

*RSIS Commentary is a platform to provide timely and, where appropriate, policy-relevant commentary and analysis of topical and contemporary issues. The authors' views are their own and do not represent the official position of the S. Rajaratnam School of International Studies, NTU. These commentaries may be reproduced with prior permission from RSIS and due recognition to the author(s) and RSIS. Please email to Mr Yang Razali Kassim, Editor RSIS Commentary at [RSISPublications@ntu.edu.sg](mailto:RSISPublications@ntu.edu.sg).*

*Global Health Security  
COVID-19 and Its Impacts*

## **Vaccine Resilience: Next Stage in ASEAN's War?**

*By Jose M.L. Montesclaros*

### **SYNOPSIS**

*The next stage in ASEAN's COVID-19 war lies in partnerships to establish local vaccine manufacturing centres within member states, to strengthen the region's "vaccine resilience".*

### **COMMENTARY**

FOR MANY countries, the timing for re-opening borders and re-energising economies in the COVID-19 era depends crucially on fully vaccinating all (or at least two-thirds) their populations, to achieve a semblance of "herd-immunity".

The ASEAN region, with its population of 676 million, needs 1.35 billion doses for full inoculation (assuming two doses per person), and has secured commitments to deliver 939 million vaccine doses sufficient to fully vaccinate two-thirds of its population. The question of timing is relevant, however, when one considers that today, only 252 million doses have been successfully delivered based on the [UNICEF's COVID-19 Vaccine Dashboard](#). This is sufficient for 126 million people, or less than a fifth (19%) of ASEAN population.

### **Vaccine Hauling: Not ASEAN's Fight**

Adding salt to injury, the current COVID-19 situation in the region has been significantly worsening. Most regional countries are seeing their highest levels of active cases of COVID-19 (Indonesia, Laos, Malaysia, Myanmar, Thailand and

Vietnam) – perhaps too many for their healthcare capacity to handle. With further deaths impending, the need to draw more vaccines, to speed up the process towards “herd-immunity” for the region, was never more urgent.

The obvious challenge is that there are global capacity limitations to vaccine supplies. Today, 4.2 billion doses of COVID-19 vaccines have been manufactured and shipped globally, which means inoculating 2.1 billion people or about a quarter of world population (26%). Thus, vaccine supplies are still far off the mark of achieving “herd-immunity” at the global level.

The ideal, for equitable vaccine access, is that all countries globally would have vaccines equivalent to the same share (26%) of their country’s population. Compared to the ideal that ASEAN has vaccines sufficient to inoculate 26% of population, the region is doing poorly as its vaccine supplies are only enough for 19% of its population.

Arguably, higher-income ASEAN countries like Singapore can secure vaccines faster, achieving 57% full vaccination. In contrast, for most ASEAN countries which are of either low- or middle-income status, hauling in more vaccines by bidding higher prices is not the kind of fight they can win.

### **Intellectual Property Rights: A Fight No One Wins**

This reality check logically directs our attention away from the scramble to getting a bigger share of the pie, and towards the task of expanding vaccine availability.

The state of play is that the scientific community has already achieved the stellar feat of discovering vaccines for such a novel pandemic, and getting the World Health Organisation’s ([WHO](#)) approval, *in less than two years*. The baton has now been passed to the private sector to swiftly manufacture these vaccines. This “brick-and-mortar” process of establishing new vaccine manufacturing plants or tailoring existing plants globally for this purpose, is supposed to be way simpler than scientific vaccine discovery.

An apparent hurdle in this rally, lies in intellectual property rights. The World Trade Organisation’s (WTO) Trade-Related Aspects of Intellectual Property Rights ([TRIPS](#)) agreement, requires countries to obtain licences from the vaccine developers before manufacturing their vaccines.

Some countries (led by Brazil, South Africa and India) are pushing against this. They argue, [temporarily lifting the application of TRIPS](#) when it comes to approved COVID-19 vaccines, will allow vaccines to be manufactured *en masse* across all countries. A similar option proposed, is if ASEAN states applied “[compulsory licensing](#)” or mandated vaccine developers to give out licences to produce vaccines.

This fight to skirt intellectual property rights, however, is one where no one really wins. This is because either lifting TRIPS or applying “compulsory licensing”, will remove the “carrot” or incentive for vaccine innovation and development.

If pharmaceuticals find that they cannot reap the rewards of their earlier investments in COVID-19 vaccine development, then it makes less business sense for them to

continue to invest in COVID-19 vaccines. In the long-run, this could debilitate the global community in adapting to the rapidly-evolving virus (case in point: the [Delta variant](#) today).

### **From Contesting to Cooperating: Public-Private Partnership**

What evades the notice of most countries, is that it is possible to work with the system, and to treat private companies as partners rather than rivals. Patches of partnerships between local and international companies are already happening in the ASEAN region, within Indonesia, Singapore, the Philippines and Thailand.

For instance, Indonesia's [Biopharma](#), the region's largest state-owned biopharmaceutical plant, is eyeing to produce 250 million doses of Sinovac's vaccines. [Biontech](#) is aiming to setup a Singapore plant to add "hundreds of millions" to its regional manufacturing capacity, while Thailand's Siam Bioscience is partnering with AstraZeneca to produce [180 million doses](#) a year.

These examples show that states *can indeed* work with the private sector in expanding the region's "vaccine resilience", although this begs a further transformation in local policies and practices, and strong state backing.

For instance, the Philippines previously had no prominent vaccine manufacturers, based on an earlier [ASEAN baseline study](#). Today, local firm Glovax is partnering with Korea's EuBiologics to produce EuCorVac-19 vaccines.

### **The Real Enemy: Time**

This would not have been possible, without state support by promising to buy [40 million](#) vaccine doses, and in setting-up "[Green Lanes](#)" to counteract red tape in securing permits/licences/authorisations. This feat required collaboration among state institutions governing health, food/drugs, trade/industry, investments and science/technology, led by its National Task Force Against COVID-19.

While ideological debate on IP rights may be constructive, the real battle today in the war against COVID-19, is not between states and companies, but against time. The past year and half have shown that the pandemic waits for no one.

The rest of the region would benefit from emulating the examples of Indonesia, the Philippines, Singapore and Thailand in providing strong state support to launch more effective counters to COVID-19, in partnership with the private sector.

---

*Jose M.L. Montesclaros is a Research Fellow with the Centre for Non-Traditional Security Studies (NTS Centre), S. Rajaratnam School of International Studies (RSIS), Nanyang Technological University (NTU), Singapore. This is part of a series.*

---