NATIONAL, EUROPEAN, AND GLOBAL SOLIDARITY: COVID-19, PUBLIC HEALTH, AND VACCINES

By: Scott L. Greer

Summary: Developing, procuring, and distributing vaccines for COVID-19 could have very good or bad outcomes for solidarity, public health, and science. The European Union (EU), whose public health role advanced greatly in 2020, has a Vaccines Strategy that goes far beyond earlier EU procurement strategies. The World Health Organization’s COVAX partnership pursues a global strategy of vaccines procurement and distribution. Governments are maximising their chances of access to vaccines for their own citizens with various combinations of national deals and international collaboration. There are powerful reasons to expect national egotism. The question is when the chosen case for collaboration makes solidarity the rational approach.

Keywords: Vaccines, Solidarity, COVAX, European Union, COVID-19

Introduction

Every health crisis leads to claims that there will be big changes in public health governance. This time, there might actually be. COVID-19 shone an unforgiving light on political systems of all kinds but also created the impetus for the kinds of dramatic reforms we rarely see in global health governance. Both the European Union (EU) and international organisations such as the World Health Organization (WHO) have absorbed criticism, but they are also both being given new tasks and challenges that might help us control the pandemic while changing health governance for good.

This commentary frames the development of EU and WHO responses to COVID-19 in 2020, and potential future directions, in terms of a basic idea: Solidarity is a question of the head more than the heart. In particular, it focuses on the next point of crisis: the development of, and access to, vaccines. A vaccine will be attractive to all countries, especially the ones that have not successfully contained COVID-19. Vaccine politics are nevertheless very high-risk. There is the risk of fierce competition over vaccines; a risk of vaccines that prove ineffective or dangerous; and a risk of vaccine hesitancy or rejection. All three could combine in particular places to produce a public health disaster.

Focusing on solidarity focuses our attention on the mechanisms that lead to better outcomes for different groups of people and governments. Whether voters...
Box 1: EU Vaccine Strategy

A safe and effective vaccine, accessible to all in Europe and around the globe, is the really lasting exit strategy from the pandemic. No region of the world is safe until we are all safe.

As time is of essence – we are in a situation of a public health emergency – we have to invest up-front in vaccine development to ensure that successful vaccines are being produced at the scale required as early as possible. This is why the Commission has adopted an EU Strategy for COVID-19 vaccines, setting out a common EU approach to securing vaccine supplies for Member States and their citizens.

On 17 June, the European Commission presented a European strategy to accelerate the development, manufacturing and deployment of vaccines against COVID-19. An effective and safe vaccine against the virus is our best bet to achieve a permanent solution to the pandemic. Time is of the essence. Every month gained in finding such a vaccine saves lives, livelihoods and billions of euros.

€2.1 billion under the European Support Instrument have been used to secure the production of vaccines in the EU and sufficient supplies for its Member States through Advance Purchase Agreements with vaccine producers. This is part of the European Commission’s vaccine strategy.

To date, the European Commission reached agreements with three pharmaceutical companies for the purchase of a potential vaccine against COVID-19 once the vaccine has proven to be safe and effective:

- **AstraZeneca** to purchase 300 million doses, with an option to purchase 100 million more; as well as to donate or re-direct vaccines to other European or other lower and middle-income countries.
- **Sanofi-GSK** to purchase up to 300 million doses. Member States may donate reserved doses to lower- and middle-income countries.
- **Janssen Pharmaceutica NV**, one of the Janssen Pharmaceutical Companies of Johnson & Johnson. Once the vaccine has proven to be safe and effective against COVID-19, the contract allows Member States to purchase vaccines for 200 million people. They will also have the possibility to purchase vaccines for an additional 200 million people.

Exploratory talks have been concluded – and contractual frameworks are in negotiations – with:

- **CureVac** for the purchase of 225 million doses
- **Moderna** for an initial purchase of 80 million doses and the option to purchase 80 million more
- **BioNTech-Pfizer** for the initial purchase of 200 million doses and the option to purchase a further 100 million more.

**Global cooperation**

On 18 September, the European Commission confirmed its participation in the COVAX Facility for equitable access to affordable COVID-19 vaccines, following its announcement of a contribution of €400 million. On 21 September, the European Commission joined the statement by Friends of the COVAX Facility to strongly support vaccine multilateralism and the goal of ensuring affordable, fair and equitable access to safe and effective COVID-19 vaccines for all. The European Commission and the 27 EU Member States, Team Europe will initially contribute with €230 million. A contribution of €230 million is equivalent to reserves or options to buy 88 million doses and the EU would transfer these to eligible Advanced Market Commitment countries. This contribution is complemented with €170 million in financial guarantees from the EU budget.

By: European Commission

or elites in different countries feel kindly towards one another is a less important question than whether they recognise that in a pandemic their fates are linked. The key question is: with whom there will be what kind of solidarity of the head? Who will they see as sharing their fates, and – a very different question – who will they trust to pursue their interests?

**European solidarity of the head: The shared problem of COVID-19**

In late 2019, EU health policy advocates, officials, and experts involved in EU health policies were letting themselves sigh with relief: at least there would continue to be a clear EU health policy, with a Directorate General and a Commissioner with a mandate letter substantially more ambitious than that of her predecessor.

In spring 2020, one might have been excused for forgetting that there was an EU health policy. Member States were slow to help each other through even obvious moves such as the activation of RescEU, the centrepiece of the EU’s civil protection strategy. Closure of borders to goods as well as people meant disorder. Member States ignored their mutual ties of solidarity and instead rushed to keep out foreigners and hoard supplies, creating a bad impression at a crucial time. It did not help that some EU governments used COVID-19 measures to speed up their democratic backsliding and paid no price.

Such national egotism was no surprise. In the panicky atmosphere of March, few politicians felt that they could be generous. They were all, after all, learning that they were ill-prepared for the pandemic that so many had warned them about. The breakdown nonetheless seemed to pose a real threat to the EU.

By autumn 2020, things were very different. What is surprising about the EU’s case is how rapidly it made progress that would have been unimaginable in
late 2019, a process that Eleanor Brooks, Anniek de Ruijter, Sarah Rozenblum and I have explored.

By July, the Member States saw a case for solidarity. At a 17–21 July Council meeting they agreed a €1.7 billion “EU4Health” programme for 2021–2027, and in the same deal RescEU also received a large budget increase of €1.9 billion. That number was a disappointment relative to the original €9.6 billion proposal from the Commission, but it is far larger than the previous Health Programme budget of around €450 million, and it remains a freestanding fund rather than being rolled into the European Social Fund as was planned before the pandemic. EU4Health has three priorities: cross-border threats, availability of medicines, and, more of a novelty, health systems strengthening. EU Member States have understandably been very reluctant to spend on health systems in other Member States, but COVID-19 might have reduced that reluctance by, however temporarily, showing them the extent to which health is a shared problem rather than a domestic concern.

Solidarity in practice has not always lived up to the greatest ambitions. For a particularly clear example: enforcement of the travel rules in and out of Schengen that are agreed by the Justice and Home Affairs Council is up to Member States, and their border guards might not do quite what is mapped out in Brussels.

In anything to do with pharmaceuticals purchasing in Europe, such as joint procurement or pricing transparency, Member States frequently pursue opaque and zero-sum twin-track policies of collective and individual action. We can expect this to continue with COVID-19 vaccines and therapeutics.

Nonetheless, the EU has had a good crisis so far. Jean Monnet famously said that “L’Europe se fera dans les crises et elle sera la somme des solutions apportées à ces crises.” [Europe will be forged in crises, and will be the sum of the solutions adopted for those crises.] The solutions to some crises, for examine the 2010 debt crisis, have left the EU worse off. This one looks different: it precipitated genuine EU action for health to an extent we could not have imagined a year ago, and one that will be just in time for the next challenges of COVID-19 and the inevitable next public health emergency.

**European and global solidarity in vaccines**

The EU also decided an EU Vaccines Strategy and a forthcoming Pharmaceutical Strategy (see Box 1). The objective of the Vaccines Strategy is to be distributing an effective vaccine within 18 months. The EU will sign Advance Purchase Agreements with pharmaceutical companies on behalf of the Member States and coordinate the distribution of the vaccine. This is far more centralised, and uses the size of the EU market more effectively, than the 2014 Joint Procurement Agreement. As with the development of RescEU, Member States have agreed to much more centralised EU action, and as we might expect they took it in areas where European states are too integrated to separate and too small to manage international markets on their own.

COVAX is the WHO’s scheme for the global identification, production, and distribution of effective COVID-19 vaccines (see Box 2). If the EU’s model is solidarity of the head among the tightly connected Member States, the WHO’s is of a global solidarity of the head. COVAX makes the rational case for a collective benefit and builds on the WHO’s strengths as the necessary, central, global player in health as well as the increasingly cooperative infrastructure of public-private partnerships that actors such as the Gates Foundation and key donor countries have built to flank WHO in specific areas. It is a solidarity of the head because we all know how hard it is for countries to thrive while isolating themselves and because we all know how damaging endemic COVID-19 could be for world order and the global economy.

COVAX is an alliance of Gavi, CEPI (the Coalition for Epidemic Preparedness Innovations), and the WHO to orchestrate the identification, production, and distribution of effective COVID-19 vaccines. It has worked to develop a scheme for globally equitable distribution of the vaccines, emphasising early vaccination of health care workers and especially vulnerable populations. The key moral commitment is to bring every participating country to 20% vaccination before releasing supplies for any country to go above 20%.

In the specific case of vaccines, COVAX is also an appeal to solidarity of the head because the alternative, a thicket of advance purchase agreements, will be inequitable, slow eventual control of the virus, and create the risks for governments that they sign advance purchase agreements on vaccines that turn out to not work well and then find they lack access to ones that do.

For those who do not see a globally equitable distribution of vaccines as clearly desirable, the additional carrot is that the size of the scheme makes it possible to place more bets on particular vaccines and production sites, giving humanity more chances to get good vaccines, more opportunity to produce on a massive scale, and a more resilient supply.

**Solidarity with whom?**

A policy maker in a large, rich, European country had three options: a purely national one of buying vaccines, including through advance purchase agreements; European Union collaboration through the Vaccines Strategy; and COVAX. Outside Europe, the main options are purely national and COVAX. Smaller countries (even if rich) and poorer countries (even if big) lack the option to go it alone and are likely to benefit from multilateral approaches. “Safety in numbers” is always a good strategy for smaller countries — if they can commit to their own solidarity.

Despite efforts to make COVAX more attractive to rich countries, they are so far reluctant to entrust their vaccines demands to it. If nothing else, it would not guarantee them vaccines for more than a fifth of their citizens until a fifth of people in every country had vaccines. Australia, Canada, Japan, the United Kingdom, and the United States have thus opted to sign bilateral purchase agreements.

While EU Member States can donate to COVAX, they cannot participate in both the EU Vaccines strategy and COVAX. This pits COVAX against the EU model.
Box 2: WHO’s role in COVAX and COVID-19 vaccine development and deployment

Effective vaccines against COVID-19 will play a significant role in protecting populations and restarting economies. Within the overarching concept of “No-one is safe until everyone is safe”, through the launch of Access to COVID-19 Tools (ACT) Accelerator, WHO has facilitated a ground-breaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. Through a combined effort of Gavi, CEPI (the Coalition for Epidemic Preparedness Innovations) and WHO, the COVID-19 Vaccines Global Access (COVAX) Facility has provided a platform for countries to benefit from a portfolio of safe and effective vaccines so that their populations can have access to effective vaccines.

Within the ACT-Accelerator, WHO has played a critical role in policy formulation, defining the product allocation framework, norms, standards, ensuring safety and regulatory standards, and country support. The convening role of WHO in each of the above areas along with research communities, industry representatives, international organisations and donors, and regulators has consolidated the global fight on the COVID-19 pandemic. WHO is working closely with global and regional partners to ensure country preparedness to equitably deliver vaccines to its prioritised population groups, when a safe and effective vaccine is available.

While the vaccine-characteristics of COVID-19 vaccines remain to be ascertained, WHO Europe has geared up its support to its Member States with “strategic decision-making considerations” for COVID-19 vaccine deployment and vaccination. Through a regional coordination mechanism, WHO Europe has convened representatives of the European Commission, European Centre for Disease Prevention and Control (ECDC), US Centers for Disease Control and Prevention (CDC), UNICEF and Gavi to monitor the country preparedness, COVID-19 vaccine deployment and vaccination in the WHO European Region.

Solidarity is key not only to ensure access to COVID-19 vaccine, but also to ensure that countries support each other in sharing best practices and experiences both before and during the vaccination implementation. The role of WHO and other global and regional partners will be key to identify areas that need specific technical assistance and provide the required support; and this can only be achieved if Member States, WHO and other partners work in tandem – “solidarity being at the heart of the response”.

By: Dr Siddhartha Sankar Datta, Vaccine-preventable Diseases & Immunization Programme, World Health Organization Regional Office for Europe

EU Member States have responded by choosing the EU approach to procure their own vaccines, donating to COVAX as a contribution to global health rather than their own public health.

EU Member States appear to be treating COVAX as a problem of international health and development assistance rather than their own countries’ route to safety – a life preserver that they can toss to the less fortunate, rather than a lifeboat for all of us. This helps to explain why COVAX is nowhere near the funding it requires to carry out its full strategy. Promises to donate unused vaccines (some states seem to have ordered far more doses than they could use) bring back memories of the H1N1 vaccines problems in 2009–10. In that pandemic, countries that bought too many vaccines during the crisis tried to sell or give ageing vaccines to poorer states amidst recrimination. Much of the thinking about vaccines since then has tried to imagine ways to avoid such a result, but it is not clear that it will be avoided.

Even if the United States resumes constructive engagement in the world in 2021, there is a strong chance that investment in the global public good of mass COVID-19 vaccination will be a plaything of great power politics, with rich countries looking after their own citizens, middle-income powers often trying to develop their own industries and geopolitical strategies as well as public health, and the smaller and poorer countries trying to use whatever combination of bilateral and multilateral strategies they can. Forceful exercises of state power and huge expenditures among the rich countries; foreign aid and Gates support for the poor. On the bright side, with 170 countries having sent expressions of interest, and impressive early action by COVAX members, it is likely that COVAX will work even if without some very large and rich countries. Complete failure of global solidarity is unlikely.

There is also the problem that even politicians whose intentions are good will not think that other politicians’ intentions are good. A reasonable politician might indeed think it unwise to trust the good intentions and competence of major powers, or international coalitions such as COVAX. The desire not to be taken advantage of means that politicians with multiple options will not place a single bet or be too impressed by calls to collective action. And all politicians, no matter their country, have options if they choose to use them.

Risks include vaccine hesitancy and public backlash

To add to the difficulty, identifying vaccines and determining their safety is going to put every pharmaceuticals market access regime to the test. There is a high risk of vaccine hesitancy and a backlash even against a very safe and effective vaccine. For example, there is no good reason to expect that citizens will trust a vaccine based on synthetic biology, or that
populations who have been reminded by the pandemic why they do not trust their government will rush to trust its vaccine.

A rushed vaccine that produces significant negative side effects could be a catastrophe for both COVID-19 control and the credibility of vaccines in general. Global geopolitical competition and domestic politics are already leading countries to overlay their achievements and start administering vaccines in contexts that can only with far too much charity be called clinical trials. To have an apparently desirable vaccine will be a coup for any government, and many governments have incentive to claim it even if their vaccine is not safe or effective enough to pass disinterested scrutiny.

Likewise, pharmaceuticals regulators proud of their hard-won autonomy from politics are coming under tremendous political pressure, and it is not clear that all of them will emerge with the autonomy and credibility intact. The wish for a vaccine, particularly among countries whose nonpharmaceutical interventions have failed to control the outbreak, is likely to lead to the triumph of availability over safety or effectiveness in some cases. A grim but plausible scenario unites these different forms of international dysfunction in the form of intense conflict over access to vaccines that are not safe, effective, or accepted by the population.

Solidarity of the head in practice

This is probably a suboptimal outcome for all of us, even if it could be worse in the absence of COVAX. As WHO Director-General, Tedros Adhanom Ghebreyesus, put it in August, “Vaccine nationalism only helps the virus.”

Avoiding such an outcome is going to nonetheless be difficult. Rich countries have well-documented ways to shift agendas and forums in order to maintain their dominance in international politics. The rise of independent wealthy donors such as the Gates Foundation, which revolutionised global health, does not change the centre-periphery dynamics. One could arguably model many current developments in global health governance as an argument between the United States government and one of its richest citizens. Rising international actors have shown no greater global solidarity than the older powers, even if their mere presence affords poorer countries a useful increase in their strategic options. We already have seen spectacularly egotistical and sometimes criminal behaviour in the rush to acquire equipment earlier in the pandemic and there is no reason to imagine a vaccine will be different. International politics is an unforgiving arena.

The situation is nonetheless not as bleak as it could be – or as bleak as it would have been had the world approached COVID-19 with the governance and policy approaches of a decade ago. COVAX has already spread vaccine development and preparation, and is likely to be helpful to many poorer countries. The European Union is finally developing both a health policy and a vaccines policy to match its longstanding integration. There are daunting challenges ahead, since identifying and administering a safe and effective vaccine to the world will put every country’s governance and every international organisation to the test. Very bad outcomes are possible. But in Europe and in the world, there is still a strong chance that we will come to see the response as an ultimate success.

References