All's Fair in Vaccine Diplomacy:
Security, Influence, and Strategic Pluralism Amid the COVID-19 Pandemic
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Introduction

Just over a week before Hungary's most recent, stringent lockdown came into effect, Prime Minister Viktor Orban announced that he had been inoculated with Sinopharm. Hungary had just became the first European Union (EU) member-state to import the Chinese-manufactured vaccine. This step built on the country's earlier orders of Russian-manufactured doses. Criticism from Brussels has swiftly followed each expansion of this policy. Shortly after the arrival of Sputnik V, a spokesman for the European Commission admonished the decision to leapfrog the European Medicines Agency's prescribed method of vaccine approval: "[i]f our citizens start questioning the safety of a vaccine, should it not have gone through rigorous scientific assessment to prove its safety and efficacy, it will be much harder to vaccinate a sufficient proportion of the population" (Ellyat, 2021). The familiar mantra extolling scientific rigor as a prerequisite before rollouts bears an implied critique about the dangers of Hungary going its own way.

Worldwide, the phenomenon has been dubbed "vaccine diplomacy." Governments eager to obtain additional supplies are wielding their political and economic influence across borders to do so. According to a recent article in the *Spectator*, "[n]ations which are hungry to compete with the West—and especially America—are using their homegrown coronavirus vaccines as a way of gaining influence. They are exchanging their vaccines for loyalty and acts of public obeisance" (Yu, 2021). Prime Minister Orban's government is not alone in diversifying supplies of vaccine. Other countries in Central and Eastern Europe (CEE) and governments in adjoining and distant regions have actively considered the idea or moved quickly to secure doses in addition those available from major western suppliers Pfizer, Moderna, and AstraZeneca.[1] Are they all, in the words of the *Spectator* author, falling prey to the "the soft power that Beijing [and Russia have] sought for so long"? (Yu, 2021).

This paper analyzes vaccine diplomacy in broader terms. It assesses the race for inoculation with regard to national security threats, while examining the impetus for bilateral efforts caused by the shortcomings of international institutions seeking to equitably and efficiently dispense doses. This evidence augurs against diplomatic attempts to constrain states eager to hasten mass inoculation within their borders. Rather than guarding against the proliferation of vaccine diplomacy, actors concerned about the creeping influence of vaccine-sending states should accept their gambit as a modus operandi for the time being. The economic recovery of vaccine-accepting states will have a much greater impact on the co-optive power they are susceptible to in the long run.

COVID-19 and "Hard Power"

While considerable attention remains fixed on the "soft power" implications of vaccine diplomacy, the pandemic's immediate consequences for applying coercive power require attention. Speaking about the future of transatlantic alliances, Strobe Talbott put it succinctly: "although soft power is a necessary component of what it takes to keep the peace, it is

[1] Most recently, Slovakian Prime Minister Igor Matovič said on Facebook "[i]t is timely for the government to start talks with the Russian side about supplies of Sputnik V."

insufficient; the hard stuff is required as well" (2002, p. 54). To the extent the pandemic poses concrete threats to national security, vaccine diplomacy is likely viewed as a primary means of loosening strictures for dealing with these new dangers, shaping international responses in the short- and intermediate-term.

In the realm of "hard power," communicable diseases have long been recognized for their potential to sap military strength, thereby altering the course of history. Thucydides, remarking on the Plague of Athens, observed the discouragement and fatigue visited on the city-state's people amid Sparta's assault, their "land being laid waste" (Thucydides II.vii.3-54). Francisco Pizarro's victory in 1532, which entailed 168 Spaniards pacifying an Incan army of 80,000, followed a ruinous smallpox epidemic that triggered a civil war by dispatching the native emperor and his heir apparent to their graves.[2] The 1918 influenza served as one among several culprits General Erick Von Ludendorf blamed for Germany's loss in the First World War, its effects undermining morale (Crosby, 1989, p. 27). Similarly, surveys of deaths after the Second World War indicated that malaria caused more U.S. casualties in certain theaters than did combat (Agency for International Development, 1985, p. 4). Susan Peterson, a scholar addressing epidemics in national security, lamented the cyclical historical amnesia that accompanies this primordial force in human events, referring to communicable diseases as the "Forgotten Horseman of the Apocalypse" (2001).

Prescient as these characterizations may be, observers should be wary of deterministic explanations. *Guns, Germs, and Steel* embodies approaches along these lines. Its world-famous author, Jared Diamond, argued "[a]ll those military histories glorifying great generals oversimplify the ego-deflating truth: the winners of past wars were not always the armies with the best generals and weapons, but were often merely those bearing the nastiest germs to transmit to their enemies" (1997, p. 197). The sin of oversimplification the author adverts undoubtedly may run in the opposite direction. Diseases and their abatement are surely but two among many factors that impact the outcome of conflicts. The current crisis provides scant opportunities for comparison in these terms. Absent since the pandemic have been significant interstate wars, let alone the mobilization of vast armies whose mass contraction could turn the tide of world events.[3]

In reality, the attributes of COVID-19 will likely define its ultimate impact, if any, on constellations of hard power. At first blush, incidents like the scandal regarding the USS Theodore Roosevelt, which involved a public confrontation among the upper echelons of the US Navy and the ship's captain, suggested early on that military readiness could be severely impacted. Infections aboard the USS San Diego and the USS Philippine Sea—both of which quarantined in the port of Bahrain—indicate this impact has lingered. But these incidents have been exceptions, not the rule, and they do not necessarily demonstrate a broader trend. Instead, troops that might otherwise be obtaining further training have been deployed to support civil authorities. Rather than undertaking military exercises, they are providing medical personnel and infrastructure to overburdened public health agencies. IISS noted in its annual report on global military readiness that defense procurements have been delayed across small and large armed forces worldwide, while certain deployments were extended, postponed, or cancelled altogether to protect against further transmissions (International Institute for Strategic Studies, 2021). These

[2] "If it had not been for the epidemic, the Spaniards would have faced a united Empire" (Diamond, 1997, p. 67–81, quoted at 77).

[3] A notable exception occurred in Nagorno-Karabakh, which flared into vicious fighting resulting in the taking of territory by an aggrieved party to the longstanding, frozen conflict.

hiccups have not overturned overarching strategic objectives (Janes, 2020). For example, in June 2020, the US Navy managed to send three carrier strike groups to the Asia-Pacific, a maritime assertion not achieved since 2017.

Notwithstanding a lack of data on new variants, by scientific measures, COVID-19 is infectious but it is not highly contagious. The number of people likely to be infected from any one patient suffering from the disease is comparatively low. The biological variables bound up in this variation can be reduced to a single measure: a disease's "basic reproduction number." Despite its rapid spread in 2020, COVID-19 has a basic reproduction number of 1.0011–2.7936 (Al-Raeei, 2021). Compared to well-known airborne infectious diseases, such as measles and pertussis, which have basic reproduction numbers of 12-18 and 12-17 respectively, COVID-19 outbreaks should be much easier to contain. The impact on non-pharmaceutical interventions—social distancing, enhanced hygiene, and masks—bear out these underlying features. Although it lacked the scope and significance of the current pandemic, perhaps the closes comparisons lays with the novel A H1N1 which brought grave concerns in 2009. The Department of Defense undertook an aggressive campaign to vaccinate American servicemen because it came to the conclusion, early on, that "Novel A(H1N1) influenza disease is a contagious respiratory illness that would disrupt DoD's military readiness."[4]

With regard to national security interests, dissimilarities between COVID-19 and HIV/AIDS make comparisons largely a fool's errand. The former has a mortality rate much lower than the latter, which had certain well-documented impacts on national security. Unlike COVID-19, HIV/AIDS has an incubation period of ten years or more (not counting the impact of life-saving drug cocktails), making it unlikely to cause significant front-line casualties. Although data exists demonstrating, for example, that HIV/AIDS depleted force strength in many states, its patterns and modes of transmission all differ significantly from COVID-19. At its height, for example, 20–40 percent of armed forces in sub-Saharan countries became HIV-positive, with outliers like Zimbabwe, suffering peaks of 80 percent (Heinecken, 2001, p. 109; Elbe, 2002). Countries like Cuba, which suffered massive rates of infection following the return of troops stationed in Africa, fundamentally changed their strategic decisions,[5] with former colonial powers in Europe swiftly noting the Caribbean country's fate (Rosen, 1987, p. 66–67).

Contemporary scholarship gives watchful observers of international relations reason to pause before jumping to conclusions about radical realignments of power. In part, pandemics inspire rhetorical appeals that conflate traditional national security concerns with the very real humanitarian crises spurred by deadly diseases. This tendency vividly emerged with the "human security" turn in diplomatic discussions about HIV/AIDS in the late 1990s. For example, at the UN Security Council's January 2000, it made history by, for the first time, placing public health front and center on its agenda. Addressing the body, then-Vice President Al Gore argued that HIV/AIDS required a "new, more expansive definition" of security that places emphasis on new infectious diseases (The White House, Office of the Vice President, 2000). Other state organs of

[4] See, for example, the 2009 "Military Vaccine Agency Communications Plan Novel A(H1N1) Influenza," put forward by the Department of Defense.

[5] Stephen Peter Rosen noted the that the Director of Radio Marti, Dr. Ernesto Betancourt, reported "receiv[ing] reports of the reactivation of a separate military facility for the handling of AIDS patients, this facility with a capacity measured in the thousands. Most alarming is the report by General del Pino in a conversation with Dr. Betancourt that orders now exist for Cuban officers in Africa to screen their troops for AIDS, and, if they test positive, not to send them back to Cuba." (Rosen, 1987, p. 66).

national security responded in kind.[6] Similarly, members of academic and civil society communities of states affected by HIV/AIDS adopted complementary narratives, drawing links between the spread of the disease and national security across the global north and south.

Although undoubtedly well-meaning, these rhetorical tactics behoove scrutiny of the merits of their claims. Casting humanitarian crises as national security concerns may serve cleverly masked political purposes. As P.W. Singer noted: "[c]onceptualizing AIDS as a security threat, thus is not just another exercise in expounding on the dangers of the disease…. [I]t strengthens the call for serious action against the menace of AIDS. It is not just a matter of altruism, but simple cold self interest" (Deudney, p. 466–469; O'Brien, 1996, p. 254). Furthermore, the myriad causes of human strife and suffering—environmental degradation, poverty, aging, and for that matter non-communicable diseases like cancer and heart disease—provide states with a ceaseless onslaught of tragedies affecting communities big and small.[7] But not all losses of life and property qualify as national security concerns, nor do they impact a nation's capacity to muster military strength to combat existing threats. Losing sight of those baseline realities, to obtain commitments from wealthy and more powerful states, is unlikely to alter the course of their conduct in international affairs. Instead, it may only add to the confusion and disagreement that has long mired the global management of COVID-19.

International Institutional Missteps

Bilateral vaccine diplomacy during the current pandemic has been shaped by its origin. COVID-19 did not appear amid a vacuum of international public health diplomacy. In fact, an alphabet soup of institutions have long professed their intentions and preparation to protect the trusts of "human security" and "global public health," not to mention the political, social, and economic rights of populations. These organizations, premised on creating permanent channels of cooperation, have largely failed to respond effectively to COVID-19 or to maintain their credibility in coordinating worldwide and regional results. Recognizing this pattern of dysfunction illuminates that today's vaccine diplomacy emerged from no small measure of exasperation on the part of states that would have preferred multilateral solutions.

In its primary role of impartial investigation, the World Health Organization (WHO) appears to have repeatedly faltered. After a brief diplomatic snafu over delayed entry, its latest fact-finding team of scientists entered China in January, 2021, completing its month-long investigation about the virus's source. The P.R.C. carefully and ceaselessly monitored the team. A decision appears to have been made that, from the outset, a "lab leak, potentially indicating recklessness on the part of China's government, was so implausible that it need not be a central subject of evaluation (Associated Press, 2021).

Scientific authorities had previously raised significant circumstantial evidence strongly supporting a lab-linked theory.[8] After issuing findings against this proposition, however, the WHO's Director General aggressively back-pedaled, stating "all hypotheses remain open and require further analysis and studies." Not long afterward a concerned group of 26 practitioners and academics responded. These scientists, public health officials, and social scientists issued an

[6] Within the same year, the U.S. National Intelligence Estimate on the security implications of global infectious diseases asserted "these diseases will endanger U.S. citizenry at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key."

[7] This argument has been made extensively with regard to linkages made between environmental degradation and national security (Deudney, 1990, p. 463–464; Levy, 1995).

[8] A German professor recently published research suggesting 99.7 percent certainty virus came from a laboratory (Wiesendanger, 2021).

open letter that criticized the team and the WHO for an investigation absent "the mandate, the independence, or the necessary [access]" to ascertain whether the virus emerged from a laboratory.[9] The so-called "interim report" remains deeply undermined.

Concerns about the spike in violence against Asian minorities across the globe may be a cause of the trepidation associated with ascribing blame to the P.R.C. As Jamie Metzl, an Atlantic Council Senior Fellow noted, many officials have become "cautious about saying anything that might justify the rhetoric" used by President in the early days of the pandemic, such as referring to the disease as the "China Virus." Nonetheless, the wrongs of racial violence cannot and should not obscure the search for knowledge about the virus's origin. Efforts to assign blame, if it is due, must be directed at specific government actors, not their people or the ethnic groups who emigrated from Asia.

It is worth recalling that a similar WHO mission arrived just over a year ago, prompting a false sense of confidence about quelling the disease. After a multi-week visit, the WHO scientists sent in January 2020, convened a news conference in Beijing, asserting that China's actions had slowed the spread of the epidemic and averted hundreds of thousands of cases. A published report lauded the "remarkable speed" at which China identified the earliest strain, and showcased supposedly effective diagnostic tools developed in Chinese laboratories to assess how the virus was transmitted (World Health Organization, 2020, p. 16).

The rest, they say, is history. The backlog of negligence on the part of the P.R.C., which arguably exacerbated the outbreak, allowing the virus to spread globally, remains the subject of rancorous debate. An accruing record of misrepresentations appears increasingly egregious. Evidence suggests that P.R.C. officials knew in December, 2020, that the virus was communicable between humans (having originated in bats), and that it was exponentially spreading in Wuhan (Yuan, 2020). Nonetheless, President Xi Jinping did not raise the alarm, sequestering dissenting doctors, castigating and detaining eight for "rumor-mongering" in early January, as the WHO arrived. Wuhan's festivities for the Lunar New Year—including a banquet for 40,000 families—were authorized for mid-January, bringing thousands of visitors to the 11 million strong city, which has a major international airport. The effects were immediate: within days a microbiologist in Shenzhen found six cases. When WHO officials were finally allowed to visit Wuhan on January 20, the institutions epidemiologists were kept out of the city until mid-February. A ban on visits by American experts remained in place.

Although definitive conclusions about the effectiveness of global institutions during this episode will require years of subsequent investigation, early assessments point to systemic breakdowns. Last month, the Independent Panel for Pandemic Preparedness and Response highlighted "lost opportunities" for the WHO to establish basic public health measures. Chaired by former Liberian President Ellen Johnson Sirleaf, a veteran of the Ebola outbreak of 2016, and former New Zealand Prime Minister Helen Clark, the body's report claims "public health measures could have been applied more forcefully by local and national health authorities in China in January" (Kenny, 2021). Johnson Sirleaf averred in a public statement that "[t]he bottom line is WHO has no powers to enforce anything," adding "[a]ll it can do is ask to be invited in" (Kenny, 2021). Most concerning was the decision, the experts cited, of the UN health agency not to declare a global public health emergency—the most severe warning for outbreaks—much faster. Despite meeting on January 22, the WHO's emergency committee

[9] "Call for a Full and Unrestricted International Forensic Investigation into the Origins of COVID-19," March 4, 2021. The letter may be read here, in full:
https://s.wsj.net/public/resources/documents/COVID%20OPEN%20LETTER%20FINAL%20030421%20(1).pdf

waited a week, avoiding use of the word "pandemic" despite its evident applicability. The report did not cite China's continued attempts to undermine cooperation, such as its attempts to suppress Taiwanese participation in international health organizations, like the WHO.

At the regional level, EU member states have been left wanting for more comprehensive solutions since the outbreak began. Italy's suffering provided the first canary in the coal mine. As its population dealt with deadly upsurges in the disease, EU leaders chose self-interest over solidarity. Despite an urgent need for ventilators and personal protective equipment (PPE), the most powerful member-states—France and Germany—as well as many others issued edicts that precluded the lawful export of protective medical gear and life-saving instruments. The battle over apportionment of emergency aid dragged on for months. Brussels quibbled, as it were, while Rome burned.

The slow roll out of vaccines has compounded this legacy of poor decision-making. Speaking in early February, Sandra Gallina, the director general of the European Commission's health department, explained the breakdown of EU spending thus far: she cited that members-states had invested over €3.4 billion to fight the pandemic, with €2.7 billion from EU funds and €750 million coming from EU member states. Although 84 percent has been spent on vaccines, the remainder has been allotted to fund anti-viral drugs, such as Remdesivir, as well as the latest tests and training for medical workers (Valero, 2021). Many have puzzled over the cautious, budget for the EU population of 448 million, set against the United Kingdom's plans to spend £12 billion to vaccinate just 67 million people, and the Trump administration's $10 billion budget for Operation Warp Speed. Gallina argued that "pricing has been important since the beginning," because "we are talking about taxpayers' money" (Apuzzo, Gebrekidan and Pronczuk, 2021). Yet public spats in the press over which countries would benefit from EU spending suggested other causes for the apparently fiscally-conservative approach. German authorities sought commitments from Brussels to purchase Pfizer-BioNTech vaccine, whereas the French sought similar orders of Sanofi-GSK vaccine (a French-British product).[10] In addition to the heavily publicized blame-game over AstraZeneca's delays, news has emerged that Sanofi will likely not distribute doses before the end of 2021. Furthermore, while the United States government freely waived rights to intellectual property and made assurances to drug companies limiting liability, Gallina and other negotiators have had to contend with divergent legal positions across multiple countries in the search for common ground among the 27 members.

The large, advance-purchase strategy—meant to exemplify what the commission's president Ursula von der Leyen referred to as an "European Health Union"—seems to have flouted obvious barriers since its inception. As Jacob Kirkegaard, of the German Marshall Fund, noted "[i]n a crisis, it always becomes clear that the E.U. is not a country" (Apuzzo, Gebrekidan and Pronczuk, 2021). Twenty-seven member states that placed their faith in the EU's path forward have once again been met with the deadly shortcomings of international cooperation amid the COVID-19 pandemic. Most recently, the bloc has been mired in an additional, unexpected delay, coupled with a public relations disaster: concerns over blood clotting and brain bleeds associated with the AstraZeneca vaccine. The inability of EU authorities to arrest the panic by highlighting attendant, extremely low risk has played a consequential role. Many governments have come to the same conclusion, as has been articulated by Belgium's chief virologist, who told the *New York Times:* "[w]hat you really need to do from the beginning is

[10] *Der Spiegel* has repeatedly reported that French authorities demanded that the EU should not buy any more doses of the BioNTech vaccine than were purchased of the Sanofi one.

really make sure you produce the vaccines on your territory and that they're destined for your own population" (Apuzzo, Gebrekidan and Pronczuk, 2021).

PPE ça Change

Concerns about the after-effects of transfers of vaccines across borders have often been couched in terms of "soft power." Hand-wringing about the phenomenon has not been confined to CEE states. Months ago, half a million doses of the Chinese Sinopharm reached Pakistan, with additional doses swiftly dispensed to Sierra Leone, Cambodia, Zimbabwe, and Nepal. China's ambassador to Pakistan heralded these steps as a "manifestation of our brotherhood" (Albert, 2021). China's chief rival, India, responded by donating locally manufactured doses of the AstraZeneca vaccine to Bangladesh, Myanmar, and Nepal, as a means of answering these initial moves.

Countries like Russia and China that entered the fray early have been met with skepticism. Critics suggest their supposed humanitarian gestures are in fact integral to their longstanding attempts to extend or reestablish spheres of influence. These claims tend to be vague, as Agathe Demarais, global forecasting director at the Economist Intelligence Unit, stated: "[o]bviously Russia and China are not entering emerging countries saying you need to give us something back." Instead, she suggests "in the long term it will pay dividends. And the Russian and Chinese leaderships understand the pandemic is going to be with us for a long time to come" (Safi, 2021). The diplomatic sway, if any, gained by the recent provisions of vaccine, will likely be more subtle than the amorphous quid pro quo to which observers like Demarais have alluded.

When coining the concept of soft power in 1990, Joseph Nye noted: "co-optive power—getting others to want what you want—and [its] resources—cultural attraction, ideology, and international institutions—are not new" (p. 167). Following his intuitions, the proliferation of attempts to influence states toward more sympathetic positions by shoring up their deployment of vaccine should be analyzed in terms of the longue durée. The recent past provides an initial helpful analogue. When China first began dispensing PPE, it earned early plaudits. Yet soon afterward, states soured on this overture. Hundreds of thousands of testing kits, face shields, and medical masks were found to be lacking in their effectiveness. Public health authorities in Spain, Turkey, and the Netherlands quickly blocked their use and undertook costly recalls. Front-line medical teams were hampered rather than helped (BBC News, 2020). The UK found that a contract worth over £150 million, yielded similarly flawed PPE devices (Kinder, 2020). Further skepticism emerged when it was revealed that China had sold back to Italy PPE that Italy had initially donated to China (Awasthi, 2020).

The blatant opportunism of these incidents finds echoes in the present provision of vaccine. The Peruvian political establishment was rocked by allegations that Sinopharm had been used in early vaccinations of 480 elites. Although Chinese diplomatic representatives responded that they were not aware of potential preferential treatment, the optics of the incident spoke volumes about the P.R.C.'s reasons for providing the vaccine in the first place. Rather than gaining influence with the Peruvian government, its leaders have had to distance themselves from China's vaccine diplomacy. Not long after the global roll out of vaccines took place, scientists in Brazil, who face the specter of new variants of the virus, quickly downgraded their official findings on the efficacy of China's other would-be biopharmaceutical garum, Sinovac. Citing a 50 percent rate, and questioning the appropriateness of a liability waiver (Lee and Lodoño, 2021), their results prompted South America's most strident vaccine skeptic, President

Jair Bolsonaro to remark "[i]f you turn into a crocodile, that's your problem" (Hall 2020). These statements provide oxygen for harmful claims against the urgency of mass vaccination.

In recent weeks, a Chinese vaccine expert has begun a public awareness campaign about what he refers as the "most unsafe vaccine in the world," citing Sinopharm's alleged 73 side effects (Everington, 2021). Speaking about Chinese-manufactured vaccines, China's now-famous disease control official, Gao Fu, made a startling admission about their effectiveness, stating they "…don't have very high protection rates."[11] The troubled past of the Chinese vaccine industry provides ample reason for concern that unknown unknowns may cause terrible harm in the long-term. Just over three years ago, Sinovac Biotech, a company that is only now seeking conditional approval of its inactivated virus-based COVID-19 vaccine, admitted its general manager, Yin Weidong, paid bribes to accelerate the regulatory approval process for its vaccines (Dou, 2020). At the time, this wide-ranging scheme came to light, uncovering influence-peddling en masse. Although individual culprits were punished, the corporations that were key players faced few consequences. Their misdeeds may recur as their government rushes to export excess vaccine doses.

Russia's vaccine has proved a stopgap measure for many states, as existing political disagreements over sanctions have complicated a dry-eyed assessment of its value. Although Hungary and Slovakia have both ordered hundreds of thousands of doses, while Moscow has cited its ability to provide 50 million jabs to Europe, the EMA's skepticism has echoed political concerns among the EU's top leadership. Since the new year, Russian relations with Brussels have deteriorated due to mounting disappointments over human rights abuses. Despite deciding to begin a rolling approval process, Christa Wirthumer-Hoche, the EMA's board director suggested that EU states already using the vaccine were "playing Russian roulette" (Euronews, 2021). Not long afterward, the British medical journal *Lancet* published a study indicating the vaccine was 91 percent effective, and it was announced that it would be produced in Lombardy, starting in July, by the Italian-Swiss company Adienne (Crowcroft, 2021). It remains unclear whether further political rancor will stem the flow of doses.

Even were Sinopharm and Sputnik V to become integral to fending off the spread of COVID-19, their indirect, diplomatic effect may prove short-lived. Serbia's example remains instructive. In January, President Aleksandar Vučić, crowed about his country's waxing stockpile of vaccine: "today it is easier to get a nuclear weapon than to get a vaccine" (Casert and Corder, 2021). At the time, his government had just received its first shipment of nearly one million doses of Sinopharm, later supplementing this supply with tens of thousands of doses of Russia's Sputnik V, which will now be bottled within the country's borders. The arrival of Sinopharm occurred with significant fanfare, including a grand reception for Chinese diplomats who accompanied the shipment, and professions of China's crucial place in Serbia's struggle to defeat COVID-19. Vučić's government now enjoys the most rapid vaccination rate in Europe, allowing him to begin his own Balkan-based regime of vaccine diplomacy by sending doses over the border to North Macedonia, with plans for shipments to Montenegro and the Republika Srpska. Vuk Vuksanovic, a commentator at the Belgrade Centre for Security Policy called these steps "symbolic of Serbia's foreign policy strategy." By procuring vaccines from many sources, Serbia

[11] This was most-recently reported by Joe McDonald and Huizhong Wu, in AP on April 11, 2021, "Top Chinese official admits vaccines have low effectiveness." Their full article is available here: https://apnews.com/article/china-gao-fu-vaccines-offer-low-protection-coronavirus-675bcb6b5710c7329823148ffbff6ef9

may "[b]alance and pit the west against non-western powers like Russia and China, to see from which side you will score a better bargain" (Safi, 2021).

Broadening one's frame of reference further undermines the suggestion that Serbian fealty will follow from Russian and Chinese vaccine transfers. In the two decades before the COVID-19 pandemic, the EU provided grants amounting to some €200 million, loaning another €250 million, to modernize Serbia's health system. It is hard to imagine that local populations have forgotten this drive to retrofit hospitals, laboratories, and blood and plasma transfusion centers, not to mention the installation of 250 new ambulances (Delegation of the European Union to the Republic of Serbia, 2021). These costly endeavors surely, in hindsight, did not bind Serbia to a permanently positive outlook toward the EU. Furthermore, Belgrade's willingness to turn to Russian and China for vaccines indicates its need to play a short-term game. Rather than making strides in soft power influence, great powers are likely jockeying for positions to survive the next news cycle, as the uncertainty of the pandemic continues to wreak havoc for states perceived as having mishandled aspects of the outbreak.

Vaccine diplomacy may not only ultimately ensnare receiving states in thorny political conundrums; it may be equally perilous for those sending vaccines. Just weeks after Israel's triumphant domestic campaign to inoculate its domestic population, its attempts to use vaccine caches to obtain diplomatic advantages have come back to haunt it. Prime Minister Benjamin Netanyahu, facing a national election, had to reverse course in his outreach to countries such as the Czech Republic, Guatemala, and Honduras, that were promised vaccines in return for their recognition of his government's claims to sovereignty over Jerusalem. A firestorm within Israel's governing coalition ensued (Rothwell, 2021). International criticism plagued earlier moves by Israel to provide vaccinations abroad, given vaccination rates in the Palestinian territories have fallen behind those administered among populations directly under Israeli control.[12]

The limited political utility of humanitarian overtures is well-known to Israel. The Israeli Foreign Ministry notes that Israel, "by tragic circumstance, is possibly the world's leading expert in dealing with mass casualty situations." Since 1958, when it adopted a robust foreign aid program, the country has brought this knowledge positively to bear through countless successful missions to countries suffering the worst natural disasters. Aid and advice have flowed to Haiti, following its devastating earthquake, as well as Sri Lanka and Indonesia after they weathered the Indian Ocean tsunami of 2004. Yet the latter crisis provides an important lesson in the limited impact of humanitarian aid as a tool of diplomatic change. Despite sending 60 tons of aid to Indonesia,[13] which has shunned diplomatic ties with Israel, the largest Muslim population in the world still has no formal diplomatic relations with Israel. As late as January, 2021, the Trump administration sought to induce authorities in Jakarta to establish normal relations with Israel through a further provision of $2 billion USD. All of these missives failed to alter Indonesia's intractable position against recognizing Israel (Times of Israel, 2020). It is hard to imagine that the short-term provision of vaccines will achieve more significant results in other contexts.

[12] Noting the Prime Minister's "controversial plan has raised questions at home about Netanyahu's decision-making as well as his choice to help nations in Africa and Latin America at a time of global shortages, and when the neighbouring Palestinian territories are struggling to secure their own vaccine supplies" (Ben Zion, 2021).

[13] Reported by the Israeli Foreign Ministry:
https://mfa.gov.il/mfa/foreignpolicy/aid/pages/israel_humanitarian_aid.aspx
Later denied by the same government which was later confirmed to have utilized the supplies (Xinhua, 2005).

Direct infusions of lifesaving supplies after natural disasters rarely, if ever, accomplish diplomatic transformations.

Embracing Strategic Pluralism

Amid extreme scarcity—130 countries have yet to begin any form of mass vaccination—the brusque logic adopted by leaders like Prime Minister Orban is hard to disagree with: acquiring vaccine doses is a "matter of life and death." He argues "if vaccines aren't coming from Brussels, we must obtain them from elsewhere," adding "[o]ne cannot allow Hungarians to die simply because Brussels is too slow in procuring vaccines" (Spike, 2021). On the one hand, the very real immediate consequences of the speedy proliferation of inoculation supplies are driving states to action. Yet, on the other hand, vaccine diplomacy will have knock-on effects that will likely be more significant than its immediate impact.

Economic strength is itself a key driver of soft power. The tremendous negative impact of COVID-19 on markets could turn out to determine its ultimate effects in arenas co-optive influence. The first six months of the pandemic caused the most significant global recession in history, forcing a third of the world's population to lived day-to-day under lockdown conditions (Kaplan, Frias and McFall-Johnsen, 2020). G20 economies fell, on average, 3.4% year-on-year (Organisation for Economic Co-operation and Development, 2020), while stock markets across the board suffered their most severe crash since 1987 (Jones, Palumbo and Brown, 2021). Middle- and low-income sectors were hit particularly hard. In the first three quarters of 2020, the International Labor Organization projected that income earned by workers fell globally by 10 percent (amounting to approximately $3.5 trillion USD in lost wages) (Strauss, 2020), as some 400 million full-time jobs disappeared (McKeever, 2020). Vaccination does not serve solely public health purposes; it's economic impact will be equally potent. For that reason, states have and will continue to seek means to recover their economic strength through a return to some degree of normalcy. Freedom to conduct the affairs of their domestic markets will be crucial to ensuring they may return to their pre-pandemic foreign policy priorities.

Since the late summer of 2020, commentators like Nicholas Dungan have urged the necessity of "scenario pluralism." He argued for "recognition that no single over-arching scenario will prevail." Taking this concept one step further, great power competitors should recognize the strategic component of this modus operandi. The wiser path would be to avoid intervening as smaller states attempt to leverage geopolitical competition. Encouraging, rather than criticizing the streamlining of regulatory hurdles will earn friends and win allies among the pandemic's economic victims. The considerable uncertainty that remains augurs in favor of states taking seemingly contradictory actions, tolerating the coexistence of diverging approaches, and assessing the credibility of domestic and foreign policy based on outcomes that can be compared across borders.

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