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COVID-19: A Unifier or a Nullifier of International Cooperation?

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Abstract
The central problem confronting global governance is whether severe transnational crises foster collective action or exacerbate fragmentation. The COVID-19 pandemic presented a critical test case, creating an urgent need to determine if it would function as a unifier, stimulating international cooperation, or as a nullifier, revealing and deepening pre-existing fault lines. This study systematically examined this dynamic by analyzing policy documents, scholarly literature, global accords and initiatives launched during the crisis through a documentary analysis approach. The findings reveal that while notable cooperative initiatives emerged, such as COVAX and WHO-coordinated scientific efforts, they were consistently overshadowed by vaccine nationalism, inequitable procurement practices and unilaterally pursued national strategies. The pandemic laid bare the fragility of voluntary cooperation and the persistence of systemic inequalities, disproportionately harming weaker states that were left unable to secure essential resources and were excluded from decision-making. Such disparities eroded trust in international institutions and highlighted profound power imbalances in global health diplomacy. Consequently, rather than solidifying global unity, the crisis risked entrenching geopolitical and socioeconomic divides. The study concludes that international cooperation, while possible, remains conditional and vulnerable to national interests. It is therefore imperative to develop binding global accords for equitable resource distribution, institutionalize permanent multilateral crisis task forces, invest in decentralized early-warning systems and reform global leadership structures to ensure enforceable solidarity. These measures are essential to uphold the norm of global solidarity against future crises

Keywords: Global Health Governance; COVID-19; vaccine equity; international cooperation; pandemic response; multilateral institutions.

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Introduction

Global crises, including pandemics, are often seen as unifiers that bring international actors to the table to collaborate with one another in the face of differences in political ideology, economic capacity and national interest (Youde, 2020). The COVID-19 pandemic, which developed into a global public health crisis toward the close of 2019, was expected to be the prime example of such an attempt, with governments expected to coordinate their efforts, pool their resources, and cooperate to limit the negative effects of the virus.

Multilateralists had hoped that the crisis would demonstrate the value of global solidarity and international cooperation in heightening the operational capabilities of such mechanisms as the World Health Organization (WHO) and the United Nations Kickbusch et al., 2020). Nonetheless, unfolding events during the height of the COVID-19 pandemic revealed a divergent reality. Rather than acting as a catalyst to facilitate collective action, the

pandemic revealed and, in some cases, exacerbated underlying divisions in global collaboration. Nationalistic reactions, such as the monopolization of vaccines, competition regarding medical supplies and unilaterally enforced border closures and reflected a retreat to national interest, precluding the possibility of global coordinated efforts. As such, the European Union, for instance, saw internal conflict in the initial stages of the pandemic as member states competed for personal protective equipment and showed hesitation to aid the most affected regions (Greer et al., 2020).

In a similar vein, the United States' decision to withdraw from the World Health Organization in 2020 further hindered global health diplomacy (Gostin & Meier, 2020). In addition, the distribution of the vaccines highlighted gaping inequalities since rich countries procured most doses through bilateral arrangements, while poorer ones faced serious challenges in receiving adequate stocks (Wouters et al., 2021). The gap between the expected cohesive role of a global health crisis and the real experience of fragmented responses poses a major challenge to researchers and policymakers alike. This situation called for a necessity to establish the extent to which COVID-19 pandemic served as a driver of global cooperation or as an obstacle to cooperation. Understanding this reality is crucial to evaluating the efficacy of global governance institutions in responding to transnational issues.

Literature Review

Global crises, such as pandemics, are often envisioned as critical junctures calling for a readjustment of national priorities within the purview of cooperative efforts. Health crises, such as the 2003 SARS outbreak, the 2009 H1N1 pandemic and the most recent COVID-19 pandemic, have been tests of the effectiveness of international cooperative arrangements. These health crises generally represent a two-fold narrative, where the pandemics not only lay the groundwork for unity at the global level but also highlight prevailing inequalities and geopolitical tensions (Fidler, 2004; Lee & Kamradt-Scott, 2014a; 2014b; Kickbusch et al., 2020).

The 2003 SARS epidemic is commonly known as a turning point in the development of global health governance (World Health Organization, 2016). In a display of unprecedented action, the World Health Organization (WHO) issued travel advisories and encouraged the sharing of real-time data, measures that, although illustrating notable strengths, also showed the limitations of its mandate and the uneven readiness of states to agree to international norms (Fidler, 2004). The episode speed-ed the retooling of the International Health Regulations (IHR), established in 2005, the World Health Organization (2016)aimed at making global cooperation in the face of emerging public health crises stronger (Kamradt-Scott, 2010).

In 2009, the H1N1 influenza pandemic was another test for global collaboration. While the timely sharing of information was lauded in the early response, the rise of vaccine nationalism was realized as wealthy countries procured most of the first vaccine stocks, thus increasing the vulnerability of poor countries (Davies, 2013). This event highlighted the limitations of global solidarity, when national interests were prioritized over the equitable distribution principles (Rushton, 2011).

The COVID-19 pandemic highlighted the intricacies of these dynamics (World Health Organization, 2021). Although the international scientific community displayed an unprecedented degree of cooperation, most notably manifested in the sharing of genomic data and vaccine development, the broader geopolitical environment was marred by phenomena, such as vaccine hoarding, disinformation, and resource competition (Moon et al., 2022a; Eccleston-Turner & Upton, 2021). The COVAX facility, jointly operated by WHO, GAVI and CEPI, aimed to create a platform for equitable vaccine distribution; however, it eventually faced significant shortfalls due to the lack of binding commitments from high-income countries (Usher, 2021).

In addition, the pandemic exposed underlying weaknesses in global governance arrangements. While the WHO served as the lead organization, its effectiveness was slowed by political disagreements and insufficient resources, most of all by governments, especially the Trump administration of the US, attempting to curtail its power (Youde, 2020). Such dissent is the ongoing conflict between the need for cooperative governance and the

sovereignty of the nation-state in the face of global health issues.

Pandemics represent both challenges and opportunities to global health governance in their most fundamental sense. They require stakeholders to rise above political ideologies as well as economic inequality, albeit in a potentially asymmetric fashion. As such, pandemics are both drivers of change as well as a reminder of the continuing limitations of international cooperation.

Methodology

Design

This study employed a documentary review methodology based on the the qualitative research approach, which is appropriate for examining intricate institutional dynamics influencing international collaboration, especially in response to a global health crisis like the COVID-19 pandemic. The researcher carefully collected and analyzed diverse textual data to examine the responses of global and regional players within the contexts of international governance, health diplomacy and transnational policy coordination. This approach facilitated an in-depth examination of the framing and implementation of international cooperation during the crisis, illuminating the mechanisms and constraints of global collaboration in emergencies.

Population and Sampling

The study population comprises authoritative documentation sources relevant to the governance and regulation of global pandemics. Key sources comprise peer-reviewed academic publications, institutional policy reports, international law documents and official pronouncements or declarations by reputable organizations, such as WHO and Gavi, the Vaccine Alliance, which is a public-private global health partnership founded in 2000. The criteria for document selection were meticulously established to guarantee relevance and reliability. First, documents must pertain to the governance or regulation of global health emergencies, specifically pandemics; second, they must be published between 2000 and 2024; third, they should originate from reputable academic or institutional entities; and finally, they must be composed in English to ensure consistency and accessibility. Among the essential papers examined were legal instruments, including the International Health Regulations (IHR, 2005), specifically the third edition released in 2016 by the WHO, which delineates state obligations and rights regarding global public health responses.

Data Collection Instruments

The study was based on documentary analysis as the primary instrument for data collection. This method facilitated a thorough analysis of a substantial collection of textual resources, encompassing scholarly articles, legal statutes, policy documents and institutional statements. Each of these sources offered distinct perspectives on the conception and implementation of international cooperation during the epidemic, enhancing the comprehension of global health governance in practice.

Validity and Reliability

A cross-validation approach was employed to ensure the validity and reliability of the study's findings. This technique entailed validating important assertions by triangulation, consulting a minimum of two independent sources for each thematic conclusion. Notwithstanding these measures, two potential limitations were encountered. First, institutional bias, wherein official reports offered a distorted representation of achievements and deficiencies, and second, linguistic constraints, as an exclusive focus on English-language materials may have omitted pertinent viewpoints from non-English sources, thereby potentially constraining the breadth of cultural and regional insights. Nonetheless, the amalgamation of varied data sources and theoretical frameworks enhanced the rigour and profundity of the study.

Treatment of Data

The data was analyzed thematically, referring to both predetermined and emergent themes. This iterative and interpretive methodology allowed the researcher to attain a comprehensive understanding and interpretation of critical issues. Central themes identified included multilateralism, global health diplomacy, vaccination equity, geopolitical dynamics, vaccine nationalism and unilateral responses. These themes were contextualized through practical initiatives, such as the COVAX facility and broader WHO-led platforms, which sought to mitigate gaps in vaccine access.

Thematic analysis enabled the study to provide a thorough evaluation of the strengths, limitations and systemic issues present in the worldwide response to the COVID-19 pandemic, yielding significant insights for future global health governance.

Results and Discussion

This section presents the key findings of the study, drawing on a rich body of documentary evidence to analyse the nature and extent of international cooperation during the COVID-19 pandemic. Guided by specific themes, the analysis reflects on both the promise and the paradox of global collaboration, examining how collective actions were shaped by diplomatic aspirations, geopolitical realities, and institutional constraints.

The Promise and Paradox of Early Multilateral Engagement

The early global response to COVID-19 illustrates a surge in multilateral engagement (World Health Organization, 2021). Governments, international organizations and private actors rallied around shared goals to control the pandemic (Moon et al., 2022b; Flynn, 2022). Despite early demonstrations of solidarity, deeper scrutiny reveals considerable asymmetries and structural flaws within these efforts (Storeng et al., 2021). For instance, while the WHO's Access to COVID-19 Tools (ACT) Accelerator was launched as a landmark global collaboration, its vaccine pillar, COVAX, struggled with funding and political buy-in from its inception, revealing the fragility of these unified fronts (Storeng et al. 2021b; Stein, 2021; Eccleston-Turner & Upton, 2021).

COVAX: Ambition versus Reality in Vaccine Equity

The COVID-19 Vaccines Global Access (COVAX) was envisioned as a cornerstone of pandemic-era multilateralism, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO. Its primary goal was to ensure equitable global vaccine access irrespective of a country's wealth. In 2023, COVAX had facilitated the delivery of approximately 1.88 billion doses across 146 economies (Gavi, 2023; Jecker et al., 2023). However, as shown in Figure 1, the platform's effectiveness was hampered by systemic limitations: voluntary participation, weak enforcement and a dependency on donor goodwill. Some countries could easily bypass COVAX by engaging in bilateral agreements or dose hoarding (Phelan et al., 2020; Sharma & Gomber, 2022). Additionally, logistical bottlenecks and opaque accountability frameworks undermined equitable distribution (Chattu et al., 2023).

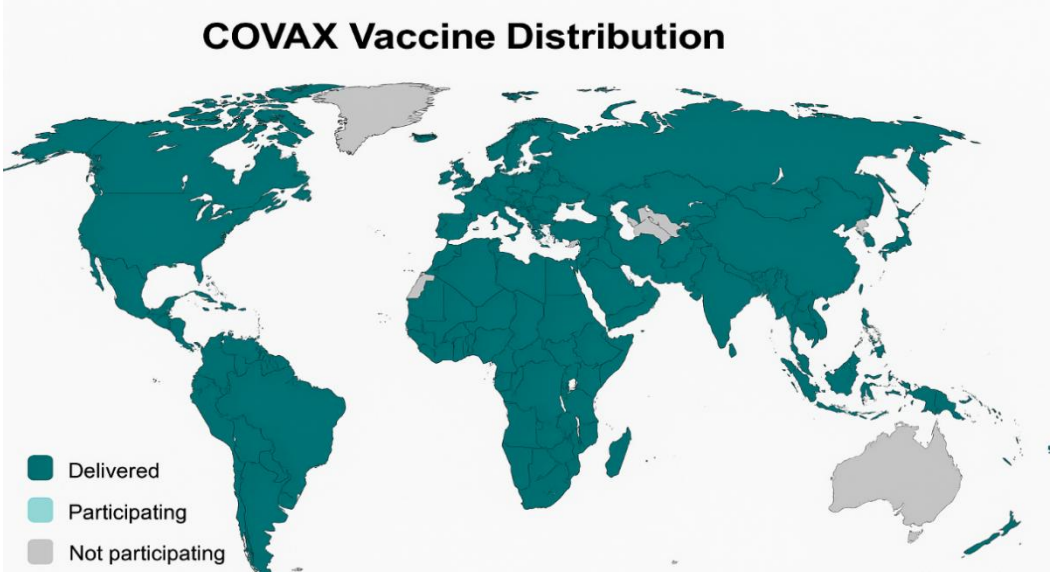

Figure 1: COVAX Vaccine Distribution Map
Source: Gavi (2023)

As can be seen in Figure 1, even as the pattern of distribution displays a high degree of variation, systemic problems had a deep impact on the COVAX program. Lack of enforcement mechanisms in COVAX meant that there was little accountability for delays, poor distribution and inequality of access. In addition, reliance on the goodwill of donors, who in many

cases showed volatile behaviour, driven by geopolitical motives, undermined the integrity of these platforms.

The roll-out of vaccines made possible by the COVAX initiative ran into several problems, including production capacity limitations, differences in commitment levels and dose stacking by richer countries. The ethos of uneven distribution was continuously violated by the vaccine nationalism phenomenon, as rich nations opted to prioritize their nationals at the expense of concerted global actions (Phelan et al., 2020; Sharma & Gomber, 2022). The case poses an interesting paradox: in the face of an agreed-upon approach to concerted action, the internal operating mechanisms of the system undercut the very process meant to reform the system. The pandemic served to highlight that entrenched inequalities in the global health system couldn't be overcome by temporary partnerships, as COVAX's inability to achieve its core objectives illustrates (Gavi, 2023; Jecker et al., 2023).

The Economic Logic Undermined by National Interest

Although global economic analyses justified cooperation, highlighting that vaccine nationalism could cost the global economy up to $9.2 trillion (ICC, 2021), many high-income countries opted for self-preserving procurement strategies (Bollyky et al., 2021). McAdams (2020)used the game theory framework (a mathematical model of strategic interaction among rational decision-makers) to explain why economically irrational behaviors persisted despite the losses. For example, the United States, comprising only 4% of the global population, secured over 50% of the Pfizer's supply during one procurement cycle (Common Dreams, 2021). Canada went as far as obtaining enough doses to vaccinate its population five times over, illustrating extreme vaccine hoarding (Bollyky et al., 2021). These behaviors directly contradicted the ethos of collective action and severely undercut platforms like COVAX (Jecker et al., 2023).

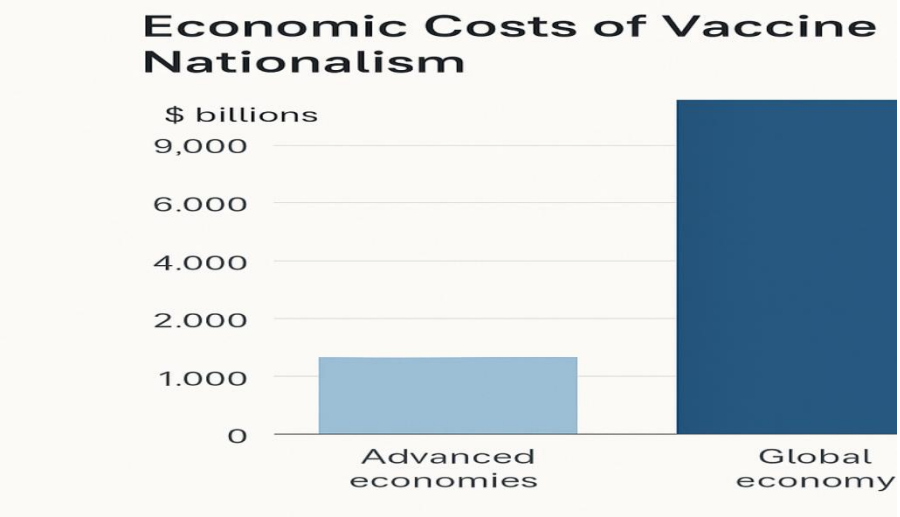

Figure 2: Economic Costs of Vaccine Nationalism
Source: ICC (2021)

Figure 2 vividly illustrates the profound economic consequences of COVID-19 vaccine nationalism, demonstrating how inequitable vaccine distribution disrupted global recovery and exacerbated systemic disparities between advanced and developing economies. According to the International Chamber of Commerce, 2021), this approach incurred global economic losses of up to US $9.2 trillion, with advanced economies bearing nearly US $1.4 trillion of the cost—a stark reminder of global market interdependence and the fallacy of a zero-sum pandemic response. The figure reveals that while nations that hoarded vaccines achieved short-term domestic immunization gains, they inadvertently prolonged the pandemic's duration, triggering widespread supply-chain disruptions and divergent recovery pathways. This dynamic placed acute strain on developing regions, where limited vaccine access suppressed productivity, escalated debt, widened income inequality and ultimately, intensified the North-South divide.

Nationalism, Diplomacy and Institutional Weaknesses

Although the initial phase of the pandemic inspired new levels of coordination, sustained cooperation proved elusive (Wouters et al., 2021). As the crisis evolved, nations increasingly reverted to nationalist policies, exposing structural inequities in global governance and international health diplomacy. Despite multilateral frameworks, vaccine access was profoundly unequal. By mid-2021, high-income and upper-middle-income countries had secured 75% of vaccine supplies while low-income countries had administered less than 0.5% of doses (UNICEF, 2021; Bharali et al., 2025).

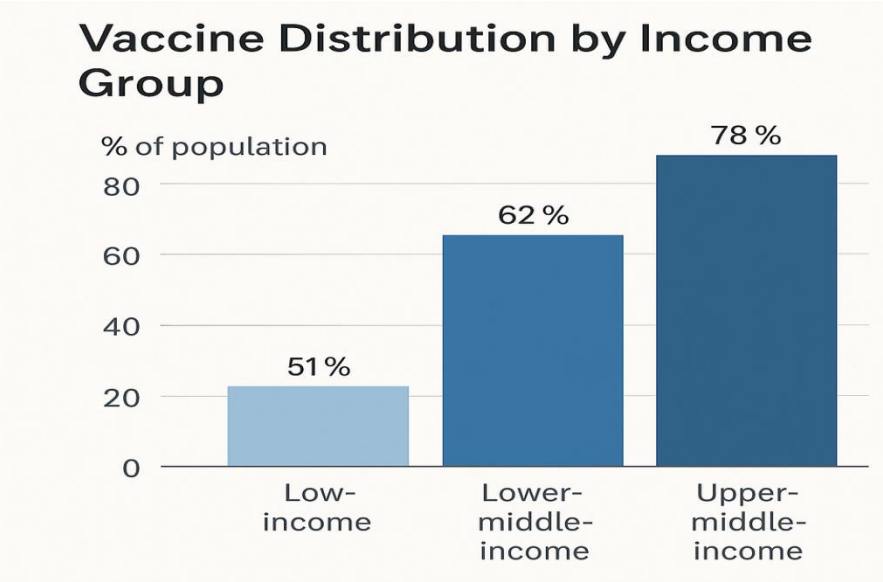

Figure 3: Vaccine Distribution by Income Group
Source: UNICEF (2021)

Figure 3 presents an apparent global inequality in vaccine distribution.This disparity poignantly underscores the failures of global cooperation during times of crisis, as countries pursued their interests at home. In this scenario, many wealthy nations entered into exclusive deals with vaccine manufacturers, procuring supplies far above their population's needs. Specifically, the United States, the European Union and Canada made exclusive deals with manufacturers, securing a far greater number of doses than required to cover the needs of their citizens. Canada, for example, procured an adequate number of doses to vaccinate its population five times over, demonstrating a proclivity for excessive hoarding behaviour (Dyer, 2021). Not only did such behaviour undercut the efforts of initiatives like COVAX but it also exposed the pernicious power dynamics underlying global health governance. The deep-seated systemic disparities embedded within the global order ensured that the most at-risk populations were ignored. The behaviors that many critics argue were motivated by national security interests and domestic political considerations, rather than purely public health imperatives, emphasize the inherent contradictions between national sovereignty and international cooperation.

Therefore, wealthy countries negotiated exclusive contracts with manufacturers, bypassing COVAX and undermining its mission (Storeng et al., 2021; Jecker et al., 2023). Simultaneously, vaccine diplomacy became a tool of soft power. China and Russia distributed their vaccines to the Global South while framing it as international solidarity. However, these actions were often motivated by strategic interests, such as expanding geopolitical influence, securing diplomatic allies and gaining access to natural resources (Tsuei et al., 2023; Sharma & Gomber, 2022).

Institutional limitations and soft power, which refers to the ability to shape the preferences of others through appeal and attraction rather than coercion, became prominently obvious during the COVID-19 pandemic period (Phelan et al., 2020; Chattu et al., 2023). An apt example of how national policies, reflecting a

country's institutional and political background, hindered global cooperation in the face of the global health crisis can be found in Tanzania's handling of the COVID-19 crisis under the late former President John Magufuli. Tanzania suspended COVID-19 case reporting in May 2020, ending the official tally at 509 confirmed cases and 21 fatalities (Al Jazeera, 2020; BBC News, 2021). Additionally, Magufuli's regime ignored global vaccination efforts, promoting unverified homoeopathic remedies while downplaying the validity of COVID-19 test kits (Axios, 2021; Dagovetz et al., 2025). These behaviors isolated Tanzania from global health efforts (Al Jazeera, 2020) and raised questions about the effectiveness of global institutions and measures in vaccine diplomacy.

Additionally, global governance institutions lacked hard enforcement authority. For example, the WHO could not compel countries to release excess vaccine stockpiles nor could it enforce technology transfers (Youde, 2020). Delays in waiving intellectual property rights under the TRIPS Agreement (the Agreement on Trade-Related Aspects of Intellectual Property Rights) further obstructed local vaccine production in the Global South (Forman et al., 2023; Human Rights Watch, 2023; Park et al., 2023).

The COVAX governance structure aggravated its limitations. It operated in a public-private partnership arrangement that made a differentiation between self-financing and subsidized participants, thus widening imbalances in power relations (Schrecker, 2022). Additionally, the non-binding nature of commitments enabled richer countries to circumvent their obligations and seek bilateral deals as alternatives (Harman et al., 2022). Further, the hesitation to waive intellectual property rights under the TRIPS agreement highlighted the reluctance of actors from the Global North to push for equitable local production capacity (Forman et al., 2023).

In addition, international institutions, such as the United Nations and the World Health Organization, lacked the necessary authoritative strength to guarantee equitable actions among sovereign states. According to UN Secretary-General, António Guterres, there was no pre-existing framework for the enforcement of pharmaceutical licensing or the equitable distribution of vital health interventions (Forman et al., 2023). COVAX was severely impacted by supply chain interruptions. India's second COVID-19 wave and the resultant export restrictions significantly curtailed the supply of vaccines from the Serum Institute, which is COVAX's main supplier (Wilkins et al., 2024). This reliance on a single source, coupled with geopolitical dynamics, highlighted the essential weaknesses in the organization.

Conclusions and Recommendations

Evidence in this study reveals a complex picture, where initial displays of unity were systematically undermined by entrenched national interests and structural inequities. The pandemic acted less as a unifier and more as a magnifier of pre-existing flaws within the global governance system. Initiatives like COVAX, while symbolizing the aspiration for collective action, ultimately proved insufficient against the forces of vaccine nationalism and geopolitical competition. The result was a fragmented global response that privileged the security of wealthy nations and marginalized the most vulnerable ones, thereby deepening global divides rather than bridging them.

To prevent a recurrence of these failures, a fundamental reorientation from voluntary to binding cooperation is essential. The following measures are proposed: International agreements must enforce equitable access to health resources based on need, not wealth, to counter the failure of voluntary commitments. Multilateral institutions should establish standing, well-resourced task forces with inclusive global representation to overcome the fragility of ad hoc cooperation. To reduce delays and dependence, investment in regional health surveillance and rapid-response systems, especially in low- and middle-income countries, is crucial. To move beyond soft power, international institutions must be strengthened with legal authority and enforceable norms rooted in equity and shared responsibility.

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