

Global development after the pandemic

Rafael Vilasanjuan



Illustrator: [Hansel Obando](#)

We have stepped into the abyss. It was not a consequence of a nuclear threat, global terrorism or wars: it was a virus. The impact of COVID-19 has had devastating consequences on health, social relations, trade, travel and tourism, with disastrous consequences for the global economy. This pandemic has finally broken down the imaginary border that used to keep rich countries safe from the risk of infectious diseases. For the first time in decades, the epidemic has brought global development to a halt. According to the World Bank, the economy shrank by more than 5% in 2020, the largest economic downturn the world has experienced in the last century.

Until now, the relationship between people's health and the capacity for economic development, especially in countries requiring aid, has been relegated to the story of international cooperation, but this pandemic has brought a change of parameters to the table: where previously we spoke of promoting global health as a gesture of solidarity or at best as a human right to aspire to, we now see the extent to which all human beings are related, and health—or rather, the lack of health—in one corner of the planet affects us directly. We all need each other to move forward. It was clear from the outset that stopping the spread of the virus would not be achieved in a single country, or even by isolating an entire region, such as Europe. Controlling the pandemic requires a strategy for the whole

world, in the literal sense of the word: one that reaches every country and every person. The concept of global health has thus become the priority—perhaps the only—strategy to make this possible. Doubts about the efficacy and impact of working for everyone's health at the same time have been dispelled. If until now cooperation was mainly limited to the transfer of resources between the rich North and the poor South, the scale of the pandemic has turned it into a global security strategy. No one is safe until we are all safe.

How will COVID-19 transform cooperation?

This question was posed by [DEVEX magazine](#) to a dozen experts in cooperation and economics. The answer was overwhelmingly unanimous: there is a before and after in the concept of global health and cooperation. The great challenges we face, for which borders no longer serve, require a more inclusive vision and an investment of resources, knowledge and global development. Just as this crisis was predicted, there will be others. On the one hand, the decreasing frequency of new viral epidemics such as HIV, Ebola, SARS-CoV-1 or MERS, and on the other hand, the speed at which viruses can travel with globalised transport, point to ever shorter periods until a new sudden outbreak occurs. The health of the planet, its environmental challenges, warming, deforestation and human proximity to wild species, spell new crises. In other words, we do not know when, and we do not know if it will be a new virus. What we do know is that it will come, and avoiding it requires a new concept of shared development that addresses the major challenges that affect all of humanity, from climate change to migration, from health to the equity gap.

The answer of the experts is unanimous: the pandemic has changed cooperation and global health for good. Great challenges need a more inclusive vision and a global investment of resources

The rationale for promoting public policies for external cooperation is gaining momentum across all agendas. We cannot have regional monitoring and prevention strategies. If we are not able to build support for global surveillance, we will be unable to control the next crisis. Two new concepts are emerging on the aid horizon. The first is that it is no longer merely a gesture of solidarity but has become part of the welfare and security policies of the whole population, including in the most advanced economies. The second is that it generates a return and therefore cooperation should not be counted as an expense but as an investment. For this first concept to be perceived as such by society, cooperation must include new global impact criteria as an objective.

The case of the vaccine

The COVID-19 vaccine may be opening some avenues that could be further replicated or the experience gained could be used to advance new models of cooperation. Since the global consequences of the virus became apparent in January 2020, the scientific race to

find an antidote to curb the epidemic has been frantic and unprecedented. Vaccines were, long before the coronavirus appeared, the most cost-effective health strategy. They are the cheapest strategy to achieve the best results on the largest scale in disease prevention. The overall impact of vaccines is unmatched by any other health strategy and cooperation. In 2016, a Johns Hopkins University study [1] showed that for every \$1 invested in immunisation in the 94 lowest income countries in the world, health systems saved \$16.

Considering that in relative terms we are living through the worst recession since the Second World War, three times bigger than the 2008 crisis, vaccines, which are understood as the only tool that can provide immunity to begin to remove restrictions on mobility, social distancing or commercial closures, are worth their weight in gold. A massive investment, mainly of public resources, meant that only 333 days passed from the time the genome of the virus was deciphered until the first vial was injected, once regulated. The race to secure the vaccine early has left price off the discussion agenda and has been the main advantage for the vaccine industry to turn a deaf ear to the demands of many of the least developed countries, where vaccines have yet to arrive. If the lottery of our destiny had decided that we would be born in one of these lower income countries, where most of humanity is concentrated, our future would still have to wait to see when some of the antigens that are being distributed or are in the trial phase will become available. The question is: When will they arrive?

To control the pandemic with vaccines, we need three factors to be met: that they are effective, that they are affordable and that they reach everyone as quickly as possible, including the most vulnerable. If around 70% of the entire population is vaccinated in the West, but many countries in Africa or Latin America do not reach a similar level, the need to maintain mobility restrictions will continue

We all hope for the same thing: to be able to regain the broken balance in our life, work, social relations, health and economy as soon as possible. Vaccination certainly makes a short-term difference in countries where sufficient doses are available, but to control the pandemic, the whole world must be reached. The risk of new variants for which vaccines are no longer effective is much more likely the more the virus circulates in countries without vaccines and with weak health systems. For us to control the pandemic with vaccines, we need three factors to be met: that they are effective, that they are affordable and that they reach everyone as quickly as possible, including the most vulnerable. The risk of vaccinating only in rich countries means that the pandemic may become endemic in countries that fail to curb it, which on the one hand creates a reservoir of the virus, which could return immediately once it has mutated, and on the other hand forces borders to be closed. If around 70% of the entire population is vaccinated in the West, but many countries in Africa or Latin America do not reach a similar level, the risk is clear and the need to

maintain mobility restrictions will continue to be necessary. In other words, borders will have to continue to be closed, and, therefore, trade, tourism and the mobility of people – in short, global development – will continue to be hindered.

A new multilateralism

The failure of this delay, however, has the potential to be corrected. While it took a decade for drugs to reach the most affected populations in Africa during the HIV/AIDS epidemic, the magnitude of this pandemic and the security risk of not curbing it globally could mean that the delay between advanced and poor economies now amounts to a full year. This is the motive that has led more than 190 countries to band together to buy and distribute vaccines. An example of how new partnerships are being formed to make an impact. Faced with the purchasing frenzy of the most developed economies, COVAX is the initiative launched by the Global Alliance for Vaccines and Immunisation (GAVI) to make it possible for the vaccine to reach middle- and low-income countries as well.

The COVID-19 vaccine has thus become the first example of how global decision-making platforms can be built as an alternative to classic multilateral organisations, without necessarily requiring the agreement of all governments. States are necessary, but they are no longer alone at the decision-making table. As with the Global Alliance for Vaccines and Immunisation (GAVI), the COVAX platform combines public and private interests. Decision-makers include representatives of governments from low-, middle- and high-income economies, together with the pharmaceutical industry, manufacturers, representatives of relevant UN agencies, the World Health Organisation (WHO), experts, research centres, philanthropy and representatives of civil society [2]. The aim is to achieve the three essential goals: to have the vaccine, to make it available and affordable, and to distribute it throughout the world. If this is achieved, it may be a good first step towards a new global governance that is closer to promoting health-based security than the more defence-focused multilateralism inherited from the Second World War.

Nonetheless, the problems of immunisation in all countries are no small matter. Even if vaccines are more or less guaranteed in the most advanced economies, global production capacity in the first year is estimated to reach only 30% of the world's population, possibly somewhat higher. We know that vaccines are the key to recovering the global economy. However, we can only begin to emerge from the crisis during 2022 on the condition that these vaccines can be produced on a large scale and that their distribution is ensured on an equitable basis for all countries. The 'nationalist' temptation of the most advanced economies to obtain doses for their entire population with the trade-off that the rest of the countries will be left without, would be a new guarantee of failure. The international platform COVAX is aiming to ensure that all countries in the world have doses to vaccinate 20% of their adult population during the acute phase of the pandemic by the end of 2021, so that all countries can lower their infection curves simultaneously.

During this year, donor countries, led by the US, Britain and the European Union, have allocated 10 billion dollars for the purchase and distribution of vaccines, a challenge for

foreign aid to countries that, to varying degrees, continue to suffer the consequences of the virus on their economies. The World Bank has launched a \$12 billion line of credit to supplement this amount to strengthen health systems so that when the poorest countries receive vaccines they will be adequately equipped and prepared to start vaccinating. This is certainly no easy undertaking, and while on paper the rationale will stand up to scrutiny, it is clear that this new mechanism to deliver vaccines to the world cannot turn low-income countries into paradises. As of early autumn 2021, the figures are still alarming: there are at least 22 low-income countries where the conditions necessary to reach 20% of the population are worrying to say the least.

The COVID-19 vaccine has become the first example of how global decision-making platforms can be built as an alternative to classic multilateral organisations, without necessarily requiring the agreement of all governments. States are necessary, but they are no longer alone at the decision-making table

The arrival of the vaccine is undoubtedly great news, but if we return to the opening theme of this article, perhaps the clearest legacy left by the virus after the first major global crisis of the century is the need to define development as a collective public good. It is not a matter of charity; as in the pandemic, our future is conditional on that of the rest of the planet, and only if we share our solutions will we be able to truly advance development. The challenges are enormous, and their sheer scale means that they cannot be tackled unilaterally. As in the example of the SARS-COV-2 vaccine, we need more than ever to rethink development based on innovation, knowledge sharing and the search for greater impact through new mechanisms, in some cases multilateral and in others mini-lateral, where alliances, including public and private actors, are capable of proposing changes. Now that, in the wake of the pandemic, new global health strategies are being developed and there is a proliferation of voices and visions that propose different cooperation frameworks, it is time to commit to this common horizon and demonstrate that cooperation can become a strategy of shared benefit. If the debate is well-informed, and it is understood that we must move forward together, development will begin to bear fruit in the very short term. Vaccines will change the future of this pandemic, and as a consequence, our own future. That is at least one lesson that will remain from the pandemic that brought us all to the brink. All of us.

REFERENCES

- 1 — Ozawa, S., Clark, S., Portnoy, A., Grewal, S., Brenzel, L., Walker, D.G. (2016) Return On Investment From Childhood Immunization In Low- And Middle-Income Countries, 2011–20, *Health Affairs* Vol. 35, No. 2 [[Available online](#)].

2 — GAVI's Board is the one ultimately making COVAX's decisions.



Rafael Vilasanjuan

Rafael Vilasanjuan, journalist, is the Director of Global Analysis and Development at ISGlobal since March 2011. He was the Director of the Centre de Cultura Contemporània de Barcelona (CCCB) from 2006 to 2011. For more than 12 years, he also worked with Doctors Without Borders/Médecins Sans Frontières (MSF), starting as Director of Communications in 1995 and later as Director General of the Spanish Section. In 1999, when Doctors Without Borders was awarded the Nobel Peace Prize, he was appointed Secretary General of the international movement until 2006. During this period, he worked in the main conflict zones, such as Afghanistan, Chechnya, Somalia, Sudan, West Africa, Democratic Republic of Congo, Colombia and Iraq. He is a member of the Board of Directors of GAVI (Global Alliance of Vaccines Immunization) representing civil society organisations, as well as a member of the Advisory Council of Open Democracy and the Advisory Committee of IFIT (Institute for Integrated Transitions), among others.