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## *The Geopolitics of Vaccine Nationalism: Perspectives from Australia*



Barricades erected by Randwick City Council to prevent access to a beach at La Perouse, New South Wales – Photograph Source: Floodstreet – [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/)

“The eagle has landed”, said Australia’s federal Health Minister Greg Hunt on 15 February 2021 referring to the arrival of the first international shipment of Pfizer’s Covid-19 vaccines in Australia. On the day which was supposed to be a vaccine response ‘D-day’ for Australia and to add a boost to the government’s approval ratings, the office of Australia’s Defence Minister Linda Reynolds got embroiled in a rape claim cover-up

scandal, shaking the ruling Coalition and Parliament to its core. The Prime Minister Scott Morrison unsuccessfully tried to turn the domestic attention back to the vaccine roll-out which began in late February, despite media reports stating that one sixth of Australia's vaccine supplies could be adversely affected by syringe shortages.

According to the World Health Organization (WHO) based on data released on 5 March 2021, there were 79 vaccine candidates in clinical trials globally and 182 in pre-clinical development. The Australian Government has committed to securing several types of vaccines in four "vaccine agreements" but the public will not have the choice of a jab. This comes despite serious concerns raised in Europe (in Italy, Norway and France) and South Africa about the use of Pfizer-BioNTech's and/or Astrazeneca's COVID-19 vaccines, which are the first-choice vaccines of the Australian Government to inoculate Australians. The *Herald Sun* recently reported that "the AstraZeneca vaccine will form the bulk of the government's \$3.3bn COVID-19 immunization program". On 5 March, Italy became the first EU member to enact the EU regulation effectively blocking the shipment of 250,000 doses of AstraZeneca vaccine to Australia. Dr Omah Khorshid, President of the Australian Medical Association, described the move as "vaccine nationalism rearing its head".

Australia has already invested over \$1 billion in the Melbourne-based CSL company that aims to manufacture at least 50 million doses of the University of Oxford/Astra Zeneca's vaccine. It is unclear, however, why the Government did not extend enough support to other COVID-19 related projects such as domestic rapid tests manufacturing (developed by the Ellume private technology company from Queensland), which has signed a \$302 million deal with the U.S. Government (in the context of the Biden Administration's pandemic response plan), or the Australian vaccine candidate from South Australia jointly developed by Flinders University/Vaxine company – with a successful vaccine R&D with foreign government assistance (US and UK).

### **Global vaccine wars: a blueprint for the future?**

The global 'vaccine race' has come to resemble a geopolitical arms competition, with medicine being the weapons and developed nations coming first. This race risks derailing decades of efforts aimed at cooperation and dialogue, including in the Indo-Asia-Pacific region. Instead, old-time alliances and hostilities have been revived, back-door deals struck and the world's poorest nations potentially left behind as the global titans—the U.S., Russia, China and the EU—battle it out with export restrictions while resorting to an increasingly heated war of words. Despite Australia's part in joining the COVID-19

Vaccines Global Access (COVAX) Facility (investing \$123 million), it is difficult to predict how ‘equitable’ the distribution of limited supplies of COVID-19 vaccines will be, as the global demand is likely to exceed supply for at least one year.

### **Inoculation front-runners**

An unusual group of countries became the frontrunners in the inoculation race against the virus, Israel, Serbia, Bahrain and the United Arab Emirates. Serbia is currently the only country in the world to offer its citizens a unique smorgasbord of vaccines from different manufacturers and heavily relying on Artificial Intelligence modelling in the race against time in its COVID-19 battle (with a record daily infection rate exceeding 4,500). Major vaccines for people in Serbia to choose from are PfizerBioNTech, Russia’s Sputnik V (marketed as ‘the first-registered vaccine against COVID-19’) and the China National Pharmaceutical Group’s Sinopharm. Serbian President also “gifted” a limited number of vaccines to neighbouring countries (North Macedonia and Bosnia-Herzegovina) and offered to inoculate Kosovo’s citizens in southern Serbia – with Pristina officially rejecting the ‘Eastern alternatives’ but still waiting to receive any Western-made vaccines. When asked by the national press on this state of affairs, Germany’s Chancellor Angela Merkel confirmed that an EU candidate state like Serbia is faring better on the vaccination front than Germany, citing Serbia’s access to the Russian and Chinese vaccines. Is it perhaps time to put geopolitics aside and look for joint cures for the biggest threat to humanity in over a century?

### **Unanswered questions**

Australia provides an interesting example in the COVID-19 vaccine race. A middle power, a close ally of the United States with China as its biggest trade partner, and able, on the face of it, of having choices on which vaccines to access. One would think that Australians should be presented with options about which vaccine they would prefer to take in the ambitious government drive to inoculate most the population by 2021-22 worth more than \$6 billion. Australia’s vaccination strategy keeps changing, with a looming question regarding the role of the military including in the broader region to support the Pacific Island nations. A recent funding boost (of \$800 million) includes increasing the military’s response to pandemics and natural disasters—which raises troubling issues of military involvement in civilian roles.

Despite the speed of events relating to COVID-19, more public and parliamentary scrutiny in Australia (as elsewhere) is needed in order to question whether the federal authorities have made best public health spending choices. The case of the Australian-based

diagnostic company, Ellume, is particularly odd in this regard. The company found success in the United States with its rapid home testing COVID-19 kits, approved by the previous Trump Administration in mid-December 2020 for emergency use. Australia already missed out on becoming a manufacturing hub for Ellume's COVID-19 testing kits as Ellume agreed to build a U.S.-based factory to supply more than 8.5 million kits to the North American market. The Australian government, however, showed little interest in its domestic use. This has all the hallmarks of freeriding on the US alliance.

This has raised several unanswered questions: Why is there no wider choice of jab, given the existence of promising domestic vaccine candidates in clinical trials? What will happen if travelers inoculated overseas with a non-Western produced vaccine wanted to return to or visit Australia? Why are promising domestic research projects mostly overlooked in the broader funding model for COVID-19 response?

It appears that Australia's pharmaceutical giant CSL has been given a monopoly in the government's COVID-19 response; its projects in the 2020 Federal Budget were allocated \$1.7 billion (including the CSL's development of an Australian vaccine with the University of Queensland (UQ), which failed in December 2020 as some Australian scientists predicted). Other projects such as the Vaxine-Flinders University R&D project from South Australia (whose lead researchers have consistently requested more federal funding) had to seek support from other governments, namely the U.S. and the UK. In terms of credentials, Vaxine developed the world's first swine flu vaccine in 2009 as well as life-saving antivenom products (including vaccines) against bee sting and jack jumper ant sting allergy (amongst many other vaccine-related products). Could this "emerging trend" be part of a government "tactic" to attract more foreign funding for Australia's R&D projects from allies such as the US and the UK while putting 'all its eggs in one basket', namely, the CSL project?

### **Big Corporations: the biggest 'winner' from the Government's COVID-19 response**

CSL was originally established in 1916 as the Commonwealth Serum Laboratories. In 1928, there was an incident linked to CSL in the Queensland town of Bundaberg in which 12 children died and others fell ill following an inoculation effort against diphtheria. This incident was later discussed in Parliament. CSL was privatized in the early 1990s under the federal Labor Government. It now has over 160,000 shareholders with a revenue of \$11.1 billion in 2019. This could increase in 2021–22 following a large financial injection by the Morrison Government which promises to better position Australia in the global vaccine race by manufacturing vaccines on home soil. There were media reports

about members of the Australian Parliament having vested interests through (declared) share-holdings in corporate giants like CSL before the federal government declared its support for CSL.

Australia's ambitions to effectively develop, produce and export an original, Australian-made vaccine seem, at best, half-hearted. After all, the federal government invested in the UQ-CSL venture despite credible and early scientific warnings at the beginning of that process that it might be destined to fail based on scientific evidence. While Australia supports the global Coalition for Epidemic Preparedness Innovations (CEPI) (founded in 2017) to stop future epidemics, a long-term government-supported initiative is needed for Australia's own medical and vaccine R&D clinical trials. Currently, the chronically underfunded Commonwealth Scientific and Industrial Research Organisation (CSIRO) and several Australian universities are involved in new vaccine research projects (University of Sydney, University of Melbourne and University of New South Wales (for clinical trials research for Novavax vaccine). The *Sydney Morning Herald* reported on 4 February that Australian scientists and politicians are urging the federal authorities to specifically invest in mRNA vaccine manufacturing and R&D on the home soil. It remains to be seen whether the Australian Government chooses to diversify its vaccine choice base given the initial problems with distribution and inoculation problems caused by an under-trained medical professional in Queensland.

### **Where to next?**

Looking at our alliance partnerships, Australia could certainly devise a more efficient way of selecting and directly funding projects of national significance to Australia as in the medical and vaccine research field—including through *joint* and/or pairing (equal) investments with our key allies. According to UNESCO's global database of R&D spending as a percentage of GDP, Australia spends around 2.2 per cent of its GDP on R&D (\$23b), of which most goes to the business sector (\$13b), then universities (circa \$7b), government research (\$2.6 billion) and private non-profit sector (\$0.6b). South Korea (4.3% or \$79b) and Japan (3.4% or \$169b) both spend significantly more, while the U.S. (2.7% or \$476b) and Germany (2.9% or \$109b) remain the world leaders in terms of total monetary value of R&D spending in the West, with China overtaking Germany (2% or \$372b) and spending more than \$25b on university R&D funding alone. Australia may have been a victim of its own insufficient pre-pandemic planning and preparedness, despite the limited domestic transmission of COVID-19 largely due to a complete closure

of international borders, as well as strict internal border controls—unseen in modern Australian history.

In Australia's current vaccine squabbles, states and territories are vying for 'who deserves most and why', with the Premier of New South Wales Gladys Berejiklian arguing her state should receive a third of all of Australia's vaccines citing the highest burden with accommodating international arrivals and large population. That call brings to light a recent report about the deteriorating state of many regional hospitals. It is still unclear how these hospitals will benefit from additional government funding for a vaccine rollout across Australia which threatens to be a logistical quagmire.

### **Jabs of choice**

While federal authorities have recently said that the biggest threat to Australia's COVID-19 response is misinformation, the lack of a wider vaccine *choice* (as seen in Serbia's example) may also be perceived as a threat to the nation's health security that generates more questions than answers. Internationally acclaimed for its vaccination strategy, Serbia seems to be finding both local and international solutions in its COVID-19 battle, including investing in the local production of Russia's Sputnik vaccine, which more Western countries are now open to buying. Meanwhile, Australia's neighbours Indonesia and the Philippines have backed the Chinese-made vaccines, starting to inoculate their citizens (including the Indonesian President) with Sinovac—the second vaccine approved by Beijing for public use in China.

Free-riding on the back of well-established alliance relationships is a lazy policy option. Waiting for the results of the COVAX facility's successfully completed trials may also not be enough. The Federal Government must think hard about better strategies for furthering leading medical research (including clinical trials) without having a short-sighted focus on immediate returns to best position Australia in the geopolitical vaccine race. The best 'armory' is to be found in R&D preparedness and long-term planning and in not putting all eggs in one basket, no matter how promising the Golden Goose appears to be. Australia would be best served by developing, producing, manufacturing and exporting successful COVID-19 vaccines and products – including using AI and the latest mRNA technology. To date, it seems reluctant to do so.

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