What COVID-19 Vaccine Distribution Disparity Reveals About Solidarity

DOI: 10.52214/vib.v10i.12042

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ABSTRACT

Current conceptions of solidarity impose a morality and sacrifice that did not prevail in the case of COVID-19 vaccine distribution. Notably, the vaccine distribution disparity revealed that when push came to shove, in the case of global distribution, self-interested persons reached inward rather than reaching out, prioritized their needs, and acted to realize their self-interest. Self-interest and loyalty to one's own group are natural moral tendencies. For solidarity to be normatively relevant in difficult and emergency circumstances, solidarity scholars ought to leverage the knowledge of the human natural tendency to prioritize one's own group. This paper recommends a nonexclusive approach to solidarity that reflects an understanding of rational self-interest but highlights commonalities among all people. A recommended task for future studies is to articulate what the account of solidarity informed by loyalty to the group would look like.

Keywords: COVID-19 Vaccines; Vaccine Distribution Disparity; Solidarity, Solidarity Rhetoric

INTRODUCTION

The distribution of COVID-19 vaccines raises concerns about the normative relevance of the current conceptions of solidarity. Current conceptions of solidarity require individuals to make sacrifices they will reject in difficult and extreme situations. To make it more relevant in difficult situations, there is a need to rethink solidarity in ways that align with natural human dispositions. The natural human disposition or tendency is to have loyalty to those to whom one relates, to those in one's own group (by race, ethnicity, neighborhood, socioeconomic status, etc.), or to those in one's location or country. While some may contend that such natural dispositions should be overcome through moral enhancement,[1] knowledge about self-interest ought to be leveraged to reconceptualize solidarity. Notably, for solidarity to be more relevant in emergencies characterized by shortages, solidarity ought to take natural human behaviors seriously. This paper argues that rather than seeing solidarity as a collective agreement to help *others* out

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of a common interest or purpose, solidarity literature must capitalize on human nature's tendency toward loyalty to the group. One way to do this is by expanding the group to the global community and redefining solidarity to include helping the human race when emergencies or disasters are global.

The first section describes the current conception of solidarity, altruism, and rational self-interest. The second section discusses how the moral imperative to cooperate by reaching out to others did not lead to equitable COVID-19 vaccine distribution. The third section argues that solidarity should be rethought to align with natural human dispositions toward loyalty to groups and rational self-interest. The final section briefly suggests the global community be the group for nonexclusive solidarity.

ANALYSIS

I. Solidarity: Understanding Its Normative Imperatives

Solidarity literature is vast and complex, attracting contributions from authors from countries of all income levels.[2] Notably, the literature addresses how solidarity develops from interpersonal, then group to institutional, and how it is motivated and maintained at different levels.[3] Solidarity is unity among people with a shared interest or goal.[4] The term was popularized during an anti-communist labor movement in Poland.[5] While a show of solidarity traditionally meant solidarity within a group, for example, workers agreeing with and supporting union objectives and leaders,[6] it has come to include sympathy/empathy and action by those outside the group who stand with those in need. In bioethics, the Nuffield Council defines solidarity as "shared practices reflecting a collective commitment to carry financial, social, emotional, and or other 'costs' to assist others."[7] As conceptualized currently, solidarity prescribes a morality of cooperation and may incorporate altruism.

Solidaristic actions like aiding others or acting to enhance the quality of others' lives are often motivated by emotive connections/relations. For this reason, Barbara Prainsack and Alena Buyx define solidarity as "a practice by which people accept some form of financial, practical, or emotional cost to support others to whom they consider themselves connected in some relevant respect."[8] Although this description has been critiqued, the critics[9] do not deny that sympathy and understanding are the bases for "standing up beside" or relating to others. Political solidarity is a "response to injustice, oppression, or social vulnerability"[10] and it entails a commitment to the betterment of the group.

"Rational self-interest" describes when parties behave in ways that make both parties better off.[11] They may be partly motivated by their own economic outcome. It may be that when some regions or groups act solidaristically, they are also motivated by shared economic goals.[12] Rational self-interest is not always opposed to the commitment to collectively work for the group's good. Rational self-interest can intersect with collective action when parties behave in ways that make both parties better off. For example, one study found that individuals are willing to bear the burden of higher taxes in favor of good education policies that significantly increase their opportunities to have a good life.[13] Rationally self-interested persons may be partly motivated by their own economic outcome. It may be that when some regions or groups act solidaristically, they are also motivated by shared economic goals.[14] Specifically, individuals, organizations, and governments are driven to positively identify with or aid others because they feel connected to them, share the same interest, or would benefit from the same action. Cooperating with others on this basis guarantees their interests. Individuals will be less likely to help those with whom they do not feel connected. Respect, loyalty, and trust among solidary partners are equally grounded in this belief. "[S]olidarity involves commitment, and work as well as the recognition that even if we do not have the same feeling, or the same lives, or the same bodies, we do live on common grounds."[15] Although individuals

are more likely to exhibit solidarity with those to whom they feel connected, their lives and interests are still different.

Some African philosophers describe solidarity as entailing reciprocal relations and collective responsibility.[16] The bases for positively acting to benefit others are communal relations and individual flourishing, similar to solidarity as it is described in the global literature. Common motifs and maxims typify this belief: the West African motifs like the Siamese Crocodile and the African maxims like "the right arm washes the left hand and the left arm washes the right arm", and the Shona phrases "Kukura Kurerwa" and "Chirere chichazo kurerawo" – both meaning the group's development is vital for the individual's development.[17] As a reciprocal relation, solidaristic actions are instrumentalized for one's self-affirmation or self-emergence. This view underlies practices in Africa like letsema, which is an agricultural practice where individuals assist each other in harvesting their farm produce. It is also the animating force underlying a favorable disposition towards joint ventures like the ajo (an African contributing saving scheme whereby savings are shared among contributors by rotation).[18] Furthermore, as entailing collective ownership, solidaristic actions become ways of affirming each other's destiny because it is in one's best interest to cooperate with them this way or help others realize their life goals given the interconnectedness of lives. One advantage of forming solidary union that reaches out to others is that they possess qualities and skills that one lacks. This application of solidarity is more localized than solidarity among countries or global institutions.

Furthermore, solidarity also entails altruism, an idea that is particularly common in the philosophical literature of low-income countries. On this account, solidarity implies a voluntary decision to behave in ways that make individuals better off for their own sake. Here, it matters only that some have thought about solidarity this way. Moreover, this belief informs pro-social behaviors – altruism is acting solely for the good of others.[19] Altruistic behaviors are motivated by empathy, which is an acknowledgement of individuals who require aid, and sensitivity, which is a thoughtful response to individuals in need of help. Solidarity can seem to be a call to help strangers rather than a genuine feeling of uniting with people for a common cause. Altruism and solidarity appear similar although they are distinct in that solidarity is not merely helping others. It is helping others out of a feeling of unity. In some cultures in Africa, an indifference to the needs of others or a failure to act solely in ways that benefit others or society are often considered an exhibition of ill will.[20] Precisely, the phrases "Kukura Kurerwa" and "Chirere chichazo kurerawo" among the Shona people in Southern Africa morally compel one to play an active role in the growth and improvement of others. "The core of improving others' well-being," as explained, "is a matter of meeting their needs, not merely basic ones but also those relevant to higher levels of flourishing, e.g. being creative, athletic, theoretical."[21] On this basis, self-withdrawal, self-isolation, and unilateralism, would be failures to be solidaristic.

II. COVID-19 Vaccine Distribution Disparity And The Imperative To Reach Out

The strength and benefits of cooperation are well documented. COVID-19 vaccine distribution did not reflect solidarity despite the use of rhetoric suggesting it. COVID-19 vaccine distribution disparity exemplifies how solidarity requires individuals to make sacrifices that they will refuse under challenging circumstances.

Solidaristic rhetoric was not uncommon during the COVID-19 pandemic. This was expressed through maxims like "Stronger together", "No one is safe until everyone is safe", "We are all in this together", and "Flatten the curve", as well as cemented through actions like physical distancing, mask-wearing, travel

restrictions, and limits on social gatherings. Before the pandemic, solidarity rhetoric informed alliances like the Black Health Alliance that was created to enable Black people in Canada to access health resources.

This rhetoric and the global recognition of the vital importance of exhibiting solidarity had little if any impact on preventing vaccine distribution disparity. Notably, the World Health Organization set a goal of global vaccination coverage of 70 percent. The 70 percent figure was recognized as key for ending the pandemic, preventing the emergence of new variants, and facilitating global economic recovery.[22] The solidaristic rhetoric that no country was safe until all countries were safe did not result in enough vaccine distribution. Nor did the rational self-interest of common economic goals. The economic impact of the pandemic has been huge for most nations, costing the global community more than $2 trillion.[23] Vaccine distribution disparity across countries and regions undermined international efforts to end the COVID-19 pandemic.

The disparity revealed that self-interested persons, organizations, and countries reached inward, prioritized their needs, and acted to realize their own self-interest. Empirical studies confirmed the disparity at the macro and micro levels. Some of the findings are worth highlighting. The number of vaccine doses injected in high-income countries was 69 times higher than that in low-income countries.[24] In fact, the UK had doubly vaccinated about 75 percent of its adult population by February 2022, while more than 80 percent of African nations had not received a single dose of the vaccine.[25] Precisely, the national uptake of vaccines in Uganda (which is a low-income economy without COVID-19 production capacity) was "6 percent by September 2021 and 63 percent by June 2022. The vaccination coverage in the country was 2 percent by September 2021 and 42 percent by June 2022. Yet both the national COVID-19 vaccination uptake and coverage were far below WHO targets for these dates.[26] Although a report which assessed the impact of COVID-19 vaccines in the first of year of vaccination showed that about 19 million COVID-19-related deaths were averted, they were mainly in the high-income countries rather than in countries that failed to reach the vaccine coverage threshold for preventing the emergence of new variants.[27] There were more than 250,000 COVID-related deaths in African countries.[28] Though this figure is significantly lower than reported COVID-19 deaths in North America (1.6 million), the report and other studies confirm that many of the deaths in Africa could have been prevented if the vaccines had been widely distributed in the region. [29]

Still at the macro level, whereas 78 percent of individuals in high-income countries were vaccinated by February 15, 2022, only 11 percent of persons in low-income countries were vaccinated by the same date.[30] By February 15, 2022, high-income countries like Lithuania and Gibraltar (a UK territory) had more than 300 percent of doses required for vaccinating their population, while low-income countries in Africa had only managed to secure about 10 percent of the necessary vaccine doses for their people. Burundi had vaccinated less than 1 percent of its population by December 2022.

The disparity between countries of similar income levels was also evident. For example, among 75 low- and middle-income countries, only about 14 countries reported vaccinating at least 50 percent of their population. And, while high-income countries like Qatar had secured more than 105 percent of doses for their people, other high-income countries like Liechtenstein had only managed about 67 percent vaccination coverage by December 2022.[31] Within countries, vaccination coverage gaps were also evident between urban and rural areas, with the former having higher vaccination coverage than the latter.[32]

There were many tangible solidaristic efforts to cooperate or reach out through schemes like the COVID-19 Vaccines Global Access (COVAX), African Vaccine Acquisition Trust (AVAT) and Technology Access Pool (C-TAP). Notably, the schemes were testaments of the global recognition to lift others as we rise and not leave anyone behind. Both high-income and low- and middle-income countries supported the programs as an expression of solidarity. Indeed, many low- and middle-income countries secured about 800 million

doses through these schemes by the end of December 2021. Nonetheless, this was still far below these countries' two-billion-dose target by the same date. The wealthier countries' rhetoric of support did not lead to delivery of enough vaccines. The support by high-income countries seems disingenuous. While high-income countries at first allocated vaccines carefully and faced shortages, they had plentiful supplies before many countries had enough for their most vulnerable people. Thus, these schemes did very little to ensure the well-being of people in low- and middle-income countries that relied on them.

These schemes had many shortcomings. For example, COVAX relied on donations and philanthropy to meet its delivery targets. In addition, despite their support for these schemes, many high-income countries hardly relied on them for their COVID-19 vaccine procurement. Instead, these high-income countries made their own private arrangements. In fact, high-income countries relied on multilateral agreements and direct purchases to secure about 91 percent of their vaccines.[33] These solidaristic underfunded schemes had to compete to procure vaccines with the more highly resourced countries.

Arguably, many factors were responsible for the uneven distribution of COVID-19 vaccines. For example, vaccine production sites facilitated vaccine nationalism whereby countries prioritized their needs and enabled host states like the UK to stockpile vaccines quickly. Regions without production hubs, like many places in Africa, experienced supply insecurity.[34] The J & J-Aspen Pharmacare deal under which a South African facility would produce the J&J COVID vaccine did not improve the local supply.[35] Companies sold vaccines at higher than the cost of production despite pledges by many companies to sell COVID-19 vaccines at production cost. AstraZeneca was the only company reported to have initially sold vaccines at cost until it replaced this with tiered pricing in late 2021.[36] Moderna estimated a $19 billion net profit from COVID-19 vaccine sales by the end of 2021. Pricing practices undermined solidaristic schemes designed to help low-income countries access the doses required for their populations.[37]

The unwillingness of Western pharmaceutical companies like Johnson and Johnson, Pfizer-BioNTech, and Moderna to temporarily relinquish intellectual property rights or transfer technology that would have eased vaccine production in low-income countries that lacked production capabilities even when taxpayers' money or public funding accelerated about 97 percent of vaccine discovery is another example of acting without solidarity. South Africa and India proposed the transfer of essential technological information about COVID-19 vaccines to them to increase local production.[38] The EU, UK, and Germany, which host many of these pharmaceutical companies, opposed the technology transfers.[39] Corporations protected their intellectual property and technology for profits.

There were many other factors, like vaccine hoarding. Although the solidaristic rhetoric suggested a global community united to help distribute the vaccine, COVID-19 vaccine distribution demonstrates that individuals, institutions, regions, or states will prioritize their needs and interests. This leads to the question, "What sort of behaviors can reasonably be expected of individuals in difficult situations? In what ways can solidarity be re-imagined to accommodate such behaviors? Ought solidarity be re-imagined to accommodate such actions?

III. COVID-19 Vaccine Disparity: Lessons For Solidarity Literature

COVID-19 vaccine distribution disparity has been described as inequitable and immoral.[40] One justification for the negative depiction is that it is irresponsible of individual states or nations to prioritize their own needs over the global good, especially when realizing the global interest is necessary for ensuring individual good. Although such contributions to the ethical discourse on COVID-19 vaccine disparity are essential,

they could also distract attention from vital conversations concerning how and why current solidarity conceptions can better reflect core human dispositions.

To clarify, the contestation is not that solidaristic acts of reaching out to others are morally unrealistic or non-realizable. There are historical examples of solidarity, particularly to end a common affliction or marginalization. An example is the LGBT support of HIV/AIDS-infected persons based on their shared identities to confront and end the stigma, apathy, and homophobia that accompanied the early years of the crisis.[41] Equally, during the apartheid years in South Africa, Black students formed solidarity groups as a crucial racial response to racism and oppression by the predominantly White government.[42] Additionally, the World Health Organization's (WHO) director, Tedros Ghebreyesus cited solidarity and its rhetoric as the reason for the resilience of societies that safely and efficiently implemented restrictive policies that limited COVID-19 transmission.

To improve its relevance to emergencies, solidarity ought to be reconceptualized considering COVID-19 vaccine distribution. As demonstrated by the COVID-19 vaccine distribution disparity, individuals find it difficult to help others in emergencies and share resources given their internal pressing needs. Moreover, humans have a natural tendency to take care of those with whom they identify. That may be by country or region, race, ethnicity, socioeconomic status, type of employment, or other grouping. By extension, the morality that arises from the tendency towards "the tribe" is sometimes loyalty to one's broader group. Evidence from human evolutionary history, political science, and psychology yields the claim that "tribal [morality] is a natural and nearly ineradicable feature of human cognition, and that no group—not even one's own—is immune."[43] Tribal morality influences mantras like America First, South Africans Above Others, or (arguably) Brexit. These conflict with solidarity.

As another global example, climate change concerns are not a priority of carbon's worst emitters like the US, China, and Russia. In fact, in 2017, the US pulled out of the Paris Agreement, a tangible effort to rectify the climate crisis.[44] Droughts experienced by indigenous people in Turkana, the melting ice experienced by the Inuit, the burning bush experienced by the aboriginal Australians, and the rise in ocean levels that remain a constant threat to the Guna are examples of the harm of the changing climate. In the case of climate action, it appears that governments prioritize their self-interests or the interests of their people, over cooperation with governments of places negatively impacted. In the instance of COVID-19 vaccine distribution disparity, loyalty to the group was evident as states and countries kept vaccines for their own residents.

Solidarity has a focus on shared interests and purpose, but in its current conceptions it ignores human nature's loyalty to groups. In emergencies that involve scarcity, solidarity needs to be redefined to address the impulse to keep vaccines for one's own country's population and the choice to sell vaccines to the highest bidder. For solidarity to be normatively relevant in difficult and emergency circumstances, solidarity scholars ought to leverage the knowledge of human natural tendency to prioritize one's own group to rethink this concept.

IV. Rethinking Solidarity For Challenging Circumstances

In the globalized world, exhibiting solidarity with one another remains intrinsically valuable. It makes the world better off. But the challenge remains ensuring that individuals can exhibit solidarity in ways that align with their natural instincts. Rather than helping those seen as other, or behaving altruistically without solidarity, people, governments, and organizations should engage in solidarity to help others and

themselves as part of the global community. A rational self-interest approach to solidarity is similar, while altruism is distinguishable.

Solidarity can be expanded to apply when the human race as a whole is threatened and common interests prevail, sometimes called nonexclusive solidarity.[45] That is distinguished from altruism as solidarity involves seeing each other as having shared interests and goals – the success of others would lead to the success of all. For example, cleaner air or limiting the drivers of human-made climate change would benefit all. Warning the public, implementing social distancing and masking, and restricting travel are examples of global goals that required solidaristic actions to benefit the human race.[46]

Arguably, this conception of solidarity could apply to a scarce resource, like the COVID-19 vaccine. Notably, the solidarity rhetoric that this gives rise to is that COVID-19 vaccine equitable distribution is a fight for the human race. Solidarity has been applied to scarcity and used to overcome deprivation due to scarcity. In the case AIDS/HIV, there were many arguments and then programs to reduce drug prices and to allocate and condoms to countries where the epidemic was more pronounced and continuing to infect people. Similarly, a solidarity-inspired effort led to treatments for resistant tuberculosis.[47]

Summarily, I suggest that we cannot tackle global health problems without exhibiting solidarity with one another. Humans can exhibit solidarity in ways that align with their natural instincts. To do this, nonexclusive solidarity described in this section, is required. Although the nonexclusive solidarity recognizes difference, it avoids the "logic of competition that makes difference toxic." [48] Without necessarily requiring every country's leaders to prioritize global citizens equally, the nonexclusive solidarity at least, prohibits forms of competition that undermine initiatives like COVAX from securing the required vaccines to reach the vaccine coverage target.

CONCLUSION

COVID-19 vaccine distribution disparity does not create a new problem. Instead, it reveals an existing concern. This is the disconnect between dominant human psychological makeup and the sort of solidarity expounded in current literature or solidaristic actions. Notably, it reveals a failure of current solidarity conceptions to reflect the natural human tendency to prioritize the interests of one's own group. As such, the disparity requires rethinking or reconceptualization of solidarity in ways that align with the dominant human tendency. As conceptualized currently, solidarity enjoins a form of morality that many found very difficult to adhere to during the COVID-19 pandemic. Notably, they perceived solidarity as a call to help strangers. Humans are linked by something that is far more important than a relationship between strangers. The unbreakable bond among humans that this idea gives rise to would necessitate genuine concern for each other's well-being since we are implicated in one another's lives. The exact ways a conception of solidarity that applies to the global community can inform guidelines and policies in emergencies and difficult situations when individuals are expected to be solidaristic is a recommended task for future studies.

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