


COVID-19: the geopolitics of the vaccine, a weapon for global security

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Theme

Amid the coronavirus crisis, which has brought travel to a standstill and put the global economy on the ropes, the vaccine seems to offer the most promising way out. However, as important as obtaining the vaccine –developed in record time– is the vaccination programme: organising a campaign, also unprecedented, that extends to all countries and all people. The great powers are positioning themselves in this strategy to bolster their diplomacy and establish new strategic relations.

Summary

The SARS-CoV-2 virus has spread across the globe unimpeded by barriers. Governments, especially in the West, have had to take drastic steps that affect mobility, distancing and the shutting down of much economic, cultural and social activity. The sense of impotence that has prevailed since the start of the pandemic has led the vaccine to be viewed as a miracle injection that will pave the way to herd immunity and enable the former equilibrium to be restored. The investment of public funds to develop vaccines as quickly as possible has meant that the first doses arrived in Western countries before even a year had elapsed from the genetic code of the virus being discovered. All Western countries, as well as Russia and China, threw themselves into a race that went beyond scientific rivalry to be the first to ensure that their citizens –all their citizens– would be protected. But the epidemic is not over when the transmission rate in a single country falls, but when this is achieved everywhere. A new multilateral initiative, COVAX, which has public and private stakeholders, has been set up to provide protection to low- and middle-income countries whose ability to strike agreements is reduced and whose economic leverage is insufficient to ensure the immunity of their people. COVAX has undertaken to reach 20% of the population of the 94 lowest income countries during 2021. But this international platform, which is moving towards a new model of multilateralism that is open not only to state actors, is set to collide with a host of bilateral agreements that have opened up a new geostrategic map: the geopolitics of vaccines as the main strategy of global security. It is an attainable goal only if the vaccines are affordable, accessible and universal.

Analysis

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After almost a year since the virus entered our lives, we still do not know how to extricate ourselves from the crisis. Many certainties have disintegrated during this time. With SARS-CoV-2, the virus that appeared for the first time in Wuhan, China, the concept of common security –as though it were a virus itself– has mutated and now in the West, normally removed from the impact of infectious diseases, security depends on the response to health issues almost as much as it does on the traditional defence provided by armies capable of protecting us in the event of conflict. COVID-19, the illness caused by this new coronavirus, has altered the rollcall of global threats, and has caught us off guard. The evidence shows that both states and the organisations set up to address collective challenges were unprepared for this emergency and they have been unable to devise a resounding response. But it will not be the last and it would be a mistake to suppose that it is only a transient change, that everything will move on and return to its normal course. From the perspective provided by over a year of extraordinary measures, with the decline of the global economy, the collapse of companies –especially small- and medium-sized enterprises– and even the shutting down of trade routes and [global tourism](#), it may be that the virus is simply pointing to the end of the world as it was, while the vaccine offers the prospect of the decisive weapon in which all hopes are vested as the only way out.

If we regard the current crisis as the greatest that our generation has faced, perhaps there is no better occasion for reconsidering global public health [as the world's main security strategy](#). While more voices call for deglobalisation and withdrawing within borders, what the epidemic has bequeathed is the certainty that it is not possible to be secure in a country unless there is security in all of them. Running modern economies, the mobility needed for exchange and the free circulation of people and of goods in open markets requires collectively addressing the worst effects of the virus.

From the start of the pandemic it immediately became evident that we not only needed vaccines but that to put an end to the global crisis we also needed to ensure that they reached the whole world, literally the whole world: reaching all countries and all peoples. [The concept of global health is now the overriding –perhaps the only– strategy](#) for making this possible. If up to now it has been advocated on the grounds of ethics or solidarity with the most vulnerable, mainly through a transfer of resources from the wealthy North to the impoverished South, the scale of the pandemic and the effect on the lives in danger, on social, labour and economic relations, have turned it into a strategy of global security, where the main weapon for tackling it and restoring equilibrium involves vaccines.

A vaccine to change the world

The question is: can a vaccine change the course of the current crisis? Can we restore the equilibrium we have lost? It seems that no one, at least not in the scientific or decision-making community, has doubted it. In the same way that the crisis was announced, from the time the global consequences of the virus started to be discerned in January 2020, a scientific race began in a frantic and unprecedented search for the

magic bullet that would halt the epidemic. Long before the new coronavirus appeared, vaccines have been the most cost-effective strategy in the health arena. In other words, they are the cheapest strategy for preventing diseases in terms of achieving the best results on a grand scale. A study by Johns Hopkins University in 2016 showed that for every dollar invested in immunisation in the 94 countries with the lowest income in the world, their health systems saved US\$16. Without risk of exaggeration and in the absence of a detailed study, when this analysis is applied to COVID-19 and the most advanced economies –where the virus is having the greatest effects– this return may be multiplied by hundreds or thousands of dollars for every one invested in vaccines. Bearing in mind the estimates of the World Bank, the worldwide contraction in the economy due to the pandemic accounts for over 5% of GDP, or, in comparative terms, the worst recession since the Second World War and three times more severe than the crisis of 2008. Vaccines, viewed as the only tool that can provide herd immunity as a means of starting to dismantle barriers, such as the restrictions on movement, social distancing and commercial closures, are worth their weight in gold.

Hence the race to obtain the magic bullet. Hence the unprecedented investment –mainly from the public purse– to secure an effective vaccine as quickly as possible. Since the first cases of COVID-19 emerged in Wuhan on 31 December 2019, only 11 days elapsed before the genetic sequence of the new coronavirus was published and just one month later, on 7 February 2020, the first prototype of a vaccine for use on humans in clinical trials was finalised. Never before in human history had there been so much haste to obtain a vaccine. There were only 333 days between the publication of the genetic sequence and a British woman, Margaret Keenan, receiving on 8 December in a hospital in Coventry the first regulated vaccine approved for distribution, once the results of the clinical trials had been published. The Pfizer and Sputnik V vaccines –the vaccine developed in Russia– and the Chinese Sinovac vaccine were available before this, but with limited authorisations and restricted to emergency use in their countries. Never before had a vaccine been developed in so short a time. It took 18 years to develop the first flu virus in the previous century; for other more recent diseases such as AIDS, the search is still continuing more than three decades later. Not surprisingly, therefore, the speed with which the vaccine was obtained raised doubts in many people. But the research work on which the first generation of vaccines is based has been carried out for more than a decade in trials to address other diseases, such as cancer; with the emergence of COVID-19, attention has switched to attacking the new coronavirus specifically. The massive injection of resources made it possible.

This unprecedented scientific race has not only been effective in providing a vaccine in record time, it has also managed to procure not one but various vaccines and to multiply production such that they are delivered in sufficient quantity. From the outset, securing the vaccine was the goal of all the great world powers: China, Russia, India, the US and the EU. Obtaining it first would lend not only a strategic advantage in terms of international relations and selling it on almost a global scale, but also international prestige at a time of shifting leadership. Courtesy of this open competition, in the first week of January 2021 there were more than 80 vaccines undergoing human trials, 20 of them in their final phases, seven of them so far approved for limited use and three approved for distribution and unlimited use.

The race does not end with obtaining a vaccine, however. Once its safety and efficacy has been ascertained it has to be produced on a large scale. The challenges posed by the pandemic require an extraordinary volume of vaccines to be manufactured. If all the vaccines require two doses, as is the case with the first to be approved, 15 billion doses would be needed to immunise the entire population of the planet, a figure that the largest manufacturer in the world, the Serum Institute of India, regards as impossible to attain in less than four years. There are limiting factors in the capacity to build new production plants and the scalability of the Pfizer and Moderna vaccines, based on a new technology platform, for which there is insufficient knowledge among the producer countries. There are also production problems affecting critical components, such as the vials used for the safe shipping of vaccines that in some cases have to be stored at less than -70°C, a temperature lower than polar winter. Another factor is that the most risk-averse producers do not set about manufacturing doses of their vaccines until they have obtained authorisation. Unless it is assured of a market, private capital does not invest. The responsibility and above all the will to pass from the development phase to distributing the vaccine among the population as quickly as possible was thus immediately transferred to the political agenda and to governments, which, given their inability to halt the virus by other means, decided to accept the risk of remitting funds to the producers and starting to manufacture millions of doses while the vaccines were still being tested in the trial phase.

Laboratories in China and Russia depend on public majorities in the decisions made by their governing bodies and the funding support from their governments is made directly. In Western countries, where the pharmaceutical industry is in private hands, the strategy is to determine which potential vaccines show the best prospects in the preliminary trial phases and provide the up-front funding needed for production in exchange for doses, incurring the risk that the trials prove unsuccessful and the vaccines never emerge. Despite the uncertainty, it appears to be the right strategy and one that the US, the EU and the other Western countries all embarked upon, enabling them to have access to doses from the day following approval by the regulatory authorities. That said, it came at the cost of billions of dollars of public funding, paid in advance.

Bearing in mind that the majority of the world's vaccines are predominantly produced in the Asian axis between India and China, and in medium-income but technologically advanced countries like Brazil and South Africa, countries such as the UK, which lead the design and development of new vaccines, Germany, France and the US were a long way from producing vaccines, not only at a global scale but even to cover their own domestic COVID-19 needs. With health posing the main challenge to security and economic development, they all began to develop their own strategies to ensure the necessary doses.

At the White House, Donald Trump's ultranationalist government launched [Operation Warp Speed](#), with the goal of producing and distributing 300 million vaccines aimed at covering the entire population of the US; this was a public-private initiative that brought together laboratories, universities, government health services, public funding bodies, producers and the Department of Defense under one single structure, in order to speed up production and reassure US citizens that all their vaccine needs would be covered as soon as they became available. It is not a new strategy and indeed is a straight copy of

the Manhattan Project; regarded as a patriotic research and development project, from 1942 to 1946 this harnessed the knowledge of all the country's public and private actors with the goal of producing the nuclear bombs that ended up destroying Hiroshima and Nagasaki in Japan and providing the US with worldwide power and hegemony. Stemming from coronavirus, vaccines are set to acquire the same strategic importance as nuclear weapons had in their day.

The EU put a different strategy into operation. The Commission and member states agreed to negotiate the joint purchase and subsequent distribution, on a *pro rata* basis in accordance with the populations of their respective countries. Having financed a considerable part of the development of the vaccines that were being researched by European companies and universities –including the most advanced vaccines of the University of Oxford and Imperial College, London, the German companies BionTech and CureVac and the French firm Sanofi– to safeguard the purchase it decided to pay the producer companies in advance in exchange for future doses. Although in economic terms this practice requires investing in twice as many doses as needed, given the possibility of half of them never materialising, payment in advance enables a lower price to be negotiated. Furthermore, the EU agreement has enabled its members to obtain vaccines in a quantity and at a price that would have been unthinkable for the majority of member states acting alone. This is a significant step for the Union –coinciding with Brexit coming into effect– that ought to set a precedent for future operations.

Competition between countries to secure the promise of the first doses has in practice handed an incomparable advantage to the pharmaceutical companies, which have demanded confidentiality in the negotiations, enabling them to establish different prices depending on the purchasing country and thereby obtain a greater profit margin. All the negotiations have been conducted secretly and subject to confidentiality, a practice that ought to be unacceptable in democratic societies, given that it ends up enhancing the profit margin of the product. Despite this, we know that the US has had to invest around US\$18 billion in its Operation Warp Speed, while the EU had to create a preliminary emergency fund of €2.7 billion to deal with its initial commitments. This amount has already been multiplied by four as the doses have started to become effective and especially as a consequence of the higher prices of the first vaccines to be approved, made by Pfizer and Moderna. To give just one example, with the prices that the EU has agreed with the producers –a Belgian Minister having revealed the secret– the bill to vaccinate the 40 million inhabitants of Spain with the Pfizer vaccine would exceed €1 billion, whereas with the AstraZeneca vaccine it could vaccinate the same number of people for just €140 million.

The race to obtain the vaccine quickly has removed the price issue from the agenda and has been the main factor enabling the vaccine industry to turn a deaf ear to the complaints from a considerable number of developing countries, where the vaccines have not yet arrived, despite being available in the West.

Vaccines for the wealthy, vaccines for the poor

Given that the race to buy doses was exhausting the entire output of the first year of production for consumption in Russia, China and the Western nations, an initiative put

forward by India and South Africa in December 2020 requested the World Trade Organisation (WTO) to temporarily suspend the intellectual property rights to COVID-19 diagnostic tools, treatments and vaccines during the pandemic. The argument of these countries is that, without special measures, the rich countries will benefit from the new technologies as they come on the market, whereas the less economically-developed will continue to be ravaged by the pandemic. The proposal is based on the principle that intellectual property rights, such as patents, are preventing new medical products from being affordable. A temporary prohibition would enable various actors to start production early, rather than concentrating manufacture in the hands of a small number of patent-holders. In the words of [Mustaqeem De Gama](#), counsellor at the South African Permanent Mission to the WTO, 'what this waiver proposal does is it opens space for further collaboration, for the transfer of technology and for more producers to come in to ensure that we have scalability in a much shorter period of time'. Dozens of low- and medium-income countries support the proposal. The main high-income countries, however, including the UK, the US, Canada, Norway and the EU, have rejected it outright, arguing that the intellectual property system is necessary to incentivise new vaccines, diagnostics and treatments, which might peter out in its absence, while equitable access could be achieved through voluntary licences, technology transfer agreements and the donor-funded COVAX Advance Market Commitment to those unable to pay for vaccines.

If the lottery of fate had caused us to be born in one of these low-income countries, where the majority of humanity is to be found, we would still be waiting to see when the antigens that are being distributed, or in the trial stage and about to be launched, will become available to us. The question is: when will they arrive? We all hope for the same thing, the ability to restore the equilibrium of our lives, at work, in social relations, in healthcare and the economy as soon as possible. The vaccine is undoubtedly going to represent a change. But for this we need three criteria to be satisfied: that it is effective, that it is affordable and that it reaches everyone as quickly as possible, including the most vulnerable. The risk of vaccinating only in the wealthy countries means that the epidemic could become endemic in those that fail to halt it; this would create a reservoir of the virus, which could immediately return once it mutates, and also force borders to close. If around 70% of the entire population of Spain is vaccinated to achieve herd immunity, but a large number of Latin American countries fail to reach a similar level, the risk is obvious and the need to maintain restrictions on movement would continue being a necessary barrier. Put another way, if Spain vaccinates its entire population, but North African and Latin American countries secure barely any doses, it will be necessary to maintain closed borders and curb foreign trade.

In light of the buying frenzy among the most developed economies, COVAX emerged as an initiative run by the [Global Alliance for Vaccines and Immunisation \(GAVI\)](#) to enable the vaccine to also reach medium- and low-income countries. The COVID-19 vaccine thus became the first example of how to build global decision platforms as an alternative to classic multilateral organisations, not necessarily enjoying the agreement of all governments. States are necessary, but they are no longer the only ones at the decision-taking table. Taking its cue from GAVI, the COVAX platform combines public and private interests. Representatives of the governments of low-, medium- and high-income countries have a say in decisions, alongside the pharmaceutical industry, producers,

representatives of the UN agencies involved, the World Health Organisation (WHO), experts, research centres, philanthropists and representatives of civil society.¹ The aim is to achieve the three essential goals: that the vaccine exists, that it is affordable and that it is distributed worldwide. If this is achieved it may be a good first step towards a new global governance, one that is closer to the needs of health-based security than the multilateral legacy of the Second World War.

Even so, the obstacles to immunising in all countries are not insignificant. While in the most advanced economies the vaccines are more or less guaranteed, the production capacity in the first year is calculated to reach only 30% of the world population, possibly slightly more. We know that vaccines are the key to restoring the global economy. But we will not start to emerge from the crisis in 2022 unless these vaccines can be produced on a grand scale and their distribution is fairly shared out among all countries. The most advanced economies' 'nationalist' temptation to obtain doses for all their inhabitants with the consequence that other countries have to go without, is a new guarantee of failure. The goal of the international COVAX platform is to ensure that all the world's countries have doses to vaccinate 20% of their populations during the acute phase of the epidemic before the end of 2021, so they can all succeed in arresting their curves in parallel. The idea is to launch a funding round for this among donor countries, calling on official development aid, between January and February 2021. The target is to raise US\$5 billion, which combined with the US\$2 billion already collected, would enable 2 billion doses to be prepaid for the 92 low-income countries that lack sufficient funds to pay themselves. With the change of Administration in the US, GAVI has already initiated conversations to ensure that Joe Biden's team pledges the largest amount in this round; the rest will have to come from the aid budgets of the donor countries and in particular those of the EU, Norway, Canada and the UK. It is a challenge for the foreign-aid programmes of some countries whose economies are, to a different degree, also suffering the fallout from the virus. In order to achieve the funding target, the World Bank has launched a line of credit worth US\$12 billion for the purchase of vaccines. The great problem, however, is that the economic balance sheets of the recipient countries are already hamstrung by acute fiscal stresses, so such loans would be more appropriate to middle-income countries, while low-income countries should receive the vaccines through subsidised funds and cost-free.

Bearing in mind that the first vaccines that have come on to the market have complex supply chains and require stringent conditions to make them accessible everywhere, COVAX favours vaccines that are easier to ship and distribute. Vaccines like AstraZeneca's and Jansen's, which will start to become available in the second quarter of 2021, are the foremost candidates for starting to vaccinate in countries with less direct purchasing potential. But the battle has barely begun, because in addition to Western companies' antigens, the Russian Sputnik V and the Chinese Sinovac vaccines are also easy to distribute and the governments responsible for their production have embarked on bilateral sales among their allies.

¹ The members of the GAVI board take the final decisions about COVAX. See <https://www.gavi.org/our-alliance/governance>.

Conclusion

Vaccines have become another weapon to wield in the geopolitical struggle. With the US transitioning from an Administration that was traumatic and not entirely reliable beyond its borders, Moscow and Beijing have set out to fill the vacuum through bilateral accords that complement the activities of the COVAX platform. A clear case in point is Ukraine, a country caught between the EU and Russia. Despite its status as a Western ally, Donald Trump's ban on vaccine exports from the US has left Ukraine being unable to obtain direct supplies. COVAX has pledged to cover 20% of its population during the first year, meaning 8 million vaccines for a population similar in size to Spain's, more than 40 million people. But these will only begin to arrive towards summer. Russia has wasted no time in using the information to highlight the weakness of a country that is incapable of being helped in an emergency even by its allies. With the Russian army stirring up the separatist rebellion in the eastern provinces of Ukraine, the Kiev government does not have the option of buying the Sputnik V vaccine from the Russian Gamaleya laboratory either. The result of this battle, in a highly complex geopolitical situation, has forced the Ukrainian government to turn to China to secure doses of the Sinovac vaccine, rather than waiting until summer while all its neighbouring countries start to vaccinate. It marks another failure of the Trump strategy, which has abandoned an ally to its fate, and another lacuna in the coverage that the EU ought to be providing to a neighbouring country, currently going through one of its toughest moments.

Something similar has happened in North Africa. Radical US protectionism, with its ban on selling stocks originating within its borders, even to such strategic partners in the Arab world as Morocco, has enabled China to occupy a market that in principle should have been elusive. With an agreement to supply 65 million doses of the Sinopharm vaccine, Morocco has started its vaccination campaign without waiting to receive the leftovers that remain in the wake of the West's voracity. For its part, Russia has managed to place millions of vials of its Sputnik V vaccine not only among its neighbours but also among a large number of Latin American countries, starting with Brazil and Argentina. The urgency surrounding the vaccine is the same in Europe as in Africa and the rest of the world, which is what has triggered this other commercial race, to ensure that such countries do not get stuck at the back of the queue. The problem of production capacity is going to remain throughout 2021, however, possibly during 2022 as well, and if the virus becomes seasonal –something that scientists do not yet know– it may be that we are only at the start of a road that leads to new strategic relations based on global health as a new dimension for defining global security, and with it new alliances. The game has only just begun.

Returning to the initial question, the arrival of the vaccine is undoubtedly great news. It is the only weapon capable of ending the pandemic. But this cannot happen only in Spain, in the EU or in the West. The virus does not recognise borders. It is not a matter of charity, it is a matter of the pandemic only being stoppable if the vaccination is available worldwide. It is a weapon that will be decisive if we do everything necessary to ensure that it reaches everyone at the same time. Now that Spain is drawing up a new global health strategy, *within the framework of a new cooperation programme*, the time has come to commit to this shared outlook. The same attitude would be welcome in the EU. If we manage to have a well-informed debate, and it is understood that we need to

make progress together, then vaccines will change the future of this pandemic. And our own.