

THE TRAGEDY OF VACCINE NATIONALISM IN THE COVID-19 PANDEMIC

Poorva Israni⁸

Abstract

The pursuit of all the countries to end the COVID-19 pandemic has shed light on the development and distribution of the available vaccines to the global population. However, the emergence of “vaccine nationalism” has posed a predicament to solve the global crisis. Vaccine nationalism seems to be delaying the process to achieve global victory on the COVID-19 due to a lack of supply of vaccines. It is in this background that the context of the paper has been set. It initially discusses the global COVID-19 vaccine development process. It examines the approach of vaccine nationalism by rich countries and perceives the concept of vaccine nationalism through the lens of various political philosophies, such as capitalism, Marxism, liberalism, Rawls's theory of justice, utilitarianism, and Nozick's theory of justice. Further, it attempts to understand India's approach to vaccine diplomacy and vaccine nationalism. Lastly, it comprehends the need to recognize a framework to change the narrative of the COVID-19 vaccine development and distribution.

COVID-19 AND VACCINE DEVELOPMENT

COVID-19, which is caused by a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), emerged in the Chinese province of Wuhan in December 2019. Since then, COVID-19 has speedily spread to other countries in Asia, North America, Europe, and the rest of the world. The World Health Organisation (WHO) declared COVID-19 a global pandemic on 11 March 2020, when almost every country had a reported case of COVID-19 infected individuals. According to the WHO COVID-19 Dashboard, as of 22nd October 2021, the total number of COVID-19 cases globally has been more than 240 million, with over 5 million deaths, and the number of infected individuals is progressively rising across the globe (“WHO Coronavirus (COVID-19) Dashboard”, 2021). The COVID-19 outbreak is associated with a major health burden and has caused significant damage to the global economy.

Since the outbreak of the COVID-19, there has been an unprecedented global research effort to find a vaccine against SARS-CoV-2. Many advanced countries including India, are in a race to kill the COVID-19 to protect humanity. Against this background, the race to develop antibodies that will help to guard humans against the COVID-19 was initiated on approximately 191 vaccine candidates, and over 800 clinical trials for COVID-19 vaccine development are still going on globally (Gupta, 2021). However, what occurred even before the end of the final stage of human trials or approval by regulatory authorities has come to be known as “vaccine nationalism.”

Vaccine nationalism happens when a country tries to secure vaccines for its own citizens or residents and prioritizes its own country before the vaccines are made available to the other countries (Gupta, 2021). It is based on the philosophy of **communitarianism**, which argues how people's identities and values are linked to the communities that they belong to, and therefore the moral obligations are first and predominantly to the community (Brunton, 2012). In this case, during the COVID-19 pandemic, it was observed that the political community of several wealthier nations like Britain, the United States of America, France, and Germany entered into pre-purchase agreements with the COVID-19 vaccine manufacturers (Attard, 2021). As a result, there exists a looming fear that such advanced arrangements between the wealthier nations and the COVID-19 vaccine manufacturers will make the vaccines unaffordable and unreachable to the people who do not belong to the rich countries.

Until now, notably, a range of vaccines such as Pfizer-BioNTech, Moderna, and Sputnik V has been rolled out to protect people from the infectious COVID-19. In India as well, largely two vaccines known as Covaxin and Covishield are being used at large to fight back against the deadly virus. However, despite the growing number of vaccine options, the current manufacturing capacity and distribution system serve only a fraction of the global needs. This is mainly because a growing number of countries are adopting a **“My Nation First” policy** to develop and distribute potential vaccines or other medical treatments. The chief executive of the Serum Institute of India, the primary producer of vaccine doses in the world, stated that “most of the vaccines would go to our countrymen before the doses are made available in the markets abroad (Weintraub et al., 2020).” In this view, the nationalistic behaviour is arising amidst the pandemic where global strategy is needed to combat the COVID-19 and its aftereffects. Many scholars are condemning countries that are taking the approach of vaccine nationalism, as it is becoming an obstacle to equitable global distribution.

Figure 1 demonstrates the countries that have secured the highest number of COVID-19 vaccines. It shows the percentage of the total population of countries across the globe that have secured the COVID-19 vaccines until 22nd October 2021. Through the illustration, it can be regarded that major COVID-19 vaccine supplies were concentrated in the wealthy and developed nations.

Figure 1: *Secured Vaccines by Countries Across the Globe (In Percentage of the Total Population of the Country), 22nd October 2021*



Data Source: International Monetary Fund (IMF), 2021

⁸A student of Masters in Public Policy at Jindal School of Government and Public Policy. The author can be reached at poorvaisrani@outlook.com

Since the inception of the vaccine development initiatives by the developed nations, a capitalist and profit-generating approach were prevalent in vaccine development (McKinley, 2021). Public funds were discharged for research and development projects which were run majorly by corporate pharmaceutical companies. Even before the efficacy of the COVID-19 vaccines was known, bilateral deals were made for billions of doses by the wealthier nations. In this view, it could be held that the urge of the world leaders to succumb to vaccine nationalism and capitalistic grasp is bearing many consequences, such as reducing the chances of vaccine development as the best chance to bring the COVID-19 pandemic under control. The weak cooperation between nations can slowly become a major barrier to achieve worldwide vaccination to end the pandemic.

Furthermore, vaccine nationalism can have economic consequences. Vaccine nationalism can prove to be economically detrimental to the developed nations as migrants from developing nations contribute greatly to the economies of the developed countries. Immigrants help to drive growth in certain sectors in the developed nations. For instance, in the USA housing industry, data shows that migrant-headed households constitute 39.5 percent of the total household growth in the economy (Sherman et al., 2019). In this view, it could be argued that vaccine nationalism is not only harmful to the developing nations and less-resourced countries, but it can negatively affect the developed nations also. With the COVID-19 pandemic, there have been a limited movement of the people and extreme protectionism relating to international borders. This has had adverse consequences on the livelihoods of the migrant population and on the economies of developed nations simultaneously. The failure to ensure access to treatment, including vaccines, is bound to undermine any single nation's independent response to COVID-19 in the long run. Therefore, it becomes important to have an inclusive international response to COVID-19.

In the initial part of the pandemic, it became apparent that producing COVID-19 vaccines alone wouldn't facilitate eliminating the COVID-19. Therefore, it will be important to make sure that everybody within the world has access to them. In this light, **COVAX (COVID-19 vaccines global access)** was launched. COVAX was initiated by the WHO, the European Commission, and France at an early stage of the pandemic to ensure that the poorest of the countries have access to the COVID-19 vaccines. This initiative brings together governments, vaccine manufacturers, global health organisations, the private sector, civil society, and philanthropy to provide equitable access to COVID-19 vaccines and treatments to all corners of the world. The Gavi COVAX Advance Market Commitment pooled resources to create collective purchasing power through its donors to deliver people in lower-income economies with vaccine doses ("Intellectual Property and COVID-19 vaccines", 2021). Its key objective was to ensure the availability of the COVID-19 vaccines across various countries irrespective of the wealth of the countries (Berkley, 2020). However, COVAX has not succeeded in its purpose. The ineffectiveness of COVAX is due to excessive dependence on a few vaccine manufacturers and donors, fund shortage, and the vaccine nationalism approach of some countries (Varshney, 2021). There have been challenges in funding the COVAX initiative as the funds from the wealthier nations have not been forthcoming. This has led the poor nations to turn to private banks and capitalist markets to source the funds. Hence, vaccine nationalism and capitalist structures seem to have threatened the efforts of the COVAX initiative to curb the spread of the virus by aggravating the existing global inequalities.

In terms of the COVID-19 crisis, one of the most important priorities for any country is

to ensure cost-effective supply and management of medical provisions, including the COVID-19 vaccines. However, in the context of the COVID-19 vaccines, the issue of **intellectual property rights** is one of the key challenges in ensuring fair and equitable access to vaccines. The 1995 agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) requires the signatory countries to adopt the minimum standards of intellectual property (IP) rights to protect innovators, along with promoting invention and novel creations. The retention of the IP rights for the COVID-19 vaccines has been with GAVI, the vaccine alliance, and the Gates Foundation. For the COVID-19 vaccines, many countries, including the United States of America are supporting the waiving of Intellectual Property protection to secure incentives for developing domestic vaccine capacity. For instance, in accordance with South-South cooperation, India and South Africa have proposed a waiver of certain provisions of the TRIPS Agreement, such as waiving patents, copyrights, and trademark rights. The manifestation of waiving these provisions is being done to aid all the countries, across the globe, equitably in preventing, containing, and treating the COVID-19. The waiver, if granted, will accelerate the measures adopted by countries to vaccinate their populations by refuting the claims of illegality under the TRIPS agreement (Ito, 2021). The waiver on the COVID-19 vaccines will assist in lifting the monopoly of the drug companies that own patents and are authorised to manufacture COVID-19 vaccines, in reducing the vaccine costs, and by bridging the gap between the wealthier and developing nations through addressing the inequitable distribution of vaccines. Moreover, the patent waivers on the COVID-19 vaccines can contribute to augmenting the production of the vaccines along with increasing their affordability. However, conversely, waiving IP protections have the potential to impact vaccine quality and safety. Against this background, it can be congregated that waiving IP protections independently cannot increase vaccine access to the lower-income and middle-income economies. The countries have to work in collaboration with each other to expand each other's manufacturing capabilities and trade formulas. In this case, the **North-South cooperation and South-South cooperation are important to identify and address the concerns of patent holders, with the aim to ensure that vaccination drive in the developing nations is not compromised.** With the help of the development community in the North and South, lessons, development solutions, and resources can be shared to respond to the crisis in an effective manner.

Anarchy in capitalist production has been unfolded as a consequence of global COVID-19 vaccine production and distribution. Karl Marx describes anarchy in production as an allocative inefficiency of the market in the process of economic production and distribution (Lwere, 2021). He argues that capitalists are fundamentally driven by profit, and they direct resources where there is the highest return, not essentially where there is a human need. As a result, there is underproduction of the goods, and where there is sufficient production of goods, they are unaffordable for the people of modest means (Lwere, 2021). The current global vaccination production and distribution ascertains the critique of capitalism by Marx. **The anarchy in production has been aggravated by the approach of vaccine nationalism** by many rich nations. Vaccine nationalism has been aided by the dependence on the market in vaccine production and distribution. Subsequently, reliance on the market and profit-driven corporations have generated inequity in access to the vaccines as poor countries are getting less and delayed access to the COVID-19 vaccines. For instance, the USA, whose population is less than 5 percent of the world's population, has administered more than 100 million doses of the COVID-19 vaccines (Foy et al., 2021). Therefore, the logic of vaccine nationalism appears

distorted. To protect a portion of the population at the expense of others is futile, because in an interconnected world, the world cannot recover from a pandemic if a large part of the population bears the brunt of the COVID-19.

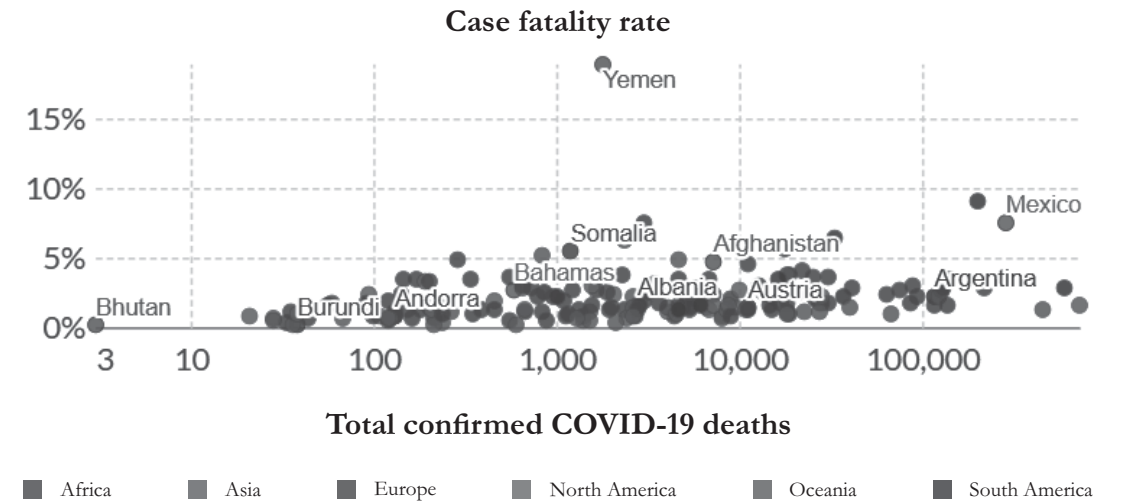
VACCINE NATIONALISM: A GLOBAL PERSPECTIVE

COVID-19 has revealed the interconnectedness of the world. It has also shown the socio-economic inequalities prevailing in the societal structures in all parts of the world. Through the practice of vaccine nationalism by rich countries amidst the COVID-19 global humanitarian crisis, the supremacy of neoliberalism, capitalism, nationalist paradigm, injustice, inequality, and inequity has been demonstrated. These prevailing standards have endangered the lives of billions of people, especially the poorest of the poor people (Hafner et al., 2020). It can be observed that the people in the middle and low-income countries are being deprived of their basic requirements, such as access to the COVID-19 vaccines, at the cost of the advancement in the strategic interests of the high-income countries and pharmaceutical companies.

The figure below shows the case fatality rate (the ratio between confirmed deaths and confirmed cases) with respect to the total confirmed cases in various countries till mid-October 2021. The assessment of the data shows that the case fatality rates are higher in countries mainly situated in the African, Asian, and South American regions. From this data, it can be collected that the people belonging to the countries of the above-mentioned regions have a higher mortality risk of the COVID-19 disease.

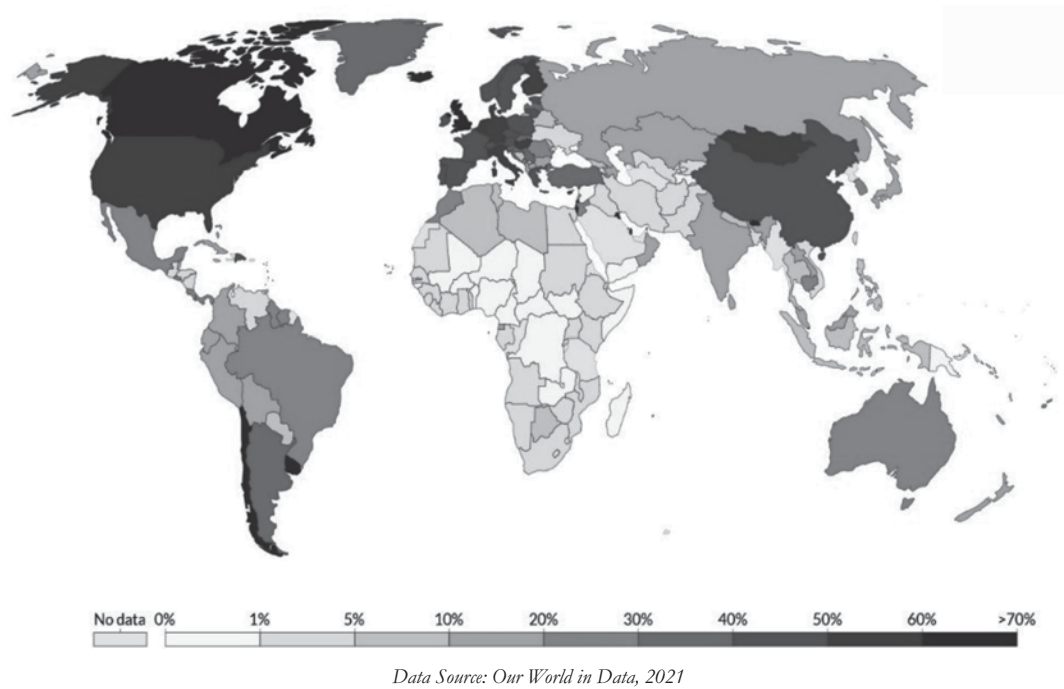
It has been determined in the COVID-19 pandemic that health is a domain that cannot be neglected by the global players. This is mainly because health is interrelated with global wellbeing and domestic health, and this interrelatedness relies on the cooperation from various actors including the state and the non-state actors. In that context, it is important in global health governance to determine the accountability and responsibility of various actors and lay down the parameters for efficiency and equity. Global health is in complete congruence with the principles of justice, and in the area of international governance, health justice cannot ignore the individuals at large across the globe. Vaccine nationalism has shown how the widespread global inequalities are distressing the poor sections of society. By treating vaccines as a commodity rather than as a public good, vaccine nationalism has impacted the COVID-19 treatment process by displaying how wealthy countries have secured vaccines at the cost of poor countries. The data shows perplexing differences between the wealthier nations and poor countries in the administration of the COVID-19 vaccines. The rich nations amount to only 13 percent of the world's population, and they control approximately 82 percent of the world's COVID-19 vaccines. Conversely, the low-income and poor countries have access to less than 1 percent of the COVID-19 vaccines ("Decrying Covid-19 Vaccine Inequity, Speakers in General Assembly Call for Rich Nations to Share Surplus Doses, Patent Waivers Allowing Production in Low-Income Countries | Meetings Coverage and Press Releases", 2021). Due to the standard of panic purchasing and stockpiling along with the practice of vaccine grab, many countries have acquired vaccines more than their domestic requirements. For instance, the United Kingdom (UK) has acquired four times the vaccines required for their residents (Kirk et al., 2021). Against the abovementioned statistics, it could be apprehended that these procurement policies are in contradiction to the international human rights standards, causing excessive injustice to the larger part of the global society.

Figure 2: *Case Fatality Rate with respect to the Total Confirmed COVID-19 Deaths, 15th October 2021*



This injustice is embedded in the broader structural inequalities and pre-existing challenges in the health sector, such as lack of health infrastructure and basic equipment, non-availability of basic medicines. With the emergence of the COVID-19, there has been a further impact on the inadequate health care system of these low-income and poor nations. The inequalities in the vaccine rollout programs have put some populations at greater risk than others, such as the minorities, the homeless, migrants, refugees, and other marginalized groups. This discrimination has led to the neglect of the needs and requirements of such persons by the state. The international human rights standards bind the states to cater to the needs of the people and provide them with easy access to vaccines and treatment without any discrimination. However, with the emergence of vaccine nationalism, the governments have failed to comply with the human rights standards, such as equal access to vaccines.

The global effort to develop an effective COVID-19 vaccine has brought results to the human community in some parts of the world. However, the global community has been facing a scarce supply of vaccines. Experts have predicted that 80 percent of the population in low-resource countries will not have access to the COVID-19 vaccines in the year 2021 (Katz et al., 2021). Hence, vaccine distribution remains non-existent in many poor countries. This can be owed to the faulty global vaccine delivery strategies that have left many countries, such as Chad, Eritrea, Burkina Faso, and Tanzania, ill-equipped to end the global pandemic (Vaccine Deserts: Some Countries Have No COVID-19 Jabs at All, 2021). The map layout below shows the proportion of people who have received at least one dose of the COVID-19 vaccine in various countries by mid-June 2021. It demonstrates a sharp contrast between rich countries and poor nations. It shows that the accessibility of the vaccines to high-income countries is superior to the accessibility of the vaccines to low-income countries. It can be observed that many people in less-resourced countries remain vulnerable to the COVID-19 because of low vaccination rates. This can especially be seen evidently in countries that largely belong to African, Caribbean, Middle-eastern, and South-eastern Asian regions.

Figure 3: *Proportion of People with At Least One Dose of the COVID-19 Vaccine, 15th June 2021*

Vaccine nationalism and the commodification of global public goods have enforced inequities in access to vaccines and have worsened the disparities in the health wellbeing of global humanity. However, in the case of the COVID-19 vaccines, and in the growing discourse about injustice, inequality, and inequity in the distribution of the COVID-19 vaccine, there are a lot of questions that arise, such as – Who should get the vaccine first? Who is getting the vaccine first? Is the equal distribution of vaccines just, or equity is needed in the global vaccine distribution programs? Is the present vaccine distribution structure equitable and sustainable enough to end the pandemic?

The **theory of distributive justice proposed by John Rawls** states that social structures should be organised in a way that the people who are at the least advantage fare better than they would in any other economic arrangement (Latif, 2020). The COVID-19 pandemic has revealed that money, power, and influence all are in play, and the quest for fairness and justice is being hampered even in the worst of times. Against this background, Rawls' concept of the Original Position can be considered. The concept is based on a thought experiment in which the society members act from beyond a veil of ignorance, that prevents the individuals to know what position in the society, in terms of societal status, ethnicity, and gender, they would occupy in an imagined world. In this view, the principles of liberty and difference could be held. The liberty principle offers everyone liberty without interfering with the freedom of other individuals. The difference principle offers every person an equal opportunity to grow and prosper. In either of the principles, the most disadvantaged ones at the beginning of the Rawlsian social contract would fare better on the implementation of the contract (Latif, 2020). In the contemporary world, where the world is battling with COVID-19, this contract would mean the contrast between the life and death of individuals. Hence, in a **Rawlsian**

global order, COVID-19 vaccines would be offered to the most vulnerable so that the moral structure in a developing world can be restored. In the COVID-19 era, the ideas of Rawls should remain intact because the wealth and power that structures the political economy of the nations can prove to be ineffective in controlling the pandemic.

The idea of distributive justice gives an impetus to a concept known as “vaccine cosmopolitanism.” According to **vaccine cosmopolitanism**, the distribution of vaccines according to community membership, or on the basis of national identity is inappropriate and unethical (Ferguson & Caplan, 2020). In this light, justice demands that the global vaccine distribution strategies should disregard the national identities as the criteria for vaccine allocation, and recognize other vaccine allocation conditions. Vaccine cosmopolitanism entails harmonization and collaboration amongst all the countries and **ensures a just and equitable approach to vaccine allocation**. This is in accordance with the Rawlsian thought experiments to alert humans to the possibilities of alternative living.

Taking into consideration the **theory of justice by Nozick**, any distribution of holdings, no matter how unequal, is just if it arises from a just distribution through legitimate means. One of the legitimate means that Nozick gives is the allocation of something that is unowned in circumstances where the acquisition would not disadvantage others. However, vaccine nationalism puts humanity in danger as the poor nations are at a disadvantage, and the people of the poor countries are endangered because of the stockpiling of the COVID-19 vaccines by the rich nations. A study by the Global Vaccines Alliance states that if the vaccines, having 80 percent of the effectiveness, are distributed equitably on the basis of the population of each country, 61 percent of the global deaths could be prevented. If the stockpiling of vaccines by rich nations continues, then only 33 percent of global deaths can be avoided (Nyabola, 2021). In view of these statistics, it can be said that the appropriate way to save lives is by distributing the vaccines fairly and equitably.

Furthermore, according to the **utilitarian framework**, the countries shouldn't prioritize their own citizens but should primarily treat them as the citizens of the world. However, in the light of the COVID-19 and vaccine distribution, the current framework of the COVAX initiative and other vaccine distribution strategies are based on an egalitarian basis. As of now, the vaccines are distributed in proportion to the population of the country instead of their needs. A utilitarian framework will suggest that vaccines should be made available based on the needs of a country, to benefit the vulnerable population the most. Thereby, in the case of COVID-19 vaccines, the most susceptible and exposed population needs to get the priority.

Additionally, the rise of populist nationalism and capitalist structures amidst the COVID-19 pandemic has challenged the liberal values of international cooperation and human rights. For instance, the USA faced a lot of criticism from liberals across the globe. This is because the USA hoarded its own stockpiles of the COVID-19 vaccines along with hindering the access of vaccines to the other countries. The access to COVID-19 vaccines was stalled for other countries because of the USA directing the private companies through laws, to meet the needs of the country's national defence. Liberalism promotes individual rights, civil liberties, democracy, and free enterprise, and against this background, vaccine nationalism is proving to be a threat to liberal values. The condemnation of vaccine nationalism stands rational because, at a time when the world is facing one of the worst humanitarian disasters, all the countries should be encouraged to act with solidarity instead of exhibiting disunity. The ability of the world to defeat the

pandemic will originate when the poor and the rich countries both stand and act together.

VACCINE DIPLOMACY AND VACCINE NATIONALISM: INSIGHTS ON INDIA

When the pandemic arrived at the beginning of 2020, South Asian countries including India were seen to be less affected as the morbidity rates were higher in the European nations. However, at present, India is the second-highest in the world, in terms of the number of individuals infected with COVID-19 and the mortality rate. As a result, India is a plummeting economy with high unemployment rates and a high fiscal deficit. For India, the solution for this self-inflicted chaos lies with its position on vaccine production and distribution of COVID-19 vaccines.

India is the world's largest producer of vaccines, and pertaining to the vaccine nationalism approach, the country has had a unique stand. It has used its scientific ability to innovate vaccines for the development of its national identity as India's vaccine diplomacy approach was in congruence with the "Neighbourhood First" policy of the Government of India. Though India's vaccine diplomacy benefitted India's foreign policy, undesirably it has had an impact on the wellbeing of its own citizens. The focus of the Government of India on the exports of the COVID-19 vaccine in the initial phases of its vaccine rollout program has resulted in fewer resources for its own citizens (Sarkar, 2021). India's vaccine diplomacy has raised questions regarding the domestic availability of the vaccines and about the moral responsibilities of the government machinery.

Correspondingly, in the COVID-19 era, Indian pharmaceutical companies are struggling to produce sufficient doses to be able to manage the pandemic. The Indian-made vaccines were low in supply till July 2021. However, in August, new production lines were set up with the aim of increasing the domestic production capacity. As of 21st October 2021, India has administered more than one billion doses of the COVID-19 vaccination. However, **India needs to pick up its pace to further vaccinate its entire population, as the number of vaccine doses since January 2021 have not been consistent and the COVID-19 vaccine strategies have not been in full steam.** In India, economic liberalization has transformed the federal structure from cooperative federalism to competitive federalism. This has led to the Indian states contending for private capital. Along with the problems associated with competitive federalism, challenges in the domestic cold chain and storage facilities, and India's vaccine diplomacy strategy has resulted in the deficiency of the COVID-19 vaccines.

India has been at both the receiving and the conveyance end in the context of vaccine nationalism. Vaccine nationalism in the USA has affected India when India's request to the USA for the raw materials of the vaccines was turned down. The hoarding of raw materials and vaccines by the USA has been discouraging for India, a country that is highly distressed because of the vaccine shortage and the increasing number of COVID-19 infected individuals. Conversely, it has been argued that citing the vaccine shortage in India, there has been vaccine nationalism in the major producer country of the vaccines. This practice by India is eventually hitting the disadvantaged nations of the world. The narrative of vaccine diplomacy has shifted in India from April 2020 as more vaccine supply is being kept for domestic use. It can be congregated that limited national partiality in allocating COVID-19 vaccines is justified by virtue of community ties and social obligations. The ramifications for the changing systems of India in vaccine diplomacy and vaccine nationalism policy have led to fragility to the prospect of global

solidarity in fighting the COVID-19 pandemic.

In India, the question of access to vaccines is being driven by India's domestic and international politics (Rutschman, 2020). In a country that is facing massive inequalities in income, wealth, and social status, equal access to vaccines remains a pertinent question. At the present time, the best global practice of vaccine allocation remains to be seen. However, presently, there is an ardent need to recognise the balance in distributing and allocating COVID-19 vaccines on moral grounds. The current discourse of the COVID-19 vaccines needs to acknowledge these challenges by taking multiple perspectives at once.

CONCLUSION

There isn't denying the fact that there is a need to enforce frameworks in vaccine development and distribution to foster the international sharing of vaccines. During this time, there are four elements that are significant for global cooperation – **international forum, frameworks, enforceability, and time.** The first element, the international forum, relates to an adequate and well-equipped international medium that can be seen as credible to generate global cooperation. The WHO already exists to provide such a forum, but lately, its activities are being seen as politicised. Therefore, a forum is needed where all the world leaders meet to brainstorm and align the production and distribution process of the vaccines.

A framework is vital to adopt the basic principles needed in the procurement and allocation process of the vaccines. The challenges, such as export bans and seizure of supplies need to be addressed. A framework that can enable global sharing of knowledge based on the best scientific knowledge will be valuable. The third element, enforceability, is crucial for aiding the stimulation of the framework. In the light of vaccine nationalism, countries should work collectively to mitigate the risks involved with vaccine development and distribution.

The international efforts to support the vaccination needs have to be sustainable as vaccine development and distribution is a long-term and evolving exercise. Largely, vaccine development will be extending beyond political cycles, and bearing that in mind, the focus should be on the long-term wellbeing of the global population and the subsequent economic development of the world. For instance, with a view to helping countries in their COVID-19 responses and equitable vaccine distribution, China is offering financial assistance to developing countries. The challenge of uneven vaccination amidst the COVID-19 pandemic is crucial, and to find solutions to increase the production capacity and distribution of vaccines, it is important for the richer nations to renounce vaccine nationalism and move towards equitable vaccine development and distribution. Vaccine nationalism has several negative consequences for the production and equitable distribution of vaccines across the world. In the long run, it will be important to restore vaccine development and distribution to public good status. Moreover, the allocation of vaccine doses globally should ensure that they are affordable for the people in need. A framework should be prioritized to bring together all the countries and institutions. This is because the world is interconnected more than ever before, and an inequitable vaccine distribution system can have an undesirable spiralling effect on both developing and developed nations. Without a suitable framework, nationalistic behaviours are likely to continue, and this will hinder the goal of equitable distribution of vaccines globally, regardless of the geographical borders.

REFERENCES

- WHO Coronavirus (COVID-19) Dashboard. (2021). <https://covid19.who.int/>
- Weintraub, R., Bitton, A., & Rosenberg, M. L. (2020). *The Danger of Vaccine Nationalism*. In *Harvard Business Review: Vol. May 22*.
- Varsbney, V. (2021). *COVID-19 vaccines for all-Why COVAX is not working*.
- Vaccine deserts: Some countries have no COVID-19 jabs at all*. (2021). *The Economic Times*.
- Vaccine Nationalism*. (2018). In *Nature (Vol. 388, pp. 539–547)*.
- The Consequences of Vaccine Nationalism*. (2021).
- Sarkar, S. (2021). *India sends Covishield vaccines to Mauritius, Seychelles, Myanmar*. *Hindustan Times*.
- Sherman, A., Trisi, D., & Stone, C. (2019). *Immigrants Contribute Greatly to U.S. Economy, Despite Administration's "Public Charge" Rule* | Centre on Budget and Policy Priorities. <https://www.cbpp.org/research/poverty-and-inequality/immigrants-contribute-greatly-to-us-economy-despite-administrations>
- Rutschman, A. S. (2020). *The Reemergence of Vaccine Nationalism*.
- Papazoglou, A. (2021). *What can moral philosophy tell us about the Covid "vaccine nationalism" row?* In *The Guardian*.
- Padma, T. V. (2021). *India's COVID-vaccine woes-by the numbers*. In *Nature (Vol. 592, Issue 7855, pp. 500–501)*. <https://doi.org/10.1038/d41586-021-00996-y>
- Owen Schaefer, J. S. (2021). *Vaccine Nationalism-Striking the balance*.
- Ozķirimli, U. (2020). *Coronationalism?*
- Nyabola, N. (2021). *Vaccine Nationalism Is Patently Unjust*.
- McKinley, D. T. (2021). *Vaccine nationalism and profiteering: How capitalism has captured a pandemic*. In *Daly Maverick*.
- Marco Hafner, Erez Yerushalmi, C. F., & Eliane Dufresne, C. van S. (2020). *COVID-19 and the cost of vaccine nationalism*. In *COVID-19 and the cost of vaccine nationalism*. <https://doi.org/10.7249/rra769-1>
- Lwere, T. (2021). *Anarchy in Production*.
- Latif, A. (2020). *Distributive justice in a coronaviral age*.
- Kirk, A., Sheehy, F., & Levett, C. (2021). *Canada and UK among countries with most vaccine doses ordered per person*. <https://www.theguardian.com/world/2021/jan/29/canada-and-uk-among-countries-with-most-vaccine-doses-ordered-per-person>
- Katz, I. T., Weintraub, R., Bekker, L.-G., & Brandt, A. M. (2021). *From Vaccine Nationalism to Vaccine Equity-Finding a Path Forward*. In *New England Journal of Medicine (Vol. 384, Issue 14, pp. 1281–1283)*. <https://doi.org/10.1056/nejmp2103614>
- Judy Stone, Joshua P. Cohen, M. P. (2021). *Why U.S. Vaccine Nationalism Hurts India*.
- Ito, B. (2021). *Impacts of the vaccine intellectual property rights waiver on global supply* | VOX, CEPR Policy Portal. <https://voxeu.org/article/impacts-vaccine-intellectual-property-rights-waiver-global-supply>
- Intellectual Property and COVID-19 vaccines*. (2021). <https://www.gavi.org/vaccineswork/intellectual-property-and-covid-19-vaccines>
- He, Z., & Chen, Z. (2021). *The Social Group Distinction of Nationalists and Globalists amid COVID-19 Pandemic*. *Fudan Journal of the Humanities and Social Sciences*, 14(1), 67–85. <https://doi.org/10.1007/s40647-020-00310-6>
- Hafner, M., Yerushalmi, E., Fays, C., Dufresne, E., & Van Stolk, C. (2020). *The global economic cost of COVID-19 vaccine nationalism*. *The Global Economic Cost of COVID-19 Vaccine Nationalism*, May. <https://doi.org/10.7249/rba769-1>
- Gupta. (2021). *Corona Vaccine: Natioanalism V/S Cosmopolitanism*. February.
- Ferguson, K., & Caplan, A. (2020). *Love thy neighbour? Allocating vaccines in a world of competing obligations*. In *Journal of Medical Ethics*. <https://doi.org/10.1136/medethics-2020-106887>
- Decrying Covid-19 Vaccine Inequity, Speakers in General Assembly Call for Rich Nations to Share Surplus Doses, Patent Waivers Allowing Production in Low-Income Countries* | Meetings Coverage and Press Releases. (2021). <https://www.un.org/press/en/2021/ga12367.doc.htm>
- COVID-19 Coronavirus Pandemic*. (2021). *worldometer*.
- Chris Kay, Jason Gale, M. C. (2021). *Vaccine Nationalism Keep World's Poorest Waiting for Shots*.
- Choudbury, A. (2021). *Modi government exported vaccines to boost its global image amidst Covid-19—but at what cost?*
- Chatterjee, N., Mahmood, Z., & Marcussen, E. (2021). *Politics of Vaccine Nationalism in India: Global and Domestic Implications*. In *Forum for Development Studies (pp. 1–13)*. <https://doi.org/10.1080/08039410.2021.1918238>
- Brunton, D. (2012). *The Politics of Vaccination*. *The Politics of Vaccination*. <https://doi.org/10.1017/upo9781580467483>
- Berkley, S. (2020). *Covax Explained (Vol. 11, pp. 1–15)*.
- Attard, J. (2021). *Vaccine nationalism-a capitalist disorder*.
- "America First" or vaccine liberalism-Biden's big challenge as calls grow for vaccine exports to India*. (2021). <https://www.imf.org/en/Topics/imf-and-covid19/IMF-WHO-COVID-19-Vaccine-Supply-Tracker>