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Viral Power Plays: Vaccine Nationalism and Viral Sovereignty as Revolts Against Global Health Governance
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Abstract

This research examines the phenomenon of state non-compliance within global health governance through two comparative case studies: Indonesia's refusal to share H5N1 viral samples with the World Health Organization (WHO) between 2007 and 2008, and the United States' vaccine nationalism under the Trump administration during the COVID-19 pandemic. Both cases represent distinct but structurally related "revolts" against the WHO's centralized governance architecture—Indonesia's through the doctrine of "viral sovereignty," and the United States' through the "America First" prioritization of domestic vaccine access. This study asks two central questions: how did the WHO's institutional failures create the conditions for these acts of non-compliance, and were the resulting actions successful in filling the health security gaps that the WHO left unaddressed?

Employing a qualitative comparative case study method informed by Pickvance's comparative analysis framework, the research integrates Regime Theory and game-theoretic reasoning—particularly the Prisoner's Dilemma—to explain the structural incentives for defection within the WHO regime, given its reliance on voluntary compliance and absence of binding enforcement mechanisms. The core analytical framework draws on the Copenhagen School's securitization theory, as developed by Wæver and operationalized through Balzacq's (2016) agent-act-context model, to assess whether Indonesia and the United States successfully framed health threats as matters of sovereign urgency and whether these securitizing moves translated into genuine security gains.

The findings indicate that the WHO's structural weaknesses—an upstream absence of benefit-sharing obligations and a downstream inability to compel equitable vaccine distribution—rendered the regime vulnerable to defection precisely during moments of crisis. Both Indonesia and the United States achieved partial success as securitizing actors: Indonesia's viral sovereignty claim catalyzed normative reform through the 2011 Pandemic Influenza Preparedness Framework, while the United States achieved rapid domestic vaccination coverage. However, neither case fully closed the security gap it identified. Indonesia did not secure timely, affordable vaccine access, and its actions inadvertently legitimized future pathogen withholding; the United States' unilateralism prolonged the global pandemic and undermined multilateral trust, generating externalities that ultimately implicated its own long-term health security.

The research concludes that viral sovereignty and vaccine nationalism are best

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understood not as aberrant or purely self-interested behaviors, but as rational responses to genuine architectural deficiencies within the global health governance regime—deficiencies that must be addressed through binding, equitable reform rather than moral condemnation alone.

Keywords : Health Governance, State Compliance, Securitization