

THE PROSPECTS AND LIMITS OF INTERNATIONAL COOPERATION AND SOLIDARITY IN COVID 19 MANAGEMENT: A COMPARATIVE STUDY



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Submission date: 21/04/2022 Acceptance date: 11/11/2022 Publication date: 01/02/2023

Abstract:

This paper investigates Covid 19's impact on international cooperation and solidarity at the international and regional level with a special focus on North Africa. Both data analysis and comparative approach are used to highlight the pandemic's impact on the already existing discrepancies between different regions of the world. The findings of the research highlight a differentiated situation in North Africa in comparison to the rest of the continent with some regional and local dynamics of cooperation and solidarity. Moreover, patterns of international cooperation and solidarity such as COVAX and the patent waiver initiative showcases the challenges to address the pandemic in a holistic approach and to translate the "No one is safe unless everyone is safe" into deeds.

key words: Covid 19, International cooperation, Solidarity, North Africa, vaccine waiver, COVAX.

ملخص:

تبحث هذه الورقة في تأثير جائحة كوفيد 19 على التعاون والتضامن الدوليين على المستويين الدولي والإقليمي وبشكل خاص على شمال إفريقيا. يتم استخدام كل من تحليل البيانات والنهج المقارن لتسليط الضوء على تأثير كوفيد 19 على الفوارق الموجودة ما بين مناطق مختلفة من العالم. تسلط نتائج البحث الضوء على الحالة المختلفة في شمال إفريقيا مقارنة بباقي أنحاء القارة وكذا وجود ديناميكيات تعاون جهوية و محلية . علاوة على ذلك، تُظهر أنماط التعاون والتضامن الدوليين، على غرار كوفاكس و رفع براءات الاختراع في الميدان الطبي تحديات لمواجهة الوباء من خلال نهج شامل وترجمة عبارة "لا أحد في مأمن ما لم يكن الجميع آمنين" إلى أفعال.

الكلمات المفتاحية: كوفيد 19 ، التعاون الدولي، التضامن، شمال إفريقيا، رفع براءات الاختراع، كوفاكس.

Introduction:

From its inception, the global reach of Covid 19 pandemic constituted a litmus test for a number of mainstream International Relations assumptions such as interdependence and international cooperation and solidarity in moments of crisis. The situation further revealed the vulnerability of the capitalist model and globalization as its main tool.

The world was facing new type of threats with unprecedented rates of contamination worldwide and growing anxiety into leaders and societies with regards to the consequences of this unknown but highly contagious and potentially lethal disease.

This unprecedented situation constituted a proof of the fragility and common destiny of humanity and urged the International Community to tackle diverse challenges in a holistic and collective move. However, contradictory behaviors were noted through the different stages of the crisis. From travel restrictions on certain countries to the scramble for protective and screening material following the COVID 19 outbreak, new patterns at the international, regional and local level questioned **the relevance and effectiveness of international cooperation in this new type of health emergency and the ability to outweigh narrow interests.**

Our purpose is to analyze international cooperation and solidarity at the international, regional and local level with a special focus on North Africa in order to assess the effectiveness and fault lines of this important component of international relations in a context of global and unprecedented emergency.

To do so, we privilege data analysis as well as a comparative approach of the different patterns of behaviors observed at the international level (COVAX, vaccine waiver proposal), especially in North Africa, where innovative dynamics of cooperation and civil society solidarity are highlighted.

Covid 19: A Global pandemic with uneven regional impacts

Overview of the global situation

Assessing Covid 19 impacts is a challenging task. Mainly, the consequences of the ongoing crisis are multidimensional (socio-economic, geopolitical and strategic) and are to be addressed both at the short, medium and long term. The fact that the crisis is still an ongoing process that can take different paths is worth recalling.

To a large extent, the pandemic acted as a “revealer” with exacerbating effects of world socioeconomic discrepancies, with the least developed countries being more vulnerable and most impacted (World Bank). The scarcity and poor quality of health infrastructures is often deemed a major reason for this gap, along with structural fault lines (lack of digitalization in administrations and economic sectors).

Highly integrated regions, for instance, the European Union were one of the hardest hit by the pandemic (in terms of number of contaminations) despite more investments being allocated to health sector and Research and Development. According to the World Bank, EU’s health expenditures in 2018 was 9,86% of its overall Gross Domestic Product (GDP), while the average in North Africa is around 5,85% of GDP (No data for Libya was available) while MENA region scored 5,83% (World Bank, 2021).

North Africa: a differentiated situation

The impact of covid 19 on North Africa is worth analyzing as data shows that the region has been less affected than the rest of the African continent. Taking into consideration the geographical proximity to Europe as well as human and economic mobility and exchanges between the latter and North Africa, the pace of contamination was significantly lower.

North Africa accounted for 2,64 Million on the 273 Millions Covid 19 cases globally, as of 30 dec 2021 (Galal, 2021). Hence the region accounted for 0,96% of global contaminations which might be considered as marginal when compared to the rest of the world as well as to the African continent that has been severely impacted by the virus.

This reality is further enhanced by the vaccination discrepancy: 8,4% of low income population have received at least one vaccine dose (Our World in Data, 2021). While the average vaccination rate is around 45% with the notable exception of the African Continent that is lagging behind.

Consequently, the various vaccination targets seems to be out of reach especially in Africa that scores only 8% of fully vaccinated population. Meanwhile, Asia and Oceania reached 50%, North America 55%, South America, 60%, Europe 59% of their respective population (as of dec.6th, 2021) (Martin Armstrong, 2021).

Table 1- Covid 19 cases and vaccination in North Africa (author's elaboration from John Hopkins database and our world in data (www.ourworldindata.org, <https://coronavirus.jhu.edu>). (as of Dec.30th,2021).

Country	Confirmed cases	Deaths	Case fatality	Fully vaccinated
Algeria	213,745	6,171	2,9%	13,03%
Libya	380,464	5,583	1,5%	12,05%
Mauritania	39,964	852	2,1%	15,99%
Morocco	952,189	14,802	1,6%	63,05%
Tunisia	720,518	25,450	3,5%	49,85%
World	284 711 522	5425172	1,9%	Nearly 50%

Table 1 highlights a prominent death fatality in Tunisia. The latter was the hardest hit North African country with more than 25,000 registered deaths while Mauritania recorded the lowest death toll (852). This can be partly explained by tourism influx between Tunisia and Europe that has severely impacted on the epidemic spread in the North African country. But other explaining factors should be investigated.

Further, the hardest hit countries (Tunisia and Morocco) were the ones that recorded higher full vaccination ratio, which can be explained by more awareness of the risks of contracting the disease, or vaccine shortages and economic constrains in these countries.

From an economic perspective, highly specialized economies that depend on a single sector faced significant difficulties in the different stages of the pandemic, especially those relying on tourism and tertiary sectors (Tunisia and Morocco). Consequently, these countries have been highly impacted by virus propagation while travel bans and lockdowns have put additional stress on the socioeconomic situation.

Tunisia and Algeria, meanwhile, seized the opportunities offered by this situation to score major steps. The digitalization of administration and distant or e-learning and economy diversification to compensate oil prices or tourism were notable hallmarks.

With respect to the vaccination process, the low pace of vaccination in some countries, such as Algeria seems to be the result of reluctant behaviors rather than doses shortages (الإذاعة الوطنية، 2021). This situation might lead policymakers to consider imposing vaccination pass in public spaces in order to meet the vaccination targets and fill the gap with the rest of the world.

International Cooperation in a constrained context

The pandemic outbreak constituted a litmus test for international cooperation and solidarity in many respects. Different patterns of anarchy and competition were noted while mechanisms of solidarity in direction of poorest countries did not live-up to their expectations.

Public Health and International cooperation: A common goal?

International cooperation is one of the cornerstones of the post World War II International interactions and is an important component of each nation-state's foreign policy. It implies addressing critical issues and crisis that might arise in a specific country or region through bilateral or multilateral assistance and solidarity.

As such, it is complementary to diplomacy, dialogue and all peaceful means of interactions.

Article 1 paragraph 3 of the United Nations' Charter, highlights international cooperation as one of the main purposes of the United Nations "To achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character..." (United Nations, 1945).

According to Acheson, public health can be defined as: "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (World Health Organization).

Despite the establishment of the World Health Organization (WHO) in 1948, health issues were not specifically on top of the international agenda. Traditionally, the major part of the Organization's missions was dealing with predominant diseases in the least developed countries (HIV, Yellow Fever, Malaria) and was very seldom a subject of concern and negotiation for world leaders. The fact that the previous epidemic crisis such as H1N1 were often limited to narrow geographic areas with modest contamination patterns can explain this tendency.

It is worth recalling below some key texts that pledge for the centrality of Health issues.

WHO's constitution, for instance, brings to the fore the connection between health, security and peace as it considers in its preamble, Paragraph 4 that "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States" (UN Treaty Collection, 1948).

Health is also a key priority of the United Nations' different initiatives aiming at achieving a more equal and secure world. Hence, three out of eight of the Millennium Development Goals (MDG's) are dealing with health, mainly goals Number four, five and six (United Nations) while health ranks third in the United Nations' Sustainable Development Goals (SDG's).

Article 25, paragraph 1 of Human Rights Universal Declaration states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (United Nations, 1949).

These legal insights provide arguments to consider health access in times of crisis as an elementary right and priority for the whole World population, irrespective of their nationality or standard of living and location.

At the African level, it is worth noting that the African Union adopted a proactive approach on health expenditures as early as 2001 with the Abuja Declaration through which African leaders pledged to allocate 15% of their States' respective budget to health (Agnes GatomeMunyua, 2020). Despite the fact that the target has not been met by all member states, experts highlighted the existence of good practices in some African countries, notably in North Africa.

Drawing from above, and despite the fact that the international community did not face a global scale pandemic since 1945, the legal framework regarding health was to some extent already provided for inside the United Nations and Regional and International Organizations.

With the pandemic outbreak, many parties voiced their concerns on the discrepancy that may arise between developed or rich countries in one hand and developing or least developed countries and called for fostering existing mechanisms of cooperation to absorb such gap.

Some parties have already called for new legal instruments that will take stock from the lessons of COVID 19 crisis and prevent future crisis. As such, the idea of a pandemic treaty is already being discussed at the WHO level (WHO, 30 March 2021), especially as the latter warns that new pandemics may emerge.

Cooperation initiatives: Prospects and limits

Different challenges at the national and international level emerged as a direct or indirect consequence of global health emergency. Since no country could afford to permanently close its boundaries and stop its economic exchanges, a **global common response** and concertation seemed to be the best and most effective option. Such endeavor had consequently to be negotiated at dedicated bodies such as the United Nations and the World Health Organization (WHO), and regionally (African Union, European Union).

Facing a virus that did not recognize boundaries, WHO adopted the motto of “**No one is safe unless everyone is safe**”, that implied favoring global equity in terms of protecting worldwide population as the best option to overcome the crisis.

However, a closer examination of events record in the wake of the first cases of covid 19 outside China argue for different behavior patterns from nation states worldwide as they entered into competition in order to access by all means screening and protective material. Some countries even went into bargaining with producers in order to override other countries' orders (Bradley, 2021).

In February 2020, as the first cases of Covid were announced in Italy, the latter faced severe measures from its European neighbors in a desperate move to halt the virus propagation.

The situation was further exacerbated by the problems of shortages and dependency on the Asian market (mainly China and India) both for protective material and medicines that were supposed to relieve symptoms (Bradley, 2021).

There was consequently a scramble to secure the largest share of vaccine production while many countries struggled to get their first vaccine deliveries for several months as the industry had to adapt to this new demand peak.

The situation questioned the relevance of boundaries, international cooperation but also overdependence and industrial dislocations.

In this context, developing countries were lagging behind and seemed to be more vulnerable from different perspectives. Not only did they struggle to secure vital materials, but their health infrastructures and demographic specificities (townships, highly populated areas, low ratio of intensive care units per capita) seemed to expose them to higher contamination and death rates.

Overall, the selfish patterns noted in the wake of the health emergency were protracted in the consecutive stages of the pandemic as we will develop below.

COVAX Mechanism: A virtuous circle?

The announcement of vaccines effectiveness on COVID 19 was supposed to bring world relief with an eagerness to return to normal life and mobility habits. The economic sector responded swiftly to the promising news with positive economic outlooks and forecasts and rising crude oil prices after several months of uncertainty.

Deemed an innovative mechanism encompassing private and public stakeholders (CEPI coalition for epidemic preparedness Innovations, GAVI Vaccine Alliance, WHO and UNICEF), COVAX was launched in April 2020, with the purpose of accelerating the development, production and fair access to COVID 19 tests, treatments and vaccines worldwide. Its overall aim was to help economic revitalization by speeding up the pace of vaccination of at least 20% of each country's population with a wide range of vaccines.

Access To Covid tools Accelerator (ACT) had a budget of 18,9 Billion USD as of 29 oct 2021 (WHO) (World Health Organization, 2021).

Despite the COVAX mechanism and a number of pledges being made by different stakeholders, the mechanism did not live up to its expectations and is currently facing criticism. A balanced distribution of vaccines appears to be difficult to realize for many reasons.

While WHO tried to raise International Community's awareness on the primacy of a balanced and fair vaccination process worldwide, especially in Africa, developed countries privileged recall shots of vaccines to their population. This led to further delays in deliveries of commitments to COVAX as well as other solidarity mechanisms.

In a highly integrated world, such unilateral endeavors preferred immediate aims over long term ones and narrow interest over global ones. On the other hand, some studies have strongly argued that the discrepancy in vaccination rate might lead to the emergence of more aggressive variants into unvaccinated populations

(Yadav, 2021) which mean that unless all countries have a similar rate of vaccine coverage, no long term recovery can be considered. Moreover, no country can pull itself out of the pandemic despite vaccinating its whole population because of goods and people mobility (we can cite the case of Israel for instance, that could not curb the virus spread despite a high ratio of vaccinated population and consecutive recall shots).

Consequently, we can think of the vaccination process as a virtuous circle that can only be effective if evenly generalized to world population. Accordingly, failing to achieve such balance will transform the process into a vicious circle where no escape from new waves and variants can be foreseen for any country.

1 Billion vaccine doses have been delivered through COVAX as of January 17th, 2022 (GAVI, 2022). Falling short of the 11 Billion doses needed worldwide, COVAX mechanism stumbled on a number of issues. First, because of unconfirmed pledges from countries, especially as India (a medical and vaccine industrial hub) went through a very concerning situation that led to temporary halt of vaccine exports.

Secondly, mismanagement from donors was pointed out by different stakeholders. Two thirds of delivered doses in Africa had short expiry dates (less than 3 months) (Boussion and Caramel, 2021) which led to a poor management of vaccination that led in some cases, such as in Nigeria, to the destruction of considerable batches.

From the other hand, “messenger RNA” vaccines were less used in developing countries because of specific conditions of conservation which led to a narrow choice of options.

Thirdly, it is worth noting that COVAX turned to be less effective because of geopolitical competition. As such, the non-adherence of countries such as China and Russia that privileged a bilateral “vaccine diplomacy” was a major setback to the mechanism. Moreover, the bilateral channel of China and Russia seemed to be more effective and implied less complex processes. This situation led some developing countries to look for complementary (autonomous or bilateral) projects to catch back the vaccination gap and halt the epidemic surge.

More broadly, the problem of time constraints seems to have played a key role in the stalling of the mechanism in the face of a very complex and constantly evolving epidemic situation with new variants and unpredictable epidemic hotspots. In other words, the virus seemed to be faster than the mechanisms in place (Bradley, 2021).

The vaccine waiver initiative

The discovery of vaccines and the difficulty of developing countries to acquire sufficient quantities have led to alternative initiatives such as calling for a vaccine patent waiver. The main idea behind the project was to allow flexibility over drugs and vaccines patents worldwide in order to curb the spread of the virus and allow a certain level of *know how* and technological transfer in the field of medical products.

In October 2020, South Africa and India introduced the proposal to the World Trade Organization (WTO) in order to waive partly or temporarily the intellectual property rights with the objective of allowing countries to produce or import necessary material (World Trade Organization, 2020) and calling for the lifting of barriers that might exacerbate access inequity. More than a hundred countries backed the proposal.

However, the project faced deadlock as a number of countries such as the United States, Switzerland and the United Kingdom were skeptical about the project as they considered the measure ineffective and eventually leading to counterproductive effects on research and innovation (Chaffin, 2021). In March, 2022, there was a breakthrough on the proposal with a deal concluded between India, South Africa, the European Union and the United States on this issue but the project has still to get the consensus of all WTO members.

Health autonomy as a strategic sector?

Amid global trends where most countries privileged securing the safety and vaccines to their nationals, the notion of health as a strategic sector started to emerge in the public debate. The scarcity and shortages of basic materials and the concentration of vaccine infrastructures in specific parts of the world (mainly China and India) was an argument that questioned medical security and health dependence in Europe and developing countries.

Consequently, many countries had to reconsider their policies and tried to remedy to these shortages with various incentives and measures that will secure the domestic market of sanitary material and vaccines (Ducruet, 2021).

Other ambitious projects involving technology transfer faced significant resistance such as the AFRIGEN project. Based in South Africa, it was meant to develop an RNA vaccine for COVID 19 but failed to get support from leading companies (Boussion et Laurence Caramel, 2021).

Some countries opted for autonomy trying to develop their own industrial infrastructure in health and vaccine production and review the relocating policies that were a consequence of globalization and the World Trade Organization measures.

Consequently and after decades of being considered as expenditures rather than investments and while IMF's Structural reforms often advised countries to reduce Public health spending, we face a very contrasting picture today: the health sector and industry (medical industry and infrastructures) are deemed strategic and many countries are already reconsidering relocating key facilities for instance Europe and France that adopted a strategy of reversing medical and research laboratories dislocations (Ducruet, 2021).

Drawing from above, it is fair to say that the challenge of achieving a balanced vaccination is still difficult and so is the notion of health as a common or universal good (Borges & Dos Santos, 2021).

Further, health and vaccine issues contributed to the already existing geopolitical tensions. Despite the global threat, there was still room for competition and international tensions especially between the USA, China and Russia over different issues. In this context, the vaccines developed by Russia and China were not recognized by some parties such as the USA and the European Union even as they got approved by the WHO.

The pandemic brought a new dimension in the international competition between these countries through health issues and affected the ongoing debates and collective mechanisms to overcome the crisis. Hence, Health issue will probably play a more significant role at the geopolitical level.

This explains the growing trend of rethinking public health as a strategic sector. This conception is translated into effective measures such as investments in research and development, monitoring, and digitalization of the sector (artificial intelligence, tracking).

Regional and Local initiatives of cooperation and solidarity: The case of North Africa

No single country or region, irrespective of its economic performance and technological features was prepared to face the outbreak of COVID 19. As a global threat, it required the collective efforts of all protagonists at different levels: international, regional and local. Consequently, no single option or

solution can pull the world out of the crisis and all efforts should be encouraged at different levels.

As it has been the case with International Organizations and specialized United Nations' Agencies, regional bodies reacted promptly to the crisis and tried to elaborate different mechanisms in order to contribute the global effort of the fight against covid 19.

At the continental level, the African Union launched an African mechanism AVATT (African Vaccine Acquisition Task Team) through which different initiatives are being conducted with leading laboratories and international stakeholders to address the vaccine inequity (African Union, 2020) and boost the existing infrastructures and facilities in the continent.

Despite the fact that economic integration in North Africa is modest, many initiatives showcases interstate solidarity as well as civil society's commitment amidst the pandemic outbreak and the different upsurges.

With respect to interstate solidarity, Algeria offered throughout the crisis material and financial support to neighboring Mauritania (2021 جيو،) and Tunisia (2021 الإذاعة الجزائرية،) and pledged to share its first vaccine orders with Tunisia. These decisions are significant, taking into consideration that Algeria has registered the first cases of Covid 19 and recalling the tense climate of fear and anxiety that prevailed during the pandemic outbreak, where countries were more inclined to secure their health material and equipment at any cost.

Innovation recorded some considerable steps forward in these societies both in public and private sector (Jrad, 2020). Lockdowns opened up opportunities for "start ups" projects to flourish and to develop digitalization and more economic autonomy in protective material and drugs production.

From the other hand, it offered new opportunities of dialogue and collaboration between decision makers and the scientific community of experts. This led to a better conception of local and adapted measures to societal specificities (especially with respect to preventive measures as well as curing protocols).

Eager to achieving more autonomy in the health sector, Algeria developed the concept of health security with the launch of the Algerian Agency of sanitary security in the wake of the pandemic (APS, 2020) and encouraged innovations in health sector that entailed rapid transformative dynamics of its industrial infrastructure (example the medical oxygen production).

The North African country further committed itself to enter the club of vaccine producers countries in 2021 in partnership with China, with the ambition of securing a considerable amount of the African continent needs (APS, 2021).

Civil society played a major role in North African countries as it was quick to step up and join the collective effort to fight the virus. It did so mainly by organizing awareness campaigns and protective material distribution, encouraging local initiatives and supporting health personnel. Nationals abroad organized solidarity shipments to North African countries in the wake of the pandemic.

This dynamics highlighted the high potential of solidarity and the relevance of bottom-up processes in societal solidarity in the region (Altunisik, 2020) (ساحلي، 2020).

Hence, it appeared that less integrated regions were able to innovate and show solidarity in moments of crisis and facing an unknown virus. This can be partly explained with cultural aspects where local solidarity and assistance is deeply entrenched in North African societies even in strained contexts.

Conclusion:

The global scale of the pandemic has put a strain on international cooperation and urged the need to refresh and revise some concepts such as health security and globalization mechanisms (industrial dislocation, intellectual property in the health sector, investments in research and development).

Common features of interdependency, acceleration and complexity (Schwab & Malleret, 2020) constituted additional challenges to the tackling of the sanitary crisis at different stages and levels.

During the different stages of the crisis, international cooperation and solidarity registered notable milestones, innovations and fault lines at the international, regional and local level. There is still room for improving the record of cooperation mainly through existing multilateral (COVAX, Vaccine Waiver), bilateral or autonomous initiatives and mechanisms.

The virus that doesn't recognize boundaries has impacted differently the developed and developing world and exacerbated existing inequalities. However, North Africa stands apart with a milder situation than the rest of the African continent and witnessed different dynamics of cooperation, economic adaptation and strategic autonomy in the health sector both at the regional and local level.

Today more than ever the world must sense the common threat and commit to fight the pandemic in a balanced manner with no distinction between regions and nations. In the face of such new phenomena, innovative legal and practical dynamics need to be conceived. This can only be achieved by taking stock of the pandemic's lessons, replacing the humankind at the center of priorities and rethinking health as a basic right for world population with no distinction.

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