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# Beyond “Vaccine Nationalism”: China’s Cooperation with the Middle East in the COVID-19 Vaccine

NIU Song and WU Rui

*The current COVID-19 pandemic has had a huge impact on global health security, and some developed countries have promoted “vaccine nationalism” based on the principle of self-interested supremacy and have adopted the approach of seizing pre-sale opportunities in the procurement of vaccines and competing for the right to distribute vaccines to obstruct fair and reasonable distribution of vaccines worldwide. This article analyses the current situation of and predicament caused by the pandemic in the Middle East which has to bear the brunt of the influence and detrimental impact of vaccine nationalism. By analysing the vaccine cooperation model and mechanism between China and countries in the Middle East, this article investigates how China’s vaccine cooperation in the Middle East has transcended vaccine nationalism. Vaccine nationalism has not only affected the availability of vaccines in countries in the Middle East but also threatened the health and safety of the region. The international vaccine cooperation between China and Middle Eastern countries is therefore an effective hedge against the negative impact of vaccine nationalism, highlighting China’s fundamental stance to safeguard the attributes of vaccines as public goods and also demonstrating to the international community China’s exemplary role in the fight against the pandemic.*

The COVID-19 pandemic is currently the most serious public health event globally. The pandemic, caused by an infectious disease known as the SARS-CoV-2 virus or coronavirus, is highly contagious and difficult to control, leading to severe social, economic and political problems on a global scale. COVID-19 vaccines are now the most effective weapon to deal with the spread of the pandemic, but the emergence of “vaccine nationalism” has hindered the equitable global distribution of vaccines, and delayed the prevention and control efficiency of the pandemic. On 21 May 2021, Chinese President Xi Jinping pointed out in his speech at the Global Health Summit that “[i]t is imperative for us to reject vaccine nationalism and find solutions to issues concerning the production capacity and distribution of vaccines, in order to make

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vaccines more accessible and affordable in developing countries”.<sup>1</sup> In June of that year, China, together with 30 countries in Asia, South America and Oceania, launched the Initiative for a “Belt and Road” Partnership on COVID-19 Vaccines Cooperation, calling for open, fair and non-discriminatory international cooperation on vaccines. Since then, China has provided vaccines and assistance to many countries around the world. China’s resolve in upholding global cooperation and multilateralism in the global fight against the pandemic shows its active promotion and participation in global governance. The principle of global governance is based on the implementation of rules, mechanisms and methods for managing human public affairs through equal dialogue, consultation and cooperation among multiple actors to jointly respond to changes and challenges of global issues. Its values are premised on a whole of humanity approach and interests common to all.<sup>2</sup> The implicit logic of global governance is that the stronger provides the weaker with public goods such as security, economy and order.<sup>3</sup> China’s concept of global governance advocates expanding the governing bodies, increasing the representation and voice of developing countries and emphasising that international consensus, coordination and cooperation are indispensable. Alongside a rapid increase in globalisation, global issues are becoming more regionalised. Regional governance has become an important part of global governance: “regional arrangements may not fit neatly into existing global arrangements, but neither are they ‘islands’ isolated from the larger context of global governance”.<sup>4</sup>

Given its geographical significance and special historical, religious, ethnic and other factors, the Middle East has long been one of the most unstable regions in the world. In addition to traditional security threats such as the Palestinian–Israeli territorial disputes and the Syrian civil war, non-traditional security threats such as terrorism, refugee and public health crises have also restricted the security and development of the region. The Middle East has gradually become a key stage for major powers to participate in regional governance. In recent years, the joint construction of the “Belt and Road” has promoted steady, friendly relations between China and Middle Eastern countries. China attaches great importance to promoting common development and maintaining friendly relations with Middle Eastern countries. Driven by a variety of reasons, China today plays an active role in regional governance of the Middle East, including safeguarding China’s growing interests in the Middle East in the areas of energy, investment and trade; restraining the escalation of hot issues in the Middle East and expanding diplomatic discourse and promoting democratisation of global

<sup>1</sup> Xi Jinping, “Working Together to Build a Global Community of Health for All”, Ministry of Foreign Affairs of the People’s Republic of China, 21 May 2021, at <[https://www.fmprc.gov.cn/mfa\\_eng/wjdt\\_665385/zyjh\\_665391/202105/t20210521\\_9170547.html](https://www.fmprc.gov.cn/mfa_eng/wjdt_665385/zyjh_665391/202105/t20210521_9170547.html)> [1 July 2021].

<sup>2</sup> Cai Tuo, “Global Governance: A Chinese Perspective and Practice”, *Social Science in China* 13, no. 1 (2004): 95–6.

<sup>3</sup> Sun Degang, “Theory and Practice of China’s Participation in the Middle East Conflict Governance”, *West Asia and Africa*, no. 4 (2005): 79–98.

<sup>4</sup> Arie M. Kacowicz, “Regional Governance and Global Governance: Links and Explanations”, *Global Governance* 24, no. 1 (2018): 61–79.

governance; it also projects a fair and peaceful image internationally to enhance China's diplomatic affinity and cultural soft power.<sup>5</sup> China's anti-pandemic experience, vaccine research and development (R&D) technology, anti-pandemic resources and its long-held outlook for internationalism and humanitarianism have laid a solid foundation for China to conduct vaccine cooperation with Middle Eastern countries amid such challenging anti-pandemic times. Pandemic prevention and control have become a global public issue, not just a national one, requiring international cooperation. China's vaccine cooperation in the Middle East is a strong manifestation of joint efforts in building collective security, safeguarding international fairness and justice, and eliminating the negative impact of vaccine nationalism.

### **“VACCINE NATIONALISM”: CONNOTATIONS AND NEGATIVE IMPACTS**

Vaccine nationalism manifests precisely the narrow-minded aspect of nationalism in health care against the backdrop of the ongoing global anti-pandemic fight. In the 21st century, nationalism is a prevailing attribute of modern nation-states. It has increasingly been characterised as encompassing traits of conservativeness and exclusivity. Competing to maintain or achieve superiority and expanding national power in the nation-state system are the driving forces.<sup>6</sup> As a modern phenomenon, nationalism is characterised by the “existence of symbols and beliefs which are either propagated by elite groups, or held by many of the members of regional, ethnic, or linguistic categories of a population and which imply a community between them”.<sup>7</sup> It holds that the political and national units should be congruent,<sup>8</sup> and a nation-state is the basic context of human social life that takes precedence over other social and political principles. The term nationalism is often used to describe loyalty or devotion to the culture and traditions of the nation-state at the ideological level, and the struggle to preserve and expand the interests of the state at the operational level. Therefore, nationalism is both an ideology and a political movement that encourages national self-awareness as well as the nation-state's political power. Generally speaking, there are two facets to nationalism. On the one hand, it is easy to stimulate national community consciousness with the state as a unit; particularly when the state faces a crisis, nationalism is a great source of strength that provides justification to integrate and promote.<sup>9</sup> On the other hand, nationalism tends to evoke radical and irrational sentiments, with possible

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<sup>5</sup> Ibid.

<sup>6</sup> Li Zhaozhong, *Nationalism in Modern Western Europe* (Beijing: People's Publishing House, 2011), p. 276.

<sup>7</sup> Anthony Giddens, *A Contemporary Critique of Historical Materialism*, vol. 1 (Berkeley, CA: University of California Press, 1981), p. 191.

<sup>8</sup> Ernest Gellner, *Nations and Nationalism*, 2nd ed. (Malden, MA: Blackwell, 2006), p. 1.

<sup>9</sup> Zhao Hong, *Nationalism—The Consequence of the Historical Form*, trans. Hans-Ulrich Wehler (Beijing: China Legal Publishing House, 2013), p. 64.

overemphasis on internal homogeneity and the selfish, myopic pursuit of the interests of one's own nation.

We can categorise vaccine nationalism as a health and safety governance concept that governments of some high-income countries, which are guided by the principle of exclusivity, have embraced to accentuate the national and political borders in global vaccine production and distribution, and to prioritise safeguarding their own interests. The reality that the economic and political development of countries across the world is varied and unbalanced has resulted in the implementation of vaccine nationalism. As governments of high-income countries have the political and economic capacity to sign agreements with COVID-19 vaccine manufacturers, vaccine nationalism has therefore shaped the state-based distribution mode. Undoubtedly, the responsibility for providing vaccines to the population falls on the states; however, "such a jostling of 'my country ahead of all others' in place of a collective, coordinated global effort, will have potentially tragic consequences".<sup>10</sup>

First, vaccine nationalism emerges due to international competition and individual benefits in national groups. Highlighting the contrast between one's self and others has emphasised that meeting the needs of one's own country precedes meeting the urgent needs of other countries for vaccines. Under the guidance of a particular nationalist stance that is one sided and addresses only the threat of the domestic epidemic, the government tends to take the lead in obtaining vaccines through active intervention and even resorts to vaccine hoarding. Such behaviour is eventually not conducive to preserving the overall interests of mankind.

Second, as the world faced the rampant spread of the COVID-19 virus, vaccine nationalism not only exposed the varying characteristics and capabilities of nation-states, but also exacerbated the contradictions and conflicts between the nation as a unit and the international system, thus weakening the health and security interests of countries without political and economic power. In general, vaccine nationalism strengthens the individual capabilities of states, but it neglects the close correlation between national governance and global governance, to the detriment of global health security responses.

Policies characterised by vaccine nationalism manifest mainly in the following three aspects. First is the tendency to seize pre-sale opportunities in the procurement of vaccines. Some wealthy countries and regional organisations, such as the United States, Canada, the United Kingdom, Australia and the European Union (EU),<sup>11</sup> were major players that took relatively proactive stances to advocate vaccine nationalism. These countries with strong financial capability signed vaccine Advance Purchase

<sup>10</sup> Perna Singh, "How Exclusionary Nationalism Has Made the World Socially Sicker from COVID-19", *Nationalities Papers* 50, no. 1 (2022): 104–17.

<sup>11</sup> Kai Tabacek, "Small Group of Rich Nations Have Bought up More than Half the Future Supply of Leading COVID-19 Vaccine Contenders", OXFAM International, 17 September 2020, at <<https://www.oxfam.org/en/press-releases/small-group-rich-nations-have-bought-more-half-future-supply-leading-covid-19>> [5 July 2021].

Agreements with vaccine manufacturers to secure priority access to and purchase of vaccines at an early stage of vaccine development and clinical trials.<sup>12</sup> Upon signing the advance purchase agreements, vaccine manufacturers ramped up their production capacity to meet vaccine orders from these countries or regional organisations. Based on the actual distributional effects during the early stages of the COVID-19 vaccine R&D, most of the vaccine manufacturers worldwide already completed their advance sales following the signing of advance purchase agreements. The United States secured 800 million doses of at least six vaccines in development, the United Kingdom was the world's highest per capita buyer, with 340 million purchased, and the EU nations and Japan also placed orders for hundreds of millions of doses.<sup>13</sup> According to Palash Basak et al., “even prior to any vaccine's approval, high-income countries that constitute only a fraction of the global population had already placed orders for more than 50% of the projected early supply of doses for COVID-19 vaccines”.<sup>14</sup> As a result, a few wealthy countries have already achieved vaccine self-sufficiency, while low- and middle-income countries are naturally eliminated from vaccine supply circles because they cannot obtain vaccine contracts from Western vaccine manufacturers.

Second is the proclivity to drive up the price of vaccines and compete for the right to distribute vaccines. Strong economic strength is a significant trait in affluent countries that adopt vaccine nationalism. Normally, it takes more than 10 years for a new vaccine to be developed and delivered. The cost of developing a vaccine is expensive, ranging between US\$200 million and US\$500 million, and the venture often has a high failure rate.<sup>15</sup> Besides operational changes in science and technology, shortening the COVID-19 vaccine R&D period also requires a huge influx of funds, especially since the current development cost of COVID-19 vaccines is at least four times that of a usual vaccine.<sup>16</sup> Most countries do not have the capacity to make such huge investments in vaccines. Some vaccine manufacturers seek high profits, and some rich countries conduct diversified vaccine portfolio operations to hedge R&D risks, thus resulting in such a situation as mutual selection of cooperation between one country and multiple manufacturers. Wealthy countries continue to drive up prices, leveraging their own economic advantages, thus leading some manufacturers to bypass the World

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<sup>12</sup> Alexandra Phelan et al., “Legal Agreements: Barriers and Enablers to Global Equitable COVID-19 Vaccine Access”, *The Lancet* 396, no. 102254 (September 2020): 800–2.

<sup>13</sup> Ewen Callaway, “The Unequal Scramble for Coronavirus Vaccines—By the Numbers”, *Nature* 584, no. 7822 (2020): 506–8.

<sup>14</sup> Palash Basak et al., “Global Perspective of COVID-19 Vaccine Nationalism”, MedRxiv, 1 January 2022, at <<https://www.medrxiv.org/content/10.1101/2021.12.31.21268580v1.full>> [20 July 2022].

<sup>15</sup> Irina Serdobova and Marie-Paule Kieny, “Assembling a Global Vaccine Development Pipeline for Infectious Diseases in the Developing World”, *American Journal of Public Health* 96, no. 9 (September 2006): 1154–9.

<sup>16</sup> “How Have Covid-19 Vaccines Been Made Quickly and Safely?”, Wellcome News, 21 January 2021, at <<https://wellcome.org/news/quick-safe-covid-vaccine-development>> [17 July 2021].

Health Organization and directly go public in rich countries to save time.<sup>17</sup> The global distribution of vaccines among those few countries or regions reveals a deepening divide in how vaccines are supplied.

Third is the inclination to set up export barriers to control both the redistribution of surplus vaccines and the global vaccine production capacity. Often, political interests are catalysts triggering sentiments of vaccine nationalism. Vaccine production is a highly specialised industry with high entry barriers and vaccine manufacturers are thus “highly concentrated in a few companies in those few countries with a high degree of industrialisation”. Therefore, the production and sharing of vaccines have to first cross “political, geographical and cultural barriers”.<sup>18</sup> Given the large demand for COVID-19 vaccines currently, there exists a risk of supply shortage of raw materials required for vaccine production. Under such circumstances, wealthy countries imposed strict export controls and political intervention in production and global distribution of vaccines by forming regional alliances for surplus vaccines and raw materials. For instance, the transparency and authorisation mechanism for exports of COVID-19 vaccines out of the EU would cause vaccine manufacturers there to be subjected to strict supervision when exporting vaccines to countries and regions outside the Union.<sup>19</sup> The Trump administration cited the National Defense Production Act to force American companies to give the US government priority over other buyers in purchasing vaccines, and to prioritise production of medical resources urgently needed in the United States.<sup>20</sup>

Vaccines, in terms of functionality and attributes, are considered as international public goods. An equitable distribution of the COVID-19 vaccine—the most powerful weapon against the COVID-19 virus—on a global scale could benefit every country. The principle of equitable distribution should refer to a strategy that comprehensively considers other interests besides self-interest. Ensuring an equitable distribution of the COVID-19 vaccines is challenging when there is a shortage, but vaccine hoarding should not be allowed as it would cost human lives. Targeted at global or cross-regional public issues, international public goods are both national and regional public goods that expand spatially out from the subject and object of supply and are the outcomes of international cooperation. As international public goods, vaccines encompass two basic characteristics of general public goods, namely the non-competitive nature of

<sup>17</sup> “When the Global Vaccine Distribution is in Progress, Why Does Someone Make a Roar of ‘Moral Depravity?’”, *Huanqiu (Global Times)*, 23 January 2021, at <<https://world.huanqiu.com/article/41dC8CVnNq8>> [17 July 2021].

<sup>18</sup> Qin Qian, “Concerns about the Politicization of the Coronavirus Vaccine”, *Globe*, no. 19 (2020): 36–7.

<sup>19</sup> “Commission Strengthens Transparency and Authorisation Mechanism for Exports of COVID-19 Vaccines”, European Commission, 24 March 2021, at <[https://ec.europa.eu/commission/presscorner/detail/en/ip\\_21\\_1352](https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1352)> [17 July 2021].

<sup>20</sup> Peter S. Goodman et al., “A New Front for Nationalism: The Global Battle against a Virus”, *The New York Times*, 10 April 2020, at <<https://www.nytimes.com/2020/04/10/business/coronavirus-vaccine-nationalism.html>> [18 July 2021].

consumption and the non-exclusive nature of benefits.<sup>21</sup> In other words, the COVID-19 vaccine is a collective consumer product that can be enjoyed by all humans and each member's consumption of the product will not lead to a reduction in other members' consumption of it.<sup>22</sup> However, vaccine nationalism poses serious challenges to COVID-19 vaccines' attributes and function as public goods. Through the analytical lens of international public goods, the negative impacts of promoting vaccine nationalism exist mainly at two levels.

On the one hand, from the perspective of public goods providers, vaccine nationalism has challenged the non-competitive characteristic that vaccines should embody as international public goods and has spawned rounds of competition over the COVID-19 vaccine among major countries. As only a handful of countries such as China, Russia, the United States, the United Kingdom and Germany have relatively advanced COVID-19 vaccine R&D capabilities, they should play an important role as global suppliers of public goods in order to give vaccines full play as public goods on a global scale.

From the Trump to the Biden administrations, the United States has shifted its positioning of China and Russia from "strategic competitor" to "biggest competitor" and "biggest threat". The shift demonstrates that the United States will continue to pay attention to strategic competition with China and Russia. Since the United States is the most influential country in the world today, it acts with a strong sense of geostrategic competition and takes proactive actions manifesting such behaviour as vaccine nationalism; hence, existing vaccine suppliers in the international community face difficulties in establishing effective cooperation with other countries. It might severely impede the global distribution of vaccines.

On the other hand, from the perspective of the beneficiaries of public goods, vaccine nationalism also undermines the non-exclusive characteristics of vaccines, directly affecting the establishment of a global vaccine-sharing mechanism. Vaccine R&D projects were launched on a global scale in mid-2020, and by early 2021, a number of vaccines were approved for marketing. At the time, wealthy countries, accounting for 16 per cent of the world's population, purchased 60 per cent of the global vaccine supply. Some of these affluent countries hoarded vaccines many times more than their populations need, and low- and middle-income countries faced difficulties in gaining access to vaccines.<sup>23</sup> When the vaccines were first deployed, at least 49 high-income countries had received more than 39 million doses of vaccine,

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<sup>21</sup> Inge Kaul, Isabelle Grunberg and Marc Stern, eds., *Global Public Goods: International Cooperation in the 21st Century*, published for the United Nations Development Programme (Oxford: Oxford University Press, 1999), pp. 3–6.

<sup>22</sup> Paul Samuelson, "The Pure Theory of Public Expenditure", *The Review of Economics and Statistics* 4, no. 36 (November 1954): 387–9.

<sup>23</sup> "Weekly Covid Vaccine Research Update", Duke Global Health Innovation Center, 25 January 2021.



while one lowest-income country received only 25 doses.<sup>24</sup> By mid-2022, more than 78 per cent of the population in high- and upper-middle-income countries had received at least one dose of COVID-19 vaccine, and only 19.9 per cent of people in low-income countries had received at least one dose.<sup>25</sup> Governments of various countries, international organisations, vaccine manufacturers and other participating entities should forge internal and external collaboration in the supply process of vaccines as a form of public goods. However, vaccine nationalism puts national interests above the common interests of all mankind; hence, contradictions and differences emerge in mutually independent countries in terms of their identities, goals and cognition of vaccines. These countries could have forged collaborations but there is a lack of effective operation modes and sharing mechanisms among countries, between countries and participating entities, as well as between participating entities. Vaccines “are treated as a market commodity instead of a public good in global health and more widely in our global economy”,<sup>26</sup> thus directly leading to a significant reduction in the availability and affordability of vaccines. Often, vulnerable and developing, low-income countries find themselves at the end of the COVID-19 vaccine supply chain and they have neither consumption channels nor the bargaining power to negotiate supply; the North–South gap in global vaccine production and distribution rapidly deepens.

## THE MIDDLE EAST'S ANTI-PANDEMIC SITUATION AND PREDICAMENT AMID VACCINE NATIONALISM

On 19 February 2020, the holy city of Qom, Iran, confirmed its first two COVID-19 cases, and subsequent official notifications of new cases and deaths showed an upward trend.<sup>27</sup> Iran quickly became the worst affected country in the Middle East, and its death toll hit a “catastrophic” level.<sup>28</sup> The deterioration of the COVID-19 pandemic in Iran—the second-largest country in the Middle East, occupying a key geographical position—had seriously affected the health and safety of neighbouring countries and even the entire Middle East. Many countries, including Iraq, Lebanon, Afghanistan and Pakistan, subsequently reported confirmed cases,<sup>29</sup> leading to the regional spread of the COVID-19 pandemic.

<sup>24</sup> “WHO Director-General’s Opening Remarks at 148th Session of the Executive Board”, World Health Organization, 18 January 2021, at <<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-148th-session-of-the-executive-board>> [25 July 2021].

<sup>25</sup> Our World in Data, COVID-19 Data Explorer, at <<https://ourworldindata.org/coronavirus-data-explorer>> [17 July 2022].

<sup>26</sup> Basak et al., “Global Perspective of COVID-19 Vaccine Nationalism”, pp. 1–17.

<sup>27</sup> Farshad Pourmalek et al., “Rapid Review of COVID-19 Epidemic Estimation Studies for Iran”, *BMC Public Health* 20, no. 257 (2021): 1–2.

<sup>28</sup> “Iran Health Chiefs Warn of Virus ‘Catastrophe’”, Arab News, 8 November 2020, at <<https://www.arabnews.com/node/1760131/middle-east>> [28 July 2021].

<sup>29</sup> Isabel Coles, “Iran’s Neighbors Struggle to Stop Coronavirus at Their Borders”, *The Wall Street Journal*, 4 March 2020, at <<https://www.wsj.com/articles/irans-neighbors-struggle-to-stop-coronavirus-at-their-borders-11583338273>> [28 July 2021].

There was an obvious trend of differentiation in various countries and regions in the Middle East, in terms of the degree of spread and severity of the COVID-19 virus. The number of confirmed cases in some countries remained high and the overall situation was grim, while pandemic control in other countries had been effective and showed signs of declining infections. Such a differentiated development actually reflects a wide “national immunity” gap of the Middle Eastern countries—i.e. a rift in the defence mechanism and defence effectiveness of the Middle Eastern countries in the face of current public health emergencies. Some countries with ready access to vaccines can provide vaccination services to their citizens in a timely manner, while other countries have to wait passively for vaccine supply and remain deadlocked in a state of emergency as their citizens suffer reinfections. Vaccine nationalism is a key dynamic factor in countries’ response to COVID-19 and in causing a “national immunity” gap. Put simply, the complex internal and external struggles in the Middle East play an instrumental role in the degree of vaccine nationalism that the region faces. The procurement and distribution of vaccines in Middle Eastern countries presented obvious strength gaps and political preferences, which can be classified broadly according to the following four situations.

First, countries that maintain an “alliance” with the United States prefer to purchase vaccines produced by US and British companies. Israel, Saudi Arabia, Qatar and Kuwait are countries in the Middle East that had earlier reached a vaccine procurement agreement with the United States and Britain. Israel obtained adequate vaccine supply by virtue of its strong economic purchasing power and alliance with the United States. Vaccination work in Israel began as early as in December 2020. As of 15 April 2021, 61.7 per cent of the Israeli population had received at least one dose.<sup>30</sup> About two-thirds of Israelis had received two doses by January 2022,<sup>31</sup> demonstrating the country’s strong capability to protect its people against COVID-19 via vaccination.

Second, countries that are subject to US sanctions tend to purchase vaccines from China and Russia. Such a choice of cooperation between Middle Eastern countries and vaccine-producing countries highlights the existence of acute geopolitical contradictions. In December 2020, Turkey’s purchase of air defence systems from Russia triggered US sanctions against it;<sup>32</sup> Turkey then cancelled its original order for COVID-19 vaccines with the United States and switched to cooperation with China and Russia on vaccines. During the Trump administration, Iran was unable to use foreign exchange to freely trade internationally due to US sanctions. In January

<sup>30</sup> Edouard Mathieu et al., “Coronavirus (COVID-19) Vaccinations”, Our World in Data, 15 August 2021, at <<https://ourworldindata.org/covid-vaccinations>> [18 July 2022].

<sup>31</sup> Talha Khan Burki, “Fourth Dose of COVID-19 Vaccines in Israel”, *The Lancet Respiratory Medicine* 2, no. 10 (2022): e19.

<sup>32</sup> Matthew Lee, “US Sanctions NATO Ally Turkey over Purchase of Russian Missile Defense System”, *Defense News*, 14 December 2020, at <<https://www.defensenews.com/pentagon/2020/12/14/us-sanctions-nato-ally-turkey-over-purchase-of-russian-missile-defense-system/>> [17 July 2021].

2021, Iran thus announced a ban on the import of British and US vaccines, while allowing purchases from China and Russia, which were the countries Iran deems trustworthy.<sup>33</sup>

Third, countries that are pragmatic tend to purchase vaccines available in the market from multiple countries at the same time. For example, the United Arab Emirates (UAE) and Egypt maintain close cooperation and foster mutual trust with China, the United States and Russia, focusing on pragmatic diplomacy and balanced development. Following the development and marketing of the COVID-19 vaccine, the UAE and Egypt launched cooperation with the aforementioned countries. As of 1 June 2022, the UAE had the highest share of vaccinated residents, with 100 per cent of the eligible population vaccinated.<sup>34</sup> The UAE's response to the COVID-19 pandemic is exemplary for other countries in the Middle East.

Fourth, war-torn countries without procurement capabilities rely on the power of the international community to obtain vaccines. Syria, Lebanon, Palestine and other war-torn countries and regions lack the capability to procure vaccines. Besides China and Russia's bilateral donation of vaccines to these countries at the early stage, the COVID-19 vaccines Global Access Facility (COVAX), a vaccine-sharing mechanism, is also an important vaccine acquisition channel for vulnerable countries. The COVAX is a global risk-sharing project jointly led by the Global Alliance for Vaccines and Immunisation (GAVI), the World Health Organization (WHO) and the Coalition for Epidemic Preparedness Innovation (CEPI) for pooled procurement and equitable distribution of eventual COVID-19 vaccines. It is currently the only global mechanism to deal with the uneven distribution of vaccines against the vaccine nationalism backdrop. The COVAX Advance Market Commitment mechanism pools funds raised via donations and then mobilises international charities and other organisations that will represent low-income countries to conduct centralised procurement negotiations with manufacturers. The mechanism gives priority to providing vaccines to low- and middle-income countries and regions such as Syria and Palestine at a lower purchase price. In addition to procurement, donations of vaccine doses are also a major source of COVAX vaccine supply. However, donations could not compensate for the ongoing procurement difficulties—e.g. the actual vaccine doses delivered by COVAX are far fewer than expected.

In general, the situation regarding pandemic prevention and control in the Middle East is uncertain. With the rapid spread of the pandemic, vaccine nationalism rears its ugly head, causing reduced availability and affordability of vaccines in the Middle East, and spurring other countries to take political and diplomatic factors into

<sup>33</sup> Parisa Hafezi, "Iran Leader Bans Import of US, UK COVID-19 Vaccines, Demands Sanctions End", Reuters, 8 January 2021, at <<https://www.reuters.com/article/health-coronavirus-iran-int-idUSKBN29D0YC>> [17 July 2021].

<sup>34</sup> "UAE First in the World to Achieve 100% COVID-19 Vaccination Rate", *The Siasat Daily*, 3 June 2022, at <<https://www.siasat.com/uae-first-in-the-world-to-achieve-100-covid-19-vaccination-rate-2341017/>> [18 July 2022].

consideration when developing vaccine cooperation with major countries. As a result, countries have to deal with fewer vaccine supply options and supplies amid higher demand, as well as the negative spillover effects of competition of regional geopolitical interests that further limit vaccine options. Vaccine nationalism has exacerbated the predicament of the COVID-19 pandemic in the Middle East and intensified tensions among countries in the Middle East over such issues as vaccine acquisition and distribution.

For the Middle Eastern countries that prefer to procure vaccines produced in the United States and the United Kingdom, reaching vaccine cooperation with them does not guarantee receiving the agreed doses of vaccine supply. As these Western powers uphold self-priority allocation, they would attempt to build their domestic vaccine reserves first in the event of insufficient vaccine production capacity on their end. Although some countries in the Middle East have signed purchase agreements with vaccine manufacturers such as Pfizer, AstraZeneca and Moderna, they often encounter problems including quantity shortage, delayed delivery or even cancellation of order delivery. For countries seeking to establish vaccine partnerships with China and Russia, the effectiveness of vaccines and the long period of verification are not conducive to partnership-building. In August 2020, Russia's "Sputnik V" COVID-19 vaccine was approved for registration in Russia, the world's first registered vaccine. However, once "Sputnik V" went on the market, the United States and its allies bombarded Russia with questions of safety and effectiveness of this vaccine. In October 2020, the "Sputnik V" vaccine began its phase III clinical trials in the UAE, and in mid-January 2021, Palestine became the first country in the Middle East to register the "Sputnik V" vaccine. However, data have shown that the overall effectiveness of the "Sputnik V" vaccine is 91.6 per cent and that it is 100 per cent effective in preventing the development of severe cases. In addition, "Sputnik V" outperforms other vaccines in terms of price, transportation and storage convenience.<sup>35</sup> In short, for countries that rely mainly on the international community to obtain vaccines, vaccine nationalism has limited the assistance that the international community could provide. On the one hand, vaccine nationalism has greatly impaired the political and economic support for COVAX from countries such as the United States. During the Trump administration, the United States refused to join COVAX. International aid without the support of the United States would be weakened. On the other hand, against the backdrop of adverse effects of vaccine nationalism, COVAX faces challenges in exerting its optimal impact. The mechanism failed to procure adequate doses to meet its goal of vaccinating at least 20 per cent of member countries, given that many countries had already secured priority purchasing rights through their own advance purchase agreements before COVAX obtained financial backing and reached deals with manufacturers. These countries paid higher prices per dose than COVAX was

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<sup>35</sup> "Lancet Publishes Sputnik V Phase III Clinical Trial Data, Showing Russian Covid-19 Vaccine is 91%+ Effective", *Russia Today*, 2 February 2021, at <<https://www.rt.com/russia/514334-lancet-sputnikv-clinical-trial-data/>> [15 June 2021].

able to, and often offered vaccine manufacturers legal concessions, huge corporate subsidies, unforeseen public data, and even export restrictions.<sup>36</sup> Therefore, due to vaccine nationalism, COVAX failed to ensure equitable distribution of vaccine doses.

## **CHINA'S MIDDLE EAST VACCINE COOPERATION: MODEL AND MECHANISM**

China's vaccine cooperation with the Middle Eastern countries is premised on the fact that the latter may require external assistance in pandemic prevention and control during the COVID-19 outbreak and in addressing the large demand gap. China has always insisted that COVID-19 vaccines are a global public good, a viewpoint that contrasts with certain Western countries' advocacy of vaccine nationalism as argued above. As such, vaccine cooperation between China and the Middle Eastern countries in fact transcends vaccine nationalism. First, China's undifferentiated approach in strengthening vaccine cooperation with Middle Eastern countries reflects the view that China considers the notions of nation, state and nationalism as less important. The fundamental purpose of China's cooperation with the Middle East is to transcend the nationalist concept of national and political borders and to weaken such ideology as "national priority" in response to a global crisis. Then, without imposing political and economic conditions, the primary tasks of China–Middle East cooperation are to help Middle Eastern countries fill the demand gap, secure a reliable and stable vaccine supply, and ultimately improve their overall anti-pandemic capabilities in terms of material, scientific research and technology. China can be described as the Middle Eastern countries' natural partner in fighting against "vaccine nationalism" by providing direct and effective vaccine assistance to people in the region. China–Middle East vaccine cooperation has surpassed vaccine nationalism from the three aspects: its cooperation model, content and breakthrough.

First, the China–Middle East vaccine cooperation is a cross-regional collaboration model that emphasises a combination of bilateral and multilateral mechanisms. In bilateral terms, China has provided highly efficient vaccine emergency assistance to Middle Eastern countries through mainly bilateral purchases and donations so that these countries could quickly implement their vaccination programmes. In December 2020, both the UAE and Bahrain approved the registration and marketing of the Sinopharm COVID-19 inactivated vaccine, the world's first COVID-19 vaccine

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<sup>36</sup> Antoine de Bengy Puyvallée and Katerini Tagmatarchi Storeng, "COVAX, Vaccine Donations and the Politics of Global Vaccine Inequity", *Globalization and Health* 18, no. 26 (2022): 1–14; Mark Eccleston-Turner and Harry Upton, "International Collaboration to Ensure Equitable Access to Vaccines for COVID-19: The ACT-Accelerator and the COVAX Facility", *Milbank Q* 99, no. 2 (2021): 426–49; Katerini Tagmatarchi Storeng, Antoine de Bengy Puyvallée and Felix Stein, "COVAX and the Rise of the 'Super Public Private Partnership' For Global Health", *Global Public Health* (2021): 1–17; DOI: 10.1080/17441692.2021.1987502.

officially approved for registration and marketing.<sup>37</sup> As the UAE began cooperation with China at an early stage, the UAE had attained a certain level of vaccine supply capacity; it then donated the Chinese vaccines it received to Egypt and Syria, etc., to help them alleviate their urgent needs. China's vaccines had also played a major role in Iran's fight against COVID-19. From February 2021 to February 2022, Iran imported 156 million vaccine doses, of which vaccines from China accounted for 86 per cent.<sup>38</sup> Egypt, Iraq and Turkey also approved the use of Sinopharm and Sinovac COVID-19 vaccines in the early authorisation stage of these vaccines. This demonstrates the trust that some Middle Eastern countries have in the efficacy of China's vaccines. In multilateral terms, China and the international community have maintained close communication and collaboration in the Middle East pertaining to the supply and distribution of vaccines, thereby diversifying vaccine supply in the region. Chinese vaccines have become an important guarantee of equitable distribution of global vaccines. As early as October 2020, China officially joined COVAX, ahead of the United States, demonstrating its altruism to fulfil its commitment and its pragmatism in ensuring fair distribution of vaccines. China's participation in the mechanism implies that developing countries and nations will be given priority to receive Chinese vaccines, including donations and free assistance;<sup>39</sup> this has also enabled countries in the Middle East with weak purchasing capability, such as Iraq, Syria, Palestine and Yemen, to obtain vaccines on demand under the coordination of international organisations.

The combination of bilateral and multilateral vaccine cooperation between China and the Middle East has not only improved China's efficiency in meeting the actual needs of different countries in the fight against the pandemic, but also upheld the international community's spirit of multilateral cooperation and development in responding to global issues. The approach had effectively alleviated the predicament of vaccine shortages in the Middle East. Given that China experienced a severe outbreak in the early stage, its anti-epidemic experience had high reference value on a global scale. Furthermore, China's anti-epidemic materials were relatively sufficient and it had good vaccine R&D capability. Therefore, in China's fight alongside the people of the Middle East against the pandemic, bilateral cooperation may be easier to carry out, with fewer restrictions and higher efficiency. However, while issues such as war, terrorism, the environment and diseases are prevalent, building bilateral cooperation and providing technical support have not been enough to comprehensively deal with

<sup>37</sup> "China Approves Sinopharm Vaccine for General Use, 60,000 People Have Been Vaccinated, Ranking First in the World", *Forbes China*, 31 December 2020, at <<http://www.forbeschina.com/entrepreneur/53188>> [17 July 2021].

<sup>38</sup> Tess Rosenberg and Garrett Nada, "Two Years of COVID: Sweeping Impact", *The Iran Primer*, 16 February 2022, at <<https://iranprimer.usip.org/blog/2022/feb/16/two-years-covid-sweeping-impact>> [27 July 2022].

<sup>39</sup> Ma Zhuoyan, "Ministry of Foreign Affairs: China will Give Priority to Providing Vaccines to Developing Countries in Various Forms such as Donations and Gratuitous Assistance", Xinhua News Agency, 21 October 2020, at <<https://baijiahao.baidu.com/s?id=1681214678675803959&wfr=spider&for=pc>> [20 August 2021].

the severe and complex COVID-19 pandemic in the Middle East. Only by cooperating with international organisations can a country's real information and data related to the pandemic be obtained. Under tremendous pressure, multilateral cooperation could stimulate the convergence of quality and efficiency of vaccine cooperation. China had integrated itself into the basic governance framework of the international community and international organisations through its contribution to alleviating the COVID-19 predicament in the Middle East. China therefore regards joining COVAX as an important step in promoting international anti-pandemic cooperation and in addressing inequitable global vaccine distribution. China decided to provide 10 million vaccine doses, mainly for emergency use in developing countries.<sup>40</sup> With concrete actions, China has injected energy into international organisations, becoming a significant driving force in addressing vaccine gaps and virus spread in the Middle East.

Second, China–Middle East vaccine collaboration has focused on building a comprehensive, multilevel cooperation framework. The cooperation first began with China's clinical trials of its COVID-19 vaccines in the Middle East. Before a vaccine can be marketed, it needs to complete three phases of clinical trials, of which phase III should be conducted for a larger population to evaluate the vaccine safety and efficacy. As China's COVID-19 situation at the time was effectively under control, it did not have a large population sample size available to conduct phase III clinical trials. Hence, in order to expedite trials to corroborate the vaccine efficacy, China had to actively promote overseas cooperation in phase III clinical trials.<sup>41</sup> During the critical period of vaccine development, China and the UAE signed a clinical cooperation agreement—the world's first international phase III clinical trial cooperation agreement for the COVID-19 inactivated vaccine.

China has since successively launched clinical cooperation with Bahrain, Turkey, Egypt and other countries, greatly improving the efficacy of China's vaccine R&D. This has also shortened China's vaccine procurement and delivery period. In addition to clinical trials, procurement and assistance, China also deepened exchanges with the Middle East in the vaccine industry, providing the region with full support to build regional vaccine production centres and to boost independent R&D capabilities. In early January 2021, the UAE and Sinopharm reached an agreement to produce Sinopharm vaccines in the UAE under the authorisation of China. The UAE also purchased millions of additional doses of vaccines.<sup>42</sup> By late March 2021, the Sino–UAE joint venture launched a new COVID-19 vaccine plant, officially kicking off

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<sup>40</sup> "Ministry of Foreign Affairs: China Decides to Provide 10 Million Doses of Vaccine to the COVAX", Xinhua News Agency, 3 February 2021, at <<https://baijiahao.baidu.com/s?id=1690668503982854937&wfr=spider&for=pc>> [14 August 2021].

<sup>41</sup> Zhang Chengjie, "The World's First Phase-III Clinical Trials for COVID-19 Vaccines Officially Launched", *The Paper*, 24 June 2020, at <[https://www.thepaper.cn/newsDetail\\_forward\\_7969804](https://www.thepaper.cn/newsDetail_forward_7969804)> [20 August 2021].

<sup>42</sup> "UAE Announces to Produce China's COVID-19 Vaccine", CGTN, 6 January 2021, at <<https://news.cgtn.com/news/2021-01-06/UAE-announces-to-produce-China-s-COVID-19-vaccine-WPUg5fYGY/index.html>> [20 August 2021].

the vaccine filling production line, and both sides also signed an agreement pertaining to vaccine production and distribution issues.<sup>43</sup>

Meanwhile, with China's assistance, the UAE improved its preparedness and efforts against the COVID-19 pandemic. Currently, the UAE is not only the largest COVID-19 vaccine logistics and storage centre in the Middle East, with more than half of the vaccines from China,<sup>44</sup> but also the first country in the region to establish a COVID-19 vaccine production facility with strong potential to provide vaccine protection for neighbouring countries and regions in the future. The UAE's breakthrough in the vaccine industry demonstrates the deep and comprehensive collaboration and exchanges between China and Arab countries in the R&D, production and procurement of vaccines.

Given that there is no international organisation with absolute authority and coercive power in unified decision-making, production and supply, international public goods rely mainly on the joint supply of countries. The contribution of each country converges in different ways and ultimately determines the total supply of international public goods.<sup>45</sup> In the current international environment, there are not many countries that could provide vaccines as public goods. Since therefore the emergence of vaccine nationalism has further reduced the supply and distribution of vaccines as public goods in the international market, China, as a voluntary supplier, is under tremendous supply pressure. While China's unilateral supply of vaccines to Middle Eastern countries can increase the region's total vaccine supply in the short term, it may not be able to meet the entire region's huge demand for COVID-19 vaccines, and this may lead to the loss of efficiency in the fight against the pandemic. Therefore, the negative impact of vaccine nationalism at the current stage should not be ignored. Regional countries should participate in the supply actions and scientifically promote the localised production of vaccines, in order to effectively address and improve the imbalance of vaccine supply and demand in the Middle East.

China's strength in the development and production of COVID-19 vaccines has deepened China–Middle East cooperation in vaccines. The collaboration gradually expanded from initial vaccine clinical trials and procurement to multifaceted aspects involving vaccine production, distribution and R&D. The Middle Eastern countries benefit tremendously from the cooperation that has for them a high technological and learning value. That said, China's active promotion of vaccines as international public goods has accentuated the non-competitive and non-exclusive characteristics of vaccines.

<sup>43</sup> Lisa Barrington, "Abu Dhabi Launches New COVID-19 Vaccine Plant with China's Sinopharm", Reuters, 29 March 2021, at <<https://www.reuters.com/article/us-health-coronavirus-emirates-china-idUSKBN2BL0DS>> [20 August 2021].

<sup>44</sup> Hai Shamu and Qing Mu, "UAE to Become Middle East's Vaccine Center with China's Contribution", *Global Times*, 28 January 2021, at <<https://www.globaltimes.cn/page/202101/1214300.shtml>> [20 August 2021].

<sup>45</sup> Li Zhanyi, "On the Supply Dilemma and Solution of International Public Goods from Game Theory Perspective—A Case Study of International Environment Governance", diss. for a doctoral degree, Shandong University, 2015, p. 36.



In addition, countries in the Middle East, such as the UAE, have provided China with valuable clinical trial opportunities at the critical juncture of vaccine development, despite their lack of technical know-how in developing a COVID-19 vaccine. Indeed, they had contributed substantially to China's progress in vaccine development. The UAE's subsequent cooperation with China to develop the UAE's vaccine industry had shared and alleviated China's vaccine supply pressure and supply costs in the Middle East to a certain extent, and improved the development of vaccine supply and distribution in the region.

Third, China's vaccine cooperation with the Middle East focuses on the vaccine predicament of vulnerable countries. Non-representation and imbalance of rights, influence, opportunities and resources are extant problems that various communities face today.<sup>46</sup> In particular, some countries and people in the Middle East are confronted with social unrest and sanctions, putting them at a disadvantage when dealing with the COVID-19 situation concurrently. The effectiveness of the global anti-pandemic efforts ultimately depends on the degree of assistance that the weakest link of countries and regions can get. When China participates in health governance in the Middle East, it emphasises the priority of care for vulnerable countries. In March 2021, the Chinese government provided aid to Palestine in the form of Sinopharm COVID-19 vaccines. The Palestinian side stated that these vaccines were the largest number of vaccine donations received so far by Palestine.<sup>47</sup> By February 2022, the Chinese government delivered 200,000 doses of vaccine to the United Nations Relief and Works Agency for Palestine Refugees in the Near East in batches to assist such refugees in Jordan, Syria and Lebanon.<sup>48</sup> China also kept a close watch on the severe epidemic and food security issues in Syria. Between November 2021 and January 2022, China provided Syria with anti-epidemic supplies on several occasions, including 1.5 million doses of vaccines.<sup>49</sup>

China's basis of vaccine supply in the Middle East is to ensure the overall health and safety of the whole region. China and Middle Eastern countries emphasise equitable distribution of vaccines as public goods, and that people in all Middle Eastern countries should be treated equally. As vaccine nationalism prevails, some countries, such as the United States and the United Kingdom, display a "zero-sum game" mentality to address current global health emergencies. Such mentality whereby strong nations jostle to obtain vaccines while the weak are anxious about shortages is detrimental to the overall

<sup>46</sup> Chen Jiagang, "Towards True Global Governance", *Marxism & Reality*, no. 1 (2002), p. 33.

<sup>47</sup> Hua Xia, "China Hands over Donated COVID-19 Vaccines to Palestine", Xinhua Net, 30 March 2021, at <[http://www.xinhuanet.com/english/2021-03/30/c\\_139845160.htm](http://www.xinhuanet.com/english/2021-03/30/c_139845160.htm)> [20 August 2021].

<sup>48</sup> "China Delivers Vaccine Aid to Palestine Refugees to the United Nations Relief and Works Agency for Palestine Refugees in the Near East", China International Development Cooperation Agency, 1 March 2022, at <[http://www.cidca.gov.cn/2022-03/01/c\\_1211592252.htm](http://www.cidca.gov.cn/2022-03/01/c_1211592252.htm)> [28 July 2022].

<sup>49</sup> "China Donates 500,000 More Vaccine Doses to Syria", RFI, 14 November 2021, at <<https://www.rfi.fr/en/china-donates-500-000-more-vaccine-doses-to-syria>> [10 March 2022]; "Syria Receives 1 mln COVID-19 Vaccines Donated by China", Xinhua Net, January 2022, at <<http://www.xinhuanet.com/english/20220104/89113553ef5d4512b149abe8c4496687/c.html>> [10 March 2022].

health interests of the Middle Eastern population. China recognised the shortcomings of anti-pandemic efforts in the Middle East and held that vulnerable countries should be given priority in vaccine distribution. China's aid to vulnerable countries came in the form of voluntary donations, covering different material types and spanning a long period with no political conditions imposed. China has never given regard to ideological differences, geostrategic considerations and profit in its deliberation when initiating anti-pandemic cooperation with the Middle Eastern countries. It not only strongly supports bilateral cooperation, but also fully promotes multilateral actions. By consensus, China's vaccines had reached rich countries such as Saudi Arabia and the UAE, as well as war-torn countries such as Iraq and Syria. China's non-discriminatory practice has ensured an equitable distribution of vaccines in the Middle East, including vulnerable countries in the region, and this has, in turn, maintained regional public health order.

## CHALLENGES AHEAD FOR CHINA'S VACCINE COOPERATION IN THE MIDDLE EAST

China's health security cooperation with the Middle East can be considered an important tenet of China's participation in global governance. Against the backdrop of emergent vaccine nationalism, vaccine cooperation between China and the Middle Eastern countries actually encountered various challenges and restrictions.

First, vaccine nationalism has a powerful effect with regional disadvantages in anti-epidemic efforts, increasing the complexity of China's cooperation with the Middle East. Unique conditions in the Middle East have induced large-scale outbreaks and recurrences of the COVID-19 pandemic, highlighting that the regional anti-pandemic efforts had shortcomings.

The following three factors explain the Middle East's shortfall in the prevention and control of the COVID-19 pandemic.

- (i) *Frequent and high population movements in the Middle East increase the risk and channels of virus infection.* Most of these movements of people are formed mainly by religious worshippers performing prayers/pilgrimage, foreign workers in search of economic opportunities and refugees fleeing from political turmoil and disasters. The COVID-19 virus is highly transmissible in religious places, where people gather for worship activities. Foreign workers and refugees are highly mobile and live in distressing conditions; hence, they belong to the vulnerable group in the fight against the pandemic. This explains the difficulty that governments of host countries encounter in grasping facts and actual information on the ground to carry out effective pandemic prevention.
- (ii) *Wars and political crises aggravate the deficiency of medical assistance in affected countries.* Some war-torn Middle Eastern countries, given their collapsed economic and health-care systems, do not have the capability to provide basic medical supplies for the people. Amid the ongoing COVID-19 pandemic, the ongoing wars and disputes in some areas, such as the Gaza Strip and the

Turkey–Syria border, may weaken the government's efforts to prevent and control the pandemic, and even hinder international rescue.

- (iii) *Relaxation of anti-COVID-19 measures to boost economic recovery and economic development can decrease the efficacy of anti-COVID-19 measures.* In the past decade, more countries in the Middle East have increasingly pursued economic diversification, especially sectors in aviation, tourism, logistics and commodity consumption, to supplement their core petroleum industry. Following the outbreak of the pandemic, sharp plunges in international crude oil prices led to negative economic growth in Middle East oil-exporting countries, but the necessary blockade and isolation measures adopted by governments of various countries also threatened the construction of the country's diversified economic system. Some countries, having viewed the normalisation phase of pandemic prevention and control as a turning point, opened up and resumed social and economic activities to alleviate economic pressures; this, in turn, increased the number of COVID-19 cases and also the difficulty of controlling the recurring pandemic. Due to vaccine nationalism and shortcomings in pandemic prevention measures, the Middle East faces a protracted fight against COVID-19, complicating prospective collaborations such as monitoring of pandemic data and stemming the spread of the virus.

Second, vaccine nationalism has reinforced the zero-sum game thinking of the Western powers, leading to external uncertainties in China's vaccine cooperation in the Middle East. Influenced by such thinking, the United States gradually evolved its national priority plan into a self-centred policy; this reflects the United States' unreasonable demands of challenging international rules and sacrificing the core interests of other countries. There are obvious manifestations that certain Western powers have used China's vaccines and its anti-pandemic cooperation in the Middle East as a game tool. The first manifestation is creating negative public opinion about Chinese vaccines. In the United States, the Federal Bureau Investigation, the Department of Homeland Security and some media outlets claimed that China had "stolen" US intellectual property rights and public health data on vaccine treatment and testing;<sup>50</sup> the Brazilian health regulatory agency and French President Emmanuel Macron openly questioned the transparency of China's authorised vaccine use and clinical trial data;<sup>51</sup> and many countries criticised Chinese vaccines as useless. In view of the Western world's leading

<sup>50</sup> David Sanger and Nicole Perlroth, "US Accuses China of Trying to Hack Vaccine Data as Virus Redirects Cyberattacks", *The New York Times*, 13 May 2020, at <<https://www.nytimes.com/2020/05/10/us/politics/coronavirus-china-cyber-hacking.html>> [15 March 2021].

<sup>51</sup> "Brazil Says China 'not Transparent' on COVID-19 Vaccine Emergency Use", Reuters, 15 December 2020, at <<https://www.reuters.com/business/healthcare-pharmaceuticals/brazil-says-china-not-transparent-covid-19-vaccine-emergency-use-2020-12-15/>> [27 August 2021]; AFP, "Macron Warns of Risks of Chinese Vaccines", *Barron's*, 4 February 2021, at <<https://www.barrons.com/news/macron-warns-of-lack-of-data-on-chinese-vaccines-01612464605>> [15 March 2021].

advantage in shaping international public opinion, these deliberately crafted negative reports of Chinese vaccines have increased global concerns about the effectiveness of Chinese vaccines and influenced countries' decision to purchase vaccines from China as well as dampened the public vaccination take-up rate. Israel, Saudi Arabia, Kuwait and other countries in the region that have good relations with the United States tended to order vaccines from Pfizer from the United States and AstraZeneca from the United Kingdom in the early days of vaccine marketing. However, countries like Saudi Arabia and the UAE, although they are long-term allies of the United States, increasingly regard Beijing also as a strategic partner. Thus, they will follow objective facts rather than listen to negative public opinion all the time.

The second manifestation is the bundling of vaccine cooperation with "geopolitics". Some Western governments regarded vaccine development and distribution as a form of competition, even among themselves. They have on occasions criticised China's provision of vaccines to developing countries, presuming that China's purpose is to expand geopolitical influence and carry out vaccine nationalism. In fact, when certain Western countries neglect China's actual contribution to the Middle East's anti-COVID-19 efforts and vehemently allege that China's supply of vaccine is only for more political support, several countries in the Middle East were affected by other political factors to deliberate before deciding to establish vaccine cooperation with China. This therefore also directly weakens the public goods value of vaccines and deepens the region's difficulties in fighting the pandemic.

The third manifestation is that vaccine nationalism results in a global governance deficit. To plug the deficit, China is expected to be more proactive and assume greater responsibilities in its cooperation with the Middle East. The COVID-19 outbreak worldwide indicates that solving this public health issue on a global scale requires not only the internal coordination of governments, but also external coordination of global policies. The Chinese government called on all countries to adopt the perspective of common interests of all mankind in tackling COVID-19. During the early stage of the outbreak, China publicly shared the genomic sequence data of the coronavirus. Today, China is still strengthening exchanges and cooperation with the world in upstream vaccine R&D technologies, demonstrating its willingness to actively assume those responsibilities expected of a major power. As global supply and distribution of COVID-19 vaccines could have been done only on a small scale in the beginning, the expansion of supply and distribution inevitably required cooperative distribution modes and concepts. However, because of detrimental vaccine nationalism, the international community has not been able to achieve its full cooperative community potential. Given such a scenario, countries have no other choice but to turn to their respective national governance tracks.<sup>52</sup> From the perspective of global health governance,

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<sup>52</sup> Zhao Kejin, "Global Governance Dilemma and Its Roots under the Impact of the COVID-19 Pandemic", *Northeast Asia Forum* 29, no. 4 (2020): 27.

the multilateral cooperation framework of the United Nations plays a significant role in the global supply and distribution of vaccines as public goods.

However, as several developed countries either withdrew from the international cooperation framework or did not assume international responsibilities, obvious differences exist in health governance concepts between countries and international organisations. In April 2020, at a critical moment in the fight against the pandemic, the Trump administration in the United States announced that it would stop funding the World Health Organization, severely weakening the global health governance capabilities of international forces. As a result, international organisations, which serve a symbolic guiding role and are not subject to political coercive forces, faced the dilemma of weak coordination. Failed public health governance in vulnerable countries accentuates the problems of sharing medical resources and technologies to fight COVID-19. To establish effective cooperation in the Middle East and to reduce the region's dependency on China, China needs to inject greater efforts to promote the robust development of both the global health and the security orders.

From the perspective of global economic governance, the COVID-19 pandemic has had an impact on global industrial and supply chains. National policies tend to be increasingly more inward-looking and more countries have also reduced key industrial chains or key links of industrial chains to domestic or allied countries.<sup>53</sup> As evident in the current development and global distribution of vaccines, countries that uphold vaccine nationalism pursue only short-term effectiveness of vaccines to maintain their population's health and safety, and their protectionist practices in imposing export barriers of key raw materials and in establishing alliances with vaccine manufacturers have disrupted the global division of labour and orderly operation of vaccine production. Although important international economic cooperation forums, such as the Group of 20 (G20), strongly advocate "building a stable, transparent, non-discriminatory, fair, open, inclusive and predictable investment and trade environment maintaining an open market to ensure the fair distribution of vaccines",<sup>54</sup> such multilateral cooperation mechanisms are mostly dominated by the more powerful and influential governments and are easily restricted by factors such as the international situation and national strategic changes, thus limiting the depth of cooperation and scope of coordination. In view of this, vaccine cooperation between China and the Middle East would continue to face long-standing risks in the security of global industrial and supply chains, hence both sides should raise awareness of risk management.

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<sup>53</sup> Xu Xiujun, "Reform the Global Economic Governance System and Rebuild the Global Economic Order", *World Affairs*, no. 4 (2021): 14–6.

<sup>54</sup> "G20 Summit: Countries Commit to Fair Distribution of Coronavirus Vaccine", VietnamPlus, 23 November 2020, at <<https://zh.vietnamplus.vn/g20峰会各国承诺公平分配新冠疫苗/130426.vnp>> [15 August 2021].

## CONCLUSION

Huge differences between China and Middle Eastern countries in terms of social background, ideology and political systems have not affected the development of bilateral vaccine cooperation in general. On the contrary, both sides have reinforced and improved their strategic mutual trust. However, the prevalence of vaccine nationalism—analogue to a powerful force of extraterritorial interference—sets up obstacles and negatively impacts China's cooperation with the Middle East and even the world in the fight against the pandemic.

Vaccine nationalism is essentially a manifestation of anti-globalisation that totally contradicts China's international cooperation development concept of "consulting, co-constructing and sharing" that leads the globalisation process, strengthens international cooperation and opposes protectionism. China's initiative to build a "cooperative anti-pandemic partnership" with countries that need aid and assistance is to plug the damage that vaccine nationalism has wrought to the global anti-pandemic situation. In the absence of governance from certain major powers, China promptly injects new momentum to global health governance, restoring confidence and strength to vulnerable countries. However, reliance on efforts of individual countries to address the global governance deficit issue is inadequate. The route to effective global pandemic control is via international cooperation and an equitable distribution of vaccines should be premised on a "vaccine globalism" principle. Despite the challenges that vaccine nationalism has posed, China's aid to and cooperation with countries in the Middle East are exemplary of major powers' responsibilities. Only by advocating fair and pragmatic international relations can the international community unite and eliminate the global threat of the COVID-19 pandemic.

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