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T20 Policy Brief

Task Force 06

STRENGTHENING MULTILATERALISM AND GLOBAL GOVERNANCE

The Future of Vaccine Governance in the Global South

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TF06



Abstract

The Covid-19 pandemic has shown that vaccine production and access is a political challenge, rather than a scientific one (ColaboraLat, 2022). Multilateral institutions struggled to distribute Covid-19 vaccines, a sign of the fragmentation of global governance in health and the inefficient overlapping of activities in the absence of inter-agency communication (Paul et al., 2020). In short, multilateral actors operated in a situation of uncertainty and incomplete information.

To prevent this in the future, it is imperative to devise scenarios to strengthen multilateralism and global alliances, especially given the high possibility of future pandemics that may arise as a result of and aggravated by the climate crisis (OXFAM, 2022).

Based on the prospective scenario methodology (Coda et al., 2023), this policy brief explores how to implement regional and global governance mechanisms oriented to the "One Health" approach to address global health challenges. Two driving forces of acquisition and distribution of vaccines are identified: (1) multilevel mechanisms of regional cooperation and coordination, and (2) corporate capture of public decisions. From there, lines of action emerge, providing decision-makers with concrete tools to foster strong international cooperation for access to vaccines, in line with the Sustainable Development Goals (SDGs) and fairer governance for the countries of the Global South.

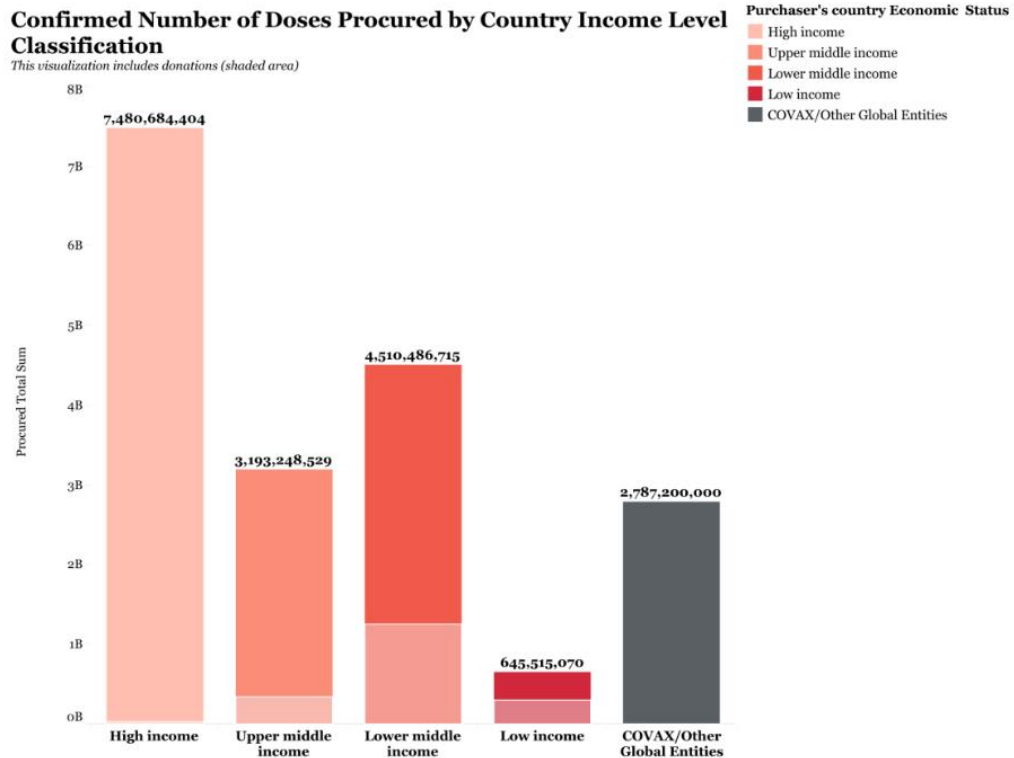
Key words: Vaccine Governance, Prospective Scenario.



Diagnosis of the issue

The Covid-19 pandemic has made it clear that the production and distribution of vaccines is a political rather than a scientific challenge (Colabora.Lat, 2022). With the advance and spread of Covid-19, the mechanisms of the network of scientific organisations and institutions were activated to produce, in record time, a vaccine that could provide a satisfactory response. However, the acquisition of vaccines was also quickly shown to be an asymmetrical, inhomogeneous, non-transparent and unfavourable process for the countries of the Global South (Bianchi and Lara, 2021; Colabora.Lat, 2022). As shown in Figure I, rich countries reserved most of the doses, even before they were ready, and during the first months of vaccination they concentrated a large part of the available doses. Meanwhile, poorer countries had to put together their own procurement and distribution plans, relying heavily on international cooperation. Similarly, inequalities were replicated at the sub-national level in poorer countries: pre-pandemic structural problems and asymmetries exacerbated gaps between urban and rural areas, especially to the detriment of indigenous and racialised populations. These trends hindered access to vaccines for minority groups in Latin America and the Caribbean (LAC) and Africa.

Figure I - Number of doses purchased by country



Source: Launch and Scale Speedometers (2022)

Multilateral institutions also showed their weaknesses. On the one hand, it was limited and had little room for manoeuvre as it depended on contributions from rich countries and philanthropic organisations. On the other hand, it failed to live up to expectations. For example, the COVAX¹ mechanism began distributing the first doses three months after the central countries began vaccinating and channelled only 4% of vaccines internationally. This highlights the fragmentation of global health governance and the inefficient overlapping of actors (international organisations, national organisations, state agencies and philanthropic associations) with no communication bridges between their programmes (Paul et al., 2020).

Unilateral responses have had serious consequences, especially for LAC. The region, despite representing a little less than 9% of the world's population, by the end of 2020



accounted for 20% of infections and 30% of deaths from Covid-19 worldwide (Colabora.Lat, 2022). Despite this, there was no visible regional institutional initiative to lead governance on health issues and, on the contrary, the lack of equitable and universal access to vaccines prevailed. A similar situation occurred in Africa, where many donated vaccines arrived overdue or with little time available for distribution, and at a late stage of the pandemic, which encouraged misinformation and people's unwillingness to be vaccinated, as well as the inability to plan vaccination campaigns (WHO, 2021). Less than 15% of the population on the African continent had access to COVID-19 vaccines, while in the industrialised world, vaccination coverage was over 80%.

In this context, the need to think about future scenarios arises in the face of possible future pandemics, aggravated by the climate crisis and where the poorest countries are the most vulnerable to climate change (OXFAM, 2022). Recent studies estimate that the combination of animal reservoirs and climate change increases the likelihood of extreme pandemics and that this could increase up to threefold in the coming decades

A global collaborative initiative to accelerate development and production of Covid-19 tests, treatments and vaccines and ensure equitable access (Marani et al., 2021). To address this, in addition to strengthening national governance institutions and investment in public health systems, regional governance mechanisms are needed to provide spaces for joint negotiation of vaccines and their procurement, following criteria that compensate for inequalities in the Global South.

Faced with an uncertain and unpredictable reality in the face of the emergence of new Covid-19 variants or even new diseases enhanced by the climate crisis: **how to implement global governance mechanisms that allow for the acquisition and distribution of vaccines in the face of (possible) future pandemics?**



Recommendations

To answer this question, it is necessary to think prospectively, which is why the recommendations presented below are based on the future scenarios methodology (Coda et al., 2023). The objective of this methodology is to establish exploratory hypothetical scenarios to consider possible decisions and actions in each of them in order to anticipate the uncertainty.

The fieldwork for these recommendations included a review of updated literature and four exploratory prospective workshops, two in Bolivia and two in Guatemala, in which 61 experts in the field participated to identify determinant variables related to vaccination. With this data collected, a validation session was held between the research teams for the final construction of the scenarios presented below.

In this way, two determining factors were defined for the acquisition and distribution of vaccines in the face of eventual (future) pandemics: (1) **the functioning of multilevel cooperation and coordination mechanisms**, which can be high or low, and (2) **corporate capture of public decisions**, which can be high or low. The first factor recognizes the need to ensure vaccination from a global/regional approach, encouraging cooperation between countries and international organizations. This form of governance would allow countries with lower incomes and levels of development to access, within reasonable timeframes and prices, the quantities of vaccines they require and, if necessary, global vaccine donation mechanisms under better conditions to achieve vaccination coverage goals. Countries would also gain greater capacity to enter into negotiations for the easing of barriers to intellectual property rights for vaccines and a greater role in global vaccine production and manufacturing processes.

The second factor, corporate capture of public decisions, refers to the accountability

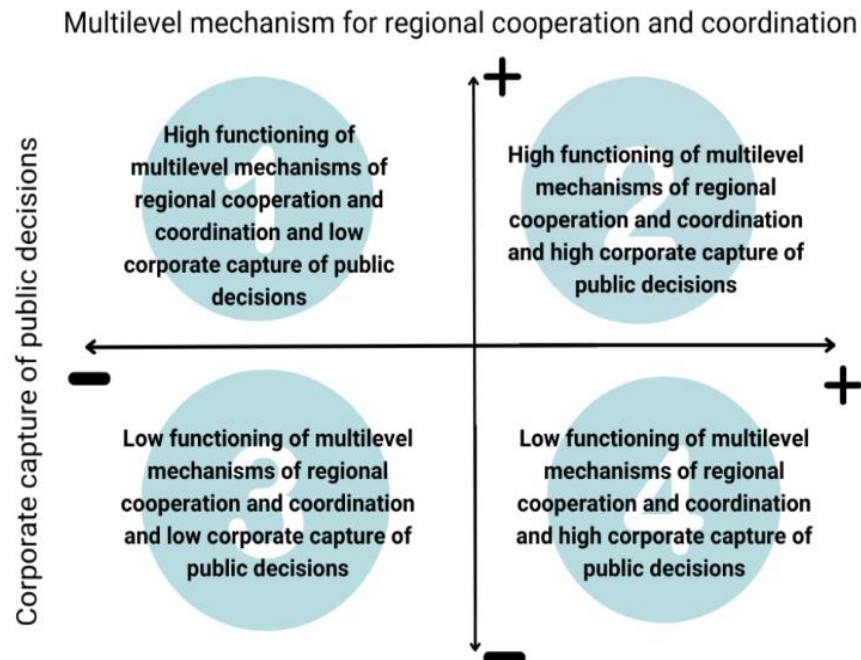


of the private pharmaceutical sector and intergovernmental bodies to ensure independent decision-making processes. High corporate capture of public decisions refers to a situation in which, for example, multinational pharmaceutical and biotechnology companies influence the governmental decision-making process to promote their own particular interests and increase their profits during a pandemic. In contrast, a scenario with low corporate capture of public decisions implies that the decision-making process is transparent, democratic, and removed from the influence of large corporations.

It is considered of great relevance because during the Covid-19 pandemic it was observed that pharmaceutical sectors benefited from public and private resources for vaccine development, and this concentration of knowledge generated inequalities in its distribution.

These factors in their variation determine four hypothetical scenarios on vaccine procurement and distribution in the face of possible future pandemics, presented in the Scenario Matrix.

Matrix of prospective scenarios for vaccine acquisition and distribution.



Source: own elaboration.

The **first scenario** is considered optimal and desirable given the conditions of the determinants identified. For this reason, the actions presented seek to consolidate governance and collaboration between countries and regions to face future health challenges:

1. **Establish an Emergency Fund** to provide resources for the creation of pandemic response policies, allowing for the strengthening of national health systems with the deployment of adequate personnel and infrastructure in countries with fewer resources.

The implementation of an Emergency Fund is relevant given the low financial



response capacity of lower-income states during the pandemic compared to higher-income states. For example, until October 2021, fiscal measures for national response in LAC averaged 4.5% of GDP compared to the global average of 16.4% of GDP, with substantial differences between countries in the region (OXFAM, 2022).

2. Strengthening the unification of consensus of a **Pathogen Information Network** to guarantee a single system for collecting and analyzing samples that will allow more efficient decision-making and impact on public health.

Many countries still lack effective systems to collect and analyze samples, or to use the resulting data to guide public health decisions (WHO, 2023). But the development of effective vaccines requires an agreed-upon system of information on pathogen behavior. In turn, this information would make it possible to know the hotspots in the countries and facilitate the implementation of public health measures for prevention, as well as contribute to providing effective information on the safety and efficacy of vaccines, to promote confidence in the vaccination process.

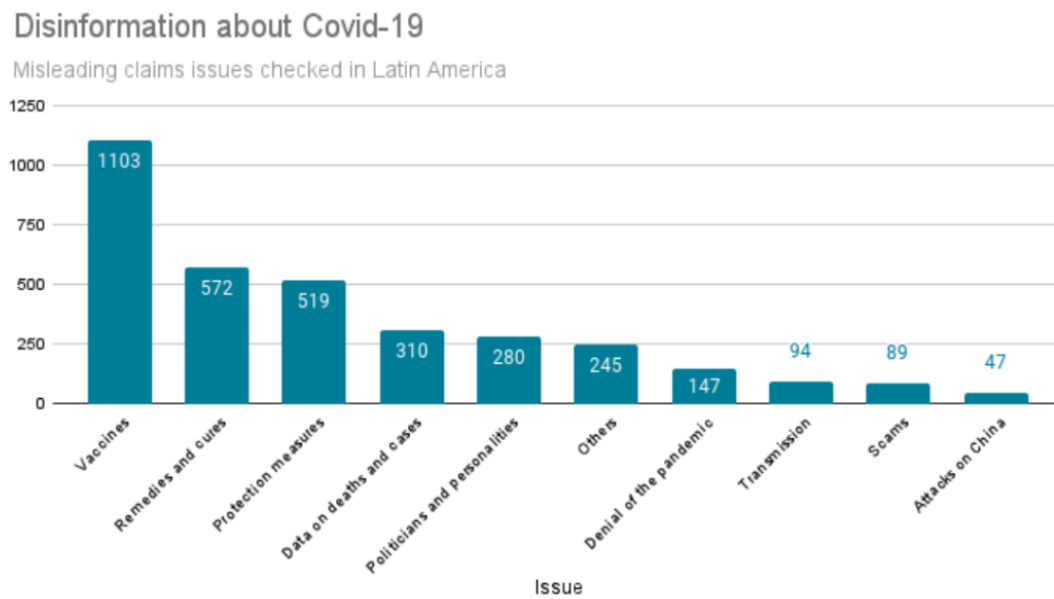
The **second scenario** proposes a hypothetical world of intermediate variation. For this reason, the aim is to reduce the negativities associated with high corporate capture of public decisions and to take advantage of the high level of regional cooperation:

1. **Establish global standards of transparency** by publishing information on contracts agreed between the state and pharmaceutical companies.

During the pandemic, at least 13 LAC countries, including Mexico, Argentina and

Brazil, changed their laws to purchase vaccines in order to guarantee that they would not suffer economic damage and, at the same time, confidentiality to the pharmaceutical companies that produce vaccines, including public corporations. This encouraged secrecy around vaccines in a context where misinformation on this topic was higher than any other, as shown in Figure II, generating skepticism towards vaccination on the part of citizens. The transparency of contracts is one of the ways to ensure effectiveness in the vaccination plan and trust in public decisions.

Graph II - Misinformation about Covid-19



Source: CoronaVirusFacts Alliance y Aos Fatos (2022)

The actions recommended for the **third scenario** seek to reduce the negativities associated with a regional competition for vaccines:

1. Strengthen the **articulation of civil society to drive “from below” cooperation.**

In the absence of regional multilateralism, collaborative governance among civil society organizations is essential to pressure governments to promote cooperation in the acquisition of vaccines. During the pandemic, there were experiences of articulation of civil society organizations that influenced States to extend vaccination to groups in vulnerable situations that were not being prioritized in the plans, as happened in Mexico with the migrant population (Colabora.Lat, 2022).

Table I: Vulnerable populations prioritized in vaccination plans

Country	Indigenous people	Afrodescendants	Population in a situation of human mobility	Persons deprived of their liberty	Disabled persons	People in street situations
Argentina						
Bolivia						
Brazil						
Chile						
Colombia						
Costa Rica						
Ecuador						
El Salvador						
Guatemala						
Honduras						
Mexico						
Nicaragua						
Panama						
Paraguay						
Peru						
Dominican Republic						
Uruguay						
Venezuela						

Source: UNESCO, 2021. References: dark gray: not prioritized, light gray: phase not clear, red: early phases, yellow: intermediate phases, green: late phases, white: no information.



2. **Ensure effective coordination between different levels of government** within the countries to enable an internal orderly and efficient distribution of vaccines.

In the absence of multilateral cooperation, it is advisable to ensure, first of all, an internal steering role that strengthens coordination between subnational governments and central governments, and then work on close links with other countries or formalize alliances with international organizations. In Bolivia, for example, health personnel repeatedly received contradictory indications during the vaccination process.

The **fourth scenario** is the undesirable one as it presents greater negativities due to the presence of competition for healthcare resources. In such a negative scenario, the following actions are recommended:

1. **Ensure transparency in vaccine purchasing and procurement processes** to increase accountability and avoid corporate capture of public decisions. Through public contracts and agreements, such as independent audits with the presence of third parties, better performance in procurement processes could be achieved.

As in the second scenario, it is recommended to implement measures to have open data on vaccine procurement. Due to the lack of global cooperation in this scenario, it is recommended to involve independent third parties, such as universities, scientists or specialized civil society organizations, to audit the procurement processes and their subsequent assertive communication. This in turn would help to build public confidence in the vaccine.



2. Participate in international agreements that promote equitable access to vaccines.

Faced with the inability to establish multilateral cooperation mechanisms, participating in specific agreements led by international organizations can be an incentive for international collaborative governance.

It is essential that these agreements are not ad hoc, that they involve in their planning the logistics of vaccine distribution and that they have a minimum expiration date of 10 weeks when they reach the countries. In Africa, more than 1.3 million doses of vaccines were returned due to short expiration dates (Amnesty International, 2022).

3. Facilitate national exchange mechanisms to promote collaboration between different levels of government.

Due to institutional obstacles, shortcomings in vaccination prioritization plans and deficient information campaigns were identified (OXFAM, 2022). The objective is to have a flow of quality national information to know the needs of the territories and set distribution priorities. In turn, in order to have international collaborative governance and/or with international agencies, it is first necessary to have an internal order.



Final recommendations

An important and obvious lesson learned from Covid-19 is that countries cannot act alone to deal with this type of emergency, particularly in LAC. During a pandemic, the richest countries put their interests and power on the global stage, while the poorest countries of the Global South, with weak health systems, were excluded from access to vaccines, treatments and other supplies, bearing the brunt of health crises. The pandemic was proof of how globalized and interconnected the world is and that it is necessary to move towards a form of governance that adopts a perspective of access to vaccines as a public good.

The World Health Organization is working on a pandemic treaty, a global instrument to protect people from future pandemics and ensure greater equity in access to vaccines, treatment and diagnosis. Based on the argument and strategic lines of action presented, it is relevant that the T20 review the following recommendations that are consistent with the pandemic treaty, to solicit support and commitment to the treaty as a matter of urgency.

To achieve the objectives of the scenarios and implement the proposed strategic lines of action, three reforms are necessary to have a partnership that prioritizes equitable, legitimate and democratic access to vaccines:

1. **Establish standards of transparency** in an environment of coordination and communicational assertiveness.

In order to strengthen national negotiation capacities and avoid overpayment for public health goods, as happened to several countries in the region during the pandemic (Vacunas para la Gente, 2023), it is necessary to establish transparent standards and open data. This strengthens the capacity for joint negotiation, accountability and encourages collective



action. This would in turn help to avoid skepticism and secrecy around vaccines, and to neutralize misinformation.

2. Invite civil society organizations and independent scientists to participate in crisis management processes, either as an alliance or as a source of pressure on the government, in order to have a priority distribution of vaccines to historically excluded populations.

During the vaccine negotiations, there was little participation of civil society and independent specialists. These actors are essential in all scenarios as they help to strengthen the democratic process, as well as to demand and take action against the closure of cooperation. They also have knowledge of the territories, which allows a quick identification of vulnerable populations.

3. Institutionalize collaboration in multilevel governance to avoid competition in crisis contexts and enable collaboration between countries.

Quality information is essential for decision-making in crisis contexts. To this end, it is recommended, regardless of the context, to institutionalize a standard epidemiological observation and prevention system in the region. This would help, on the one hand, to avoid the collapse of health systems by reducing the impact on vulnerable populations, and on the other hand, to have cooperation schemes by sharing experiences.



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