

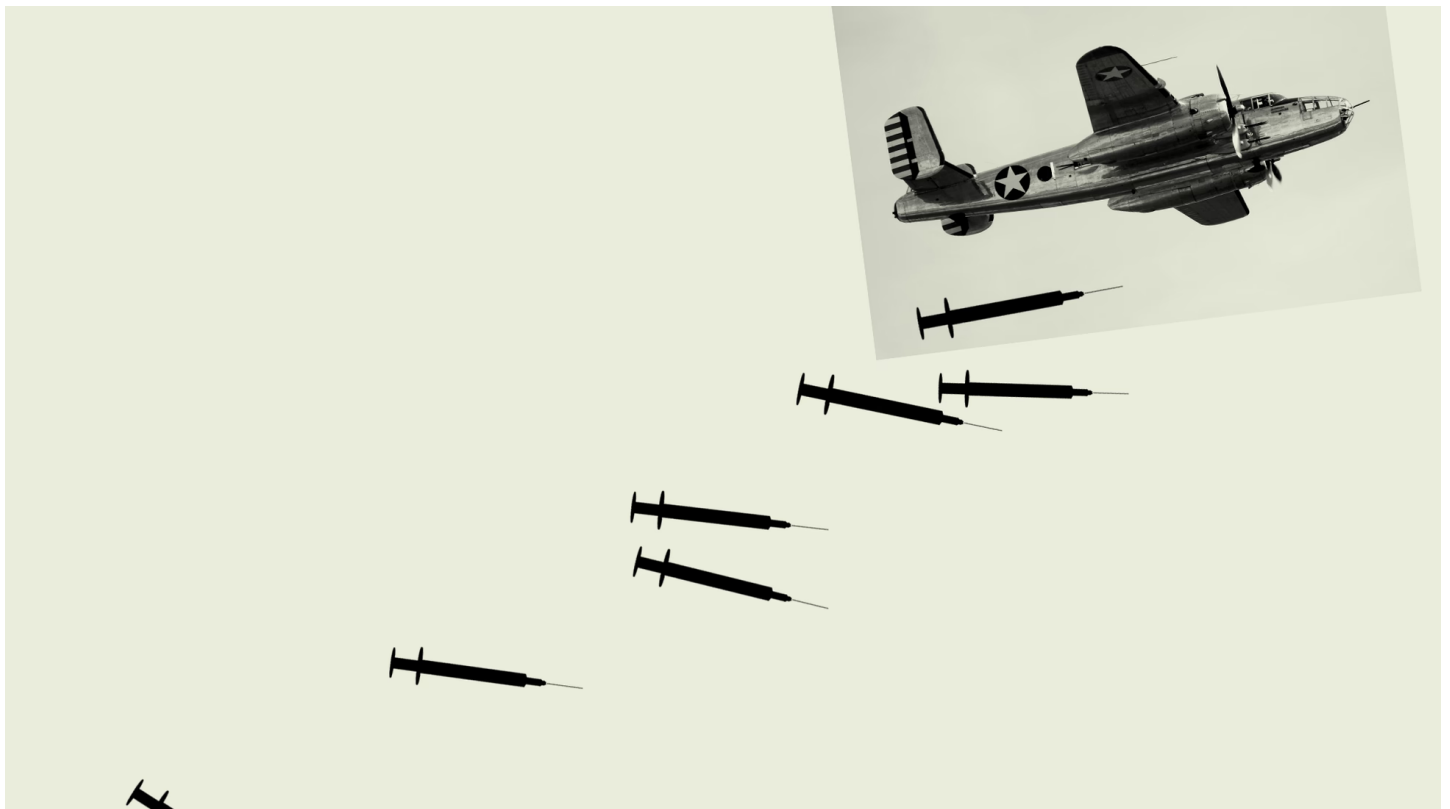
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IDEAS

Democracies Keep Vaccines for Themselves

President Biden's pledge to Mexico is an exception from a stark pattern.

By Thomas J. Bollyky



Adam Maida / The Atlantic

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Earlier this month, the United States promised to send Canada and Mexico a total of 4 million doses of the AstraZeneca vaccine, which is not yet being used to inoculate Americans against COVID-19. The commitment of 2.5 million vaccines to Mexico represents the largest single pledge of vaccine doses from one country to another so far in this crisis. Those doses are going to a neighbor in great need. Mexico has suffered more than 200,000 confirmed deaths from COVID-19, trailing only Brazil and the United States—countries with much larger populations. Its total number of reported cases has doubled since December 1.

Yet the U.S. vaccine pledge is also a notable exception to the overall pattern: In a fight against a disease that crosses borders and has killed millions of people globally, the powerful countries with the best access to vaccines have kept an overwhelming number of available doses for themselves. Wealthy democracies have generously given money to the multinational COVID-19 Vaccine Global Access program, or COVAX, but they have been far less eager to part with doses that could quickly go into their own citizens' arms.

That national leaders would prioritize vaccinating their own citizens is understandable. But the extreme inequity in vaccine access is hindering global efforts to combat the pandemic. It is also shortsighted as a diplomatic matter. Future doses from COVAX and Western donors are cold comfort to nations desperate for vaccines now. Those countries will remember who came to their assistance, and when. Failing to immediately respond to those needs, when other powers are aggressively marketing their donations, furthers the global perception that many of the democracies that handled the coronavirus crisis poorly at home are now also handling the crisis poorly abroad. Where China and Russia—authoritarian regimes whose leaders don't need to explain to voters why they are promising doses to other states' citizens—send vaccine donations today, increased influence may follow tomorrow.

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Vaccine diplomacy is nearly as old as vaccines themselves. Less than a decade after Edward Jenner developed the first vaccine, for smallpox, in the late 1790s, Britain and Spain launched international campaigns that carried the vaccine to colonies and trading posts in the Caribbean, in South America, and as far away as China, India, and the Philippines, vaccinating as many as half a million people over the span of 10 years. Cold War–era vaccination campaigns eradicated smallpox; immunized millions of children against measles, mumps, and other pediatric infections; and spurred scientific cooperation between the United States and the Soviet Union.

More than three months into the global rollout of coronavirus vaccines, just 10 nations, with less than half the world’s population, have administered three-fourths of all doses. The United States and other wealthy democracies have so far generally opted to give cash, not doses, to other countries. With the exception of Saudi Arabia, every major donor to COVAX is a democracy. In February, the G7 nations pledged to increase their combined commitment to \$7.5 billion, with the United States promising \$4 billion. As of March 25, COVAX had distributed 32 million doses to 60 nations—6 percent of all the COVID-19 vaccines administered globally.

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By contrast, many of the countries donating vaccine doses in significant numbers are autocracies or are moving in an antidemocratic direction. China has donated doses to 49 countries, and its foreign ministry has announced an intention to extend donations to nearly three dozen more. Russia is giving free vaccines to 13 nations, and the United Arab Emirates is providing them to five countries. India, which is marching steadily toward autocracy, according to groups such as Freedom House and Sweden's V-Dem Institute, is giving free vaccines to more than 43 countries.

Western politicians have rightly observed that COVAX plans to deliver far more vaccine doses to far more countries than donations from China or Russia can reach. But COVAX will need vaccine supplies, not just money. Faced with manufacturing delays and raw-material shortages, the United States and European nations are prioritizing domestic needs, effectively restricting the exports that COVAX will require to succeed. The U.S. and many European countries have promised to donate surplus vaccine doses once their domestic demands have been met, but few have explained the timing of those donations or how they will be allocated.

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China and India have pledged, on average, fewer than 300,000 doses to each beneficiary country. The majority of Russian donations are likewise small, with most below 20,000 doses. Some are as small as 20 doses, effectively free samples provided to countries considering purchasing vaccines that many Russians are unwilling to take. The UAE has so far pledged no more than 100,000 doses to any one country. Although these donations have been enough to start vaccination campaigns in some countries—and earn goodwill for the donors—the quantities involved are not sufficient to satisfy local or global demand.

The uneven distribution of COVID-19 vaccines need not be unfair, as long as scarce early doses are going to the nations where the coronavirus crisis is greatest and where those vaccines may do the most good. But little evidence suggests that vaccine donors—whether authoritarian or democratic—are following such criteria. Indeed, most evidence suggests that their decisions are grounded more in geopolitics than in epidemiology.

The Asia-Pacific region, where the United States, China, Japan, India, Russia, and smaller regional powers are all jockeying for influence, has reported only 8 percent of the world's COVID-19 cases since November, but has received more than half of all vaccines donated worldwide. Together, China and India—each of which is seeking leverage in territorial disputes with the other—will provide 2 million doses to Myanmar, 1.8 million to Nepal, 1.1 million to Cambodia, and 900,000 to Afghanistan, despite these nations reporting relatively few COVID-19 cases in the past four months. China and Russia together have donated more than 300,000 vaccine doses to Laos, which amounts to more than 12,000 doses for each recently reported case in that country. The joint pledge announced this month by the “Quad”—the United States, India, Japan, and Australia—will provide even more vaccines to the same region, promising to produce and disseminate 1 billion doses to Asia-Pacific nations by the end of 2022.

These vaccine-diplomacy efforts suggest that donations are more a means of cementing spheres of influence than advancing vaccine equity and ending this pandemic. All but one of the countries to which China has pledged vaccines are participants in its Belt and Road Initiative. China has also positioned itself as the de facto sponsor of COVID-19 vaccines for United Nations peacekeepers and for any athlete requiring vaccination ahead of this summer's Tokyo Olympics and next year's Beijing Winter Games.

By contrast, countries in Latin America, parts of Africa, and Central and Eastern Europe with inadequate vaccine supplies have received far fewer donations than they need to stay ahead of their recent surges in COVID-19 cases. As of March 25, not a single vaccine dose had been donated to Panama, Peru, South Africa, or the Ukraine—low- and middle-income nations that together have reported about 3 million cases since November.

The Biden administration's provision of vaccine doses to Mexico is a cautious step toward greater global equity. That it's a loan, which Mexico will repay with future doses of AstraZeneca if the United States needs them, is also notable. This is a politically viable way for a democracy to help its neighbor at a time when voters may not otherwise support doses being sent abroad while they are still needed at home. The U.S. loan comes as the Biden administration seeks more cooperation on the

migration crisis at its border—and involves a vaccine that the Food and Drug Administration has not authorized and that the United States ultimately may not need. But these facts do not diminish the importance of this move toward a more robust vaccine diplomacy based on demonstrated need.

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Now the United States and its allies must go further. COVAX needs help. Scaling up vaccine manufacturing quickly in a pandemic requires financing and government policy support, as America's own experience in developing vaccines has shown. A similar international effort—a global Operation Warp Speed—is needed to harness the capacity for vaccine manufacturing that cash donations alone cannot effectively mobilize. Only then can the United States and its allies provide a compelling counternarrative to the token donations that are promoting Chinese and Russian interests without doing nearly enough to bring this pandemic under control.
