? Nkengasong is counting on the World Bank's promise of US\$2 billion in financing by the end of April and a US\$650 billion allocation of IMF special drawing rights (SDRs). The G7 club of rich nations has agreed on this, and the IMF is expected to ratify it soon – after US President Joe Biden lifted his predecessor's veto on the proposal. Not much of the SDRs will go directly to the poorest countries, though they expect that richer countries that don't need the money will transfer them to needier ones. Likewise, IMF economist Gopinath and others have proposed that richer countries donate the vaccine surpluses many of them have ordered. Manufacturing vaccines under voluntary licensing agreements could be an answer in the short term. The UK, for example, has ordered more than 400 million vaccine doses, more than three times what it needs. It has pledged to donate surplus stocks to poorer nations but hasn't said when it would start doing so. Vaccine manufacture in Africa is another option proposed. So far on the continent, only South Africa's Aspen is manufacturing COVID-19 vaccines, under licence to J&J. And as Nkengasong said, that's where the rest of Africa's 400 million jabs will be made, (Loembe. M, Tshangela. A, Saylor. S, Varma. J, Ouma. A and Nkengesong. J, 2020).

So, Africa CDC and Coalition for Epidemic Preparedness Innovations signed an agreement to establish five centres in each region of the continent, to research and manufacture vaccines. But that's a long way off. So, it seems, is another campaign South Africa is co-leading – with India – at the World Trade Organization. This is to have pharmaceutical companies' intellectual property rights suspended to allow developing countries to produce COVID-19 vaccines more cheaply. Big Pharma and its governments are resisting this. They warn that both the companies and the governments made substantial investments in developing vaccines in record time. They believe that manufacturing under voluntary licensing agreements – as AstraZeneca has with India's Serum Institute and J&J has with South Africa's Aspen – is a better option. In the short term that could be the answer – alongside other options such as more COVAX support, more significant World Bank loans and increased IMF SDRs. Rich countries that have over-ordered vaccines to be on the safe side, also need to pass them on to African and other needy state (Loembe. M, Tshangela. A, Saylor. S, Varma. J, Ouma. A and Nkengesong. J, 2020).

CONCLUSION AND RECOMMENDATION

The novel Covid-19 pandemic has shifted the world major player into their shelves in pursuit of self-survival, leaving Africa to fend almost on its own. Findings from the above show that the pandemic in Africa because of Vaccine Nationalism, Africa will remain cut off from the world and isolated as the conflict is most likely going to be the last region in the world to be Vaccinated. In making recommendations, this study recommends that Vaccine Nationalism is most likely going to damage the gains of institutionalism as nations around the world will focus more on nationalism than international cooperation which will have serious implications for the world, state practising Vaccine Nationalism should do well to remove it. Also, the promotion of Vaccine Nationalism will mean that it will take greater time for global herd immunity to achieve harming the various national interest developed states want to protect, as they will still be exposed to the pandemic from other regions of the world, so Vaccine Nationalism should be abolished.

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