

# Vaccine Diplomacy and Vaccine Nationalism

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**Abstract**

With the COVID-19 pandemic in place for over two years now, it is time to assess its main aspects and tendencies, and identify the new features it has lent to the international relations landscape. This paper studies two approaches different countries have taken in developing and distributing COVID vaccines during the pandemic; these approaches are defined as 'vaccine diplomacy' and 'vaccine nationalism.' Until recently, vaccine diplomacy has played only a marginal role in international relations, while vaccine nationalism has not been considered a problem internationally. During the COVID-19 pandemic, both approaches came

to the forefront as foreign policy tools that have sharpened existing contradictions between the global North and the global South and exacerbated the confrontation between the West, on the one side, and China and Russia, on the other. Examining cases of cooperation and confrontation between different countries during the development and distribution of COVID vaccines, the authors analyze why and how they tend to employ vaccine diplomacy or vaccine nationalism, whether the two approaches have helped them achieve their goals and helped the world overcome the global healthcare crisis.

**Keywords:** vaccine diplomacy, vaccine nationalism, COVID-19, pandemic, vaccines, health, soft power, international relations, WHO, BRICS.

The purpose of this paper is to analyze the concepts of ‘vaccine diplomacy’ and ‘vaccine nationalism.’ The research is set to examine the policies of developed and developing countries in terms of their approach towards vaccine diplomacy and vaccine nationalism, sum up their achievements and failings, and determine the degree to which vaccine diplomacy and vaccine nationalism have achieved their goals. To start the analysis, the article needs to clearly define the terms ‘vaccine diplomacy’ and ‘vaccine nationalism.’

As for ‘vaccine diplomacy,’ conceptualized by Peter Hotez (2014) before COVID-19, it means “almost any aspect of global health diplomacy that relies on the use or delivery of vaccines.” This term is substantially based on the concept of ‘medical diplomacy,’ coined by Peter Bourne (1978, p. 114), as well as the concept of ‘health diplomacy,’ described by Illona Kickbusch and her colleagues (Kickbusch et al., 2007, p. 230). For instance, ‘health diplomacy’ is understood as a system of organization, communication and negotiation processes that shape global policy environment in the sphere of health and its determinants (Kickbusch et al., 2013). ‘Vaccine diplomacy’ encompasses the important work of different international actors in this sphere, including states, multistakeholders and informal actors, such as companies, NGOs, and civil society (Hotez, 2010). In this case, the lead actor may come from an

international organization, such as the United Nations (UN), the World Health Organization (WHO), the UN Children's Fund (UNICEF), or an associated non-governmental organization (Bollyky et al., 2020). With the COVID-19 pandemic developing very dynamically, vaccine diplomacy has become firmly embedded in the toolkit of both developed and developing countries, as well as the strategies of vaccine manufacturers. At the same time, its use often comes into conflict with the existential need of countries to immunize their own populations, becoming an object of criticism.

When it comes to 'vaccine nationalism,' the term has essentially been coined in the wake of dozens of governments in developed countries scrambling to secure vaccines for their own populations and sign deals with pharmaceutical companies directly, limiting the stock available to others (Bollyky et al., 2020). WHO Director General Dr. Tedros Ghebreyesus described it as a "my-country-first" approach that will "only prolong the pandemic" (Bollyky et al., 2020). And while "nationalism" is a wide-ranging political concept that can apply to different contexts, it generally relates to putting the interest of a single nation first, above others, for economic or security reasons. This is why this vaccine approach has been described this way (Lock, 2021).

To analyze the case of vaccine diplomacy and vaccine nationalism, the authors resorted to the realist paradigm as the basis for their theoretical framework, taking into account the fact that states are the main actors carrying out foreign policy activities and making key decisions in the medical sphere. Considering H. Morgenthau's theory, where the acquisition of power is the dominant goal in international politics and defines national interest, the politics of the COVID-19 era falls into the scope of realist determinants (Morgenthau, Thompson, 1985). According to J. Mearsheimer and his offensive realism theory, the behavior of global actors is explained by their willingness to acquire power (Mearsheimer, 2001). From this viewpoint, every vaccine-producing state considers the option to deliver vaccines to potential recipients in order to gain more power. Moreover, according to Morgenthau's state-centered approach, countries refuse to identify the

moral aspirations, being guided by the concept of power (Morgenthau, Thompson, 1985). In our context, it is rather a pragmatic assessment of potential benefits from vaccine distribution internationally than an altruistic motive that inspires vaccine exports from producers to recipients. Additionally, a realist framework can be harnessed to explain why developed countries would vaccinate their own citizens first and supply precious vaccines to their friends and allies abroad before giving them to others. Logically, the answer is to preserve power and dominance over the current zone of influence, which are, firstly, their own electorate and, secondly, their allies' populations, likely to keep trust in these alliances if cared for. Therefore, vaccine diplomacy is not purely altruistic. Countries use these lifesaving inoculations to secure favor and influence, which are both certain forms of power (Locke et al., 2021).

Seow Ting Lee, when analyzing the motives of vaccine diplomacy, claimed that this kind of foreign policy tool improved one's image worldwide, even in places where it seemed to be irreversibly damaged, as well as achieve economic profit and capitalize on new opportunities (Lee, 2021, p. 13). In other words, vaccine diplomacy has become an instrument that significantly strengthens countries' soft power toolkit. The term, coined by Joseph Nye in the late 1980s, stands for the ability to obtain preferred outcomes by attraction rather than coercion or payment, and is now widely invoked in foreign policy debates (Nye, 2017).

According to Nye, soft power derives from the attractiveness of a political, economic and social model and whether others aspire to emulate it (Nye, 2017). In the case of COVID-19, some governments in vaccine-producing countries obtained a unique soft power instrument that could have a huge effect on populations at home and abroad—vaccines, much-needed everywhere. In the first COVID-19 year, it was China and Russia that tried to use their scientists' early breakthrough to increase their influence worldwide. Then, the West, after having immunized their own population, demonstrating vaccine nationalism, started to resort to vaccine diplomacy more actively and effectively, currently obtaining leadership in this domain.

## **EPIDEMIC CONTROL: HISTORY**

International cooperation in pandemic control and disease eradication has a long history. Even at the height of the Cold War, the Soviet Union and the United States succeeded not only in developing vaccines together, but also in carrying out mass vaccination campaigns both on their territories and globally. The “Blitzkrieg against polio,” when the U.S. and the USSR collaborated and reduced the number of countries with polio to just four, is remarkable. Additionally, the Soviet Union and the United States joined forces to eradicate smallpox on a global scale: the Soviet Union provided more than 450 million vaccine doses for this purpose, while the U.S. co-funded the programs. As a result of the joint campaign, by the late 1970s smallpox had been defeated. Moreover, it was the starting point for the WHO’s active involvement in mass vaccination efforts, with Victor Zhdanov, a prominent virologist and Soviet Deputy Minister of Health, leading the global control efforts on behalf of the UN (Henderson, 2009). In addition to the U.S. and the USSR, the UK took the lead in multilateral vaccine promotion and distribution globally.

However, the experience of polio and smallpox vaccination—where the United States and the Soviet Union coordinated joint global vaccination campaigns with the WHO—stands in contrast with the current situation where the global coordination of vaccine supply and distribution is at a much lower level (Linville et al., 2022). Additionally, the cases of effective international cooperation are rather exceptional, and the fight against “new” diseases and their strains, primarily influenza epidemics and HIV/AIDS, pointed to three main problems of the current international regime for combating pandemics: lack of international coordination and cooperation in the medical sphere, “vaccine nationalism” of developed countries, vaccine patent disputes and the high cost of vaccines and drugs for developing countries.

As an attempt to help developing countries ensure equitable access to medicines and vaccines, UN agencies (primarily, the Joint United Nations Program on HIV/AIDS known as UNAIDS) in partnership with major pharmaceutical companies launched access facilitation

initiatives. In reality, the program did not have a serious effect on the global HIV/AIDS epidemic: the program covers treatment costs for less than 1% of patients in developing countries, and in Africa, only 27,000 people out of 30 million were covered by the program (Velásquez, 2003). In addition, participation in such programs is usually tied to providing access to information on new strains and their genome, which is perceived by developing countries as an attempt by the pharmaceutical industry to profit from them. In 2006, for example, at the height of the H5N1 bird flu epidemic, Indonesia decided to withhold influenza virus samples from the WHO in response to revelations that an Australian company was using its national data provided to develop a vaccine (Sedyaningsih, 2008, p. 483). Since Indonesia was the main focus of avian flu, its withdrawal stalled the global effort to combat the disease (Pannu and Barry, 2021, p. 744).

As the 2009 H1N1 global influenza epidemic showed, even with the declared support of the WHO and the UN, the “vaccine nationalism” of developed countries was difficult to overcome. Back then, after rounds of negotiations, the UN requested additional funds to purchase vaccines and supplies needed to help developing countries cope with the H1N1 epidemic (Butler, 2009). As a result, the United States pledged to donate 10% of its vaccines to the WHO, but later announced that H1N1 vaccines would not be delivered until all U.S. citizens in the risk groups had received them (Evans, 2009). The problem of “vaccine nationalism” and high cost of drugs has remained.

Thus, the experience of dealing with epidemics in the 20th and 21st centuries, especially HIV/AIDS, and various strains of influenza, has demonstrated a clear division between the global North and the global South, and that the problems of global pandemic control collide with the narrow national interests of individual countries. The COVID-19 epidemic has only raised such contradictions of vaccine diplomacy to a new level.

## **THE BEGINNING OF A NEW VACCINE ERA**

On December 11, 2020, the U.S. Food and Drug Administration (FDA) approved a vaccine, jointly produced by the American

company Pfizer and the German company BioNTech, for emergency use. One week after that, the FDA approved a second American vaccine called Moderna. Another breakthrough was made by a vaccine jointly produced by the British Oxford Institute and the Swedish pharmaceutical concern AstraZeneca. The vaccine was approved for emergency use in Great Britain on December 30, 2020, and already in January of next year it was widely distributed in some European countries (Gallagher and Triggle, 2020). Probably one of the achievements of the Western manufacturers was the rapid and successful authorization from the WHO. On December 31, 2020, Pfizer/BioNTech became the first vaccine on the WHO list of COVID-19 drugs recommended for emergency use. Other vaccine manufacturers currently on the list are Moderna (USA), Johnson & Johnson/Janssen (USA), two versions of AstraZeneca (UK/Sweden), one of which is being produced by the Indian Serum Institute, as well as two Chinese vaccines—Sinopharm and Sinovac, and an Indian vaccine from Bharat Biotech (WHO, 2022). At least ten more vaccine candidates are undergoing final phases of trials and review by the WHO. The first “non-Western” vaccine on the WHO list was the Chinese Sinopharm, but this did not happen until May 7, 2021, which was almost five months after Pfizer (WHO, 2022).

### **VACCINE NATIONALISM: ANALYSIS**

When analyzing the approach of developed states, pre-purchasing of vaccines has played a particularly important role in funding research and development during the COVID-19 pandemic (Wattimena and Matakana, 2021). For instance, the UK and the U.S. pre-ordered vast amounts of candidate COVID-19 vaccines ahead of their regulatory approval by entering per-purchase agreements with pharmaceutical companies that guaranteed them a large quantity of the subsequently approved vaccines. Illustratively, by August 2020, the UK government had sealed deals for 340 million doses of vaccine from six companies, definitely more than it needed, but with this funding the manufacturers had enough resources to accelerate their research and, in the end, complete the first vaccine trials for Pfizer, AstraZeneca, and Moderna

(Torjesen, 2020). Though still being harshly criticized by developing nations for “vaccine nationalism” in this case, developed countries started to export their vaccine surplus abroad, so that the developing world also could benefit from it. This has been accomplished through COVAX, COVID-19 Vaccines Global Access Initiative, aimed to ensure equitable access to COVID-19 vaccines and directed by the GAVI Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI), the WHO, and UNICEF. Hence, pre-purchasing practices have shaped the current vaccine production and development landscape (Emanuel et al., 2020, p. 1311).

Nevertheless, vaccine nationalism can be better demonstrated by the following statistical data. The G7 countries have purchased over a third of the world’s vaccine supply, despite having only 13% of the global population, of which over 80% are inoculated (Holder, 2021). At the same time, only 14.5% of people in low-income countries have received at least one dose, while in Chad in Central Africa this share is lower than 2% (Ibid). In contrast, in the U.S., a vaccine surplus was achieved in May 2021, and in October 2021, millions of unused doses expired, but had not been sent to those in need (Aspinall, 2021). What is more, the vaccine nationalism led to the unequal distribution of the vaccines worldwide, with developing nations being forced to buy “jabs” at a more expensive price. For example, South Africa purchased Indian-produced Oxford-AstraZeneca vaccines at \$5.25 per dose, while the price per dose for the EU was \$2.16 (Usman, 2021).

### **FROM VACCINE NATIONALISM TO VACCINE DIPLOMACY**

In late 2021, the approach of the developed countries started to change. With the help of COVAX, they have so far shipped over 1.1 billion COVID-19 vaccine doses to 144 participating countries (UNICEF, 2022). According to the GAVI Alliance’s dashboard, almost \$2 billion have been raised in support of COVAX (Puyvallée, 2022). Over 95% of the donated doses have been shipped to low-income economies and over 45% shipped to the African continent (UNICEF, 2022).



Half of the total has been donated by the U.S., which under Biden's leadership, contrary to Trump's administration with its "America-first" approach, promised to donate over one billion doses to low-income countries (Locke et al., 2021). Another half has been donated by Team Europe, the EU vaccine-sharing package (GAVI, 2021). The objective of the Team Europe approach is to combine resources from the EU member states and financial institutions. Among other actors, there is the United Kingdom, Japan, Canada, Norway, Switzerland, Iceland, New Zealand, and Hong Kong that have been supporting COVAX's goal of equitable access to lifesaving COVID-19 vaccines (Ibid.).

However, despite successes, from the very beginning, COVID-19 vaccines have also been used as a soft power tool of coercion to obtain preferred political outcomes (Bollyky, 2020). As one of the most recent examples in Europe, on March 3, the Lithuanian government reversed its decision to donate 444,600 doses of the Pfizer COVID-19 vaccine to Bangladesh. This happened in response to Bangladesh's joining the group of 35 countries that had abstained from voting for the UN General Assembly's resolution condemning Russia's invasion of Ukraine. Many experts harshly criticized the decision of the Lithuanian government, pointing out that the non-alignment status of Bangladesh and its vulnerable position in the great power competition had nothing to do with its COVID-19 response (Choudhury, 2022).

## **VACCINE DIPLOMACY OF DEVELOPING STATES**

As of today, among developing countries, China, India, and Russia are most dynamically involved in vaccine diplomacy, although all having their distinct features.

### **China**

China's vaccine diplomacy is characterized as "silent" but effective (Nolte, 2022). China has repeatedly expressed a desire to help other developing countries fight COVID-19. In May 2020, President Xi Jinping pledged to make Chinese vaccines a "global public good" (Zhaoyi, 2020). At least five national vaccines have been approved by the Chinese authorities for use in the country. China also widely distributes national vaccines

abroad, having provided them to over sixty-three countries (Hosp and Wenger, 2021). As of mid-May 2021, China had exported more than 250 million doses (42% of its total production).

One example of regions where China has managed to significantly strengthen its position against U.S. influence is Latin America (Mallapaty, 2021, p. 179). About 165 million doses out of all Chinese vaccine exports have been shipped to Latin America (Nolte, 2022). However, according to statistics, only around 1.3% of the doses have been donated, which is 8.6 million out of the 656 million doses shipped by China worldwide (Ibid). In other words, the vaccine sector for Beijing is not only about influence, but also business.

On the other hand, China has been surpassed by the United States in terms of vaccine donations, or those shipped for free. According to estimates based on various databases (PAHO, U.S. State Department, Duke Global Health Innovation Center), by the end of 2021, the U.S. donated 53 million doses to Latin America, EU countries sent 11.5 million (9 million from Spain alone), while China provided only five million doses for free (Nolte, 2022). This shows a clear difference in the approaches of these countries.

In addition to economic incentives driving China's vaccine diplomacy, there are clear soft-power goals set for its vaccine promoters. For example, the pandemic was a great opportunity for China to reduce Taiwan's influence in Latin America (Leigh, 2021). Before the pandemic broke out, nine of the 15 sovereign states that maintained full diplomatic relations with Taiwan were in Latin America, with three of them having formal diplomatic relations with Taipei—Honduras, Nicaragua, and Paraguay. By now, most of these countries have not formally distanced themselves from Taiwan in exchange for Chinese vaccines, but some political debates and pressure have emerged in their societies (Nolte, 2022). It was only Nicaragua that broke its diplomatic relations with Taiwan during the pandemic. However, despite a significant donation of 200,000 doses of the Sinopharm vaccine from China, Nicaragua's decision is not believed to have been triggered by China's vaccine diplomacy, but by the growing international isolation of the regime, increasing pressure and new sanctions. Moreover, the

number of vaccine doses donated by China was modest compared to donations from Spain (1.7 million doses) and France (827,000 doses) in 2021 (Nolte, 2022).

But China's plans are more altruistic to do more than has already been done. Hence, in mid-2021, China joined the COVAX program, pledging to deliver two billion doses of Chinese vaccines by the end of the year (Mallapaty, 2021, p. 178). Hence, China is becoming the biggest contributor to COVAX (Holder, 2021).

## **India**

India, the third largest producer of pharmaceuticals and the manufacturer of 60% of all vaccines in the world, is also actively involved in vaccine diplomacy. To date, two national vaccines have been approved for use in India and abroad, getting the WHO approval (Bharat Biotech and Covishield) (Surie, 2021, p. 3). The focus of India's vaccine diplomacy is on its neighbors: Bangladesh, Myanmar, Nepal, Bhutan, Maldives, Sri Lanka, and Afghanistan. In January 2021, India launched the ambitious Vaccine Friendship program to supply vaccines produced in India to the developing world. By mid-March 2021, India had supplied about 60 million doses abroad, including donations, subsidies, sales, and deliveries through the COVAX mechanism. According to Think Global, India bilaterally supplies vaccines to 48 countries around the world (Hosp and Wenger, 2021).

Like China, since the first months of the pandemic India has been committed to making vaccines produced in the country available to all humankind, positioning vaccine diplomacy as the embodiment of one of India's foreign policy principles, known as "One World, One Family" (Makarychev, 2021). India's vaccine diplomacy certainly goes beyond altruism, playing an important role in terms of the country's soft power and strengthening its influence in South Asia and the Indo-Pacific region as a whole. The first countries to receive the Indian-made vaccine for free were India's neighbors, which correlates with its neighborhood-first policy (Tharoor, 2021). However, previous lines of disagreement remain: Pakistan is outside India's initiatives, receiving

batches of vaccines from China. According to political analysts, by using vaccine diplomacy India not only wants to assert its leadership in the region, but also to create conditions in other parts of the globe that could bring it political dividends in the future (such as the support for India's permanent membership in the UN Security Council) (Singh, 2021). Notably, improving relations with Russia have led to a huge contract to export 250 million doses of the Sputnik V coronavirus vaccine to India, which is among the major potential producers of the Russian vaccine. In total, Indian companies plan to produce at least 1.152 million doses of Sputnik V per year. As for October 2021, the Russian Direct Investment Fund (RDIF) announced that the production facility had successfully been launched, which is a landmark event both for Russian vaccine diplomacy and India's status as a global pharmacy. In the first quarter of 2022, plans to produce Sputnik V in India remained in place.

### **Russia**

As early as December 2020, the Russian vaccine Sputnik V was presented at the UN General Assembly. Registered as the first COVID-19 vaccine in the world on August 11, 2020, it has become a key achievement of Russian science in the fight against the virus (Tabarintseva-Romanova, 2021). However, hardly any national vaccine diplomacy has been affected by geopolitics as much as Russia's, with the Ukraine conflict calling it into question (Tinari, 2022). As of March 2022, four domestically produced vaccines had been approved by Russia: Sputnik V, Sputnik Light, Epivac, and Covivac (Wang and Chen, 2021). Of them, only Sputnik V is being actively promoted internationally, with the Russian Direct Investment Fund coordinating its marketing and operations (Kier and Stronski, 2021, p. 2).

For Moscow, planning in the international arena always begins with the neighboring post-Soviet space. Vaccine diplomacy is not an exception. The tight interconnectedness of the CIS economies, especially those incorporated into the Eurasian Economic Union (EAEU), is a crucial factor for understanding why Russia started to

support them with medical equipment, financial aid, and vaccines. Migrant workers coming to work in Russia, practically opened borders, and flows of capital and goods determined the need to secure a significant part of vaccine supplies for those countries. In order to establish vaccine production in neighboring countries, the Russian government has approved the transfer of certain technology to its allies. First facilities in Kazakhstan have already begun producing the Russian vaccine.

After the CIS, Russia's vaccine diplomacy has been expanded to counties in Eastern Europe, Africa, and Latin America, which have experienced a lack of vaccines and other medical support from the West (Holder, 2021). Causing political scandals in Eastern European capitals, Sputnik V has been accepted only in a few countries. Most famously, in San Marino, where the majority of the population has been inoculated with Sputnik V, proving its high efficacy and safety. Other counties that have approved Sputnik V for use in line with Chinese and Western vaccines are Hungary and Serbia, both considered to be Moscow's allies in Europe.

In September 2021, Indonesia became the 70th country that officially authorized Sputnik V, making it one of the most widely accepted vaccines. Despite its successful promotion, insufficient supplies and missed deadlines have tarnished the image of Russia's scientific success (Kier and Stronski, 2021, p. 3). According to UNICEF data, less than 80 million doses of Sputnik V and Sputnik Light were sent out internationally in 2021. That is well behind the 528 million doses sent out by Sinopharm and the 729 million doses from Sinovac and a far cry from the 1.5 billion Pfizer doses administered outside the U.S. (Lee, 2021). Additionally, there have been many speculations about the delays in the authorization of Sputnik V by the WHO (Logunov et al, 2021, p. 679). It is worth noting that, in most cases, the Russian manufacturer and respective authorities bear responsibility for the delays of approval. The WHO experts have on multiple occasions visited Russia, and, according to RDIF, neither the production processes nor clinical trials drew criticism (Dyakonova, 2021). In late 2021, Russia followed the global pattern by selling 220

million doses of Sputnik V to UNICEF, one of the COVAX operators, but without WHO emergency use listing, it is yet impossible to participate in the COVAX mechanism (Lee, 2021). The approval of Sputnik V by the European Medicines Agency (EMA) has also been delayed, reportedly due to the lack of data from the manufacturer or the difference between Russian and European manufacturing standards. The EMA, which launched its formal review of the Russian vaccine in March 2021, had previously been expected to decide in May or June whether to approve the use of the vaccine, and then shifted the deadline to early 2022, now unlikely to be met due to the lack of data from the manufacturer (Baraniuk, 2021).

Although the Russian COVID-19 vaccines are licensed in over 70 countries, their success could be negatively affected by the conflict in Ukraine and the imposition of international sanctions against Russia and its entities. On February 28, 2022, the U.S. Department of the Treasury included RDIF in its list of sanctioned Russian entities, and the Council of Europe and several national governments worldwide promptly followed. After that, RDIF made a critical statement, claiming it “was never involved in any political activities.” In addition, shipments from Russia will also experience difficulties due to sanctions against Russia’s logistics and payments (Tinari, 2022). Under these circumstances, the completion of the Sputnik production facilities in Argentina, India, Kazakhstan, and Serbia is a possible way out for Russia even under sanctions (Belous, 2021). In February 2022, Argentina’s Ministry of Health granted a conditional approval to the Sputnik vaccine manufactured by a local producer, Richmond. The Argentinian initiative could effectively open the door to further export of the Sputnik vaccine to other South American countries. As for Asia, most of the Indian subcontractors are expected to start producing the Sputnik vaccine soon, too.

Finally, what unites China, India, and Russia is their membership in BRICS, where they cooperate with South Africa and Brazil as five emerging economies. On March 22, 2022, BRICS launched the BRICS Vaccine R&D Center (Klomegah, 2022). Thus, BRICS countries are taking efforts to enhance international cooperation,

supporting countries that seek access to affordable health services while taking into account different national conditions, priorities, and capabilities.

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If we consider the topic of this article in terms of soft power policies, we will see that in matters concerning vaccine donations and shipments every vaccine-producing state acts with a view to getting certain benefits or influence, rather than out of altruism. The research results suggest that vaccine distribution plays a significant role in cultivating soft power.

The analysis of the policies pursued by developed and developing countries in terms of their approach towards vaccine diplomacy and vaccine nationalism shows that both vaccine diplomacy and vaccine nationalism have their vices and virtues and do not essentially contradict each other, bringing their countries the desired results.

For the U.S., Europe, and the Western world in general, vaccine nationalism dominated, contributing to the rapid development of effective and trustworthy COVID-19 vaccines through pre-purchasing practices. According to historical analysis, vaccine nationalism is a usual strategy of developed counties. They tend to care for their own interests first and push the rest of the world aside, just as it has happened with current vaccination rates in Africa (up to 80 times lower than the world average). In late 2021, having successfully secured enough vaccines for itself, the West, spearheaded by the U.S. and Team Europe, started to actively engage in vaccine diplomacy through the COVAX mechanism, supporting the lowest-income counties.

For China, India, and Russia, vaccine diplomacy has been helpful in earning money, gaining influence and making them visible in the international medical arena, which was central during the COVID-19 pandemic. Moreover, they have achieved certain goals in their priority regions and in regions with a power vacuum, such as Latin America, in order to outplay competitors or improve their own public image. In this respect, China, India, and Russia have achieved their goals by securing reliable vaccine markets for themselves before the developed

countries switched from vaccine nationalism to vaccine diplomacy. In the least developed countries, where none of the global players managed to dominate, COVAX is expected to fill the vacuum and help the populations of these regions, mainly in Africa and the Middle East, overcome the pandemic. Lately, the developed countries, endowed with more resources, economic weight and geopolitical clout, have begun to dominate vaccine diplomacy and overshadow the Chinese, Indian, and Russian vaccine efforts, while Russia is losing its leadership role largely due to the Ukraine crisis.

To conclude, vaccines have become a foreign-policy soft power tool of coercion and domination, and also a way to achieve economic gains and capitalize on new opportunities.

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