

**Thumbnail Image:**



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## Winning Hearts & Minds through a Shot in the Arm <sup>[1]</sup>

The COVID-19 pandemic has exacerbated the structural inequalities that permeate our global health systems. While the development of an unprecedented number of vaccines has provided hope, the international community still faces significant logistical and structural issues in the global vaccine rollout.

High-income countries have stockpiled enough doses to immunize their populations many times over, while many low-and middle-income countries (LMICs) will likely wait for supplies until 2022 or later.

To help alleviate these inequities, the WHO and the Global Alliance for Vaccines and Immunizations (GAVI) created a multilateral framework: COVID-19 Vaccines Global Access (COVAX), to ensure “rapid and equitable” access to vaccines. However, COVAX’s lack of funds and fragmented supply chain have hindered rapid scalability, causing a distribution gap

that high- and middle-income countries (HMICs) have stepped in to fill with stockpiled vaccines.

China, Russia and India have emerged as the leading bilateral “vaccine diplomats,” exporting millions of doses to other countries in an effort to promote their foreign policy agendas. As these global powers continue to supply countries in Africa, the Middle East and Southeast Asia, other nations have also started to compete for influence. This sets a troubling precedent for multilateral global health interventions.

While vaccine diplomacy might eventually deliver soft power benefits, it politicizes immunizations, hinders the efforts of multilateral systems like COVAX, and dismisses a dangerous threat: the likelihood of a future pandemic.

Here’s what you need to know about the consequences of the vaccine diplomacy distribution model and what the international community can do to refocus its investments for the future.

### **The Far-reaching Consequences of Bilateral Vaccine Diplomacy**

Vaccine diplomacy creates direct harms for LMICs that are not affiliated with the agendas of global powers. Vaccine diplomats are buying up this limited supply and either hoarding doses or distributing them to nations who serve their geopolitical interests. WHO Chief Tedros Ghebreyesus admonished “countries and companies [that] continue to prioritize bilateral deals, going around COVAX, driving up prices and attempting to jump to the front of the queue.” Yet, less than one-fifth of the world’s population continues to hold approximately 60 percent of purchased doses. Many countries will not reach herd immunity quickly and will thereby remain susceptible to high infection rates and mortalities.

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In the absence of rapid vaccinations, LMICs will face prolonged recoveries, which diminish manufacturing and trade capacity. These economic consequences will not just be confined to LMICs. Wealthy nations will also suffer from the negative spillover effects due to market dependencies. Estimates suggest vaccine nationalism could cost the global economy up to \$1.2 trillion per year, outweighing the potential short-term gains of vaccine diplomacy.

Vaccine diplomacy is not built on creating lasting resilience. Rather, it is a short-lived system of emergency relief, justified by its proponents through goodwill messaging but rooted in the expectation of remissions. These payouts become untenable amid a new pandemic. Instead of capitalizing on vulnerable countries, developed nations should instead partner with their LMIC neighbors to develop and strengthen decentralized systems of health delivery.

### **Lessons from a Decentralized System of Public Health**

To ensure a more equitable vaccine rollout and build long-term pandemic resilience, countries must promote decentralized models of health delivery. Experts have long advocated for decentralized global health, a model that shifts from paternalistic interventions and dependency on foreign aid toward multilateral collaboration and local capacity-building. Increasingly, local and regional stakeholders are working alongside LMICs to improve clinical outcomes and expand access to care as they are better positioned to address both short- and long-term community needs.

Many LMICs have already demonstrated an ability to meet the health needs of their diverse populations, even without the resources of global powers and in the midst of a pandemic. The Democratic Republic of Congo faced the world's worst measles outbreak at the onset of the COVID-19 pandemic. By August 2020, the DRC had vaccinated more than 18 million children, mitigating the 25-month epidemic. In Somalia, more than 3,000 health workers conducted a health campaign to immunize over 400,000 children with measles and polio vaccines. But individual countries are not the only actors innovating in the midst of this pandemic. Regional organizations such as the Africa CDC and PAHO, the Pan American Health Organization, have also found success using funding to develop regional laboratories and transnational surveillance projects for disease preparedness.

The use of decentralized models of health delivery in LMICs provides LMICs with an important lesson: self-sufficient health networks need not crumble in emergencies if they are adequately equipped. The nature of global health threats is changing, and our investments must adapt with them. A decentralized global health system, built on international cooperation rather than geopolitical competition, ensures that every corner of the globe can achieve a healthier future.

## **Where Do Nations Go from Here?**

In the wake of COVID-19, the question is not if there will be another pandemic, but when. Faced with this inevitability, all eyes will be on our global leaders as they decide where to allocate funds for the future. Countries should look no further than GAVI.

GAVI provides a solution to the otherwise bilateral marketplace that is exclusive to wealthy economies and prioritizes vulnerable populations that nations have neglected. By leveraging its strong purchasing power and economies of scale, GAVI can decrease the price of vaccines, a feat that most nations would be unable to accomplish alone. Likewise, through the COVAX Humanitarian Buffer, GAVI ensures access to those in humanitarian settings. Additionally, GAVI prioritizes health system resilience and encourages recipient nations to build self-financing health systems. Some have already taken notice of these benefits, with the EU notably doubling its commitment to GAVI. The rest of the world must follow suit.

The current distribution schema for vaccines disproportionately benefits countries that have the economic capacity to manufacture, distribute and sell on a large scale. Multilateral agreements that leverage decentralized public health systems offer mutually beneficial, cohesive approaches to improving global health and wellbeing while also preserving the economic benefits that wealthy countries prioritize.

The COVID-19 pandemic has highlighted the promise of collective effort to overcome international tragedy. In these times, a vaccine must be a sign of hope, not a pursuit of profit.

