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# COVID-19 Inequality and Inadequate Global Responses

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## *Introduction*

The COVID-19 outbreak has developed into a raging pandemic affecting over 199 countries and territories. As of December 2021, 267,865,289 confirmed cases and 5,285,888 deaths (WHO) have been reported. The virus is a constant reminder of our human impermanence, fragility and deep vulnerability. It is a “superordinate” global threat which should be generating maximal transnational cooperation. It is generating some collaboration, (e.g. the recent US commitment to the COVAX regime) but we can and should be doing better. COVID-19 is having and has had a profound impact on health, but it is also changing work and economic dynamics; transport and communications; family life; politics and societies. It is proving to be a catalytic driver of social and political change. Nationalism and polarization have been on the rise in many countries. Efforts to contain and manage the virus, unfortunately, have reinforced nationalist trends globally as some states turn inward to protect their citizens and cast blame on marginalized groups inside and outside of their own communities. There has been a huge jump in hostility towards Asian peoples in the West and race prejudice generally. The response to the pandemic has fuelled partisanship and polarization in many countries as groups argue over the best way to respond to the virus. Moreover, this global health crisis is revealing many pre-existing socio-economic inequalities and attacking the underlying vulnerabilities of societies. In view of the complexity of the crisis, a large-scale, coordinated, and innovative multilateral response is needed more than ever to suppress the transmission of the virus.

The COVID-19 pandemic has generated and exacerbated multi-level inequality. The world's most vulnerable populations are disproportionately affected by the economic fallout caused by the pandemic. It has threatened the livelihoods of 1.6 billion workers in the informal economy (UN 2021a). The collapse of international tourism has severely affected tourist sectors all around the world but particularly in small island states which were disproportionately dependent on tourism as a major source of foreign exchange and income.

The world was already inequitable and vulnerable before the pandemic hit. Today, it has been projected that the pandemic will push 150 million people into extreme poverty by 2021 (The World Bank 2021). Further, the UN World Food Program has estimated that more than 270 million people are at risk of starvation which is double the pre-pandemic figure (The UN World Food Programme 2021).

Lack of resources generally affects women more than men. The social and economic consequences of the pandemic have had adverse impacts on progress in gender equality (UN 2020, 36). Since the pandemic, gender-based violence, particularly domestic violence against women and girls, has increased (UN2020, 2). Women have suffered disproportionately from job losses while bearing more burden than men for provision of care and being exposed to more risks as frontline health workers. For women living in developing economies, COVID prevention measures have had an enormous impact on their job security. Women make up a disproportionate percentage of those working in sectors that have least social protection. 70 percent of women's employment is in the informal sector, with few measures for protection against dismissal, or for paid leave (UN2020b). The pandemic seems to be worsening the pre-existing inequalities, exposing vulnerabilities in the social, political, and economic systems.

### *COVID Inequalities: The Case of Fiji*

Human insecurity is increasing as poverty, hunger, and sickness threaten the lives of vulnerable people around the world. People are not only growing poorer but they are also less secure. With the recent spikes in the number of COVID cases in the Pacific Island Countries, communities are facing increased uncertainty and growing inequality. Covid is exacerbating existential anxiety around the virus as well as climate-related disasters and unequal access to social assistance.

As the COVID-19 numbers soared, the Fijian Government enlisted support from neighbouring countries. Assistance has been provided from Australia, New Zealand, the European Union, the United Kingdom, the United States as well as international organisations like UNICEF and USAID. While outside support is needed, it is equally important to look inward to understand the problems ordinary Fijians face on the ground, and to provide proactive solutions that speak to their experiences.

The global COVID-19 pandemic has affected Fiji beyond public health, in profound direct and indirect ways. The government responded to the pandemic with measures including lockdown, social distancing, travel restrictions and border closures. Economic effects from government restrictions and market contractions have impacted the livelihoods and exacerbated social vulnerabilities of the marginalised people—particularly, women. With international border closures, supply chains were disrupted and food insecurity increased. Fiji's major income earner, the tourism industry, and other major and small non-essential businesses have closed. This has resulted in a huge population of unemployed workers, pushing them in to poverty. Fijian households, especially those living in the growing poor squatter settlements in the greater Suva area, face significant uncertainties.

This section is based on a report provided by Paulo Baleinakorodawa and Upolu Luma Vaai (2021) to Toda Peace Institute's Global Outlook Series. With the current high rate of unemployment, caused by the COVID-19 pandemic, many households struggled to gain access to food and drinking water. Many people have lost employment and are

now in extreme poverty. The Fijian Government, private sector, NGOs, churches and community-based organisations, have reached out to assist families struggling with food and other humanitarian needs. However, in the long term, it is uncertain whether this assistance will continue. Many people have resorted to farming on any available land. For example, public rental board tenants in the Nadera housing estate have forcefully established farms on unused government land nearby. Rural farmers from non-containment areas are forced to sell their produce in unfavourable roadside conditions at the borders, as they can no longer sell their produce in the main markets. Mothers in some locked down communities staged roadside protests demanding food from the government and the lifting of restrictions to allow family members to get basic employment. Given COVID-19's direct impact on livelihoods, food security is currently a major issue in many affected families.

Additionally, the pandemic has generated other socio-economic challenges. In a culture focused on communal living, observing safety protocols, for instance the wearing of masks, social distancing and restrictions to movement, presents an ongoing struggle. This added stress and associated psycho-social impacts are affecting the security of local communities. For example, there are reports of elevated community conflicts, domestic violence and divorce. Recurring incidents of individuals violating COVID protocols are further endangering the health and lives of Fijians.

Densely populated squatter settlements, such as Qauia in Lami, are among the virus hotspots. Living conditions in these settlements typically involve crowded households, little space between houses, and limited sanitation and hygiene facilities. These conditions, which make it difficult for people to self-isolate when infected, are ideal for the virus to thrive. These realities 'on the ground' explain some of the major challenges faced by Fijian people during this COVID-19 pandemic and are where Fijian people most need assistance. While the race to vaccinate the population progresses, there is an immediate and urgent need to help those in extreme poverty attain access to life-supporting resources.

## *Vaccine Nationalism and Inequality*

Since the outbreak of COVID-19 pandemic in 2019, there has been visible growth in nationalism and protectionism across the globe (Bieber 2020). Nationalism has emerged as countries seek ways to mobilize domestic resources to fight the pandemic. As a consequence, racism and xenophobia have risen during the outbreak of the pandemic (Elias et al. 2021, Clissold et al. 2020). The pandemic gave rise to increasingly nationalistic policies as countries competed for vaccines and medical supplies and closed down their borders.

Far from promoting higher levels of multilateral cooperation, the COVID-19 pandemic has reinforced nationalism worldwide as countries engage in country-first responses to the pandemic. Wealthy nations continue to hoard stockpiles of vaccine supply which arguably has enabled the emergence of new COVID-19 variants in unvaccinated areas. In response to the Omicron variant, countries in the Global North have closed down borders in a knee-jerk reaction to travelers from Southern African countries, further punishing those in the Global South who are already suffering from global vaccine inequality.

At the World Health Summit in Berlin, UN Secretary-General António Guterres stressed the importance of addressing the global vaccine inequality and how that is critical for the world to end the pandemic:

“Building forward better means strengthening primary health systems at the community level and achieving universal health coverage, so people can receive a range of services — no matter who they are or where they live. It means embracing a “One Health” approach to integrate human, animal and environmental health to protect people and our planet, while preventing future health emergencies.

And most urgently, it means ending the COVID19 pandemic. The triumph of the vaccines — developed and brought to market in record speed — is being undone by the tragedy of an unequal distribution. Three quarters of all vaccines have gone to high- and upper-middle-income countries. Vaccine nationalism and hoarding are putting us all at risk. This means more deaths. More shattered health systems. More economic misery. And a perfect environment for variants to take hold and spread.”

Vaccines are now considered to be the best strategy to keeping the pandemic under control. National leaders are under tremendous pressure to secure sufficient doses of vaccines for their people. Rapid governmental responses will be reflected in lower infection and mortality rates and higher popularity ratings. Rising nationalism and weak global cooperation has led wealthier countries to hoard the vaccines, leaving the poorer countries struggling to access supplies, and enabling the emergence of new variants of COVID-19.

“Vaccine nationalism” refers to the pursuit of vaccines in the national interest, for example, through supply agreements or export bans, where this might be to the detriment of other countries (Vanderslott et al. 2021). Vaccine nationalism has driven countries to prioritise their national security needs. The economic costs borne by rich countries in the absence of multilateral coordination to ensure equitable vaccine access are estimated to be between \$203 billion and \$5 trillion (ICC 2021). High-income countries have purchased sufficient vaccines for the populations several times over while the cost of supplying low-income countries with vaccines has been estimated at \$25 billion (RAND 2020).

The World Health Organization has repeatedly warned against vaccine nationalism because of increased transmission of the virus and the inevitable emergence of new and even more dangerous COVID-19 variants. For months, UN and public health officials have been warning that as long as the coronavirus can circulate freely and widely, it will change its form, and that those mutations could be more difficult to handle than the original variant. In October, Former British Prime Minister Gordon Brown launched a campaign to persuade G7 countries to fund a \$6 billion two-year vaccine support package for poor countries. Leading economies of the West were urged to invest a fraction of their funds spent to fight Covid domestically to finance rapid vaccination of less well-off countries to contain the global spread of the virus. Brown said, “We have to take action to get money into poor countries. Nobody is safe until everybody is safe.” In the Global North, many may feel safe and protected because of the vaccines, but it is likely that a new variant that comes out of countries where people have not been vaccinated may not be susceptible to the vaccines that are available at the moment. Not providing vaccine access to the rest of the developing world is therefore only going to prolong the pandemic.

Many now realise that the only significant control of the pandemic is to vaccinate the whole world as quickly as possible. However, vaccination rates are enormously inequitable around the world. Close to 70 percent of the European Union and 60 percent of the United States have been fully vaccinated while only about 6 percent of the 1.6 billion people in the developing world have received one dose. Today, many of the high-income countries are rolling out third-dose boosters and even vaccinating children. In the Global South, many frontline health workers have not received a single

dose. It is estimated that 100 million of the doses stored by Western countries will expire and have to be discarded by the end of 2021 if they are not used (Reuters 2021). The reality of vaccine inequality in today's world is truly stark.

Lack of access to vaccines is also driven by global wealth inequality and state fragility. Today, only 7 percent of the people in the African continent have been fully vaccinated. Hassan explains, "South Africa's lingering apartheid-era health system, enduring levels of poverty, and year-long inability to obtain decent amount of vaccines on time meant the government faced an impossible task" (Hassan 2021).

There is a need to provide support to developing countries with fragile capacity and weak healthcare systems. The COVID crisis affects those who are already vulnerable and at risk. According to a 2020 UN report, more than 50 percent of the world's rural population and more than 20 percent of the urban population lack legal health care coverage, while 2.2 billion lack access to water and 4.2 billion to basic sanitation, depriving people of the most basic and effective prevention measure against the virus—frequent handwashing (UN 2020a, 6).

### *From Nationalism to Multilateralism*

It is clear that a coordinated effort based on global solidarity is needed to combat this global crisis. Vaccine inequality is caused by multiple factors. One is that low-income countries are unable to negotiate favorable vaccine arrangements and lack the infrastructure to develop local manufacturing capability. To address this inequality, COVAX was established to ensure that the entire world has fair access to safe and approved vaccines. It is a global platform coordinated by the World Health Organization in partnership with GAVI, the Vaccine Alliance, CEPI (the Centre for Epidemics Prepared Innovations) and other health organisations to pool procurement and equitable access to COVID vaccines. So far, 156 countries have signed up but concerns are expressed that there is still a funding shortfall.

The United States promised 1.2 billion doses but so far has delivered just about 280 million. The European Union, Iceland and Norway have collectively pledged 500 million doses and delivered about 112 million (UNICEF 2021). As a result, 82 countries are at risk of falling short of the World Health Organization's goal of vaccinating 40 percent of every country's population by the end of the year, which means that the virus will keep replicating and mutating freely among billions of people (Zakaria 2021). Many economists and epidemiologists argue that pooling financial support to ensure equitable global distribution of vaccines is a prudent investment. A recent ICC study has found that the global economy stands to lose as much as \$9.2 trillion if governments fail to ensure developing economies have access to COVID-19 vaccines (ICC 2021). Vaccine nationalism could cost rich countries \$4.5 trillion. This finding suggests that the inability to provide equitable vaccine access worldwide is not only a moral failure, but also an enormous economic failure.

There are several hurdles that need to be addressed so that equitable vaccine access could be improved. One is to ensure open intellectual property access and sharing of technology by the big pharma companies. And the other is to provide support to the developing countries to build local manufacturing capacity.

### *Crisis and Opportunity*

The COVID-19 pandemic has magnified existent inequalities within and among countries. The poorest and the

most vulnerable people have a greater risk of being infected by the virus and bear the brunt of the economic fallout (UN 2021, 3). There is an immediate need for rich countries to make massive investment in vaccine production and distribution to and within poor countries. If the vaccine rate in the poorest countries remains at less than 2%, that will create a threatening breeding ground for new COVID variants to emerge. Until the pandemic is under control in the developing countries, economic recovery in developed countries will remain fraught.

A massive investment in vaccine production and equitable distribution mechanisms among all countries is a necessary strategy for the security of rest of the world. COVID-19 has provided a wakeup call to all nations to revitalise the multilateral project for the twenty-first century. To this end, Rajiv J. Shah, President of the Rockefeller Foundation and Administrator of the U.S. Agency for International Development (2010-2015) proposed “The Covid Charter: A New Development Model for a World in Crisis” in which he presented five commitments that should be pursued by both developed and developing countries in order to defeat the pandemic (Shah 2021). The COVID Charter proposed the following commitments:

1. First, the advanced economies must agree to devote at least one percent of their GDPs to foreign aid, which would increase development assistance by around \$100 billion...this new initiative should champion environmental sustainability, fight corruption, and promote real employment opportunities within local economies.
2. Second, this foreign aid commitment from developed countries could be made as a part of a framework agreement with developing economies, whereby those economies pledge to strengthen their own capacities. Leaders in low- and middle-income countries must commit to take responsibility for vaccinating their populations and rebuilding their economies in an inclusive way.
3. Third, shareholders and institutional leaders must commit to reimagining the Bretton Woods architecture (IMF, World Bank, Regional Development Banks) to respond to the twin crises of COVID-19 and climate change. The resources of the World Bank and other multilateral development banks should also be more aggressively deployed.
4. Fourth, private sector and philanthropic leaders should commit to working with governments to help vaccinate the globe and jump start a green recovery. To meet today's crises and prevent others, the world needs to expand the public-private partnerships to fully unlock the latest science, technology, and innovation for the world's most vulnerable, who have historically been the last to benefit from new advances.
5. Fifth, all the signatories of the COVID charter should commit to having their inputs and outcomes measured in ways consistent with internationally agreed upon standards and to having their work regularly monitored by the G-7, the G-20, and the UN Security Council.

There were 5,317,965 deaths from COVID-19 (December 2021) compared with 2,523,676 violent deaths from armed conflict over the past thirty years. We have more to fear from pandemics than we do from war and terrorism. The first opportunity, therefore, is to refocus national priorities from military threats to health threats and from state

security to human security.

The world is in need of a bold, radically new paradigm for global development and to forge multilateral cooperation. Rivalry among states—particularly between China and the United States—is only magnifying divisions and distracting attention from the most pressing non-traditional threat to national and global security. The pandemic is focusing immediate attention on the need for concerted action to deal with the most pressing problem confronting humanity. But it is also a stark reminder that there needs to be higher levels of commitment to multilateralism to generate the transformational changes that can ensure the future survival of humanity.

What are the opportunities as we face the threats of the COVID crisis? Arundhati Roy (2020) says, “Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.” The challenge is to envision a portal or gateway that makes us less afraid, satisfies our basic needs and ensures a sustainable future for all.

COVID-19 is a reminder to all of us that life is precarious, that human beings are not in control of nature and that we stand together or fall alone. We are at a turning point. It is critical, therefore, that nations and peoples place the highest priority on reducing status inequality, inequality of opportunity and access to resources that enable health and human well-being. Political leaders are beginning to recognise the limits of their power in the face of this virus. The pandemic is an opportunity, therefore, to build more resilient and equal social systems and an imperative to strengthen multilateral, regional and global mechanisms. Both are critical in order to boost cooperation to challenge the virus and to develop institutional mechanisms that advance human rather than national security, and focus on social and economic well-being rather than unsustainable growth. Most importantly, we have to listen to what the virus is teaching us at the deepest level so that we bring some humility and rationality into our political decision-making.

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