

Covid-19 Vaccine Nationalism and Vaccine Diplomacy: A New Currency in Soft Power?

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Article DOI:

<https://doi.org/10.35293/srsa.v43i2.871>

Abstract

This article merges and examines the following four phenomena, (1) pandemics which are predominantly a human security matter, (2) vaccines and vaccinations, which are predominantly a public health matter, (3), power which is the alpha currency in international relations and, (4), finally ideology. Global developments such as wars, revolutions and pandemics usually give rise to new forms of power, redrawing power configurations and in some cases shifting and redrawing biographical and geographical boundaries. This article explores the rise of vaccine nationalism and how it will impede the global efforts to curtail the devastation of the Covid-19 pandemic. I also present the Covid-19 vaccine as a new currency in soft power that, unlike hard power, is owned by an emerging vaccine oligarchy epitomised as Big Pharma. Vaccine nationalism is positioned as being counterproductive to efforts to reduce the effects of the virus. This way, vaccine nationalism and vaccine diplomacy constitute new forms of and fronts for colonialism. I conclude by asserting that vaccine nationalism will result in more asymmetrical power relations in international relations as the vaccine will gradually become a new form of soft power. As a form of soft power, the vaccine will entrench and perpetuate coloniality. Vaccine nationalism and vaccine diplomacy are self-defeating, will aid those paddling eugenics and result in a new form of inequality, vaccine inequality.

Keywords: vaccine nationalism, vaccine diplomacy, coloniality of the pandemic, vaccine soft power, Big Pharma, World Health Organisation, Covid-19, pandemics.

1. Introduction

How do we deal with phenomenal issues such as global pandemics, which brings four domains together; (1), pandemics which are predominantly a human security matter, (2), vaccines and vaccinations, which are predominantly a public health and epidemiological matter, (3), power which is the alpha currency in international relations, and finally (4), ideology. Of the four, human security, public health, power and ideology, I position ideology, i.e., capitalism and nationalism, to determine how the world reacts to the Covid-19 pandemic.

Since its invention concurrently with colonialism, epistemicides and genocides in the Iberian Peninsula's Reconquista in 1496, nationalism has proved to be the most resilient ideology in the world. It always finds ways of remaining relevant, which can be attributed to the resilience of the nation-state as a form of identity. Of late, nationalism has found relevance and new application in the Covid-19 pandemic period through what has been termed vaccine nationalism. Contrary to orthodox views, the greatest threat to global peace and human security is not the Covid-19 pandemic but vaccine nationalism. Others have gone as far as asking a very important question: what is the cure for vaccine nationalism (Rutschman 2021). Could the answer reside in ethics and morality, or maybe the answer is to be found in summoning the spirit of humanity? Humanity is not a good student of history as it repeats the mistakes of the Spanish Influenza and other past pandemics (Marais 2011; Zack 2018: 184). Geography and, most importantly, economic class are still used as determinants of who gets vaccinated, when and how many times. Most importantly, these identities are used to determine who does not get the vaccine and, by implication, who is at a higher risk of being infected and dying. With the multiple declarations on human rights, the right to life supersedes other nationalist and me-first based criteria for distributing human security-enhancing vaccines.

I expose the myth and fallacy of international cooperation and solidarity and juxtapose it to the realist manner in which nations and corporations selfishly look after their own in the face of national and international threats to peace and security. The problem of nationalist self-preservation tendencies at the expense of the other is rooted in the Western model of the nation-state, which was inaugurated not at Westphalia in 1694, but in 1496 when the processes of colonialism started with the Christian Reconquista, which played out in the

Iberian peninsula and the Americas (Wallerstein 1974: 314; Cipolla 1976: 143). This Western model of the nation-state has four main characteristics: (1) the will to power, (2) a paradigm of war, (3) a paradigm of differences, and (4) survival of the fittest. These do not aid human security but national security, i.e., nation-state preservation.

The central argument in this article is that without rethinking and then reformulating the western model of the nation-state, problems that are encountered during the Covid-19 vaccine fiasco will recur. In a fashion that resembles eugenics and pseudoscience, the western nation-state model, when faced with a pandemic like Covid-19, culls the weakest members of humanity. In this explorative article, I unpack seven issues, I (1) reiterate the resurgence of nationalism during pandemics as a threat to international human security, (2) propose a cure for vaccine nationalism and vaccine equity, (3) allude to vaccine inequality emanating from vaccine nationalism, (4), postulate the rise of the Covid-19 vaccine as the newest form of soft power, (5), predict the rise of a new vaccine oligarchy which is the Big Pharma, (6), argue that vaccine nationalism is a counterproductive to collective security, (7), position vaccine nationalism as a new form of colonialism, i.e., coloniality of the vaccine.

2. Locating Vaccine Nationalism in International Relations

One of the pillars of contemporary international relations is the notion of collective security. Embodied in the United Nations Charter, collective security is touted as the most important aspect and prospect for peace in the international arena. Collective security gained more relevance in the aftermath of the cold war, in which it replaced the balance of power doctrine as the main doctrine in international relations. As a doctrine, collective security prescribes that a threat to one member of the international community is a threat to all. Collective security also comes with collective responsibility. The international community collectively has a responsibility to protect its members. The Covid-19 pandemic provided a propitious moment to test the applicability of collective security and responsibility doctrine. The myth of international cooperation in the face of the greatest threat to humanity has been exposed thanks to vaccine nationalism. States have always acted in their self-interest, and whenever they cooperated, such cooperation was efficacious in furthering their mutual national interests.

When international cooperation benefited the other parties, especially those of the Global South, this was a positive externality that the initiating partner(s), especially those of the Global North, would not mind. The Covid-19 pandemic demonstrated that when push comes to shove, nations become ultra-selfish, with some holding as many as four times vaccines compared to their population sizes when some African countries had not received a single dose.

Vaccine nationalism is practised by rich countries where they use their power to get first access to the Covid-19 vaccine (Ferguson and Caplan 2020; Santos Rutschman 2020; Fidler 2020). Vaccine nationalism, like all other forms of exclusionary philosophies and ideologies, is divisive and more lethal than Covid-19. It was inevitable that the Covid-19 vaccine could escape the divisiveness that persists in the international order in a world dominated by national interest and real-politic. The long and short political challenges caused by the Covid-19 is that the emerging nations are at a higher risk than richer nations. It is not a coincidence that most of the richer nations where the vaccine is manufactured or owned were part of the colonisers, while the emerging nations who are at a higher risk of not getting the vaccine were part of the colonised countries. This link is important to establish because, like all forms of nationalism, vaccine nationalism will entail that those countries with the capacity to produce vaccines will benefit themselves and their allies first before they think of other emerging countries in the world.

The actualisation of Covid-19 vaccine nationalism is widening inequality between the rich and the poor, both at an individual, household and at the national level. Rich and powerful nations are likely going to mitigate the risk of Covid-19 better than economically and militarily weak and emerging nations, thereby increasing the human security risk between these two general sets of countries. With the intensification of vaccine nationalism, the Covid-19 pandemic will become more devastating as the 'poor other' will go for longer periods without accessing the vaccine. Human movement is bound to be restricted without being vaccinated as the unvaccinated would become the 'dangerous other' who must not mix with the vaccinated. The human movement of the unvaccinated will be greatly curtailed, if not criminalised as spreaders of a virus hence threats to human security.

I predict the impending coloniality of the vaccine. This is because the Covid-19 vaccine will become a source of divisiveness, exclusion and a symbol of

power, with those able to manufacture and procure the vaccine becoming more powerful than those who cannot produce or procure it. The new global currency in soft power will be the Covid-19 vaccine. It is not far-fetched to postulate that the vaccine is the new source of soft power. If we are to learn from our history, the vaccine will be tied to aid, democracy, transitional justice and other liberal constructs. With the vaccine being produced by capitalist companies whose executives are driven by the need to increase profitability rather than save lives, the vaccine will soon be sold to the highest bidder. This is understandable because Big Pharma, as they are called, are not humanitarian organisations but capitalist ventures.

International relations is dominated by two forms of power, hard and soft power. Hard power is coercive (military and economic), while soft power is attractive (Nye 2004: x). Hence, a country's pharmaceutical companies' ability to produce the Covid-19 constitutes soft power. Soft power is the ability of a country or any entity in international relations to attract and co-opt instead of hard power that coerces and forces. Non-state actors in international relations such as non-governmental organisations, multinational corporations, religious organisations and elites also possess soft power (Nye 2011: 83).

Multilateral institutions, nations, regional groupings and pharmaceutical companies are ceased with a seemingly vexing question of what mechanism and formula to distribute the Covid-19 vaccines. Three options present themselves: egalitarianism, nationalism and imperialism. Vaccine nationalism entails prioritising citizens in whose countries the vaccines are produced, while vaccine imperialism entails that those countries who can afford to pay will get as many vaccine doses as they ordered. The overarching question is: is the Covid-19 vaccine a global common good, a private property belonging to the Big Pharma who invested in the vaccine's research and development (R&D), or to the nations where these Big Pharma are domiciled? The answer to whether the vaccine is a common good or a private property determines how it will be distributed. If the vaccine is a global common good, then those who need it the most must be prioritised, i.e., a need-based distribution model. If the vaccine is Big Pharma's private property, it must be sold to the highest bidders. If it belongs to the countries where Big Pharma are resident, they must be distributed on a nationalist basis. Each of these three scenarios has its advantages and disadvantages, and the temptation is always to combine the three and somehow formulate a compromisingly middle ground

distribution model — one which has elements of nationalism, imperialism and egalitarianism.

The solution to vaccine nationalism and its negative impact is for African countries to develop their capacities to produce the vaccine; after all, they have the epistemologies to tap into. Regional powerhouses such as South Africa, Nigeria, Egypt and Kenya should lead the efforts to produce the vaccine in Africa. Current efforts such as the work of the African Union Special Envoy on the Covid-19 crisis and the work of the Africa Centre for Disease Control (Africa CDC) are part of the problem as they perpetuate vaccine dependency and vaccine coloniality since they function as outposts of the Global North and its corporate and national interests.

3. The Efficacy of Vaccine Diplomacy in International Relations

In its simplest form, diplomacy is both an art and science of establishing and maintaining peaceful relations among nations and even organisations in the international arena. Vaccine diplomacy is closely linked to health and science diplomacy (Shakeel et al. 2019; Hotez 2019; 2014). By its very nature, diplomacy is a very difficult practice to regulate and predict. It is one where covert and overt means have been used to establish, gain and maintain and assert a nation's interest in the international arena. According to Hotez;

Vaccine diplomacy refers to almost any aspect of global health diplomacy that relies on the use or delivery of vaccines [...] and other important international organisations. Central to vaccine diplomacy is its potential as a humanitarian intervention and its proven role in mediating the cessation of hostilities and even cease-fires during vaccination campaigns (Hotez 2014: 2).

Nations are always looking for new ways of asserting their diplomatic footprint on the international scene. Natural disasters such as floods, volcanic eruptions, and earthquakes have been previously used as sources of diplomacy. Relations that would have been at a standstill or on the brink of war can, in an instance, begin to thaw and cooperate courtesy of national disasters. Vaccine diplomacy cannot be perceived as something entirely new; it is just the latest instrument of field diplomacy.

The efficacy of vaccines diplomacy cannot be overemphasised. For example, Russia has been struggling to win over the weak and fragile states of Eastern Europe from the North Atlantic treaty organisation (NATO). When NATO member-states preferred vaccine nationalism, Russia then seized the opportunity to assist these countries with its Sputnik V vaccine, and China also brought in its Sinovac vaccine, and the two are winning these countries over from NATO. Already Hungary is using the Russian and Chinese vaccines and not those manufactured in Europe. The Czech Republic, Croatia, Serbia and Poland are all in line to receive their vaccines from Russia and China. This is why I asserted at the beginning that pandemics can be used to redraw ideological and international borders. In this example, the Eastern Bloc, through Russia and China, are slowly winning back the countries that it had lost to Western Europe in the aftermath of the Cold War.

The efficacy of vaccine diplomacy is in that it is implemented when the other party is at their most vulnerable moments. In a way, vaccine diplomacy is akin to duress diplomacy; take my vaccine on my terms or let your people perish from the Covid-19 pandemic. There are very few, if any, options in vaccine diplomacy. This is exactly the moment that China and Russia have been waiting for. Their work was cut out when Donald Trump pulled the United States out of many multilateral agreements, in the process rendering America very nationalistic through his America first mantra. The Covid-19 pandemic would not have come at a better time for China and Russia. This has fuelled the speculation that, indeed, this vaccine is a Chinese and or Russian manufactured virus. There is no scientific evidence to back up this innuendo. In the meantime, China and Russia are making of the pandemic.

China has sold and donated vaccines to 13 African countries, according to Bridge Consulting, a consultancy firm for the philanthropic and global development sector: Algeria, Morocco, Tunisia, Egypt, Senegal, Guinea, Sierra Leone, Equatorial Guinea, Gabon, Congo, Namibia, Zimbabwe and Mozambique. It also gives them to countries in Asia, Latin America, and Europe, as most Western countries focus on securing vaccine doses for their populations. China used vaccine diplomacy to unlock the frosted relations with The Philippines, which had become acrimonious because of the contested South China Islands, whose sovereignty is still contested with China claiming ownership of the majority of these islands. Covid-19 ravaged The Philippines received does of

the Sinovac vaccines at the Villamor Air Base in Manila, the Philippines on 28 February 2021, and President Rodrigo Duterte declared to Chinese Ambassador to the Philippines Huang Xilian, '[The Philippines] would be 'back to normal' by December, thanks to Chinese assistance' (Heydarian and Jin 2021). The efficacy of vaccine diplomacy in unlocking relations was demonstrated in this case, justifying China's decision to invest heavily in the vaccine through allocating large subsidies to 22 companies and research institutes to work on as many as 17 Covid-19 vaccines.

In East Asia, China donated vaccines to Cambodia, Laos, Thailand, and The Philippines. China's South-East problems were suddenly solved, ironically, by a vaccine to a virus largely believed to have originated from Wuhan, China. Indonesia, for example, became the largest testing site for Chinese Covid-19 vaccines, cementing their bilateral relationship in the process. Eastern Europe, Africa, East Asia and Latin America were suddenly closer to China than ever before; in the process, China proved that it is an all-weather friend (unlike nationalist western Europe and the United States, which proved once again to be conditional friends. China's aim of donating its Sinovac vaccine to 69 countries is well on course and will yield benefits to China's quest to dominate the hearts and minds of the West's marginalised countries. However, China's vaccine diplomacy was not 100% effective as Vietnam refused the Sinovac vaccine for various medical and political reasons, chief among them being that the Sinovac vaccine had the lowest efficacy at 50.4% (Heydarian and Jin 2021). Singapore relied entirely on western vaccines while Indonesia, Cambodia, Malaysia and Thailand relied on multilateralism, going with the United Nations backed COVAX scheme. In the middle of China's relentless vaccine diplomacy, there is still room for multilateralism in IR. In response to China's vaccine diplomacy, the US, Australia, India and Japan formed the Quadrilateral Security Dialogue, aiming to produce 1 billion doses for Eastern Asia, a region where China proved to be ahead.

From mask diplomacy to vaccine diplomacy, where Chinese businessman Ali Baba owner Jack Ma donated millions of personal protective equipment to the same client states, China is slowly developing its Health Silk Road slowly but surely. No doubt, vaccine diplomacy will aid Russia and China to deepen their relationship with their vaccine benefactors. That the pandemic is strongly believed to have originated from China is now water under the bridge. Instead

of standing accused of originating the virus, China is, on the contrary benefiting from the pandemic. Vaccine diplomacy opens doors to negotiation over what would have been unthinkable before its implementation. All of a sudden, Russia and Bolivia are on talking terms discussing issues such as building nuclear power stations and lithium gas reserves mining.

Soon after Moscow sold 5.2 million doses of its Sputnik V vaccine, President Vladimir Putin was on the phone with his Bolivian counterpart, Luis Arce, in late January, discussing topics from building a nuclear power plant to lithium mining and gas reserves. In North Africa, Algeria did not pay a dime for the Chinese vaccines that arrived in March. What it did offer was to support Beijing's 'core interests' and oppose interference in its 'internal affairs' — language China has used to defend against criticism over Hong Kong's autonomy and allegations of human rights abuses in Xinjiang, which it denies (Smith 2021).

For China, vaccine diplomacy solved its major headaches: access to Bolivia's natural resources, a nuclear client in South America, and international support for its one-China stance in Hong Kong and Taiwan. While Russia and China are using vaccine diplomacy to expand their international spheres of influence, the United States and the European Union member states are stuck in vaccine nationalism mode, in the process gifting Russia by excluding former eastern bloc countries such as Ukraine, the Czech Republic, and Hungary access to EU vaccines. For these former eastern bloc turned EU members, Covid-19 has shown them where they belong, i.e., eastern Europe and not western Europe, with Russia and China and not the EU and the US.

4. The Fallacy of Vaccine Nationalism in International Relations

Vaccine nationalism cannot be dismissed as lacking in merit. The US under Donald Trump championed vaccine nationalism with Peter Marks, of the US Food and Drug Administration comparing the vaccine nationalism to the allocation of oxygen masks in a depressurised aeroplane, marks noted, 'You put on your own first, and then we want to help others as quickly as possible,' (Bollyky and Bown 2020: 96). Bollyky and Bown responded well to the analogy by noting that aeroplane masks do not only fall in first class but the whole aeroplane and at the same time. Vaccine nationalism does not and will not work, in the long run, in curtailing the effects of the coronavirus. It confuses policymakers, and

the result is scapegoating and blaming the marginalised members of society for spreading the virus. If vaccine nationalism continues, it will lead to countries competing for the scarce vaccines, thereby driving the vaccine prices even higher, much to the detriment of the Global South, the majority of whom rely on the COVAX programme.

The reality is that pandemics are so devastating that they permanently alter human life in unimaginable ways. Pandemics are seismic events that have resulted in permanent changes, with political maps being redrawn, new identities being born, and some civilisations almost being driven into oblivion. In South Africa, the 1918 Spanish flu resulted in the blaming of Africans and Indians as the pandemic's main vectors, resulting in them being relocated and resettled in a geographical location now known as Soweto (South Western Townships). Racial segregation in South Africa resulted from the nationalist solutions to the 1918 Spanish flu. Today, South Africa has not yet recovered from the pandemic of racial segregation. Theologian Tinyiko Maluleke argues that the Covid-19 pandemic is not a medical issue but a religious, social and political challenge. He argues:

What could be more political than the introduction of Covid-19 into a country in which less than 20% of the population have medical aid, more than 30% are on social grants, and the real unemployment rate is above 35%? (Maluleke 2021).

The nationalistic response to the Covid-19 is seen in that Big Pharma made most of their money from Africa and Africans, who are their biggest clients with chronic medical conditions. Additionally, some of the Covid-19 vaccine trials were done on Africans, yet Africans will no longer be a priority population when it comes to benefiting from these vaccines. This demonstrates the exclusionary nature of nationalism. The Global South remains an open-pit mine for western multinational corporations to make huge profits and for their governments to benefit, especially through coloniality. Vaccine nationalism is a fallacy because the Global South underwrites the Global North, and it is in the best interest of the Global North to have those in the Global South vaccinated. Africa and other parts of the (formerly) colonised world are a huge global market, and their weakening will affect the global economy, human security and global public health. Faced with the Global North's vaccine negation, Africa has other options,

such as looking to the east, especially China, for vaccine salvation.

5. Which Way Africa: West's Vaccine Capitalism or the East's Vaccine Diplomacy?

Who said the cold war was over? The Covid-19 pandemic taught us that the cold war changes its temperature, and when an event such as the Covid-19 pandemic occurs, the temperature increases. The Global North and its Big Pharma use vaccine nationalism; the east and its state-owned enterprises use vaccine diplomacy. Both vaccine nationalism and vaccine diplomacy are intended for domestic and foreign deployment. The West's vaccine nationalism will mutate into vaccine capitalism as a relic of their capitalistic and neo-liberal outlook, while the east's vaccine diplomacy continues the socialist look east mantra. Indeed, the more things change, the more they remain the same.

What is undeniable is that the Global South in general and Africa, in particular, are at the mercy of the economically rich countries of the Global North. Without its capacity of developing the Covid-19 vaccine, Africa must face either East or West; east to Russia's Sputnik or China's Sinovac or the West to Pfizer, AstraZeneca, and Moderna. Unfortunately, unlike the European Union, the African Union can not speak and act with one voice when such actions are needed the most. The ongoing squabbles over how to share the Covid-19 vaccine will fuel far-right-wing nationalism in western Europe and North America. Nationalism has been on the resurgence after the massive migration of Africans across the Mediterranean Sea towards Europe and South Americans, particularly from Honduras towards the United States, fuelling the rise of Trumpism and other 'me first' ideologies.

In seeking a response to whether Africa should face the West or the East, Nkrumah once answered emphatically and from a decolonial perspective that Africa must face forward. Africa needs ethical, just and nationalist leaders (Benyera, Francis, and Jazbhay 2020). If a nationalist loves her/his country, then the absence of the Covid-19 vaccine provided by Africans renders Africans unnationalistic. Arthur Mutambara crudely questions this lack of nationalism:

The tragedy of it all in the matter of vaccines is that no African country or Black-owned company is producing a Covid-19 vaccine. The African is an

observer - a subject and not a participant in vaccine development. This is a terrible indictment of all us people of African descent. Shame on us. How can 55 African governments, 1.3 billion Africans, a collective GDP of USD2.5 trillion, all these African businesses, universities, entrepreneurs, intellectuals and scientists fail to produce a single COVID-19 vaccine? This is beyond pathetic... We need to get our act together. With this inexcusable ineptitude, why should other nations take us seriously? Really? (Mutambara 2021).

That the WTO turned down the request by India and South Africa to have every country manufacture the vaccine without TRIPS penalties only makes capitalist and not welfarist sense. The hoarding of vaccines by predominantly western countries has had a crowding-out effect on emerging countries of the Global South seeking to access the same vaccines. Canada, the worst offender, has pre-ordered so many vaccines that it will be able to vaccinate each of its citizens six times over. In the United Kingdom and the US, it is four vaccines per person; and two each in the European Union and Australia (Dyer 2020). There is also global inequality in the prices charged for the same vaccine, with Western countries paying far less than African countries. This sustains the colonially inaugurated asymmetrical relationship between the West and the Global South.

The vaccines that have been made available to the developing world are either untested - such as the Chinese and Russian vaccines, for which insufficient clinical trial data has been released - or expensive. South Africa has ordered 1.5-million doses of the AstraZeneca vaccine but will pay more than double what the EU pays per dose (Allison 2021). The claim by the EU that it is entitled to access the vaccine first because it contributed to the financial development of the vaccine negates the contribution played by African countries who provide the human beings on which the vaccine trials were done. Calling this practise vaccine apartheid, Allison notes,

The EU says that it is entitled to a lower price because it invested in the vaccine's development - never mind that the AstraZeneca vaccine was tested on the bodies of South Africans who volunteered to be part of the clinical trial in Johannesburg (Allison 2021).

After contributing human beings for the vaccine trials, the WTO refused the Global South permission to produce the vaccine using Big Pharma's patents. The countries that lead the denial of the vaccine patent waiver are the same countries

that are domicilium to Big Pharma. These wealthy nations, including the UK, US and Switzerland, are all home to major pharmaceutical companies who enjoy early vaccine access (Farge 2021). Here we note the use of Big Pharma as a source of foreign policy and soft power exerted on multilateral organisations such as the WTO and the WHO by Big Pharma's home countries.

6. Covid-19 Vaccine Soft Power and Diplomacy: Whither the Bomb?

The Covid-19 vaccine has fast evolved into the latest currency for international relations and power politics with the potential of replacing the nuclear bomb as the ultimate currency and form of power in an increasingly nationalist world. Russia and China are busy approaching African countries to sign deals to supply them with the vaccine in exchange for many undisclosed Chinese and Russian concessions. Many countries of the Global South cannot afford the cost of the vaccine, and this is where Russian, and Chinese 'benevolence' will most likely result in these client states making huge concessions, especially natural resources-based ones, to secure the vaccine. For Africa, and as always, Russia and China will be waiting to benefit from Africa's misery by being the lesser evil. In exchange for having procured the vaccine from China and Russia, the two United Nations Security Council members will back these African leaders, some of whom despots wish to stay in power for longer, ostensibly for them to secure and deliver on the Chinese and Russian concessions. This is a typical win-win situation.

The Covid-19 vaccine will result in the diminished value in hard power epitomised in the nuclear bomb and the proportional rise in soft power wielded by those countries who can produce the vaccine. That most Covid-19 vaccines are not a once-off jab but have to be continually updated, just like computer software, will result in vaccine coloniality where those without the vaccine will be permanently beholden by those with the vaccine. As a form of soft power, both vaccine nationalism and vaccine diplomacy perpetuate the asymmetrical relationship which pits Big Pharma, western governments and the western controlled WHO on one side and the Global South on the other side. This is an archetype form of coloniality.

7. The World Trade Organisation and the World Health Organisation: Patenting Global Health

The WTO and the WHO are creating complicated patented remedies out of which Big Pharma and other capitalist ventures will make super-profits at the expense of global health and the control of the pandemic. Granted, Big Pharma is not wellness or welfare programs but are capitalist profit-driven and opportunistic ventures which typically wait for years, investing millions in drug research and development to reap their delayed gratitude eventually. They thrive on managing long term diseases and pandemics. Stated crudely, pharmaceutical companies do not want people to be well but sick. They thrive from sick populations and not healthy ones. Is Big Pharma a threat to global and national security in times of pandemics?

Providing national peace and security is the prime responsibility of any government. The notion of national security dates back to Cicero's *maxim salus populi suprema lex est*, meaning the people's welfare is the highest law. A national peace and security threat is any activity or a phenomenon that destabilises or has the potential to destabilise peace and security. The concept of security evolved to a point where it is no longer militaristic and state-centred but citizen-centred, hence the notion of human security. What must be secured first are the citizens who will make a secure nation, which will make a secure world. National peace and security evolved from being nuclear weapon dependent to Covid-19 vaccine dependent, rendering the vaccine the greatest currency in international relations today.

Covid-19 is a threat to human peace and security by its nature and affects and infects large populations at a time. The threat is heightened by the technical withholding of the vaccine by Big Pharma. The availability of the Covid-19 vaccine at affordable prices at the right moments will mitigate the impact of the Covid-19 pandemic. Efforts to render the vaccine unavailable through technical or other procedural impediments constitute a threat to international peace and security. One way that the vaccine is already being rendered inaccessible to the Global South is by patenting the invention. Big Pharma was responsible for developing this vaccine and insisted on their capitalist right to patent the vaccine and rip as much profit as possible.

On their part, the Global South through South Africa and India approached

the World Trade Organisation (WTO) and the World Health Organisation (WHO) with a proposal that the patent rule is suspended so that the Covid-19 vaccine can be reproduced without adherence to patent regulations. Had the WTO agreed, this move could have immediately eased the global shortage of the vaccine. Big Pharma is a threat to international peace and security in so far as they influenced the WTO to refuse the request by the Global South to suspend the patent regulations provisionally. Western governments, Big Pharma, WHO, and the WTO are guilty of operating to make the vaccine inaccessible at the right time to the Global South. This constitutes the coloniality of the pandemic, i.e., using the pandemic to sustain colonial matrixes of power. The pandemic's coloniality is evident in how some western countries are hoarding the vaccine, some at levels that are six times more than their populations when a large chunk of the Global South is yet to receive the vaccines (Dyer 2020). Besides being used to sustain the colonial matrix of power, the pandemic also provided an opportunity for a global pseudo philanthropic elite to amass soft power over nations, especially those in the Global South, in the process, threatening their national sovereignties.

8. Global Elites, Soft-Power and Vaccine Philanthropy

The Covid-19 pandemic has not only witnessed the vaccine assuming some soft power but has also seen the rise of billionaires as the new non-state actors. One of these powerful non-state actors is the Bill and Melinda Gates Foundation which wrecked in millions of profits while masquerading as a philanthropic organisation. There is no facet of the Covid-19 where the Bill and Melinda Gates Foundation is not present. It is also one of the greatest funders of the WHO. As one of the most influential non-state actors during the pandemic, it is noteworthy that Bill Gates personally was one of those opposed to granting the patent waiver to companies of the Global South (Usher 2020; Dersso 2021). This contradicts his philanthropist persona, which in all fairness, is a public relations posture meant to give him access to the most influential policymakers. In a typical capitalist fashion, while racking in 18 billion in 2020, Bill Gates was at the forefront of denying countries of the Global South permission to produce the vaccine (Allison 2021).

9. The Other Side of Vaccine Nationalism: Vaccine Imperialism

First, a brief history of the development of the vaccine and how this life saving is a product of slavery whose inventors are never acknowledged, let alone remunerated, yet Big Pharma now make global noises about patents and research and development. The bottom line is that vaccination as a treatment was stolen from Africans by slave owners in the United States in 1721. This colossal injustice is well captured by Isabel Wilkerson thus,

They were not to be credited for their ideas or innovations, even at the risk of progress for everyone. Crediting them would undermine the pretext for their enslavement, meaning their presumed inferiority in anything other than servitude. In the summer of 1721, an epidemic of smallpox, one of the deadliest afflictions of the era, besieged the city of Boston. It sent stricken people into quarantine, red flags signalling to all who might pass, 'God have mercy on this house.' Cotton Mather was a Puritan minister and lay scientist in Boston and had come into possession of an African man named Onesimus. The enslaved African told of a procedure he had undergone back in his homeland that protected him from this illness. People in West Africa had discovered that they could fend off contagions by inoculating themselves with a specimen of fluid from an infected person. Mather was intrigued by the idea Onesimus de-scribed. He researched it and decided to call it 'variolation.' It would become the precursor to immunisation and 'the Holy Grail of smallpox prevention for Western doctors and scientists,' wrote the medical ethicist and author Harriet A. Washington (Wilkerson 2020: 231).

When the Covid-19 pandemic started to take its toll, especially in Europe, the first Instinct for these nations was self-preservation by closing their national borders. European Union member states quickly forgot how they were members of the prototype regional cooperation group in the European Union as they resorted to individualistic self-preservation measures to mitigate against the effects of the virus. This reaction or for resorting to national sovereignty while being a member of a regional grouping belies the notion of both the European Union and the North Atlantic Treaty Organisation (NATO) collective security paradigm. These countries quickly forget their otherwise recyclable maxim of 'a threat to one is

a threat to all' and how they agreed to collectively respond to any threats to one of their member states. This demonstrates how the notion of collective security is designed only to deal with political and military threats and not non-military threats to peace and security.

In the face of the pandemic, there has never been a Pan-European Union effort at addressing the effects of the Covid-19 pandemic. How the European Union failed to coordinate the responses of its member states vilifies the United Kingdom for leaving the bloc and declaring openly that it is going nationalistic. Interestingly, when it came to the politics of the vaccine and its distribution, regional blocs such as the European Union and the African Union suddenly found their voices. When borders were being closed and Industries thinking they were nowhere to be found. What, therefore, is the purpose of regional organisations if they cannot coordinate their members at the hour of the most in need. The answer lies partly in the resilience of nationalism and largely in the economics of politics. The production and distribution of the Covid-19 vaccine is a global billion-dollar industry where every human being alive is a potential customer to be injected with the vaccine not once but at least twice.

The synergy between Big Pharma and regional blocs such as the European Union and the African Union points at the phenomenon of effects in imperialism. Imperialism uses the Covid-19 vaccine to further the capitalist Ventures and interest of especially Big Pharma domiciled in the Global North. And why the AU and the EU suddenly found their feet when the vaccine was being discussed is because there is money to be made. Global elites are licking their fingers at the sight of these billions. In countries like South Africa, which are suffering from state capture and endemic corruption, the vaccine will be the latest form of elite collusion and looting of state coffers at the expense of the poor majority. Appropriation and misrepresentation of the plight of the global weakest communities will be used as a front by these elites to steal and misappropriate resources meant to alleviate the suffering brought about by the pandemic. The executive impunity witnessed in South Africa extends the colonial mentality of seeing poor, dispossessed citizens not as human beings but as the dispensable other.

How countries individually banned travellers from certain countries belies the notion of collective security and the global common good. Each country applied its assessment standards of which citizens from which countries must be

allowed in. Again, this is a typical demonstration of the self-preservationist nature of nationalism and state sovereignty. The greatest lesson in international relations from how countries addressed the Covid-19 pandemic is that countries abandon multilateralism collective security in the face of an existential threat and instead turn to nationalism and state sovereignty to ensure self-preservation. Collective security is good when attacking abroad, such as NATO's attacks in Libya, but not when defending at home.

There are lessons for international relations from how Big Pharma has benefited from the vaccine and how multilateralism collapsed in the first pandemic. The seemingly coordinated efforts by the African Union and the European Union are positions which they were pushed into by Big Pharma so that Big Pharma can benefit from their destitution and desperation. The economics of the politics is such that Big Pharma wants to make once and for all, while the politics of the economics is that there will be much conniving and colluding between both the political and the economic elites. By grouping and cornering the countries, Big Pharma monopolises the production and provision of the vaccine and crowds out any other possible sources of the vaccine. Nothing is as profitable as a captive market, and COVAX delivers just that.

The COVAX facility comprises the who is who of the multi-billion-dollar pharmaceutical industry. Its member companies include AstraZeneca/University of Oxford, Novavax, GlaxoSmithKline, and Moderna. The COVAX agreement and the Advance Purchase Agreements (APAs) is not only crowded out other possible sources of the vaccine, but it has created vaccine imperialism. Countries and regions are bound into these advanced purchasing agreements for years to come. These advance purchase agreements will have a serious economic and political hangover, especially in Africa as Africa will be dependent on Big Pharma for its works in provisions by denying Africa vaccine in Independence. It is not overstretched to predict that future international travel will be based on one's inoculation status as a precondition for accessing certain countries. The soft power of the vaccine is that it will become a prerequisite for many things, such as attending mass events participating in global sporting activities and easily getting funding and scholarships. Humanity will be incomplete without inoculation. Certain industries and companies will require inoculation as a prerequisite for employment.

The decision by the world trade organisation to support a proposal by the

Global South led by India and South Africa to suspend the patent rules for the production of the vaccine demonstrates how the vaccine has gained soft power and became the latest and most powerful currency in international relations. Given a choice between supporting countries of the Global South and countries of the Global North backing Big Pharma, the choice for the world trade organisation was well cut out. The argument by the Global North is that there should be no patterns during pandemics. Stated differently: there are no profits during pandemics.

What Big Pharma and their Global North domiciled countries are doing is against all the rules and regulations of the World Trade Organisation and the WHO. These later operate on the most favoured nation (MFN) principle, while the latter emphasises the principle of accessible and equitable distribution of health resources. Of course, these principles are mere slogans in the face of the Covid-19 pandemic and the retreat of multilateralism in the first of the resurgence of nationalism.

Vaccine nationalism and vaccine imperialism actualised a typical win-win situation where the political elites will appear to be caring for their communities. In contrast, the capitalist elite will appear to be serving humanity from a catastrophic pandemic by providing the life-saving vaccine. Vaccine imperialism is also practised on members of the Global South that produced their vaccines, such as the Cuban vaccines Soberana 2 and Heberon Interferon-Alpha-2B. These vaccines are not even included in the global COVAX program. This exclusion is not based on science but politics.

The question of how to prioritise the limited doses of the Covid-19 vaccines that are available can be answered from many angles, such as the economic angle, where those who can afford it will buy the vaccine or a model being proposed here where those in need will be prioritised regardless of their economic political or religious status. This approach lends itself to those that categorise access to the Covid-19 vaccine as a fundamental human right. Studies have been done using mathematical models such as age and then stratifying the cohorts into prioritisation categories (Bubar 2021).

An egalitarian model for the distribution of vaccines based on the burden of the pandemic within the most affected communities, age group or cohorts being prioritised ahead of those least affected. Such a burden of disease approach would need centralised coordination by the WHO, who would map out the prevalence

of the pandemic and the concomitant proportional Vaccines that should be dispatched to specific geographies. Given that there is not enough vaccine for everyone globally, there is a need to prioritise those in most need and not those who can afford the most.

The reality that only ten countries have consumed 75% of the vaccines made so far shows how rampant vaccine nationalism is (Guterres 2021). These ten countries that have consumed three-quarters of the global vaccines comprised the world's economically and militarily advanced countries. The conclusion is that the vaccine is being accessed by the world's most powerful nations and not those in need of the vaccine the most.

10. What did Covid-19 Bequeath IR: On the Dozen Covid-19 Inheritances

Pandemics always shape IR, and the Covid-19 pandemic was no different. In this section, I present a dozen uses and how the Covid-19 pandemic served in international relations. Firstly, the Covid-19 pandemic helped the international community retrace the west-east ideological lines. The European Union founder members who are predominantly from Western Europe deployed vaccine nationalism in allocating vaccines produced in their countries instead of sharing these doses with their EU counterparts who are predominantly from Eastern Europe attested that the west-east divide is still applicable. After being sidelined by Western Europe, EU member states from Eastern Europe had to realign themselves with the east, Russia and China. Listen for international relations here because the east-west divide needs a trigger to be redrawn and countries realigned to their former cold war allies.

Secondly, Covid-19 created new political identities: the vaccinated and the unvaccinated. Current debates about the relevance of a Covid-19 passport will be used to determine whether one should access certain amenities and services, such as flying into and out of certain jurisdictions. The Covid-19 passport or the health passport will emerge as one of the most important identity documents joining the national identity card and the passport. Increasingly other pandemics and screenable diseases such as yellow fever will be added to this health passport. The health passport will gain acceptability to a point where it will be an integral part of human identity, dividing the unhealthy from the healthy, the unwanted from the wanted and, in summary, entrenching what Walter Mignolo (Mignolo 2009)

termed the *Anthropos* from the *Humanitas*.

Thirdly, Covid-19 tested the doctrine of collective security. I hate that too presented as the Holy Grail of international cooperation the doctrine of collective security was never tested the way the Covid-19 pandemic tested it. What Covid-19 demonstrated was the fragility of collective security and the resilience of nationalism. When there is a threat to global peace and security, states react in a realistic and nationalistic manner by first ensuring their survival. As a doctrine of international relations, collective security is mainly efficacious if the threat is military.

Fourthly, Covid-19 also tested the efficacy of multilateral organisations, especially the World Health Organisation and the WTO. Never before has been a multilateral organisation such as the WHO at the forefront of fighting a global threat to peace and security. The WHO proved weak and prone to nationalist threats, especially by powerful nations such as the United States of America. The failure by the WHO to effectively coordinate a global response to the Covid-19 pandemic demonstrated that states are the most important and most powerful actors in international relations. This assumes the traditional realist doctrine that detects not only the most important but also the most powerful actors in international relations I heard of multilateral and other international organisations. States must therefore not rely solely on institutionalism implemented through multilateral organisations to solve their problems when there is a threat to global peace and security but must rather look at alternatives such as building South to South synergies.

Fifthly, during the Covid-19 pandemic, the efficacy of regional economic cooperation groupings such as the European Union, the African Union and sub-regional groupings such as the Southern Africa Development Community and its African counterparts were tested. When faced with a common regional threat which is non-militaristic, African states worked individually and in a very uncoordinated manner. The haphazard manner in which member states closed and open the borders and economies demonstrated their lack of operational effectiveness in the face of a common threat. This was an opportune moment for the Peace and Security Councils to coordinate responses and lockdowns to the pandemic at a regional level.

Sixthly, this period noted some convergence and contestations between science, politics and a bit of religion converging. Science and politics have had

an uneasy relationship, especially before the invention of the nuclear bomb. From that moment onwards, science and politics have played complementary roles in international relations. However, the Covid-19 pandemic the two came at loggerheads courtesy of populist politicians such as Donald Trump, who sought to deny the severity of the impact of the pandemic and discredit certain advice from scientists on how to mitigate the impact of the virus. Most countries were torn between scientific evidence and political expedience. This challenge was posed as livelihoods versus lives. While locking down economies would kill livelihoods, it would also preserve lives. The lesson here was that when political decisions and scientific evidence were not in tandem, it is always better to go with scientific evidence because most of it would have been tested and retested. Most scientists make these important decisions, such as determining the efficacy of vaccines or advising the presidency on whether to lock down the country and for how long would not have any political ambitions. The lesson here is that when science and politics clash, it is better for international relations to follow science, whether on climate change, Covid-19 or any other pandemics.

Seventhly, the Covid-19 period gave rise to a Pharma oligarchy, Big Pharma. Big Pharma is now an important player in IR, which will not relinquish its position. Future pandemics will continue from where Covid-19 would leave IR, i.e., in the hands of big Pharma. Eighthly, linked to the above, is that Covid-19 gave rise to new players in IR. Not only is Big Pharma a rising oligarchy in IR, but it is also one with massive power, which can be likened to the power of the nuclear bomb. The power of Big Pharma as a rising oligarchy was noted when countries from the Global South led by India and South Africa requested the WTO to suspend the patent rules for the production of the Covid-19 vaccine. Big Pharma felt that this was an infringement on their rights and lobbied the WTO to decline the request by the global South. The WTO's Trade-Related Aspects of Intellectual Property Rights (TRIPS) is the multilateral instrument regulating patents. In essence, the TRIPS Agreement requires WTO member states to protect for a minimum term of 20 years from the filing date of a patent application for any invention, including a pharmaceutical product or process. That the TRIPS Agreement is hugely in favour of profit-seeking corporations and cast in stone demonstrates how few pharmaceutical companies have become powerful players in IR.

Ninthly, the Covid-19 pandemic resulted in creating a new soft power currency, vaccine soft power. The IR arena is always seeking and finding new currencies.

Vaccine soft power emerged as the alpha form of soft power in the pandemic. Russia and China traded their vaccine diplomacy for huge concessions, which would have taken many negotiations to achieve.

Tenthly, this period also noted that Big Pharma challenges the state's sovereignty. States and Big Pharma were mainly driven by differing motives in determining how to distribute the vaccines. Big Pharma mainly worked on a first-come-first-served basis. This system of allocating vaccines did not go down well with most governments, especially those in which Big Pharma produced the vaccines. States, especially those in the European Union, preferred a nationalistic logic that would have given them the right of first refusal for the vaccines produced in their jurisdiction.

Eleventhly, the world system inaugurated in 1492 remained unscathed by the Covid-19 pandemic. Whatever happened during the Covid-19 pandemic happened within the orthodox western model of the nation-state. Remote as they were, there were chances that the Covid-19 pandemic would result in a new world order or, at the very least, challenge the world system. While Big Pharma challenged state sovereignty, states remained resolutely realist. Euro-North American modernity as a process of managing the world system was enhanced rather than challenged as no alternative epistemologies, especially the epistemologies of the Global South, failed to challenge Euro-North American modernity. The world order still deals with challenges it faces in three main ways, it either 1) disciples, 2) assimilates, or 3) destroys. It will take a seismic event to change the world order, which remains hierarchical, western-centric, divisive, with a proclivity towards war and violence.

Twelfthly, and in peroration, a key lesson remains relevant in IR for the Global South since the inauguration of the world system in 1492. The world system was not *meant* for the Global South; it was *made* for the Global South.

References

- Allison, Simon. 2021. 'Bill Gates, Big Pharma and Entrenching the Vaccine Apartheid?' *The Mail & Guardian*, 30 January 2021. <https://mg.co.za/coronavirus-essentials/2021-01-30-bill-gates-big-pharma-and-entrenching-the-vaccine-apartheid/>.
- Benyera, Everisto, Romain Francis, and Ahmed Haroon Jazbhay. 2020. 'Challenging Discourse and Searching for Alternative Paths: Justice, Human Rights and Leadership in Africa.' In *Reimagining Justice, Human Rights and Leadership in Africa*, edited by Everisto Benyera, 3–21. Cham, Switzerland: Springer.
- Bollyky, Thomas J., and Chad P. Bown. 2020. 'The Tragedy of Vaccine: Only Cooperation Can End the Pandemic Thomas.' *Foreign Affairs* 99 (5): 96–109.
- Cipolla, Carlo. 1976. *Before the Industrial Revolution: European Society and Economy, 1000–1700*. Third. London: Routledge.
- Derso, Solomon. 2021. 'African Union Wants Vaccine Patent Waiver.' *The Mail & Guardian*, 10 February 2021.
- Dyer, Owen. 2020. 'Covid-19: Many Poor Countries Will See Almost No Vaccine next Year, Aid Groups Warn.' *British Medical Journal* 371 (December 2020): 1–2.
- Farge, By Emma. 2021. 'Backers of IP Waiver for COVID-19 Drugs Make Fresh Push at WTO.' *Reuters*, 19 January 2021.
- Ferguson, Kyle, and Arthur Caplan. 2020. 'Love Thy Neighbour? Allocating Vaccines in a World of Competing Obligations?' *Journal of Medical Ethics* 0: 1–4.
- Fidler, David P. 2020. 'Vaccine Nationalism's Politics.' *Science*, August 2020.
- Guterres, Antonio. 2021. "'Wildly Unfair': UN Boss Says 10 Nations Used 75 % of All Vaccines.' *Al Jazeera*, 17 February 2021. <https://www.aljazeera.com/news/2021/2/17/un-chief-urges-global-plan-to-reverse-unfair-vaccine-access>.
- Heydarian, Richard Javad, and Chinese President Xi Jin-. 2021. 'China's Vaccine Diplomacy Stumbles in Southeast Asia.' *Al Jazeera*, 5 April 2021.
- Hotez, Peter J. 2014. "'Vaccine Diplomacy': Historical Perspectives and Future Directions.' *PLoS Neglected Tropical Diseases* 8 (6): 1–7.
- . 2019. 'Immunisations and Vaccines: A Decade of Successes and Reversals, and a Call for 'Vaccine Diplomacy.' *International Health* 11 (5): 331–33.
- Maluleke, Tinyiko. 2021. 'OPINION: The Social and Cultural Implications of Covid-19.' *News24*, 13 March 2021.
- Marais, Hein. 2011. *South Africa Pushed to the Limit: The Political Economy*. London

- and New York: Zed Books.
- Mignolo, Walter. 2009. 'Who Speaks for the 'Human' in Human Rights?' *Hispanic Issues Online* 5 (1): 7–24.
- Mutambara, Arthur. 2021. 'Confronting COVID, The Personal Strategy and Inexcusable Collective African Ineptitude.' *Zwnews*, 31 January 2021. <https://zwnews.com/arthur-mutambara-talks-tough-confronting-covid-the-personal-strategy-and-inexcusable-collective-african-ineptitude/>.
- Nye, Joseph. 2004. *Soft Power: The Means to Success in World Politics*. New York: BBS Public Affairs.
- . 2011. 'The Future of Power.' New York: BBS Public Affairs.
- Rutschman, Ana Santos. 2021. 'Is There a Cure for Vaccine Nationalism?' *Current History* 120 (822): 9–14.
- Santos Rutschman, Ana. 2020. 'The Re-emergence of Vaccine Nationalism.' *Saint Louis University - School of Law Legal Studies Research Paper Series*. St Louis: Saint Louis University - School of Law.
- Shakeel, Shahella Idrees, Matthew Brown, Shakeel Sethi, and Tim K. MacKey. 2019. 'Achieving the End Game: Employing 'Vaccine Diplomacy' to Eradicate Polio in Pakistan.' *BMC Public Health*.
- Smith, Alexander. 2021. 'China and Russia Are Beating the West at Vaccine Diplomacy.' *NBC News*, 2 April 2021. <https://www.bloomberg.com/opinion/articles/2021-02-23/covid-vaccines-the-west-is-letting-china-and-russia-win-the-diplomacy-g>.
- Usher, Ann Danaiya. 2020. 'South Africa and India Push for COVID-19 Patents Ban.' *The Lancet* 396 (10265): 1790–91.
- Wallerstein, Immanuel. 1974. *The Modern World-System: Capitalist Agriculture and the Origins of the European World-Economy in the Sixteenth Century*. New York, San Francisco and London: Academic Press.
- Wilkerson, Isabel. 2020. *Caste: The Origins of Our Discontents*. New York: Penguin Random House.
- Zack, Naomi. 2018. *Philosophy of Race: An Introduction. Philosophy of Race*. Cham, Switzerland: Palgrave Macmillan.