MRS Journal of Multidisciplinary Research and Studies
Abbreviate Title- MRS J Mul Res Stud
ISSN *(Online) 3049-1398*
Vol-2, Iss-10 (October-2025)

OPEN ACCESS

THE LANGUAGE OF REVOLT IN AN UNEQUAL WORLD: VACCINE NATIONALISM

Dr. Ozge Tenlik*

St Clements University

Corresponding Author: **Dr. Ozge Tenlik** (St Clements University)

Article History: Received: 10 / 09 / 2025:, Accepted: 26 / 09 / 2025:, Published: 03 / 10 / 2025

Abstract: The COVID-19 pandemic has not only been a health crisis but also a turning point that deepened debates on justice and inequality at the global level. One of the most critical phases of the pandemic-the development and distribution of vaccines-brought the concept of "vaccine nationalism" to the forefront. Vaccine nationalism is defined as states prioritizing limited vaccine supplies for their own citizens, engaging in large-scale stockpiling, and relegating international solidarity to a secondary position (Fidler, 2021). This situation particularly restricted access to vaccines for low- and middle-income countries and made inequalities in global health more visible. Although global mechanisms such as the World Health Organization (WHO) and COVAX undertook significant initiatives with the aim of ensuring equitable vaccine distribution, the economic and political priorities of powerful states often limited the effectiveness of these mechanisms (Eccleston-Turner & Upton, 2021). Thus, the pandemic emerged as an arena where the preservation of the "global common good" and the pursuit of national interests clashed within international relations. This article examines vaccine nationalism in the context of global inequality and discusses its consequences in terms of both international cooperation and health diplomacy. While highlighting the unequal effects of the pandemic, the study also explores how the concept of justice in global health has been redefined in the international system. The findings demonstrate that vaccine nationalism is not merely a short-term crisis management preference but a phenomenon that reproduces permanent injustices within the global order.

Keywords: *Vaccine nationalism, global inequality, COVID-19, health diplomacy, COVAX.*

Cite this article: Tenlik, O. (2025). THE LANGUAGE OF REVOLT IN AN UNEQUAL WORLD: VACCINE NATIONALISM. *MRS Journal of Multidisciplinary Research and Studies, 2(10),36-40*

Introduction

The COVID-19 pandemic, as one of the most devastating global health crises in modern history, revealed not only a biological threat but also economic, political, and social inequalities. The outbreak strained the capacity of health systems, disrupted global supply chains, and forced states to adopt extraordinary measures. However, one of the most critical stages of the pandemic-the development and distribution of vaccines-placed the concept of "vaccine nationalism" at the center of international relations and global justice debates. Vaccine nationalism is defined as states prioritizing limited vaccines for their own citizens, engaging in large-scale stockpiling, and pushing international solidarity mechanisms into the background (Fidler, 2021). This approach particularly limited access to vaccines for low- and middle-income countries and deepened the inequalities created by the pandemic. While wealthy countries secured supplies amounting to several times the size of their populations, many countries in Africa and South Asia were able to vaccinate only a small portion of their populations (Bollyky & Bown, 2020). Thus, the pandemic became a process that reproduced not only inequalities in health but also the structural inequalities of the international system. Initiatives such as the World Health Organization (WHO) and COVAX sought to establish global solidarity mechanisms that aimed at equitable vaccine distribution. However, the economic and geopolitical interests of powerful states significantly limited the effectiveness of these mechanisms (Eccleston-Turner & Upton, 2021). This situation revealed that the "global common good" and national interests are in constant tension within the international system. This process, which can be considered one of the most significant tests of health diplomacy, showed that inequalities are not only linked to economic indicators but also directly reflected in human life. In this regard, vaccine nationalism emerges not merely as a short-term crisis management choice but as a phenomenon that deepens inequalities in the global order. The pandemic demonstrated both the fragility of international cooperation mechanisms and the extent to which principles of justice and equality can be neglected in global health policies. Therefore, this article aims to examine vaccine nationalism in the context of global inequality and to analyze its consequences from the perspective of both international relations and health diplomacy. The vaccine nationalism brought about by the pandemic can be considered a critical test not only in the field of health policies but also for international relations and global governance. The injustices experienced in vaccine distribution exposed the structural inequalities of the existing global order and highlighted the inadequacy of interstate cooperation in preserving the "global common good." In this sense, vaccine nationalism provides an important case for understanding how the international system functions in times of crisis, how national interests tend to override

global solidarity principles, and under what conditions demands for equality are pushed aside. Furthermore, this process exposed the fragility of global health diplomacy, demonstrating that concepts such as justice and equality are not merely normative ideals but vital necessities in international policy debates. Accordingly, the relationship between vaccine nationalism and global inequality is of critical importance not only in the context of the current crisis but also in potential future health and security threats.

Theoretical Framework: Approaches to Vaccine Nationalism and Global Inequality

To understand vaccine nationalism and its relationship with global inequalities, it is necessary to evaluate different theoretical approaches together. In this context, theoretical debates in both international relations and political philosophy allow us to address the issue in a multidimensional way. First, vaccine nationalism can be defined as the tendency of states to prioritize their own national interests over global solidarity. This tendency directly aligns with realism, which emphasizes power, security, and the primacy of interests in international relations. According to realist theory, states are primarily responsible for ensuring the security of their own citizens in times of crisis. Therefore, the stockpiling or prioritization of access to COVID-19 vaccines by wealthy states can be explained through realism's "state-centered" understanding of interest (Fidler, 2021). In contrast, liberal theory highlights the role of international cooperation and institutions. The World Health Organization (WHO) and the COVAX initiative, which aimed at fair vaccine distribution, reflect the liberal perspective's emphasis on the global common good in health. However, as observed during the pandemic, international institutions proved weak in the face of unilateral state policies, revealing the fragility of the global cooperation envisioned by liberal theory (Eccleston-Turner & Upton, 2021). From the perspective of political philosophy, vaccine nationalism can also be discussed within the framework of theories of justice. John Rawls, in A Theory of Justice (1971), introduced the principles of "fair equality of opportunity" and "justice as fairness," which offer universal criteria applicable to the distribution of health resources. According to Rawls, justice is possible only with arrangements aimed at reducing inequalities at a broader level, not merely within a particular community. In contrast, Thomas Pogge (2002), from a global justice perspective, argues that the current international order reproduces structural inequalities, which are also clearly visible in the field of health. Within this framework, vaccine nationalism emerges as a practice that contradicts the principle of global justice. World-systems theory also provides an important framework for this debate. According to Wallerstein (2004), the world economy is structured around a hierarchy of core, semi-periphery, and periphery states. During the pandemic, core countries held control over vaccine technologies and production capacities, while peripheral countries became dependent on them for access, making global health inequalities even more visible. The allocation of multiple doses to core states' own stockpiles while peripheral states struggled with insufficient vaccination rates represents a contemporary example of the core-periphery imbalance predicted by world-systems theory. Postcolonial approaches, on the other hand, analyze vaccine nationalism in cultural and historical contexts. The continued exposure of formerly colonized countries to health inequalities can be explained through the concept of "structural violence." From this perspective, the injustice in vaccine access is not only economic but also a continuation of historical exploitation. The difficulties faced by African and South Asian countries in accessing vaccines reveal how the global health order reproduces colonial hierarchies (Acharya, 2022). In conclusion, when examined through different theoretical approaches, vaccine nationalism appears not merely as a health policy choice but also as a domain in which global inequalities are reproduced. Realist theories emphasize state interests, while liberal and justice-based approaches highlight the importance of international cooperation and the principle of equality. World-systems theory and postcolonial perspectives expose the structural and historical dimensions of inequality. Within this framework, vaccine nationalism stands as a crossroads where the ideals of justice and equality in the global order clash with national interests. The relationship between vaccine nationalism and global inequality is too complex and multifaceted to be reduced to the abstract debates of theoretical approaches alone. When the state-centered logic of realism, the functionality of liberal institutions, the normative principles of justice theories, the structural analyses of world-systems theory, and the historical emphases of postcolonial perspectives are considered together, the resulting picture shows that global health crises are part of a broader problem of the international order. The injustices in vaccine distribution during the pandemic have both revived classical debates in the discipline of international relations and generated new questions in the areas of global justice, solidarity, and health diplomacy. For this reason, vaccine nationalism should not be regarded merely as a short-term health policy choice but as a test that will shape the future of equality and justice at the global level. The next section will examine how these theoretical debates are reflected in practice, focusing on the effects of vaccine nationalism on global inequalities through current examples and concrete data from different regions.

Global Health Governance and Vaccine Diplomacy

The COVID-19 pandemic tested the international community's capacity to develop collective responses to crises and revealed the fragile structure of global health governance. The World Health Organization (WHO), one of the most important actors in global health cooperation, sought to coordinate the international response from the beginning of the outbreak; however, member states' divergent priorities and emphasis on national interests limited the organization's effectiveness. At this point, vaccine nationalism not only increased inequalities among states but also called into question the legitimacy of global health governance (Moon et al., 2021). The COVAX initiative, established to ensure equitable vaccine distribution, represented in theory one of the most concrete examples of global solidarity. Developed through the partnership of WHO, GAVI, and CEPI, this mechanism aimed to provide equal vaccine access for low- and middle-income countries. However, powerful states prioritized their bilateral agreements and signed direct contracts with vaccine manufacturers, severely weakening COVAX's functionality (Eccleston-Turner & Upton, 2021). This situation clearly demonstrated the extent to which international cooperation mechanisms depend on the consent of states and how such dependence undermines solidarity during crises. Another phenomenon that came to the forefront during the pandemic was vaccine diplomacy. In particular, China and Russia distributed their domestically produced vaccines (Sinovac, Sinopharm, Sputnik V) to many countries in Africa, Latin America, and Asia in ways that expanded their diplomatic influence. China used vaccines as a strategic tool within the framework of the Belt and Road Initiative, while Russia employed them as a geopolitical instrument similar to

its energy diplomacy (Acharya, 2022). These developments revealed how closely health diplomacy is intertwined with global power dynamics. In addition, intellectual property rights related to Western vaccines sparked major debates at the international level. The World Trade Organization (WTO) discussed a TRIPS waiver proposal, which argued for the temporary suspension of vaccine patent protections. However, the majority of wealthy countries opposed the proposal, prioritizing the interests of pharmaceutical companies. Thus, vaccine nationalism reproduced global inequalities not only in distribution but also in production and intellectual property domains (Forman et al., 2021). In conclusion, global health governance and vaccine diplomacy are of critical importance for understanding vaccine nationalism. The pandemic demonstrated the fragility of solidarity in the international system in the field of health and revealed that, in times of crisis, states place their own interests above the global common good. This picture provides the theoretical and institutional basis for better understanding the contemporary manifestations of vaccine nationalism, which will be examined in the following section through concrete examples. One of the most striking debates in the context of global health governance has been how global inequalities are reproduced during crises. While powerful states secured early access to vaccines, most low-income countries became dependent on external aid, further reinforcing asymmetric dependency relations in international relations. This situation demonstrated that global health policies are not merely technical but are deeply intertwined with political and economic power dynamics (Forman et al., 2021). At the same time, vaccine diplomacy has been evaluated as a new instrument of "soft power" in international politics. China's distribution of vaccines in Africa and Russia's similar efforts in the Middle East and Latin America were not merely health assistance but part of broader strategies to expand diplomatic influence. While Western countries joined the process later, the swift moves by Asia-centered initiatives indicated that global power dynamics may be reshaped through health policies (Acharya, 2022). This revealed that health diplomacy is becoming an increasingly strategic dimension of international relations. Moreover, debates on vaccine production and intellectual property rights highlighted the normative dimension of global justice even more strongly. The TRIPS waiver proposal raised at the WTO aimed to temporarily lift patent protections and increase global production, but most wealthy countries opposed it, prioritizing the interests of pharmaceutical companies. This demonstrated that even during a global crisis such as the pandemic, economic interests outweighed humanitarian values (Moon et al., 2021). In this way, the universality of the right to health clashed with national and corporate interests, making the ethical dimension of vaccine nationalism more visible. Finally, the experiences of the pandemic hold critical lessons for the future of global health governance. Building more just and inclusive mechanisms will require not only strengthening international organizations but also developing the political will among states to place the "global common good" above their own interests. Otherwise, in future health crises, vaccine nationalism will likely reemerge and global inequalities will deepen further. Against this backdrop, the next section will analyze the contemporary manifestations of vaccine nationalism through concrete examples and discuss how it has shaped global inequalities.

Ethical and Legal Dimensions of Vaccine Nationalism

The vaccine nationalism that emerged during the COVID-19 pandemic has become central not only to political and economic debates but also to ethical and legal discussions. Although the right to health is defined as a universal right in international human rights instruments, the pandemic made it clear that this right could not be realized equally for all individuals. While Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights guarantee everyone the right to "the highest attainable standard of health," in practice state vaccine policies produced an outcome that contravened this right (United Nations, 1966). From an ethical standpoint, vaccine nationalism stands in sharp contradiction to the principles of "global justice" and "solidarity." Rawls's (1971) theory of justice centers the protection of the interests of the most disadvantaged groups, whereas Thomas Pogge (2002) argues that the current global order structurally disadvantages poor societies. The stockpiling of vaccines by wealthy countries in quantities several times their populations demonstrates how the principles of justice envisioned by these theories were violated. Moreover, as WHO Director-General Tedros Adhanom Ghebreyesus stated, vaccine inequity has been described as "the moral catastrophe of our time," thrusting the neglect of ethical responsibility to the forefront of the international agenda (WHO, 2021). Legally, vaccine nationalism has sparked significant debates in the context of international trade and intellectual property rights. The TRIPS waiver proposed at the World Trade Organization aimed to temporarily lift patent protections on vaccines, enabling low-income countries to manufacture them. However, the majority of wealthy countries opposed this proposal, prioritizing the interests of pharmaceutical companies (Forman et al., 2021). This revealed that, in global health crises, economic interests can take precedence over human life. At the same time, the binding nature of international law and the protection of the global common good returned to the agenda. In sum, the ethical and legal dimensions of vaccine nationalism show that the pandemic was not merely a health crisis but also a test in terms of justice, human rights, and international law. Inequalities in vaccine access laid bare the weakness of global solidarity while also revealing the value system adopted by the international community in the face of common crises. In this regard, vaccine nationalism should be viewed not only as a short-term strategic choice but as a normative issue that will shape the future of global equality and justice. From another ethical angle, vaccine nationalism has shaped not only state behavior but also individuals' and societies' perceptions of trust and justice. Inequalities in access increased distrust toward the global order in low-income countries, creating a dynamic that called into question the legitimacy of international institutions. Presenting vaccine access as a privileged right weakened the sense of global citizenship and reinforced the perception of "double standards" within the international community (Benatar & Upshur, 2021). These developments show that the pandemic triggered not only a health crisis but also a crisis of social trust. From a legal perspective, vaccine nationalism has brought states' responsibilities back onto the agenda in the context of obligations of international solidarity. Although the UN Charter and the WHO Constitution provide normative frameworks that encourage cooperation in global health, practical implementation during the pandemic limited the effectiveness of these norms. In particular, the "right to health" enshrined in international human rights law was effectively violated in the face of vaccine nationalism, clearly demonstrating the need for stronger mechanisms with binding force at the global level (Gostin, 2014). Another dimension concerns bioethics and debates on "global health justice." The four core principles of biomedical ethics-beneficence, non-maleficence,

autonomy, and justice-articulated by Beauchamp and Childress (2013) were reinterpreted globally during the pandemic. The principle of justice, in particular, was intensely debated through the question of which societies should receive vaccines and with what priorities. By revealing how easily these principles can be neglected on a global scale, vaccine nationalism exposed a significant gap regarding the universality of justice in health. Finally, the ethical and legal dimensions of vaccine nationalism should not be seen as circumstances unique to the pandemic. There is a high likelihood that similar injustices will recur in future global crises, including health threats related to climate change and new epidemics. Therefore, vaccine nationalism serves as an important reference point for discussing the ethical and legal framework of responses to future global crises. More robust integration of the principles of justice and equality into global health policies is a fundamental condition for the international community to build a sustainable health order.

Discussion: Contemporary Manifestations of Vaccine Nationalism

During the COVID-19 pandemic, vaccine nationalism manifested in different ways across regions; however, the common thread was that global inequalities became more visible. Wealthy countries purchased enough doses in advance to cover their populations several times over, creating substantial stockpiles, while low- and middle-income countries experienced significant delays in access. This revealed how weak the principle of "justice" is within the global health system and exposed the fragility of international cooperation from the standpoint of health diplomacy (Bollyky & Bown, 2020). Europe offers one of the most striking examples of vaccine nationalism. Although the European Union initially sought to foster solidarity among member states by establishing a "joint procurement mechanism," in practice each member prioritized its own national interests. The tensions between the United Kingdom and the EU over the AstraZeneca vaccine demonstrated how international cooperation can weaken during crises (Fidler, 2021). Additionally, difficulties in accessing Western-origin vaccines in Eastern European countries further deepened regional inequalities. The African continent experienced the most dramatic consequences of vaccine nationalism. While wealthy countries began second and third dose campaigns, many countries in Africa were able to provide a first dose to only a small portion of their populations. The World Health Organization (WHO) described this as a "moral catastrophe" and sought to rebalance distribution through the COVAX initiative (World Health Organization [WHO], 2021). However, COVAX's financial and logistical constraints were insufficient to eliminate the inequality. This picture revealed how sharply the divide between rich and poor countries can widen during global health crises. In Latin America, vaccine nationalism took a different form. Countries such as Brazil, Mexico, and Argentina became dependent on the strategic priorities of great powers for vaccine access; some sought to secure supplies through bilateral agreements with China and Russia. This process showed that global health diplomacy also became a site of geopolitical competition (Eccleston-Turner & Upton, 2021). The Latin American experience demonstrated that vaccine nationalism produces not only health inequality but also geopolitical dependency. In Asia, vaccine nationalism manifested in more complex ways. India-known as "the pharmacy of the world"-halted vaccine exports due to its domestic health crisis, precipitating a severe supply crunch in South Asia. China, by contrast, increased its global influence by supplying vaccines to many developing countries through a policy of "vaccine diplomacy" (Acharya, 2022). These examples show that vaccine nationalism not only generates injustice but also becomes a tool in reshaping international power relations. Overall, the contemporary manifestations of vaccine nationalism reveal the multi-layered dimensions of global inequalities. Health disparities have deepened economic dependencies and geopolitical vulnerabilities, transforming debates on global justice from a merely normative ideal into a vital imperative. The contemporary manifestations of vaccine nationalism demonstrate that the concept of "health justice" in the international system is not only a normative ideal but also an indispensable element of security and stability. Although the prioritization of vaccine access by wealthy countries may appear to safeguard their populations in the short term, it delayed the control of the pandemic in the long term. The emergence of new variants-particularly in countries with low vaccination rates-has revealed that vaccine nationalism is, in fact, an unsustainable strategy even for wealthy states (Fidler, 2021). Thus, the pandemic placed the principle "no one is safe until everyone is safe" at the center of global politics. Furthermore, the consequences of vaccine nationalism for global governance are noteworthy. Although initiatives such as the World Health Organization and COVAX underscored the importance of international cooperation, states' emphasis on sovereignty and the relegation of these mechanisms to a secondary position exposed the structural fragility of global health governance. This process revived debates in international law concerning the protection of the "global common good" (Eccleston-Turner & Upton, 2021). In addition, the use of vaccines by major powers as an instrument of foreign policy transformed health diplomacy into a component of geopolitical rivalry. Finally, the relationship between vaccine nationalism and global inequality is not solely a matter of the present. Similar dynamics are likely to arise in future health crises stemming from climate change or new pandemics. While the pandemic experience exposed the devastating consequences of global inequalities in health, it also revealed the limits of the international community's capacity to develop collective responses to crises. Therefore, vaccine nationalism should be regarded not merely as a practice specific to a single pandemic but as a test of justice and solidarity for the international system.

Conclusion and Evaluation

The COVID-19 pandemic has been not only a health crisis but also a breaking point that exposed issues of justice and inequality on a global scale. The emergence of "vaccine nationalism" during the most critical stage of the pandemic-vaccine development and distribution-demonstrated that states prioritized their national interests over global solidarity, significantly weakening the principle of justice in global health. While wealthy countries secured vaccine supplies several times greater than their populations, low- and middle-income countries experienced severe delays in access, revealing the structural inequalities embedded in the international system (Bollyky & Bown, 2020). Although vaccine nationalism may have seemed like a security strategy for states in the short term, in the long run it delayed global efforts to control the pandemic. The rapid spread of the virus in regions with low vaccination rates and the emergence of new variants proved this strategy unsustainable (Fidler, 2021). This has shown that pandemics are not the problem of a single country but a shared global challenge, and that global health crises can only be

overcome through collective action. The performance of international cooperation mechanisms became a key topic of debate throughout this process. Initiatives such as the WHO and COVAX sought to promote equitable distribution of vaccines, but state sovereignty and economic interests largely limited their effectiveness (Eccleston-Turner & Upton, 2021). This revealed the fragility of global governance and demonstrated the weakness of interstate solidarity in protecting the "global common good." At the same time, the use of vaccines by major powers as tools of foreign policy highlighted how health diplomacy became part of geopolitical competition (Acharya, 2022). The findings demonstrate that vaccine nationalism has become a central concept not only in the health domain but also in broader debates on international justice, inequality, and security. The pandemic experience revealed how easily principles of global justice could be sidelined during crises and how quickly inequalities could deepen. In this sense, vaccine nationalism is both a reflection of the structural problems of the global system and a source of critical lessons for future health and security crises. In conclusion, vaccine nationalism should be understood as both a cause and a consequence of global inequalities. This phenomenon clearly demonstrates the necessity of developing new approaches to global health justice, international cooperation, and human security. Preventing similar crises in the future will require strengthening health diplomacy, enhancing the capacity of international institutions, and adopting a justice-based approach to global governance. Otherwise, pandemics will cease to be merely biological threats and will continue to serve as key mechanisms reproducing global inequalities. The global inequalities created by vaccine nationalism extended beyond the health domain, directly impacting other societal areas such as education, the economy, and social life. In countries with low vaccination rates, prolonged lockdowns exacerbated the digital divide in education, making intergenerational inequalities more permanent. Moreover, the recovery of labor markets took place more quickly in countries with early access to vaccines, while economic losses lasted much longer in countries with limited access (Piketty, 2020). This shows that vaccine nationalism played a decisive role not only in health but also in the unequal distribution of global prosperity. Another important dimension relates to debates on ethics and humanitarian responsibility. The pandemic revealed which values the global community prioritizes in times of crisis. While wealthy countries shielded their populations with surplus doses and left poorer countries to their fate, the fragility of the idea of "global citizenship" became evident. At this point, it is clear that the principles of justice, solidarity, and equality must be reconsidered at the level of international norms. Indeed, WHO Director-General Dr. Tedros Adhanom Ghebreyesus's description of vaccine inequity as "the moral catastrophe of the pandemic" placed this debate at the heart of the global agenda (WHO, 2021). Finally, the long-term consequences of vaccine nationalism will directly shape the future of the international system. Global health crises are no longer solely medical issues but also matters of national security, human rights, and international stability. Future pandemics are inevitable; therefore, the lessons learned from vaccine nationalism are of vital importance. For a more equitable and just system of global health management, not only technical mechanisms but also strong political will are required. Unless the international community develops an approach that prioritizes the global common good, health crises will remain cyclical arenas in which global inequalities are continually reproduced.

References

1. Acharya, A. (2022). Vaccine nationalism and the global south: A postcolonial critique. Third World Quarterly, 43(2), 389-407. https://doi.org/10.1080/01436597.2021.2000449
2. Beauchamp, T. L., & Childress, J. F. (2013). Principles of biomedical ethics (7th ed.). Oxford University Press.
3. Benatar, S., & Upshur, R. (2021). Lessons from COVID-19: Rethinking global health and justice. Global Public Health, 16(8-9), 1373-1385. https://doi.org/10.1080/17441692.2021.1927870
4. Bollyky, T. J., & Bown, C. P. (2020). The tragedy of vaccine nationalism. Foreign Affairs, 99(5), 96-108.
5. Eccleston-Turner, M., & Upton, H. (2021). International cooperation in a pandemic: The COVID-19 experience. Journal of International Affairs, 74(2), 23-42.
6. Fidler, D. P. (2021). Vaccine nationalism's politics. Global Public Health, 16(8-9), 1151-1162. https://doi.org/10.1080/17441692.2021.1925951
7. Forman, R., Shah, S., Jeurissen, P., Jit, M., & Mossialos, E. (2021). COVID-19 vaccine challenges: Beyond the headlines. Health Policy, 125(5), 553-567. https://doi.org/10.1016/j.healthpol.2021.03.012
8. Gostin, L. O. (2014). Global health law. Harvard University Press.
9. Moon, S., Armstrong, J., Hutler, B., & Upshur, R. (2021). Governing the access to COVID-19 tools accelerator: Toward greater participation, transparency, and accountability. BMJ Global Health, 6(7), e006832. https://doi.org/10.1136/bmjgh-2021-006832
10. Pogge, T. (2002). World poverty and human rights: Cosmopolitan responsibilities and reforms. Polity Press.
11. Piketty, T. (2020). Capital and ideology. Harvard University Press.
12. Rawls, J. (1971). A theory of justice. Harvard University Press.
13. United Nations. (1966). International covenant on economic, social and cultural rights. https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights
14. World Health Organization. (2021). WHO Director-General's opening remarks at 148th session of the Executive Board. https://www.who.int