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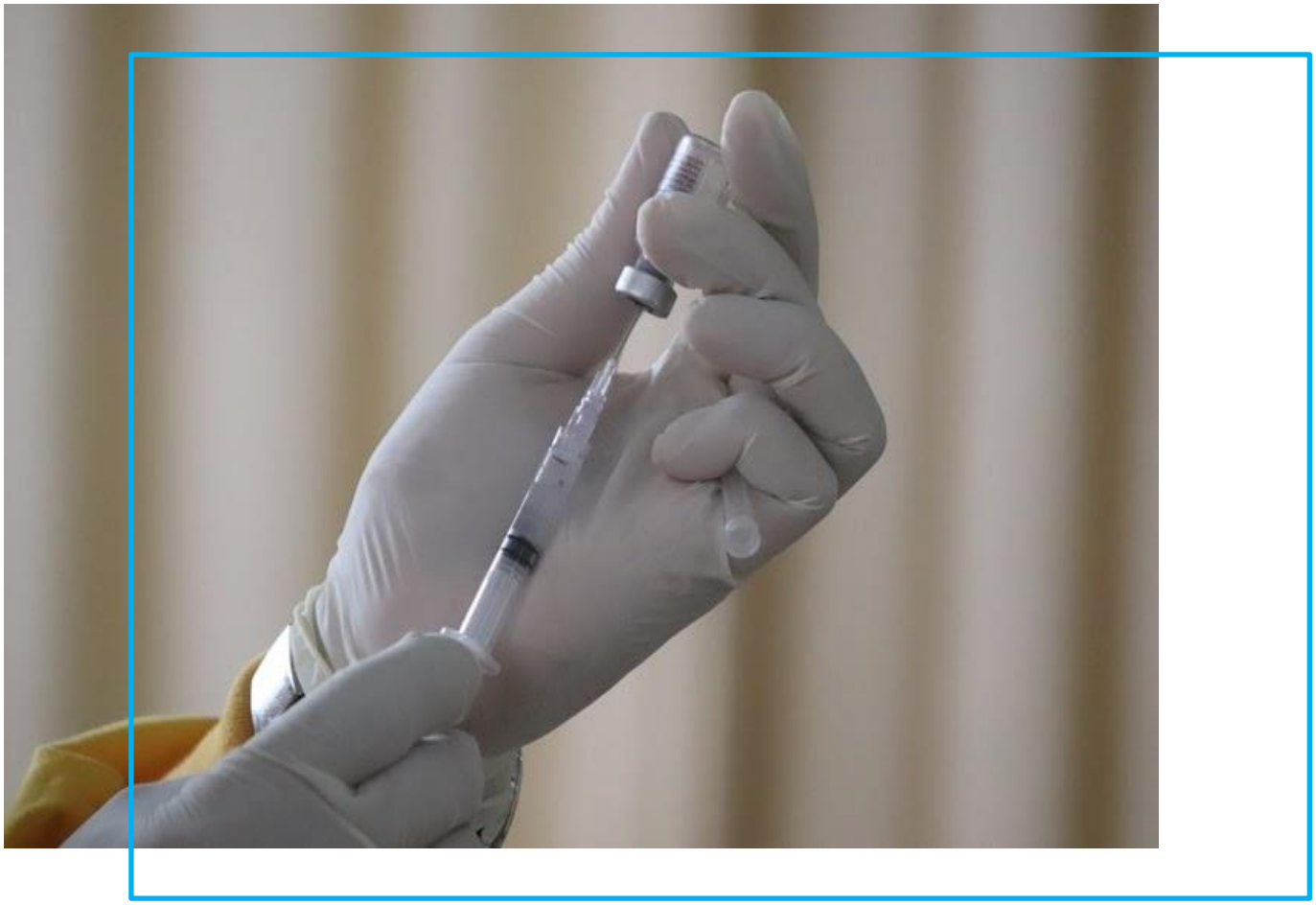

New Paradigm, Same Old Game
Vaccine Diplomacy in Eastern Europe and Beyond

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What's at stake? Vaccines and the future of democracy

The Covid-19 pandemic has created a new avenue for diplomacy. Countries that are able to produce and export vaccines can, in turn, increase their influence by reinforcing old alliances, creating new quid-pro-quo partnerships or by simply advertising their achievements and ideologies on the global stage. It should, therefore, be of no surprise that the distribution of the vaccines is currently following geopolitical lines.

The UK-developed AstraZeneca vaccine has mostly been produced and used in Western countries and former British colonies, including Myanmar and India. The US-German Pfizer-BioNTech has been similarly used by strategic allies of Germany and the United States, including Saudi Arabia, Australia and Japan. China and Russia have also developed multiple vaccines of their own, and while they are still awaiting WHO regulatory approval of the vaccines, they have exported these following analogous geopolitical lines.

Notwithstanding several controversies regarding efficacy and data transparency, China has enabled the use of its Sinovac, Sinopharm and CanSino vaccines in Indonesia, Cambodia, Pakistan, but it has also sought to increase its influence in South America, Africa and even in Europe by exporting to countries such as Montenegro and Hungary. Russia has exported its Sputnik V shots to previous soviet countries, including Belarus, Moldova, Kazakhstan and Turkmenistan, but it has also exported and enabled the future production of its vaccine in South America, Africa and Central and even Europe.

European Union member states have initially agreed to a joint acquisition of Covid-19 vaccines to avoid putting together a tender that would outprice smaller countries. However, after the European Union was left behind by countries like the United Kingdom and the United States, member states started to seek external sources for vaccines - including China and Russia. This policy paper tries to show how China and Russia have attempted to gain influence in Europe, how the European Union has responded and how it could have responded to these challenges.

Highlights include:

(1) China and Russia, unhindered by controversies regarding the efficacy of their vaccines, have exported Covid-19 shots to European countries, even when their own vaccination campaigns were left behind. Aiming to undermine the European Union and increase their influence, the two autocratic regimes have combined epidemiology with politics by spreading conspiracy theories from the very start of the pandemic. This may have backfired for Russia, since it now faces a vaccine hesitant population that may not wish to vaccinate itself.

(2) The European Union, one of the largest Covid-19 vaccine exporters in the world, has been unfairly blamed for its slow vaccination strategy. The United States and the United Kingdom, two countries that have been depicted as examples to follow, have been receiving vaccine shipments from the European Union and have only recently started to export vaccines of their own. The

European Union has also been criticized for having a slow regulatory process, even though the European Medicines Agency has approved more vaccines than any other Western regulator. National health regulators in Europe have also occasionally restricted access to vaccines with possible rare side-effects. The European Commission, blamed for poorly negotiating deals with vaccine manufacturers, has negotiated lower prices and stringent contracts with vaccine manufacturers.

(3) Waiving patents may solve global inequalities. Third-world countries are severely behind in their vaccination campaigns, despite significant commitments to COVAX, a WHO-backed initiative that aims to provide equitable access to COVID-19 vaccines. Western governments have been reluctant to pause intellectual property rights, but radical steps should now be considered in the attempt to reduce global inequalities.

These measures may also have geopolitical implications, since they might reduce reliance on Russian and Chinese exports. The European Union should therefore support the waiving of intellectual property rights, but it should also adopt a more proactive approach to vaccine development. However, as vaccination rates are slowing even in developed countries, vaccine passports and other similar measures should continue to be used as tools for encouraging vaccinations, provided they are implemented with a bottom-up approach and ethical dilemmas in mind.

The report also puts a special emphasis on several case studies in Central and Eastern Europe, the Black Sea Region and the Eastern Partnership countries

(1) Romania and Bulgaria are still plagued by incompetence and corruption. Both countries have prioritized 'essential' workers to the detriment of the elderly and other vulnerable populations. Given their failure to communicate effectively, they are now facing high levels of vaccine adversity that risk undermining their vaccination campaign.

(2) The South Caucasus, **the Eastern Partnership and the Western Balkans** received scarce help from the European Union, leaving a vacuum that has enabled increased Russia, Chinese and even Turkish influence. COVAX also had a limited impact in the region, as the Pfizer doses offered to the South Caucasus countries are more difficult to store than other vaccines.

(3) Inside the Visegrad Four, Hungary was first inside the EU to approve and purchase multiple Chinese and Russian vaccines. This emboldened the other V4 members, but they had greater difficulties in approving the vaccines. The Czech Republic dismissed a Health Ministry over refusal to approve the Sputnik V vaccine, and the Slovak health regulators found insufficient data on the safety of the vaccine. In the future, the alliance and other international projects such as the Three Seas Initiative may face ideological conflicts over how to approach China and Russia.

I. How it all started. China and the Wuhan market

The origins of the pandemic and its political implications

The origin story of the Sars-Cov-2 virus and the Covid-19 pandemic is yet to be told. Most likely, the pandemic started somewhere around the local seafood market in Wuhan, China. There, a bat infected with a coronavirus spread the virus to humans, possibly through another intermediary host-animal. Other origin stories have also been popular, including those claiming that the virus originates - accidentally or intentionally - from a nearby Wuhan lab. While these 'alternative' theories are mainly discredited by the scientific community, the unwillingness of Chinese authorities to cooperate with the WHO investigators has made it more difficult to counter conspiracy theories and to properly assess the origin of the pandemic. However, what was clear from the start is that the pandemic has great (geo)political implications.

The Li Wenliang case is emblematic of the closed political system of China. Doctor Li Wenliang, who later died of Covid-19 at the age of 33, was one of the first to notice a cluster of unusual pneumonia cases and then discretely raise alarm about the possibility of a coronavirus. After his private messages went viral, the authorities warned him about spreading rumors in the future. Local authorities, wary of their superiors in the Communist Party, may have tried to hide the outbreak hoping it would resolve itself. Their superiors, possibly going all the way up to president Xi Jinping, may have also wanted to resolve the issue without international attention. Given the extent of Chinese control over civil liberties and social media, their aims would not have been impossible, even if they are undesirable.

The art of war. China's political response to the pandemic

Since the start of the outbreak, China's foreign policy has been twofold. First, China attempts to restore its image by showcasing its efficient handling of the pandemic. On the same day as Wuhan and its nearby cities were locked down, China started to build a new hospital from scratch. Not long after the virus started to circulate globally, China started to sell personal protective equipment to international markets, and most recently, it started to also sell domestically produced vaccines.

Secondly, China attempts to counter any bad publicity with domestic disinformation. Not long after the first reports of the Sars-Cov-2 virus in Wuhan, Chinese state media and other officials started to propagate falsehoods about the pandemic, including claims that western vaccines are linked to the deaths of the elderly and even suggesting that the pandemic is supposedly linked to the U.S. Army's Fort Detrick. China has even learned from the Russian disinformation campaigns by resorting to fake social media accounts and trolls to spread disinformation online.

Possible side-effects may include…

China has been aiming to amplify its global reach with the use of the Belt and Road Initiative (BRI), an infrastructure and loaning project for developing countries. Even though its tools have shifted towards vaccine diplomacy, its aims are most likely the same: trading goods and services for financial gain, gaining control over critical infrastructure and increasing bargaining power in multinational institutions. Having already developed and domestically approved 4 different Coronavirus Vaccines, China has been able to export its vaccines to more than sixty countries worldwide.

At the same time, China has been unable to keep up production with Western companies, leaving it behind in its domestic vaccination rate. As of April 28, the European Union has administered more than 30 doses per 100 people, while China has administered approximately 17 per 100 people. However, a low vaccination rate at home has not stopped China from exporting vaccines strategically to countries with small populations.

Hungary, a long-time candidate of the Chinese Belt and Road investments and now a significant importer of multiple Chinese vaccines, is a good case in point of the perils of Chinese influence. In order to maintain high levels of trade between the two countries and to ensure the completion of the Budapest-Belgrade Railway funded by Chinese loans, Hungary has previously vetoed proclamations on the abuse of human rights in China.

More recently, Hungary has acquired Chinese Vaccines for almost 40$ a dose through a middleman that currently works for an energy drink company, and then vetoed a EU declaration that would have criticized China on the matter of Hong Kong. The Hungarian government, seeking even better relations with the Chinese regime, will also loan €1.25 billion from a Chinese Bank in order to

establish in Budapest a campus of the Chinese Fudan University.

China's overall **vaccine strategy** has been lacking transparency. China's Sinovac has initially cherry-picked data to suggest 100% efficiency, although later data varied from 65% in Indonesia to 91% in Turkey, and even 50.4% from a Brazilian partner that still denied providing full data. This may reflect inherent difficulties in comparing vaccine efficiency across different strains and populations, but the lack of Chinese transparency on these issues does little to reassure public authorities of its effectiveness.

The trial in Turkey is emblematic in this sense. While other vaccine producers regularly use more than 30,000 subjects to assess the efficacy of their vaccines, the Turkish trial used only a little more than 7,371 volunteers and the data provided for efficacy was in fact based on only 1,322 subjects. Nonetheless, Sinovac and Sinopharm are under consideration for emergency authorization by the WHO. At the same time, the rollout has been a relative success. While China is severely lagging behind Israel, the UK and even the EU in terms of domestic vaccination rates, the reach of its vaccines has been significant.

How should the EU and its member states respond?

China is able to foster such relations because the European Union and its member states lack a common approach to Chinese interference. Germany, given the ties of its automobile industry to Chinese imports, has been reluctant to enforce a hard stance on trade with China. Inside the Black Sea region, reactions also varied. While Romania has been, in some sense, taking a tougher stance on Chinese investment, especially in the case of critical infrastructure, Bulgaria has only recently seen a reversal of heavy investments in infrastructure.

II. The Russian story of the pandemic

Transparency issues

Russia was one of the hardest hit countries by the Covid-19 pandemic. Even though Russian authorities tried to hide the real number of deaths attributable to Covid-19, the record for excess deaths since the start of the pandemic made it clear that Russia has been one of the hardest hit countries in the world, even after adjusting for population. Russian authorities may have been responsible for a large part of this failure, so they were surely looking for a way to distract attention from its internal issues.

Russia started clinical trials for the Sputnik V vaccine developed at the Gamaleya National Center in June 2020. In less than two months, President Vladimir Putin had announced that Russia will be registering the first COVID-19 vaccine in the world. His announcement came even before the start of Phase 3 large-scale trials usually used to assess the efficacy and safety of vaccines. This has initially discredited belief in the safety of the Sputnik V vaccine, even as it was being rolled out domestically and in some foreign countries.

Clinical success and political diplomacy

Nonetheless, a Phase 3 clinical trial was later finalized and its results were published in the British medical journal The Lancet. According to the study, The Sputnik V vaccine is safe and 91.6% effective against mild symptoms. The results have since boosted Russian vaccine exports. At the time of the report, more than 40 countries have already approved the vaccine for use, and even the European Medicines Agency (EMA) is evaluating the vaccine.

Hungary was the first EU country to approve and order the Sputnik V vaccine, despite the fact that EMA is yet to approve the vaccine. Given that it has also secured Chinese vaccines, Hungary was able to up its vaccination rate, significantly exceeding the EU average. This has given Russia the opportunity to improve its global image while discrediting the EU's competency.

The Slovakian Prime Minister also ordered the Russian vaccine, but then the Slovak medicines regulator found that the Sputnik V vaccines provided by Russia did not correspond with those supplied to other countries, or with the Lancet study that certified the efficacy of the vaccines. Citing analyses of the Sputnik V shots made by Hungary and Russia, Slovakia may nonetheless decide to start using the jab in June. The Brazilian medicines regulator has also expressed concerns about the safety of the vaccine. Previously, EU countries, including Austria and Germany, have also expressed an interest in purchasing the Russian vaccines, but most are yet to reach any deals and may withdraw their offers after it was discovered that Russian embassy staff may have been involved in foreign intelligence operations in the Czech Republic.

The tradeoff between domestic success and political influence

Referring to the possibility of using the Sputnik V Russian vaccine in Europe, Ursula von Der Leyen said “Overall I must say we still wonder why Russia is offering theoretically millions and millions of doses while not sufficiently progressing in vaccinating their own people”. The numbers are on her side. Despite considerable exports to worldwide consumers, Russia’s own vaccination rollout has been relatively weak, even compared to that of EU countries often criticized for their vaccination rate. As of April 28, the European Union has administered more than 30 doses per 100 people, while Russia has administered only a little more than 13 per 100 people.

The reasons for this failure are varied. One is the difficulty of reaching Russian citizens in the vast Eurasian country, but the role of domestic disinformation campaigns should not be ignored. As we have previously shown, since the beginning of the Covid-19 pandemic, Russia started a serious disinformation campaign that undermined trust in scientific consensus regarding the Sars-Cov-2 virus and its origins. This has directly supported the spread of conspiracy theories regarding the effectiveness and safety of vaccines, not only abroad, but also in Russia.

III. Success or failure? The EU's Vaccination Policy

Money, data and contracts. The real reasons for the slow European rollout

The European Commission is usually not in charge of medical policy or large-scale procurement. But in the context of scarce public goods such as vaccines, a common acquisition strategy was seen as a way to avoid the high prices that would result in the case of competitive bidding. Small countries with little bargaining power and limited financial resources would have been the greatest losers of a decentralized procurement process.

As leaked data of vaccine prices later showed, the reasoning was probably correct, since the EU had paid considerably lower prices than other first-world countries. For example, while the US paid $4/dose for the AstraZeneca vaccine, the EU paid only €1.78/dose. However, as PM Boris Johnson leaked remarks echoed, 'greed' and 'capitalism' were the main drivers of the production and distribution of vaccines, so small prices may have led vaccine producers to prioritize other orders, especially since the EU has given parts of the required payments even before the first doses were delivered.

In June 2020, a survey of medical experts showed little optimism on the timing of vaccine rollouts. Their response was that vaccines would most likely be available for at risk individuals in March/April 2021, but that they may be delayed even further into 2021. We now know this timeline was slightly pessimistic, but others were even more skeptical that effective vaccines would be developed at all. Because of this, it may seem that the European Union was not wrong in delaying

negotiations with vaccine producers, even if hindsight may suggest otherwise.

It is also unclear if the EU in fact reached agreements later than other countries such as the UK. On average, the EU seemed to lag behind by months in reaching deals with manufacturers. While the UK had announced a deal with AstraZeneca in May 2020, and a deal with Pfizer in July 2020, the EU only did so in August 2020 and November 2020, respectively. However, when the UK and EU deals with AstraZeneca manufacturer were published, it turned out that official agreements were reached for both countries in August, with the EU actually signing the deal one day earlier than the UK.

Furthermore, unlike in the case of the UK, Israel-US deals, the EU Commission negotiated better terms for the use of vaccines, including the possibility of holding vaccine producers liable for possible side-effects, not the state, as is the case under most vaccine procurement contracts for other countries. This may have also discouraged producers from prioritizing the EU since other countries like the United States and Israel gave limited responsibility to manufacturers for unexpected side-effects or provided laxer patient data confidentiality requirements.

How national health regulators were more risk averse than the European Medicines Agency

The European Medicines Agency, the European Unions' health regulator, was initially criticized for unnecessarily delaying the approval of Covid-19 vaccines, even if to date it has approved more vaccines than the UK or US regulators without sacrificing on evaluations of safety or efficiency. EMA has also been more considerate of the costs associated with delaying vaccinations because of very rare side-effects than national regulators, suggesting that had it not been for the European regulator, national authorities may have been even more conservative, possibly because of political pressures felt at the national level.

AstraZeneca was the center of such controversies multiple times, especially when national regulators started investigating a connection between the vaccine and an unusual type of blood clot. This has led to high levels of vaccine hesitancy with more than half of people polled in some European countries reporting that they see the AstraZeneca vaccine as unsafe. After carefully reviewing the available scientific data, EMA established that there might be a "possible link" between blood clots and the vaccine, but it also said that "the overall benefits of the vaccine in preventing COVID-19 outweigh the risks of side effects."

National authorities have been more conservative, occasionally banning the use of vaccines for younger individuals who are thought to benefit less from the protective effects of vaccines and be more vulnerable to rare side effects, even if they are also very likely to spread the virus if not vaccinated. Such decisions may also affect short-term and long-term vaccine uptake, especially if other vaccines also face reports of rare side-effects. Indeed, even though vaccines are safe and efficient, as proven by large-scale clinical trials and real-world use in millions of individuals, it is possible that some very rare side-effects will be reported because of pure coincidences.

This may be inevitable due to the sheer number of individuals that will be administered vaccines, even when connections between vaccines and rare side-effects are in fact not causal. Fears over countries pausing vaccinations if supposed side-effects are reported has prompted even manufacturers to be overcautious. One day before Johnson & Johnson started using its vaccine in the EU, it chose to delay vaccinations over reports of rare blood clots associated with the vaccine in the US. European and US regulators have since recommended that national authorities resume the use of Johnson & Johnson shots.

How should authorities communicate in these cases? Rustam Romaniuc, Expert Grup, gives some guidance:

"Core to any successful strategy is to build trust in the rigor of vaccine trials and in the integrity of the approval process. Public authorities need to warn the public about transient adverse effects of the vaccines to avoid negative publicity from unprepared individuals or from controversies such as the ones surrounding the AstraZeneca vaccine. Most of the national governments have failed in providing citizens with an accurate description of the advantages and potential risks associated with the various vaccines. As a consequence, many will avoid getting the vaccine, in particular the AstraZeneca one. Among those who are more likely to refuse vaccination are the young ones who may think now that the low probability of experiencing bad consequences as a result of COVID-19 justifies their refusal of taking a vaccine that they perceive risky. In effect, the negative publicity around the AstraZeneca vaccine will make people believe less in the safety of vaccines in general and will increase their fears regarding vaccination."

Should the EU acquire Russian vaccines?

Since multiple health regulators, including those of Brazil and Slovakia, have rejected the authorization of the Sputnik V Russian vaccine citing lack of sufficient data on efficacy and safety, using the vaccine may come at great risks that should be avoided. However, should EMA conclude its rolling review of Sputnik V and approve the vaccine, the question remains whether it would be even feasible for EU countries to order doses of the Russian Vaccine.

While Russia was able to provide a relatively large amount of vaccine doses to small European countries, including Hungary and Serbia, its supply chain would most likely not be able to handle EU-wide demand, as showcased by the low rollout in Russia and the very few doses exported so far to foreign countries. At the same time, the Russian sovereign fund responsible for Sputnik V has supposedly secured a deal with multiple firms in Europe to produce the vaccine in higher quantities. This may raise the production potential of the Sputnik V vaccine and paradoxically reduce the reliance on Russian vaccine imports. Another Russian-Chinese deal may also boost the production of the Sputnik V shots, but actual production may have to wait until September or even later in the year.

Nonetheless, it may be wiser to wait for Western producers to ramp up production, since this would lower risks for political backlash and also maximize safety. In this sense, there are multiple positive signs, including faster shipments of Pfizer vaccines and future approval of new vaccines. For many European countries, supply already exceeds demand for vaccines. At the same time, the fact that Russia was able to secure deals with pharmaceutical companies to produce vaccines raises important questions about the limited cooperation between western pharmaceutical companies, national and EU-level authorities. After all, if the Russian Sputnik V that uses an adenovirus viral vector can be produced in the EU, why can't more of the AstraZeneca adenovirus viral vector be produced in the EU?

Intellectual property rights and vaccine production

If the answer to why Russia was able to cut multiple deals to produce its vaccine in Europe even though AstraZeneca struggled to increase production is not the difference in technology, then limitations of intellectual property may be the best explanation. The issue echoes the West's unwillingness to compromise on **intellectual property**. While Russia and China rarely hesitate in enabling the foreign production of their vaccines, western countries usually reject this possibility. The WHO and Medecins sans Frontieres have supported initiatives to temporarily waive COVID-19 patents to use all production capacities, but Western countries have opposed such measures on various grounds.

On the 5th of May the Biden administration announced that it will join 60 countries to support an initiative to pause Covid-19 vaccine patents. The move, however unpopular among pharmaceutical companies, may provide a positive example for other rich countries to join the initiative. Since the US announcement, Ursula von der Leyen, the President of the European Commission, said that she is open to the possibility of waiving patents. Since the European Union has been lagging behind Russia and China in terms of vaccine exports, waiving vaccine patents may reduce Russian and Chinese influence. If European and developing countries can produce vaccines without the need for licensing agreements with developers, demand for controversial Russian and Chinese vaccines shrinks.

However, such a move would require more involvement on the part of the European Commission, since firms also have to be supported in developing the know-how to produce vaccines that use the latest technologies, including those used in the production of mRNA-based vaccines such as Pfizer and Moderna. The European Union should follow the example of the US and UK, two countries that have been involved in the development of their vaccines since the beginning of research. Not doing so might mean that manufacturers will opt to produce Russian and Chinese vaccines that use older but more established technologies.

Can abolishing intellectual property rights resolve national and global inequities in vaccine distribution? Radu Uszkai reports on the pros and cons of waiving patents

"For most people, Intellectual Property Rights – especially patents – sound good on paper and the pharmaceutical industry seems to be the perfect poster child for their ethical defense. After all, since developing a vaccine in the middle of a global pandemic involves creativity and intellectual labor, don't pharmaceutical companies (and especially their R&D departments) deserve to be morally and politically recognized as the owners of their ideas (i.e. the formulas of their life saving vaccines)? Notwithstanding the ethical significance of labor and desert based arguments, philosophers (and economists) tend to generally endorse the so-called "utilitarian" argument in favor of granting pharma patents: if COVID-19 vaccines maximize welfare and happiness (and it is clear that they do), then we need to make sure that the companies developing them have the best incentives to be creative. Patents – basically a limited monopoly of up to 20 years generally – allegedly play this role: by enforcing artificial scarcity, they give companies control over the formula they create, thus controlling the manufacture of physical copies (the individual vaccines) and blocking unlawful competitors from simply copying their formula and selling the same product at a lower price.

More than one year into the COVID-19 pandemic though, it has become obvious that the ethical case in favour of patents deserves a closer scrutiny especially when talking about the global legal framework in which vaccines are produced and distributed nowadays, due to additional concerns. One of them involves efficacy: if something close to herd immunity is to be reached in the not so distant future, then we should wake up to the reality that vaccination is a collective action problem. In a world predicated on globalization and (quasi) free movement, having only citizens from rich countries vaccinated makes only a marginal improvement in fighting a virus like SARS-CoV-2.

Moreover, there is also a fundamental question of justice and fairness: global agreements like TRIPS (Trade-Related Aspects of Intellectual Property Rights) put people from the developing world at a disadvantage since one consequence of having patent protection for pharmaceutical products is that prices are higher since only one company has a monopoly on the manufacture and distribution of a particular vaccine. While the EU has significantly more bargaining power and it can take care of its more vulnerable citizens, the same cannot be said for the majority of countries worldwide.

Since abolishing the global legal framework protecting patents seems to be a pipe dream, some solutions to circumvent it and make the science more open have been proposed. Global initiatives like COVAX rely on an increase in the supply of vaccines available. This could be achieved either through a patent waiver for a limited amount of time (as the WTO has suggested), or through compulsory licensing which would allow countries with manufacturing capacity like India to join the game while still paying American and European companies part of their due. While the second solution could address the concerns of companies which mainly used private capital to develop their vaccine, a patent waiver should definitely be considered for vaccines which were developed with the use of public funds."

EU and UK relations: Why the EU was right to impose controls on vaccine exports

The Oxford-AstraZeneca vaccine was developed by UK Oxford University and Swedish company AstraZeneca. While the UK has supplied most of its doses from its two domestic production plants, the EU has also produced the vaccine locally, exporting large parts to the UK and other parts of the world. Most likely, the EU is the largest vaccine exporter, given that it has already supplied more than 34 million doses worldwide, most of them (around 9 million), went to the UK.

While AstraZeneca has successfully delivered the amount of promised doses to the UK, it has failed to do the same for the European Union, leading to a lawsuit against the producer for not delivering the promised doses in time. The lawsuit comes after the EU decided to make vaccine producers request formal approval for all vaccine exports. At that time, numerous UK officials have characterized the move as an unjustified ban motivated by vaccine nationalism. EU Council President Charles Michel notably intervened in the dispute claiming that the UK and the US have also banned the export of vaccines. Since this is not stricto sensu true, Charles Michel has since nuanced his position by claiming that the UK has *in effect* a vaccine ban. While the UK is lacking transparency about export data, it is most likely that the UK has not exported vaccines until now, except some ingredients for manufacturing Pfizer. The same was also true of the US, a country that only recently started to export a limited ammount of vaccines to its neighbors.

We would believe that there are two possible interpretations of the arguments against the EU's actions which are intentionally or unintentionally conflated. One is a legal argument claiming that the EU is in breach of national or international law. This seems to be false, since other countries, including the US, have effectively introduced bans on vaccines without any repercussions. The EU is able to do the same, and given its situation, it has ample reasons to do so.

The other interpretation is the moral argument. The EU deserves to receive fewer vaccines, since it has not reached agreements with the vaccine producers as early as other states, including the UK. But this would ignore the fact that vaccine producers have accepted to deliver the vaccines at a given rate. Even though they have received most of their money, vaccine producers have failed to keep their promise, so the EU should be entitled to punish the producers for their behaviour, including through legal means. Most importantly, a moral argument cannot disregard the fact that in the EU the need for vaccines is currently higher than in the UK. This alone should justify drastic action on the part of the EU.

Nonetheless, it may be unwise to impose an outright ban on exports. As Irish PM Micheál Martin warned, imposing bans may backfire if other countries are tempted to do the same to the EU. Cooperation remains important, especially in the case of complicated supply chains needed for manufacturing vaccines. In any case, vaccine supplies are returning to normal, so a lack of supply may not be a problem anymore. A lack of public demand may therefore become the bigger issue, so the EU and other countries should seek to encourage vaccine take-up, but how can they do it?

Vaccine passports: an effective instrument or a breach of the right to free movement?

The European Union is set to introduce the Digital Green Certificate to attest whether a person has been vaccinated, tested negative or successfully developed antibodies after infection with Covid-19. Such measures provide the possibility of encouraging citizens to get the vaccine, without resorting to making vaccines compulsory. But are they effective and how should they be designed? **Rustam Romaniuc** comments:

"Many private companies have made it clear that they will condition access to certain settings to their employees and clients on having received a COVID-19 vaccine. For example, many airline companies reported that they are considering making vaccination mandatory for international air travel. These approaches could provide a strong incentive to get vaccinated. The degree of acceptability of the measures adopted by the private sector is likely to be higher than if the same measures were imposed in a top-down fashion by public authorities. National governments can increase the acceptability of a green European certificate if private actors are actively associated at various stages of its design. In particular, national governments could involve private actors at the earliest stages of the process in order to make it clear to the public that the certificate is the result of a demand from private businesses and that the EU institutions are performing their role of providing a global public good: it is more efficient to have the same certificate at the European level than if each country had its own system."

Another issue is that of discrimination. Are vaccine passports and other encouragement measures ethical or are they overly paternalistic? **Radu Uszkai** attempts to shed a light on these questions:

"Some might think that the only duty that the European Commission has is that of developing a safe and trustworthy mechanism (with a clear emphasis on protecting individual privacy) of certifying whether someone had the shot, recovered recently from COVID or received a negative test for the disease. However, there are other additional questions which deserve to be discussed and debated openly. To what extent should businesses be allowed to condition the access to their goods and services by the use of the Digital Green Certificate? While airline companies, festival organizers or hotels should be able to select their clientele based on epidemiological concerns, the same should not be the case for companies and organizations providing essential services (like groceries, for example) or public goods. Moreover, there is also a question of fairness and intergenerational justice: if vaccines are distributed based on need and vulnerability, younger Europeans will be the last ones to get their jabs. Introducing such a certificate, then, requires an increase in state capacity of administering vaccines, in order to give everyone (regardless of their age) a right to increased mobility."

IV. Regional and national challenges

Last again? The vaccination campaign in Bulgaria

Facing severe coordination management problems, the anti-coronavirus vaccination campaign in Bulgaria was (and still is) the worst out of all EU member countries. As of 25th of April, Bulgaria had administered at least one shot to only a little more than 8% of its population, while even bordering Romania had given the first shot to more than 15% of its population. The state was also unable to reassure the population of the safety of the vaccines. Given low take-up in the vulnerable population, Bulgaria decided in late February to start offering vaccines to all interested adults.

Along with Austria, Czechia, Slovenia, Latvia and Croatia, Bulgaria has complained to the European Commission that the EU system of distribution is unfair, since some countries have been receiving less than would be expected under a proportional system. It later turned out that the fault was not in the distribution system, but in the member countries, since they did not order all the vaccine doses they were allowed to request. In effect, the countries were complaining that they did not receive the doses they chose not to order.

Ignoring the mentioned issues, some state officials and members of parliament have mentioned the possibility of purchasing vaccines not approved by the EU: "*the state will look for other options and we will not hesitate to buy any vaccine that is effective and harmless and recognized by regulation in Europe. Of course, including Russian and Chinese*" said Prof. Todor Kantardzhiev, member of the National Operational Headquarters for the Fight against the Coronavirus Pandemic.

At the same time, public health authorities may have taken an overcautious approach to the AstraZeneca vaccine by overstepping EMA's guidance. When the first reports of rare blood clots possibly associated with the vaccine were announced, Bulgaria stopped the inoculations with the vaccine, possibly weakening the already low trust in vaccines. Sofia has since resumed the use of AstraZeneca doses, although very low take-up made the country consider dropping the vaccine completely.

In the context of the recent expulsion of Russian diplomats accused of espionage, the BSP opposition party has demanded that the government start separate negotiations with Russia for the acquisition of Sputnik V coronavirus vaccines. The Republicans for Bulgaria party has also supported importing vaccines, even if they are not approved by the EU. The Bulgarian Academy of Sciences is currently developing a Covid-19 vaccine based on nanoparticles. Even though a supposed prototype is ready, some claim that lack of funding is hindering the further development and testing of the vaccine.

Bulgaria has also poorly managed the distribution of vaccines to vulnerable people. Before the recent parliamentary elections, Bulgaria prioritized the vaccination of election staff and other

workers in the public administration, even at the expense of the elderly and those most vulnerable to Covid-19. Even after the elections, Bulgaria did not successfully prioritize the vaccination of the vulnerable population because it launched in parallel the vaccination campaign of the whole population, without reserving enough vaccine doses for the elderly and vulnerable.

A case of 'natural competition'. Romania's vaccination campaign

Even though Romania has decided to focus on maximizing overall vaccine uptake to the detriment of vulnerable people and the elderly who missed out on their shots, the country is now behind other EU countries in terms of its overall vaccination rate and is facing the risk of running out of people willing to get the vaccine. As of April 25th, a little more than 15% of its population got a first dose, while the EU average is 21%, with Spain, Belgium and Germany exceeding 23%. Other issues, including lack of transparency and possible line jumping, also cast a negative light on the ability of Romania to distribute its vaccines fairly.

Most issues could have been anticipated, and in fact were anticipated in an academic study published by a team of Romanian researchers. The authors warned that "uncontrolled distribution and reports of individuals jumping the queue (...) have the potential to generate mistrust and cause public unrest". They also argued that "transparency and clear communication" will be vital for a successful vaccination campaign.

Initially, authorities seemed to heed the call, but later things turned sour. When the then Minister of Health Vlad Voiculescu decided to publish transparency data on daily vaccinations, it turned out that some 'essential' military staff and their families used closed circuit vaccination centers. This caused quite a stir. The Minister was criticized by the Prime Minister for publishing supposedly confidential data, even though it is not clear which parts of it the data could have been considered confidential.

The authors of the study also proposed some solutions to other issues, including "the involvement of military personnel" to avoid "potential issues concerning the logistics of transport and storage". The Romanian authorities decided to give military personnel the task of distributing vaccines, even though it later turned out that military personnel were, on some occasions, unfairly prioritized.

In a separate issue concerning "vaccine tourism", a situation where people travelled to smaller towns for vaccination appointments, the head of the vaccine distribution strategy, Colonel Valeriu Gheorghiță, dubbed the situation as a case of "natural competition". This showcased the Romanian approach for vaccination: after vaccinating "essential personnel", medical staff and (some of) the vulnerable people, vaccinate as many people as possible, regardless of their age.

This is in stark contrast with other approaches, such as that of the UK which prioritizes people of older age over those younger, even if neither are otherwise vulnerable to Covid-19. According to official data published on April 30th, the vast majority of Romania's elder population was not yet vaccinated, even vaccines are currently available for all adults, irrespective of their age. Out of its

more than 900 thousand people aged over 80, a little more than 150 thousand have had at least one dose.

As vaccine deliveries are speeding up, Romania will have to focus on convincing people who are currently unwilling to get the shot. A better and more innovative vaccine promotion campaign is crucial, since polls suggest that everyone willing to vaccinate might do so by the end of June, while a significant part of the population - including a large part of its vulnerable population – remains reluctant to get the vaccine.

Growing Turkish influence in the South Caucasus

The South Caucasus has been lagging behind in its vaccination campaign. Most countries are expecting deliveries of COVAX, a WHO backed initiative of Covid-19 vaccine for lower income countries. However, some lack even the infrastructure to use what vaccines are offered. Armenia has recently rejected a Pfizer donation from COVAX, because it lacks the required equipment to store the vaccine at very low temperatures. Nonetheless, it has already received a donation of around 2000 Sputnik V doses, and it is in talks with Russia to order more.

Azerbaijan has been faring better, since it has already started to vaccinate its population using the Chinese CoronaVac. In the last three months, it has already administered 1.3 million doses. After initially purchasing 4 million doses from China with the help of Turkish companies, the Azerbaijani government made a deal for another 5 million. Azerbaijan also already received 84,000 doses of the former AstraZeneca vaccine out of the 432,000 allocated from COVAX, and it may also benefit from Pfizer doses. However, Russia may also soon deliver more Sputnik V doses, and it may also suggest that Azerbaijan produces the vaccine domestically.

Georgia started to vaccinate its medical staff on 15th of March using 43,200 COVAX delivered AstraZeneca doses. After significant delays caused by the technical requirements of storing Pfizer vaccines, Georgia also received from COVAX a batch of the vaccine produced in collaboration with BioNTech. Georgia also received 100.000 doses of the Chinese Sinopharm vaccine, though it decided to use it only when the WHO authorizes the vaccine.

As of April 16, Turkey had administered more than 20 million vaccines mainly to medical staff and the elderly, and it recently started to vaccinate those over 55. Turkey first used the CoronaVac Vaccine developed by China's Sinovac, but it then supplemented it with Pfizer doses. As of June, more than 30 million doses of Pfizer are expected, making it possible to vaccinate all those above 40 who are willing.

The Eastern Partnership: Ukraine and Moldova

Ukraine, given its reasonable opposition to Russia, decided to ban the use of the Sputnik V vaccine. However, this has not stopped Russia from supplying the vaccine to Russian controlled regions of Eastern Ukraine. Ukraine has instead opted to use the Oxford developed AstraZeneca vaccine and the Chinese Sinovac. And most recently, it has received more than 100 thousand Pfizer doses from the COVAX facility. However, a high level of disinformation and a polarized political scene have severely affected vaccine take-up. Ukraine is now facing the highest vaccine hesitancy in Europe among its population, with even medical staff avoiding the vaccine.

The Republic of Moldova was the first country in Europe to receive a shipment from COVAX. On March 4th, it received 14,400 AstraZeneca doses for its healthcare personnel. Moldova has also been a significant recipient of donations from other EU member states, particularly Romania, which promised to donate 200,000 vaccine doses and already delivered a substantial part of it. On May 5th, President Maia Sandu announced that Romania donated another 100,000 vaccines and offered Moldova the possibility of purchasing 200,000 doses per month at the EU price. President Sandu also asked the authorities to enable the vaccination of the entire population.

Moldova previously received what was supposed to be a free aid shipment of 142,000 Sputnik V doses. It later turned out that it had in fact received only 71,000, all of which were doses that can only be used as first shots, with the doses that can be used as second shots awaiting delivery in May. Around 31,000 of the doses were sent by Russia to Transnistria, a breakaway region of Moldova. In a statement on April 9th, the Health Ministry of Moldova said that Moldova will purchase 400,000 doses of Sinovac from China.

The Visegrad Four: Hungary, Czechia, Slovakia and Poland

Hungary was the first EU country to sideline the EMA and register both Russian and Chinese Vaccines, having purchased 2 million Sputnik V vaccines and around 5 million Chinese Vaccines. The move was seen as controversial. Nonetheless, the vaccination strategy seems to have worked, at least in some sense, since Hungary is the leading EU member country in its vaccination rate. While as of the 20th of April, almost 20% of the European Union adult population has received at least a shot, Hungary is soon to exceed 35% of vaccinated adults with at least one dose.

However, as the EU is closing in on the vaccination rate of Hungary, other problems may become more important. In the context of a still very high per capita death rate compared to other member states, Hungary is facing some calls for analyzing the efficiency of its vaccines, especially those produced in China that may lack reliable data.

The involvement of Chinese vaccines has also proved controversial, since investigative journalists have uncovered that a former hockey player and current employee of an energy drink company was the person responsible for acquiring the vaccine deal with China. The Hungarian government has also been especially friendly to the Chinese Government, since it has decided to pay for the construction of a Chinese University campus in Budapest, using Chinese loans. More worryingly, Hungary has decided to veto a EU declaration on the international law abuses of the Chinese government regarding Hong Kong, after it criticized a similar declaration on the human rights abuses of Uyghur minorities in China.

By approving and buying Chinese and Russian vaccines, Hungary set an example for its neighbors, especially the Visegrad Four. While Poland has said it will not consider using the Sputnik V vaccine, it has not ruled out using the Chinese ones. The Czech Republic has been more enthusiastic about purchasing Sputnik V doses and it has even fired a health minister who was opposed to the move.

However, after the recent expulsion of Russian embassy staff accused of spying, Czechia may no longer wish to acquire Russian produced vaccines. The Czech Health regulator also announced that it lacks sufficient data to approve the Sputnik V vaccine. At the same time, even Austria and some German states previously signaled that they may follow the lead of Hungary by ordering Sputnik V doses, even though they will most likely use the doses only after EMA approval.

For Slovakia, also a member of the Visegrad Four, the situation turned out to be more difficult. The Slovakian Prime Minister ordered 2 million doses, but without notifying its junior coalition partner in advance. This has resulted in a cabinet reshuffle where the PM was changed, but the rest of the government remained mostly unchanged. More importantly, the Slovakian State Institute for Drug Control said that the Sputnik V vaccines it received were different from those used elsewhere, including in the Lancet study that supported the efficiency of the Sputnik V vaccine. Russia then requested some vaccines to test them further. Hungary was also given a batch to test on Slovakia's behalf and it announced that the doses are satisfactory, even if it is still unclear how and if the concerns raised by the Slovak regulator have been addressed.

Approaching China and Russia may also present issues beyond the boundaries of nations. The alliance of the Visegrad Four may be vulnerable to conflicts of visions between russophile and sinophile Hungary and Russophobe and Sinophobe Poland. Most recently, Hungary failed to expel Russian diplomats in the midst of the Czech diplomatic dispute and vetoed the Visegrad Four's harsh action on Russia. This may lead to further Czech and Polish disappointment on the actions of the Hungarian government.

Even worse, these controversies may spill-over to the Three Seas Initiative, an infrastructure collaboration effort between Eastern European countries. A relatively large funding for the project is set to be given by the United States, and even the European Commission, but should Chinese involvement increase at the helm of Hungary and other Sinophile countries, the project may lose ideological coherence and efficacy between different-minded countries.

Serbia and the Western Balkans

Serbia has been an unexpected success story. A candidate for EU accession, it has managed to drive a successful vaccination campaign, even exceeding the EU at the daily vaccination rate. The country, ruled by a notably authoritarian government, has benefited from both Russian and Chinese patronage. Not only was the country able to purchase large amounts of vaccines from China and Russia, but it is supposedly also building two separate plants to produce the vaccines domestically. Serbia has also invited people from outside its country to get the vaccine, even though this may have risked exacerbating the high infection and death rate it is still facing through regional spreading of the virus.

According to one survey, more than three thirds of Western Balkan people believe in one or more Covid-19 conspiracy theories. In the long run, this may prove to be very dangerous to the Balkans, since the number of people willing to get the vaccine may soon dry up, long before herd immunity is reached. Since lack of trust in government is associated with high levels of vaccine hesitancy, the countries of the Western Balkans – Serbia included - should attempt to restore trust by maintaining democratic institutions and reducing corruption. Unfortunately, reform takes time, and few leaders may be willing to pursue them. Instead, they may opt for support from other autocratic regimes, even if this may come with the risk of unpayable debts that now also plague Montenegro.

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