

Global vaccination at the mercy of competing national interests

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Speaking after last week's placeholder event for the delayed Munich Security Conference, France's President Emmanuel Macron confirmed the role of vaccines as a geopolitical weapon in a war of influence—a war that the West was in danger of losing.

Warning, "You can see the Chinese strategy, and the Russian strategy, too", the French President openly expressed his bitter hostility to the circulation of their vaccines to countries in the Middle East, Asia, Africa and Latin America that are seeking vaccines at affordable prices.

Macron stressed the importance of sending at least enough doses to vaccinate health care workers in Africa, because of the increasing role being played on the continent by cheaper Russian and Chinese vaccines. He warned that the West's slow response would leave the strength of the West "a concept, but not a reality."

This is an unvarnished declaration of the political realities governing every national ruling class' response to the pandemic. Their dominant concern is not the health of the world's population, but the struggle for commercial and geostrategic advantage. The burning need for a global immunization programme has accelerated this ruthless struggle, in what is being euphemistically described in the corporate media as "vaccine diplomacy."

Just 10 countries have carried out 75 percent of all vaccinations worldwide amid a pandemic that has officially infected more than 112 million people and killed nearly 2.5 million.

Leading the world are Israel with 82 doses per 100 residents, the United Arab Emirates with 54, the UK with 25, and the US with 17, compared to a global average of only 1.7 per hundred.

Wealthy countries have bought up far more vaccines than they need. The European Union (EU) has ordered 1.6 billion doses for its 375 million adult population, enough for just under 900 million people, the UK 219 million full vaccinations for its 54 million adults, and Canada 188 million full vaccinations for its 32 million adults. The US and European countries have reportedly considered or implemented bans on exporting vaccines until they finish their own programs.

The world's rival capitalist cliques are relying on mass vaccination as a means of reopening their economies, ensuring

their corporations and banks' profits and diverting popular opposition away from their bailouts of the rich and back-to-work and back-to-school drives.

Government funding serves to underwrite the monopoly profits of Big Pharma, even though the vaccines are largely the product of publicly funded research. Last October, the US, the EU and the UK rejected India and South Africa's request to the World Trade Organization to waive intellectual property protection for the vaccines and allow developing countries to manufacture or import generic versions.

Control over vaccine distribution and local licensing also strengthen the national powers' political and economic influence—their "soft power"—over allies and enemies alike.

If or when the richest countries share their excess doses, they will likely donate or sell them at low cost bilaterally to their allies and client states instead of distributing vaccines through multilateral public health initiatives such as Covax—a Public-Private Partnership comprising international health organizations including the World Health Organisation, the Coalition for Epidemic Preparedness Innovations (CEPI) and GAVI, the Vaccine Alliance.

From a rational and global healthcare, economic and social perspective, such nationalism will harm everyone.

With 130 countries yet to receive a single dose, most of the necessary vaccinations are not set to take place until 2022 and 2023. Not only is that far too late to halt the spread of the disease, but it may also be necessary to revaccinate those who have already received the jabs as new harmful mutations prove resistant to the vaccines developed.

Unable to pay the exorbitant prices demanded by Big Pharma, some 94 poor and middle-income countries have signed agreements with Covax, which will supply vaccines free to the very poorest countries in proportion to their population. But with the Western-produced vaccines typically selling within the EU at between \$9 (Sanofi/GSK) and \$18 (Moderna)—only the AstraZeneca vaccine is selling on a not-for-profit basis at \$2—Covax, which has struggled to get enough supplies, hopes to be able to deliver just 2.3 billion doses this year.

Even this is dependent on receiving further funding and will at best cover just 20 percent of its target population of frontline health workers, the old and the vulnerable. While the US

pledged an immediate \$2 billion donation to the Covax programme at Friday's G7 meeting, it said it would provide a second tranche of \$2 billion later only but after other nations make donations up to at least \$15 billion—far short of the total vaccination effort that is expected to cost \$35 billion.

While Canada, Norway and the UK have said they will donate *some* of their surplus vaccines, Covax has no power to compel others to do so.

In the meantime, countries are sending their vaccine surpluses to near neighbours, or to achieve “national security” or foreign policy goals. Spain announced it will sell 30,000 excess doses to the tiny tax-haven of Andorra at cost.

In these circumstances, the supply of Russian and Chinese vaccines is seen as a major threat by the imperialist powers. The United Arab Emirates (UAE) is one of the first countries to approve the Chinese-made Sinopharm vaccines, donating them to countries where it has strategic or commercial interests, including 50,000 doses each to the Seychelles and Egypt.

On Friday, it was revealed that Israel had agreed to buy Sputnik V vaccines from Russia as part of a prisoner-swap deal to secure the release of an Israeli woman who had apparently strayed into Syria. Israel has given at least one vaccine shot to nearly half its 9.2 million population while denying vaccines to the Palestinians in the occupied West Bank and Gaza. Syria, now entering the 11th year of a proxy war funded by the US, the Gulf monarchs and Turkey to overthrow the regime of President Bashar al-Assad, has yet to begin its vaccine rollout.

Chinese Foreign Minister Wang Yi in a recent trade mission to south east Asia promised Myanmar 300,000 doses, 500,000 doses each to Pakistan and the Philippines and an initial one million doses to Cambodia. Wang Yi secured a \$45 million deal with Indonesia for three million Sinovac doses with a further 100,000 doses for CanSino. Beijing is also offering small quantities of its vaccines free of charge to Egypt, Equatorial Guinea, Zimbabwe and Bangladesh, as a precursor to larger sales contracts.

Egypt, which has a significant pharmaceutical industry, is anxious to become a production centre for the Chinese vaccine in Africa, even as Sinopharm has agreed to build a manufacturing plant in Morocco next year.

Russia has signed deals with more than 50 countries from Latin America to Asia for 1.2 billion doses of its Sputnik V vaccine and started delivering doses to Hungary and Serbia ahead of EU approval. With limited productive capacity of its own, Moscow is looking overseas to expand production, signing agreements with 15 companies in 10 countries to produce 1.4 billion jabs, with Germany interested in “joint production” of Sputnik V, according to the *Financial Times*.

Iran, whose efforts to obtain the vaccine have been hampered by US sanctions, has rejected US and UK-produced vaccines, although it will access them through Covax, approving Sputnik V while seeking to develop its own vaccine in collaboration with Cuba.

India, which produces 60 percent of the world's vaccines, is determined not to be outdone by its arch-rival in the region, China. It is giving away millions of AstraZeneca doses, made locally under licence, to its neighbours, including Afghanistan, Bhutan, Cambodia, Maldives, Bangladesh, Nepal, Myanmar, and the Seychelles, as a central plank of its trade and foreign policy. It has concluded deals to supply Brazil and Morocco with vaccines and plans to supply Mongolia and Pacific Island states. India's foreign ministry said it had supplied 15.6 million doses of the vaccine to 17 countries either through donations or commercial contract.

In an indication of the desperate scramble to obtain the vaccine, Pakistan has so far only been able to obtain the Sinopharm vaccine and is still waiting for its 17 million allocation under the Covax scheme. It is allowing private companies to import four coronavirus vaccines (Sputnik V, the AstraZeneca and two Sinopharm vaccines) and sell them without a price cap, ensuring that only the financial elite will have access to them.

Washington has responded by seeking to discredit China and Russia's vaccines, which are both effective and capable of being stored at the standard 2C-8C (35.6F to 46.4F), in contrast to other vaccines that require cold or ultra-cold storage—a major factor in Egypt, Morocco, United Arab Emirates and Bahrain's choice of China's Sinopharm vaccine as part of their national rollouts. The US has derided China and Russia for pushing what it calls their “vaccine diplomacy” offensive, arguing they have only vaccinated a small number of their own citizens.

The disastrous response of all the major capitalist powers to the global pandemic even as they prepare for “great power conflict” and a new scramble to recolonize the world serves to confirm the urgency of putting an end to capitalism and the subjugation of human health to private profit. It poses the utmost necessity of the international working class intervening to expropriate the pharmaceutical and all the major industrial corporations and transform them into publicly owned and democratically controlled utilities in the service of humanity.



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