Vaccine nationalism: Competition, EU parochialism, and COVID-19

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Abstract

This paper considers the forms of vaccine nationalism specific to responses to SARS-CoV-2. First, it considers the initial vaccine responses to SARS-CoV-2 and how the competition unfolded in a broader, global sense. The second part considers the way the European Union adopted its own type of nationalism, despite claiming to distinguish itself as more humanitarian and equitable in approaching COVID-19 vaccine production, supply, and distribution. The creation of the export control mechanism, and the threat of its use, was itself an expression of Euro-nationalism in action. The need to do so was largely a product of the EU's own making, given its own contractual relationships with the pharmaceutical companies. Finally, this paper contends that the advocacy for vaccine passports, championed by the EU, served to cause parochial ruptures in the bloc for commercial reasons.

Vaccine nationalism: an introduction

On May 4, 2020, the Coronavirus Global Response Initiative, hosted by the European Union, saw the pledging of €7.4 billion by various world leaders, philanthropists, and celebrities. The European Commission made the venture sound deceptively united: “Joining forces to accelerate the development, production and equitable access to COVID-19 vaccines, diagnostics and therapeutics – on-line pledging event.” Representatives from 43 countries, a range of non-profit entities, and scientific groups also added to the number. The amount pledged was also deceptive. EU officials had permitted the pledging of money already spent on COVID-19 relief since January 30, making the raised amount more generous than it otherwise would have been. The United Kingdom was a case in point, having pledged £388 million toward a total as part of a prior pledge for £744 million. The EU bureaucrats were not too forthcoming about how much in terms of new funding was pledged, making it difficult to spot the double-counting.

Notable in the pledge were certain absentees: the United States, Russia, Brazil, India, and Argentina. The discovery, manufacture, and eventual distribution of vaccines would become a “scramble,” drawing attention “to long standing-inequities in public health between the global North and South.” China and Russia were to pursue their programs to distribute vaccines to low-income countries, attracting accusations of vaccine diplomacy; the developed world would stress domestic immunization before international distribution, and in turn be accused of practicing vaccine diplomacy.

While governments can take different steps to achieve this objective [of obtaining access to vaccines], the most common approach is to secure supplies through contracts with pharmaceutical manufacturers that prioritise their orders either because their willing to offer a higher price or because they contract for the supplies at the pre-approval stage, thus taking a part of the risks connected with the development of the new vaccine.

As Ana Rutschman suggests, “vaccine race nationalism appears in the act of reserving millions of doses of new vaccines for domestic use during a transnational public health
crisis.” This tends to be linked with “the use of contractual agreements, usually between a national government and one or more pharmaceutical companies engaged in late-stage development and production of leading vaccine candidates.” The instinct to do so asserts itself even in the face of injury to global health and the prospect of massive economic losses. (A report by the RAND Corporation suggests that the global economic cost of vaccine nationalism could account for up to $1.2 trillion per annum in GDP terms.) But the way such nationalism manifests is complex. We contend that it is consequential and structural to the competitive and desperate nature of vaccine security.

The parceling out of vaccine fiefdoms in the field of immunology and public health is not unusual. Similar efforts were initiated in developing the 2009 H1N1 vaccine in response to the virus that killed 284,000. The vaccine was developed within seven months, but remained the preserve of high-income countries keen on developing and producing the drug within their borders. Even before the WHO declared a pandemic in June 2009, the US had already ordered over 600 million doses, at the time the equivalent of between 30% to 60% of likely global production. This involved the pre-signing of agreements with such pharmaceutical giants as GlaxoSmithKline, Sanofi, and Novartis. Such pre-existing commitments affected supply: according to a survey conducted by the WHO, 56% of drug manufacturers were not able to offer even up to 10% of their vaccine production for broader use through UN agencies. Several wealthy states did agree to make vaccine donations to ease the inequality, but only did so “after ensuring they could cover their own populations first. As a result, the distribution of the H1N1 vaccine was based on high-income countries’ purchasing power, not the risk of transmission.”

In this paper we consider the forms of vaccine nationalism specific to responses to SARS-CoV-2. First, we discuss the initial vaccine responses to SARS-CoV-2 and how the competition unfolded in a more global sense. Here, the theme of COVID-19 vaccines as manifest destiny features. The second part considers the way the EU sought to distinguish itself as more humanitarian and equitable in approaching vaccine production, supply, and distribution. This contention was challenged by its contentious approach towards the UK and the United States, both of which were accused of not exporting adequate vaccine supplies to the bloc. The creation of the export control mechanism, and the threat of its use, was itself an expression of Euro-nationalism in action. In certain instances, notably towards Australia, the mechanism was actually invoked.

Much of this, it is argued here, was of the EU’s own making. Due to the poor contractual arrangements of the European Commission with pharmaceutical companies, the initial supply of vaccines proved slow and frustrating. In contrast with the agreements made by the UK with such companies as AstraZeneca, the EU faced disruptions in supply, leading it to take legal action against the Anglo-Swedish company. Had reliable manufacture and supply been initially guaranteed for such drugs as the AstraZeneca vaccine, internal disagreement and moves by states such as Hungary to seek Russian and Chinese vaccines as alternatives might not have taken place.

Finally, we contend that the advocacy for vaccine passports, championed by the EU, served to cause parochial ruptures in the bloc. Some member states defended the need for such vaccination certifications for commercial reasons, hoping to capitalize on the forthcoming tourist season in 2021. Others questioned the wisdom of having such a regime of documentation given the uneven vaccination rates among member states. A new form of vaccine nationalism duly manifested.

Setting the competitive scene

The COVAX global allocation plan, run by the Gavi alliance, was intended as a global, cooperative effort to distribute vaccines cheaply to member states. Gavi vaccine alliance CEO, Seth
Berkley, called the collaboration unique, with 170 countries comprising 70% of the globe's population. It “has the world’s largest and most diverse portfolio of COVID-19 vaccines, and as such represents the world’s best hope of bringing the acute phase of this pandemic to a swift end.” The other initiative designed to ameliorate inequality in vaccine access and distribution is the Access to COVID-19-related Tools (ACT), a scheme that has received funding from European states, the Wellcome Trust, and the Bill and Melinda Gates Foundation.

Despite such planning, concerns about the race, and the need to prioritize, were being expressed between high-income countries, suggesting vaccine nationalism, or at least a species of it, “to be a phenomenon that is characteristic of the wealthy Western countries.” A loose but useful comparison might be adapted from Lenin’s interpretation of the way developed capitalist economies, in competing against one another for territorial spoils, divided “up the colonial world in accordance with their relative strengths.”

In terms of sentiment, such competitive concerns were voiced early. EU member states were concerned that the United States might steal a march and monopolize vaccine development. An aide to French President Emmanuel Macron described the problem to Politico as ensuring “that the production of the vaccine does not end up taking place only in the US or in a specific place, because the companies that produce vaccines are from [sic] a certain nationality.” The COVAX facility, on paper an ambitious way of coping with the bedeviling problems of equitable vaccine supply, did little, at least in the initial phases, to water down instances of vaccine bilateralism. Paul Hudson, CEO of Sanofi, saw the US “right to the largest pre-order” of the first vaccine as part of a public health manifest destiny. This was due, in no small part, to the investment agreement made by Sanofi with the US Biomedical Advanced Research and Development Authority (BARDA). Such behavior demonstrates a disposition towards what the behavioral economist Peter Atwater calls “patriotic capitalism”: an interest in ensuring domestic supply chains in the face of international rivals and disruptions.

What became evident early in the endeavor to develop appropriate vaccines was a sense of necessitous self-interest. This combined both the priorities in first developing the drug, then creating the manufacturing capacity to ensure reliable production. In this, domestic interests came first. Former commissioner of the US Food and Drug Administration Scott Gottlieb analogized the effort as a sporting race with the offer of a lucrative prize. “The first country to the finish line will be the first to restore its economy and global influence.” This constituted a challenge to international norms and, potentially, US hegemony. “America risks being second.” There was little in the way of cooperation and collaboration according to such a view; countries would inoculate their own citizens first before sharing any surplus supply. And given that Gottlieb is himself a board member of Pfizer and the biotech company Illumina, patriotic capitalism was bound to figure in his assessments.

From the outset, the Trump administration signaled its intention to avoid any show of global unity in the vaccine effort. In doing so, he was being more frank than his counterparts. He “likely understood the nationalist underpinnings of foreign policy better than his critics.” The centerpiece of this effort was an assault on the institutional structure of multilateral public health: the World Health Organization. Trump froze funding to the organization and refused to send any representatives to a meeting organized by WHO, conducted virtually, in February 2020. A spokesman for the US mission in Geneva told Reuters at the time that Washington “looked forward to learning more about this initiative in support of international cooperation to develop a vaccine for COVID-19 as soon as possible” but would not be participating in any official way. The response was much the same to the European Commission’s pledging conference.

For the Trump administration, finding a COVID-19 vaccine was less an issue of humanitarian cooperation than patriotic effort. A neat, if vulgar example of this was given in March 2020, when Die Welt reported that “large sums of money” had been offered by the
administration for the German biopharmaceutical company CureVac, though former CEO Dan Menichella seemed to suggest that no definite offer was made in a meeting he had with the US president. In the discussions, billionaire Dietmar Hopp, who has an 80% holding in CureVac via his biotech company Dievini, dismissed such ideas of exclusivity. No German company would entrust themselves with the task of creating such a vaccine that would be merely for exclusive US use.

EU vaccine nationalism: a special type

The European Union claimed early on to eschew the idea of vaccine nationalism, embracing the idea that “no one is safe till everyone is safe.” Equitable and fair access to vaccines was a policy to be encouraged. EU member states pledged €850 million for the purchase, securing, and delivering of vaccines to low- and middle-income countries through the COVAX facility. Despite this, instances of vaccine nationalism abounded in instances peculiar to the dysfunction of the bloc’s inoculation policy. The EU, for instance, threatened to invoke Northern Ireland Brexit emergency powers in a confrontation with the UK over vaccines, threatening to impose export controls on vaccines that might threaten supply to Britain. EC President Ursula von der Leyen issued several threats that the EU would ban exports of COVID-19 vaccines to Britain altogether to preserve scarce local supplies. “We see the crest of a third wave [of infection] forming in member states, and we know that we need to accelerate the vaccination rates.” She pointed out that the EC was “still waiting for doses from the UK.” Were this situation not to change, the EU would “have to reflect on how to make exports to vaccine producing countries dependent on their level of openness.”

Later that month, further accusations were made suggesting that the UK and the United States were engaged in their own restrictive approaches to vaccine distribution. European Council President Charles Michel claimed that both countries had imposed an “outright ban” on the export of vaccines and their components while the EU had proved to be “the most inclusive world power.” The EU, Michel said in justification, had merely “put in place a system for controlling the export of doses produced in the EU.” Such a system would ensure that companies with which the EU had placed vaccine orders would not export produced doses to advanced countries “when they have not delivered what is promised.” Consideration should also be given to the role played by Europe in developing vaccines. “Without Europe, many countries would not yet have received their first dose.”

The UK government rejected the notion as “completely false.” Prime Minister Boris Johnson told the House of Commons on March 8, 2021 that his government had not blocked a single COVID-19 vaccine or component parts. “This pandemic has put us all on the same side in the battle for global health, we oppose vaccine nationalism in all its forms.” On March 10, the UK government revealed that a senior member of the EU’s UK delegation was summoned to a meeting with the Permanent Under-Secretary of the Foreign, Commonwealth and Development Office “to discuss the issue of incorrect assertions in recent EU communications.”

The US Biden administration also sought to clarify the position, in a fashion. In a March 11 White House Press briefing, White House Press Secretary Jen Psaki confirmed that “our focus is on ensuring the American people are vaccinated.” But supplies and orders were matters between other governments and the vaccine producers; the US government would not be “directly engaged with [the process].” On claims that the US government was “sitting on these [AstraZeneca] doses” instead of permitting them to be exported to the EU, despite the drug not being authorized for use in the US, Psaki claimed that no purchases had been made by the administration of AstraZeneca supplies. “And all vaccine manufacturers in the United States are free to export their products while also fulfilling the terms of their contracts with the US government.”
The origins of this particular brand of Eurobloc vaccine nationalism can be traced to a combination of factors: the EU’s own contract arrangements with big pharmaceutical companies, which seemingly put member states at a disadvantage as to when they might have access to supply; the failure to ensure and clarify reliable locations and lines of supply in general, and the inability to compel or punish the pharmaceutical companies for straying from their obligations. Much of this was ignored in the initial Advanced Purchase Agreement that was signed in August 2020. But problems were already evident in January 2021, the manufacturers of the Oxford-AstraZeneca vaccine informed the European Commission that it would ship fewer doses to the bloc than originally understood. “While there is no scheduled delay to the start of shipments of our vaccine should we receive approval in Europe,” a spokesperson for AstraZeneca explained, “initial volumes will be lower than originally anticipated due to reduced yields at a manufacturing site within our European supply chain.”33

The first cut in supply was dramatic: from the initially promised number of 90 million doses, the number would be 40 million.

The company then promised in early February to make up the missing doses. In this, the EU was found wanting in the wisdom of its contractual negotiations with AstraZeneca. The EU-AstraZeneca deal, written in Belgian law, stresses the “best reasonable effort” of both parties to deliver the goods in question and acting in good faith. The UK-AstraZeneca agreement, written in English law, also contains the best reasonable effort clause, but features a toothier provision for enforcement. Should AstraZeneca or its subcontractors be persuaded to do anything that might hold up the supply of vaccine doses, the UK government reserved the right to terminate the contract and invoke penalties.34

The EU was left with essentially meek retaliations: withholding payments till the company produced the requisite supply, or till it assisted finding other producers who might make the vaccine. Tellingly, the EU had also waived its right in certain cases to sue AstraZeneca in the event of delays.35 In stark contrast, the UK negotiators were clear enough to clarify the chain of supply (places of manufacture, for instance) in its agreement with AstraZeneca, putting the onus on the company to cover any unpredicted fall in promised doses. Notwithstanding this, the EU still took AstraZeneca to court to force the delivery of 120 million doses. The court ruled on June 18, 2021 that the company had to deliver a total of 50 million vaccine doses to the bloc by September 27 in addition to the 30 million already delivered. These would come in a series of instalments: 15 million by July 26; 20 million by August 23; and 15 million by September 27. Failing to do so would lead the company to incur €10 per undelivered dose. This did not trouble the company. “All other measures sought by the European Commission have been dismissed, and in particular the Court found that the European Commission has no exclusivity or right of priority over all other contracting parties.”36

The Commission was adamant that the legal measures had been sensible and constructive. It was triumphant in quoting the court’s ruling that “prima facie, the delays of the vaccination may have damaging consequences on individual freedoms of the EU citizens and, as a consequence, on the economic life of the EU and Member States.” It followed that this was “sufficiently serious to justify an immediate decision on the number of doses of vaccine that AstraZeneca had to deliver to the EU.”37

The judgment also found that AstraZeneca had breached the agreement by “intentionally [choosing] not to use the means at its disposal to manufacture and deliver the vaccines.” In prioritizing the UK over the EU, the company “apparently – deliberately breached its contractual warranty, contained in Article 13.1(a) of the APA.”38 But nothing could detract from an obvious fact, which was pointed out by AstraZeneca. First, the lawyers for the Commission had failed to convince the court to order AstraZeneca to deliver 120 million vaccine doses to the bloc by the end of June. By the end of September, it was hoped that 300 million doses would have been delivered.
Problems with AstraZeneca’s failure in manufacture, supply, and distribution were also replicated with the Pfizer-BioNTech vaccine, having made a deal for the supply of 300 million doses with the EU. Reductions were duly made in their deliveries to enable its Belgium processing plant to increase capacity. The consequences of this reduction were immediate within EU countries. In January, Italy was informed about successive reductions of the Pfizer-BioNTech vaccine: 20% and 29% in respective quarters of the month. The more granular picture was even more severe, with various Italian regions seeing a fall of 60% of doses. This picture of struggle was repeated that same month in Poland, Romania, the Czech Republic, Germany’s North Rhine-Westphalia, and the Spanish capital, Madrid. Rationing of distribution was subsequently introduced by the Spanish government. Polish officials were sufficiently angered by Pfizer-BioNTech to threaten legal action.

The result of such poor planning unfolded in various ways. European countries within the bloc began to restrict the export of vaccine doses to non-bloc countries, a point that immediately led to charges of vaccine chauvinism. Measures were undertaken to block contracted supplies. On February 26, 2021 Italian authorities urged the European Commission to block 250,700 doses of the AstraZeneca vaccine destined for Australia. The reason was put down to AstraZeneca’s failure to live up to expectations in supply, and Australia not being a “vulnerable country.” The request was also based on the EU export control mechanism on COVID-19 vaccines, introduced in January with the intention to block exports of vaccines outside the union. “The objective of this measure,” came the European Commission’s justification, “is to ensure timely access to COVID-19 vaccines for all EU citizens and to tackle the current lack of transparency of vaccine exports outside the EU.”

Many member states approved of the control mechanism, which might have seemed, on paper, a sensible approach to poor supplies. France even went so far as to publicly back Italy’s request. The country’s Health Minister Olivier Véran summed up the mood in an interview with BFMTV channel: “Believe me, the more doses I have, the happier I am as health minister.” Germany also added its voice of approval. “In general,” stated German government spokesman Steffen Seibert, “vaccine exports aren’t stopped as long as the contracts with the EU are abided by.” Cattily, Seibert excused the EU’s regulatory restrictions by claiming that the bloc had been, in the main, generous: “vaccines go from the EU to third countries, while nothing or almost is exported from the United States and Great Britain.”

The implications to some politicians in the bloc were clear. German Health Minister Jens Spahn was more reserved, warning that such moves could cause “problems in the medium term by disrupting the supply chains for vaccines.” Bernd Lange, the German MEP chairing the European Parliament’s trade committee, proved less oblique. The European export mechanism risked constituting a de facto ban. “Pandora’s box opened,” he wrote on Twitter in response to the Italian decision. “Mistake.” Imitators would follow, as could “fatal consequences on supply chains.”

The consequence of broken or disrupted supply chains has seen countries within the EU bloc unilaterally undertake to make agreements with manufacturers of other vaccines. Hungary approved the use of other vaccines otherwise held up in the queue of the European Medicines Agency. Vaccines from China’s Sinopharm and Russia’s Sputnik V were quickly passed by the Hungarian health regulator despite initial reservations, with Prime Minister Viktor Orbán himself receiving the former at the end of January 2021. “Without the Chinese and Russian vaccines,” he pugnaciously reasoned, “we would have big problems.”

The European Union, despite denying charges of its own singular approach to vaccine nationalism has, along with the United States, taken issue with Russian and Chinese vaccines. “We should not let ourselves be misled by China and Russia,” warned Michel, “both regimes with less desirable values than ours, as they organise highly limited but widely publicised operations to supply vaccines to others.” The two countries had administered
only half as many doses per 100 inhabitants as the European Union and had used vaccines “for propaganda purposes.” The EU, in contrast, promoted its values.\textsuperscript{50}

The faultlines of distribution have led to different characterizations of this form of nationalism. Chinese and Russian efforts to assist the inoculation of people in developing countries have been dismissed as acts of self-interested vaccine diplomacy. Western states who engage in it see their efforts as humanitarian, an argument unconvincing to critics who note their “hoarding of surplus vaccines, blocking shipments to other countries and orders from them, and stymieing countries such as India and Africa to bypass intellectual property regimes to develop Covid diagnostic kits and cheap vaccines.”\textsuperscript{51}

Vaccine passports as nationalism

Another form of vaccine parochialism has also manifested in the form of proposed immunity passports. The example is interesting in its ostensibly false appeal, granting greater freedoms through permitted travel and movement. The alibi for such health documentation was largely commercial: to be certifiably vaccinated would enable the market to continue operating with fewer pandemic restrictions. Israel’s Green Pass program, launched in February 2021, permitted vaccinated citizens to enter a range of venues for reasons of entertainment and recreation. The pass was duly recognized as valid documentation for travel to Cyprus and Greece.\textsuperscript{52} China also added its name to the list, making an announcement in March 2021 that travelers with a Chinese-made vaccine would be given preferment.\textsuperscript{53}

On March 17, the European Commission released a proposal for a digital COVID immunity passport, officially called the Digital Green Certificate.\textsuperscript{54} The Digital Green Certificate constituted a bundle of three components: vaccination certificates stating the brand of vaccine used, date and place of inoculation, and number of doses administered; negative test certificates (either a rapid antigen test or a NAAT/RT-PCR test); and medical certificates for those who have recovered from COVID-19 in the last 180 days.

The pass has been advertised as a commercially sound policy, but the implications have troubled public health specialists. The WHO has made the point that countries with the means of purchasing or manufacturing such vaccines will be able to prioritize immunizing their populations and excluding those unable to access the vaccines. Introducing such passports effectively creates an economy of preference, favoring those with the means to develop and acquire vaccines and also advantaging their citizens in terms of commercial and economic benefit. In January 2021, after the sixth meeting of the COVID-19 IHR Emergency Committee regarding the COVID-19 pandemic, the WHO Director-General warned against countries introducing “requirements of proof of vaccination or immunity for international travel as a condition of entry as they are still critical unknowns regarding the efficacy of vaccination in reducing transmission and limited availability of vaccines.”\textsuperscript{55}

In an interim position paper from February 2021, the WHO took a position against such certificates or passes, warning that “preferential vaccination of travellers could result in inadequate supplies of vaccines for priority populations considered a high risk of severe COVID-19 disease.” The paper also argued that those vaccinated should not necessarily be spared “complying with other travel risk-reduction measures.” A vaccination requirement for international travel would also “hinder equitable access to a limited vaccine supply and would be unlikely to maximize the benefits of vaccination for individual societies and overall global wealth.”\textsuperscript{56} Such statements do not, by any means, dispel the future viability of such documents. The International Certificate of Vaccination of Prophylaxis has been used by travelers as proof that they have been immunized against a range of certain diseases when entering certain countries. The point, as ever, is to have a standardized and equitable level of access. Its absence would be an incentive for greater vaccine chauvinism.
The momentum behind such a pass is proving inexorable, combining nationalist sentiment and the logic of capitalism. Advocates for the scheme such as former British Prime Minister Tony Blair typify the point, shaping the issue as a matter of economic and national security. In Less Risk, More Freedom, a report authored by his firm the Tony Blair Institute for Global Change, the authors remark that “vaccine status matters.” They write of a “robust Covid pass” that could be used to facilitate virtually unhindered mobility. In terms of international movement, “we propose that anyone who is fully vaccinated should be free to travel to and from any country currently designated green without any quarantine or testing required.” In terms of domestic settings, the authors proposed “that any venue or setting that wants to admit only those who have been vaccinated be permitted to do so.”57 This was commercial vaccine nationalism, where discrimination was, argued Blair, unavoidable.58

This invariably engendered another aspect of vaccine nationalism within the EU, one strongly motivated by economic considerations. Countries with economies heavily reliant on tourism – Greece, Spain, and Croatia, for instance – were very enthused, propelling the move to develop an immunity certificate scheme ahead of summer. On February 23, 2021 Greece’s Digital Governance Minister Kyriakos Pierrakakis announced his country’s use of vaccination passports.59 Agreements had been struck with Israel, Cyprus, and Serbia to enable a generous flow of vaccinated residents that summer. Prime Minister Kyriakos Mitsotakis also pressured EC President Ursula von der Leyen, pushing for a unified EU position on the matter, despite his country’s separate bilateral efforts.60

France, Germany, the Netherlands, and Belgium voiced opposition and scepticism. France’s minister of state for tourism, Jean-Baptiste Lemoyne, thought “the idea of restricting movement to only people who are vaccinated” a “premature” debate given that only “4 to 5% of the European populace had been vaccinated.”61 The country’s minister for European Affairs Clément Beaune found it “shocking, while this vaccination campaign is still underway in Europe, that there would be more rights for some people than for others. This is not our conception of protection and access to vaccines.”62

Those favoring the certificate eventually won out. All EU member states were able to avail themselves of the EU Digital COVID Certificate from July 1, 2021.63 The passport, featuring digital or paper formats with a QR code to guard against falsification, details information about those who have been vaccinated against COVID-19, have received a negative test result, or have recovered from COVID-19. The type of vaccine used has remained a point of debate, given that some member states have resorted to Russian and Chinese vaccines in the face of erratic supply. The essential requirement to obtain such a pass is evidence that you have received a vaccine approved by the European Medicines Agency. But the European Commission has appended a qualification to this requirement. Member states could decide whether to accept vaccines that the EMA had yet to approve.

Conclusion

The fractious scramble for appropriate vaccines and viral drugs, as with other instances of territorial scrambles of history, serves to highlight the crude, even cruel reality of power politics in global public health. Despite losing the White House, Trump’s blunt insistence on traditional selfishness remains a feature of international public health diplomacy. Vaccine nationalism, much like highly stimulated entrepreneurism, is encouraged by its defenders. It resembles a form of free market illusionism: the market is an appropriately efficient mechanism and will distribute accordingly in the fullness of time. As a mainstay British newspaper, The Telegraph, proposed, “the sense of an international race [for vaccines] . . . have accelerated progress, not hindered it.” A salvation offered by vaccines would not happen “without
western know-how and wealth”. Countries, accordingly, were entitled to prioritize their inoculations for their populations.64

The European example demonstrates how vaccine nationalism can emerge in more variegated forms. Despite claiming to eschew it, the EU found itself using an export control mechanism and denying, and in some cases threatening to deny, access to vaccines by other countries. Some of this – through contractual arrangements with pharmaceutical companies – has been of its own making. Other forms, such as the vaccine passport, perpetuate their own form of health chauvinism powered by unequal access to vaccines. Ironically enough, the EU response suggests that vaccine nationalism is as much a problem among wealthy high-income countries as it is between wealthy countries and indigent states.

Notes
1 A version of this paper was presented at the EUSAAP Conference 2021: New Directions, New Leadership in a post-Covid Environment, Melbourne, June 28–29, 2021.
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8 Rutschman, “Is There a Cure for Vaccine Nationalism?”.
14 Gruszczynski & Chien-huei Wu, “Between the High Ideals and Reality.”
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Paun et al., “EU’s Coronavirus Pledge Drive.


Michel, Newsletter 6.


European Commission, “Belgian Court.”


BBC News, “Coronavirus Vaccine Delays.”


France24, “France, EU Back Italy’s Decision.”


Michel, Newsletter 6.

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