Global Health Governance: The Case of the Biopolitics of Covid-19 Vaccine Nationalism

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In April 2020, the World Health Organisation (WHO), Coalition for Epidemic Preparedness Innovations (CEPI), GAVI, and the Vaccine Alliances officially launched COVID-19 Vaccines Global Access (COVAX) as a policy to facilitate equal access to COVID-19 vaccines for low-to-middle-income countries. The initiative has 184 member countries and supplies vaccines to 140 countries. By August 2021, COVAX will have provided 200 million vaccine doses instead of the 600 million doses initially proposed. The shortfall of vaccine doses through the mechanism of COVAX is not only because of production shortage but also partly due to vaccine nationalism by more high-income countries (HIC), where they secure vaccine stocks for their population. Such a phenomenon has made the Global South countries vulnerable as they have no facilities for vaccine production except India. Vaccine nationalism can be better seen from two spheres, biopolitics, and geopolitics. Previous researches on geopolitics and infectious disease are still rare. Thus, this research hopes to fill this gap. The two terms imply that vaccine nationalism involves the creation of borders and separating things and people. In other words, a particular spatial dynamic of exclusion divides the world, as manifested by an inadequate distribution of the benefits of COVID-19 vaccines between the North and the South. This research intends to analyze vaccine nationalism that causes the discrepancy in vaccine distribution between the North and the South countries from the theoretical perspectives of biopolitics and geopolitics. This research employs a case study of vaccine nationalism from 2020 to 2021. It is argued that vaccine nationalism is further divided between the North and South and the division between homeland security and world security.

Keywords: *biopolitics; vaccine nationalism; geopolitics; COVID-19; global North and South*

Introduction

In December 2019, Pneumonia severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that instigated Pneumonia became known in Wuhan, China. The World Health Organisation (WHO) officially referred to the disease as coronavirus disease 2019 (COVID-19). As it has been called, COVID-19 is highly contagious and could rapidly spread among the population in great numbers. As a result of its contagious nature, COVID-19 has been a global threat that spirals and menaces not only world health but also other aspects such as the economy, political stability, and defense. (Censolo & Morelli, 2020; Group, 2021, p. 5; Martin et al., 2022; Ozili & Arun, 2020; Shrestha et al., 2020). Just like previous tragedies have been faced have a similar nature, such as SARS-CoV, Middle East respiratory syndrome

coronavirus (MERS-CoV), AVIAN Influenza A (H5N1), and Swine Flu (H1N1); international organizations and private actors have prepared a preventive measure to overcome such a tragedy, that is, by preparing vaccine which is relatively practical to contain the virus.

Vaccine, the most crucial thing to contain a virus, was first successfully invented by Edward Jenner in 1796. The purpose of the vaccine was to prevent smallpox (A Brief History of Vaccination, n.d.). The vaccine was first globally used when the Spanish Flu spread in the early 20th century. Differing from the governance of the pandemic in the 21st century, at the time was an absence of an international regime that regulated global vaccine distribution (Honigsbaum, 2020). Shortly after COVID-19 became a global epidemic, the global community—countries, intergovernmental organizations, and individuals—started preparing vaccines as the primary cure for the virus in mid-2020, along with the Coalition for Epidemic Preparedness Innovations (CEPI) and the Vaccine Alliance (GAVI), WHO formed COVID-19 Vaccines Global Access (COVAX). The platform became an international regime for global vaccine distribution (COVAX, n.d.).

However, there is a specific problem regarding COVID-19 vaccine distribution, especially some nationalist policies of some countries which can produce the vaccine. Most vaccine developers are North countries, except India, with the Serum Institute of India (SII) producing 400 million vaccine doses for domestic consumption. The United States, the United Kingdom, Germany, Japan, France, Sweden, and Switzerland, are among the top vaccine-producing countries, including some vaccine-producing developing countries such as India, Brazil, Mexico, and Indonesia. However, there is a problem with vaccine allocation: a nationalist policy of certain nations. The United States had procured 800 million doses of six types of vaccines.

On the other hand, the United Kingdom had secured 340 million doses (Callaway, 2020, pp. 506–507). Moreover, The European Union—a supranational group of 27 member countries—and Japan had hundreds of millions of doses (Callaway, 2020, p. 506). Those advanced procurements would imply vaccine availability for other countries, especially lower-middle-income countries. According to a weekly report about vaccine research by Duke University, developed countries had accumulated 1.2 billion doses of vaccines. In comparison, lower-middle-income countries only secured less than half of the developed countries that had procured 582 million doses (Harris, 2021, p. 1).

Vaccine nationalism is an act and rhetoric in which some countries prohibit particular exportation of vaccines or make supply accords affecting other countries.

Some nationalist rhetoric emerged regarding vaccine distribution during the Trump Administration. An Administration official stated, "You put on your own Country first, and then we want to help others as quickly as possible, (Bollyky & Bown, 2021, p. 1). The 45th president also issued a nationalist speech regarding covid-19 vaccines; for example, during the virtual G-20 meeting,

Trump stated that Americans were to be the first to obtain vaccinations (Herszenhorn, 2020). The nature of the international system in which no global enforcement consequently makes countries compete against one another. It consequently results in vaccine nationalism, in which HICs attempt to protect the so-called functioning core and the non-integrating gap. In other words, the anarchic international system encouraged HICs to shield the 'tame zones' of the world from 'wild zones.' In policy practice, the U.S. under the Trump Administration obliged companies to meet federal orders before retail orders, which curtailed raw materials for vaccine production, such as bags and filters, through a Defence Production Act (Lupkin, 2021).

In studying vaccine nationalism, this paper utilizes the biopolitics concept developed by Michel Foucault (1990). Biopolitics signifies politics that talk about life. Biopolitics is an oxymoron; it is an amalgamation of two conflicting terms. It is about standard action and decision-making exceeding the necessities of bodily experience and biological facts and opens up the realm of freedom and human interaction (Lemke, 2011, p. 2). In other words, on the one hand, there is some regulation of people's life; on the other hand, there is liberty for the people.

In this context, vaccine nationalism deals with forming borders and the estrangement of people and things. Thus, there is a specific spatial dynamics of exclusion. There have been abundant studies using biopolitics on the issues of globalization, nationalism, technology, and epidemics. In particular, biopolitical research on health primarily concerns governing the body, internal control, and securitizing the pandemic. Pertaining to the literature on nationalism, the majority of them focus on decolonization, nationalist struggle in the era of globalization, the relationship between nationalism and ethnicity, and nationalism and its relations to a state (Beiner, 1999; Breuilly, 1993; Brinks et al., 2006; Brown, 2000; Hughes, 2007; Manela, 2007; Mayall, 1990; Smith, 1998, 2009).

There have been many previous studies on vaccine nationalism (Bollyky & Bown, 2020; Chatterjee et al., 2021; Hassoun, 2021; Katz et al., 2021; Lagman, 2021; Riaz et al., 2021; Rutschman, 2021; Santos Rutschman, 2020; Wagner et al., 2021; Zhou, 2022). However, most lack theoretical analysis, particularly the relationship between biopolitics and vaccine nationalism. These research questions are biopolitical and geopolitical implications of COVID-19 vaccine nationalism. Thus, this research would like to fill the gap in the biopolitical theoretical perspective on vaccine nationalism, especially between the Global North and the Global South countries. This research adopts a biopolitical perspective from earlier research (Braun, 2007; Foucault, 2004; Højme, 2022; Ingram, 2009; Kelly, 2004; Lemke, 2011; Liz, 2022).

Methodology

This study uses the case study of vaccine distribution under the COVAX scheme during 2020-2021. In that period, COVAX delivered vaccines to 140 member countries. The research employs qualitative methods. Qualitative studies use alternatives to num-

bers, and the process is inductive (Neuman, 2002, p. 203). Qualitative research is a situated activity that places the researcher in the world. It comprises a set of interpretive, material practices that make the world visible. It attempts to study natural settings and interpret phenomena (Denzin & Lincoln, 2017, p. 43). Writing materials are secondary sources such as journal articles, books, policy reports, news reports, and lectures.

Literature Overview

Very little attention has been given to biopolitics and nationalism, mainly on the relations between biopolitics and vaccine nationalism. Chatterji (2004) connected ethnoreligious nationalism and biopolitics by analyzing Hindu groups' cultural dominance and majoritarianism in India. On the other hand, Kloet et al. (2020) have written the relationship between biopolitics and nationalism during the COVID-19 pandemic. However, they attempted to look at the competition for biopolitical control in Taiwan, China, and Hong Kong. Both kinds of research focus on the aspect of national identity. However, they do not discuss the exclusion of certain countries from receiving vaccines by other countries, especially by HIG countries in the context of vaccination.

Ingram (2009) made a breakthrough by conflating biopolitics and geopolitics; he analyzed critical geopolitics from a biopolitical perspective. In this case, according to him, there had been a tiny endeavor to research disease and geopolitics. Moreover, he argues that the discussion of global disease implicates the spatialization of governance, in which disquietude over virulent malady is a component of place, nation, and world-making processes. Braun (2007) argued that biosecurity is biopolitical and geopolitical, which explores beyond areas of domestic security and overseas security. Braun also stated that global health governance is divided into two camps, the "functioning core" of liberal peace' and the 'non-integrating gap.' O' Tuathail (1996) has argued that one of the concerns in international politics is shielding the 'tame zones' of the world from 'wild zones.' The arguments imply a 'planetary architecture of containment,' concentrated on the geopolitical management of the 'insured' liberal life of the global North and the 'uninsured' life of the global South.

According to King (2002), the geography of biosecurity results in the emergence of an infectious diseases worldview; for example, U.S. officials emphasize the pre-eminence of public health or securitization of public health after the Cold War ended. Gregory (2004) stated that biosecurity implicates performances of space that aggrandize otherness and bends it into remoteness. The main challenge of such problems is how the North and South can cooperate during pandemics, principally in intellectual property management and medicine acquisition (Tayob, 2008).

From such discrepancy, this research wants to discern such vaccine nationalism from the perspective of biopolitics which Foucault has long developed in the 1970s-80s. Research on biopolitics and nationalism is mainly related to state racism. Thus, this research wants to fill the gap in biopolitics

and nationalism that focuses on medical nationalism. As a concept, biopolitics has been contemporarily used to analyze the relations between policy and health, such as research on HIV/AIDS, vaccination, and abortion. On HIV/AIDS, biopolitics focuses on the securitization of the disease as an international security issue (Elbe, 2005, p. 403). Literature on biopolitics and vaccine, mostly about government controls and vaccination resistance—see Charles (2020), Giambi & Perrey (2012), Hausman (2017), and Højme (2022).

Theoretical Approach

Biopolitics has been widely used, but this concept has only been employed in disciplines, including health studies. Principally, there are two conflicting views regarding biopolitics as a tool of analysis. First, biopolitics is a perspective bound to rational, intellectual government and the democratic institution of life. Second, biopolitics is also relatively used as an analytical tool for racist and eugenic approaches (Lemke, 2011, p. 1). The notion concerns political asylum policies, AIDS prevention, financial support for agricultural products, medical research, abortion, and demographic change (Lemke, 2011, p. 1).

In biopolitics, there is a polarisation between the two main points of view concerning the relationship between politics and life. On the one hand, some state that life is the basis of politics. Moreover, on the other hand, some argue that life is the object of politics (Lemke, 2011b, p. 3). However, more than the two approaches is needed to explicate the inconsistency in the boundary between life and politics since both are mutually isolated. Thus, it encourages many scholars to use biopolitics to explain life and politics comprehensively.

In Policratius, John of Salisbury uses the term body politic to refer to the members of society. Political scientist Rudolf Kjellén argued that states are super individual creatures that are equivalent to human beings but larger and more potent; in other words, states as a form of life that struggles for existence and growth while cooperating for the objective of existence (Kjellén, 1920, pp. 93–94). The organicist approach to the analysis of the state includes Salety (1918), Uexküll (1920), Hertwig (1922), and Roberts (1938). This approach argues that the state is the earliest life form, providing the institutional foundation for individual and collective activities (Lemke, 2011b, p. 10).

In the contemporary, Michel Foucault employed the notion of biopolitics comprehensively. Foucault focused on biopolitics in his lecture in 1976 at the Collège de France (2004) and the first volume of The History of Sexuality (1990). According to Foucault, biopolitics refers to a modern form of exercising power that historically discontinues. Principally, Foucault uses the idea of biopolitics in three categories. First, biopolitics is a re-articulation of sovereign power that depicts historical discontinuity in political practice and thinking. Second, biopolitics is associated with modern racism. Third, biopolitics, as a peculiar way of government, historically comes out with the liberal type of social regulation and individual self-governance (Lemke, 2011b, p.

34). In this context, he uses biopolitics and biopower interchangeably, distinguishing them from the traditional sense of power.

The latter is power relations that function in the manifestation of deduction: deprivation of goods, products, and services. To an extent, it has the right to decide life and death, though in a limited form. While the former refers to the Administration, securitization, development, and fostering of life. The transformation occurs due to industrialization, agricultural production, and the development of medical and scientific knowledge of the human body. Unlike traditional power, biopower operates by structuring the sensation of the grid and physical routines. It accords the economic productivity of the body while weakening its forces to ensure political subjugation of the population. The latter, in this sense, is not a legal/political—totality of individuals), nevertheless a biological corpus, processes, and phenomena characterizing a social body, for example, birth and death rates, health status, life span, and the production of wealth and its circulation. They become a security technology target intended to preclude jeopardy resulting in the population's existence as a biological entity. Another aspect that must be considered is discipline technology which differs from technology security in terms of historical appearance, purposes, instruments, and institutions. Institutionally, discipline has arisen in the army, prisons, schools, and hospitals since the 18th century. In this context, they are not independent but linked together (Lemke, 2011b, p. 37).

He briefly discusses biopolitics in the first volume of the last chapter of the History of Sexuality. In the chapter, Foucault begins arguing the privileges of the sovereign to determine life and death. However, in modern times, the sovereign power no longer has absolute authority to decide such events. Nevertheless, when foes threaten his existence, he could wage war lawfully by ordering his subordinate to participate in such a war. In this context, according to Foucault, the ruler exerted a collateral force over his subjects of life and death. It also occurs in law enforcement, where he wielded direct power over the felon's life. The power of life and death depends on the defense of the sovereign and survival (Foucault, 1990, p. 135).

Foucault further argues that power was exerted as a means of deduction, a right to seize things, time, bodies, and life. In modern times, the deduction has transformed into a component inciting, reinforcing, controlling, surveilling, optimizing, and organizing power. Such power renders, raises, and orders the forces instead of obstructing, subjugating, and destroying them. In the contemporary world, existence is no longer about sovereignty but rather the biological existence of the population. In advanced times the ruler has the power to sustain life that supersedes the ancient power to take a life; in other words, the most prominent role of power is to invest in life. The most important is distributing the living in value and utility, which is no longer about carrying death in the domain of sovereignty. The most desired result of power technology is a

normalizing society (Foucault, 1990, p. 137).

The power over life evolved into two principal anatomies that are not antithetical and make up two poles of development. The first pole constitutes the body as a machine, disciplining, optimizing, and extorting. The second pole focuses on the species body that serves as the basis of the biological processes, for example, propagation, births and mortality, health level, life expectancy, and longevity.

Life has transformed into an autonomous, neutral, quantifiable element and can be dissociated from concrete living beings and idiosyncratic individual experiences (Lemke, 2011b, p. 5). The idea of biopolitics is related to such knowledge and disciplines as statistics, demography, epidemiology, and biology that grant correction, exclusion, normalization, disciplining, therapeutics, and optimization.

Foucault's thoughts on biopolitics relevant to this analysis are his views on protecting a population from dangers and risks. In his lecture, Foucault argues that the subject could call for a sovereign's protection against external or internal foes. However, in the context of liberalism, it moves into the arbitration between the freedom and security of individuals with the mention of the dangerous nation. Liberalism is also exposed to the political culture of danger that began in the 19th century. For example, campaigns against disease and hygiene (Foucault, 2010, pp. 53–66). It is relevant to the case of vaccine nationalism, which is the competition amongst countries to acquire vaccines that implies the exclusion of other countries to obtain vaccines.

Another theoretical concept that supplements Foucault's biopolitical thoughts is the ideas formulated by Giorgio Agamben (1998). He argues that there is a connection between sovereign power and biopolitics; that is, inclusion in political society is simultaneous with the negation of the legal status of other human beings. He differentiates between bare life (zoé) and political existence (bíos), meaning the disparity between a natural being and an individual's legal existence. It is a promulgation of a space divesting the safeguard of the law. In his phrase, he envisages "The original juridico-political relationship is the ban" (Agamben, 1998, p. 109; Lemke, 2011b, p. 54). Bare life means marginal from politics, in which the existence and decease of a human being become the aim of a sovereign decision. The bare life for example, refugees and asylum seekers receive humanitarian assistance. However, they cannot uphold a legal claim or are scaled down to the status of biomass, scientific definitions, and assertations (Lemke, 2011b, p. 55).

Discussions

In December 2019, in Wuhan, there was a report of an outbreak of Pneumonia of unknown origin. Such cases were linked to the Huanan Seafood Wholesale Market. According to the research, the outbreak was caused by a novel coronavirus associated with SARS-CoV and therefore named severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2). The coronavirus COVID-19 caused the latter. On March 12, 2020, WHO

promulgated COVID-19 as a global pandemic. The disease has taken a toll on human lives, economic crises, and poverty (Ciotti et al., 2020, pp. 365–366). Until September 2022, the confirmed cases of COVID-19 have been 601,189,435, and the verified deaths are 6,475,346 (WHO Coronavirus (COVID-19) Dashboard, 2022). The virus also caused a contraction in the world's economy. Either the North or South countries; for example, the world's gross domestic product (GDP) fell by 3.4 percent, though the world's GDP has recovered (Topic, 2022).

To solve such a global problem, a vaccine is a leading solution to prevent the spread of the virus amongst the population because vaccine effectiveness against COVID-19 patients was above 90% (Zheng et al., 2022, p. 252). As such, COVID-19 corroborative impacts such as economic contraction, unemployment, and poverty could be ended.

Like other pandemics, in April 2020, WHO announced the formation of COVAX as a framework to facilitate equal access to COVID-19 vaccines for low-to-middle-income countries. The platform is managed by GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI), and the World Health Organisation. The initiative has 184 member countries. COVAX is one of the four elements of the Access to COVID-19 Tools Accelerator, an initiative commenced in the same month by the French government and the European Commission. COVAX's finance instrument is the COVID-19 Vaccines Advance Market Commitment (COVAX AMC). COVAX intends to support 92 low-to-middle-income countries, mainly focusing on the 34 countries below 10 percent of coverage in January 2022 (COVAX, n.d.).

By August 2021, COVAX has supplied 200 million doses instead of 600 million doses as initially proposed and, up till now, has distributed vaccines to 140 countries (Paun, 2021). The shortfall of vaccine doses through the mechanism of COVAX is not only because of production shortage and the diversion of 400 million Oxford–AstraZeneca COVID-19 vaccine doses, under the certification of SII, for use in India but also partly due to vaccine nationalism by more advanced countries such as the United States. Vaccine nationalism implies more vulnerable countries, especially the global South countries with no vaccine production facilities except India.

Vaccine nationalism emerges via supply accords or export prohibitions, which, as a consequence, impair other countries' vaccine quotas. The nationalist policy of vaccine distribution can be interpreted through the perspective of national security/national interest, in which the securitization of medical insecurity becomes prominent. Largely, HICs have safeguarded vaccine doses in sufficient amounts causing the unequal allocation of vaccines globally. Such a disproportional vaccine distribution has also been exacerbated by HICs' crusade for third-dose boosters and children's vaccination. Despite the unequal vaccine supply will decelerate the ending of the global pandemic, it also probably allows new virus variants.

This article tries to tell what nationalism is. This research first describes nationalism

from a general perspective. Nationalism is categorically classified as an instinct (primordialism), an interest (situationism), and an ideology (constructivism)—the first related to the assertion of natural primordial rights before the interests of other ethnicities. The second is associated with situational changes in the global economy. The third comes to insert new myths of certainty, that is, to resolve the insecurities because of modernization and globalization (Brown, 2000, p. 4).

In the context of nationalism and vaccine distribution, some dimensions can be discerned. Before the COVID-19 pandemic, nationalism was essential to vaccine allocation. For instance, HICs safeguarded vaccine acquisitions for domestic use preceded international distribution, such as polio, smallpox, and H1N1, and drugs for HIV/AIDS. Vaccine nationalism is analytically connected with domestic ownership and control of vaccines. Besides the symbolic meaning of national character to vaccines, nationalist images of winning and achievement (Vanderslott et al., 2021, pp. 2–3). This is called national pride; being better, out-competing others, and winning.

In such a case, the public favors national vaccine production by arguing that their vaccines are more effective than other countries. It implies that vaccines, like other pharmaceutical products, become power instruments facilitating social and symbolic processes (van der Geest & Whyte, 1989, p. 345). Another factor why people are against vaccines supplied by other countries or external actors is the fear of them becoming an object of experimentation for the benefit of governments, pharmaceutical companies, and the international community (Vanderslott et al., 2021, pp. 7–8). In other words, it is a reaction to foreign knowledge of outside experts to solve a domestic problem.

Another important note is public pessimism for a global solution that emerges due to a discrepancy between expectation and reality. In the school of thought idealism, international institutions become vital to solving global problems, including nullifying self-interests for common goals. However, the objectives' implementation is only occasionally flourishing as initially expected. For example, there is skepticism that low-to-middle-income countries' logistics are barriers to successful vaccine distribution. Moreover, some argue that there is no way that government will invest in things globally that are also needed by its population. The last thing is why the global vaccine supply is hampered since some governments politicize the distribution of vaccines. Politicians use this as an opportunity to depict their respective countries' greatness which, if vaccines are effective, will boost their image domestically, especially for their re-election.

Vaccine nationalism is manifested rhetorically and practically. The first is showcased by some statements issued by politicians and leaders regarding vaccine distribution. Donald Trump, the 45th president of the United States, at the Group 20 (G20) meeting in 2020, stated that United States nationals (the U.S.) would be the first to receive vaccinations (Herszenhorn, 2020). Another U.S. official,

Peter Navarro, stated that the U.S. could not depend on other countries, even its allies, to supply vaccines (Bollyky & Bown, 2020, p. 103). In policy practice, the U.S. under the Trump Administration obliged companies to meet federal orders before retail orders, which curtailed raw materials for vaccine production, such as bags and filters, through a Defence Production Act (Lupkin, 2021). In March 2020, Trump reportedly persuaded a German firm to move its research work exclusively to the (United et al., 2020). Despite the United States, a European country, Italy blocked vaccine export Oxford-AstraZeneca in 2021.

The practice of vaccine nationalism is not limited to the cases mentioned above but also occurs in safeguarding vaccines before their production. The U.S. secured 800 million doses of six vaccines in development. Another global North country, the United Kingdom (the U.K.), also secured 340 million doses. The European Union (the E.U.) and Japan have pre-ordered hundreds of millions of doses of vaccines (Callaway, 2020, p. 506).

In sum, HICs by February 2021 have secured 4.2 billion doses, upper-middle-income countries secured 1.2 billion doses, lower-middle-income countries have pre-ordered 582 million doses, and low-income countries purchased 670 million vaccine doses. From such information, some countries, especially HICs, have obtained more vaccine doses than needed. For instance, New Zealand procured 20 million doses, while its population is only 5 million (Callaway, 2020).

From such cases, there is a discrepancy in vaccine distribution between the global North and global South due to vaccine nationalism. This act occurs according to the logic of biopolitics: protecting certain parts of lives while handling other lives as expendable, right of a death, and power over life, which states try to protect its population. Biopolitics controls people by letting them live, using the right to kill, and controlling life. In short, it is the right to take life or let live (Foucault, 2003, pp. 240–241; Kelly, 2004, p. 60). Biopolitics, in a crude manner, consists of demographic control—for example, epidemics. In modern times biopolitics yet involves the right to take life, domestically monopolizing the right to use violence, or internationally the right to wage war to protect the population. From that, there is an idea of a scramble between opposing forces, in which society is trapped in a struggle with its enemies both within and without, in which other groups are in danger. In this context, the struggle is the internal dynamic of every society. Biopolitics differs from discipline, the former is more novel and sophisticated, and it treats society at the stage of multiplicity. In other words, biopolitics is employed to manage the population, that is, to assure that a healthy workforce exists (Foucault, 2003, p. 242). Foucault refers to it as state racism; it allows the enemy to be identified as an out-of-group. They can be found inside and outside our borders, thereby sanctioning or killing is part of biopolitical technology, which tries to keep people alive, at least in its more developed form. This is what Foucault refers to, for example, as "indirect murder," where some

people are at greater risk of things to which the body of the general public is not usually exposed (Foucault, 2003, p. 256; Kelly, 2004, p. 60). Racism, in Foucault's sense, is not conventional racism or aversion to other races; more precisely, it is biological racism, the notion of evolutionary competition, and the health of the species (Kelly, 2004, pp. 60–61).

In the contemporary world, a state differentiates between those it maintains alive and those it takes life, along with those it only permits to be exposed to increased mortality risk (Kelly, 2004, p. 61). According to Foucault, Racism uses the idea that the death of others makes one physiologically stronger insofar as one is a member of a race or a population, insofar as one is an element in a unitary living plurality, to defend the death function in the economy of biopower (Kelly, 2004, p. 258). Biological racism, in this sense, is an understanding that both internal and external forces endanger the population and that removing such risks may strengthen the population (Kelly, 2004, p. 61).

To work, biopolitics needs consent. Thus, a population is demanded their cooperation which is showcased by hygiene practices, medical self-monitoring, reproduction, and consent with population measurement. The purpose of biopolitics is not simply the existence of the population but rather to achieve an economic objective. In biopolitical logic, death is private/taboo or even evil. However, it permits a particular part of a population to die for more significant numbers to be saved.

In the case of COVID-19 vaccine nationalism, geopolitically, there is a fractioned globe where the inadequate distribution of modern medicine and public health benefits divides North and South. It cannot solely be seen from the case of interstate relations and the practices of global institutions; rather, it can be discerned that there are spatial dynamics of inclusion and exclusion of wealth, power, and domination. Thus, the pandemic is geopolitical in the sense that it is governed in a world that is spatially uneven and unequal (Ingram, 2009, p. 2085).

The nationalism of COVID-19 vaccines implicates boundary creation and the division of things, people, and places. In Bashford's words, it comprises the socio-spatial management of contagion (Bashford & Hooker, 2001).

It also implies that ensuring "national" health has frequently involved proactive engagement by entities with "global" reach to minimize disease risks. Such interferences have often been justified simultaneously in a range of ways, including by ensuring the health of both the "homeland" and the "world," as well as by strategic objectives in certain areas (Ingram, 2009, p. 2086).

In geopolitics, a signification of creative geographies can be drawn out—a zone intentionally created dividing the North and the South. Consequently, we could derive a notion of geopolitics from creative geographies in that biosecurity incorporates spatial performances that highlight difference and fold it into the distance. COVID-19 vaccine nationalism

reflects advanced countries trying to shield the "functioning core" of liberal peace from menaces developing from the 'non-integrating gap' (Braun, 2007, p. 22). That is to say, some countries attempt to defend the 'tame zones' from the 'wild zones of the world (Tuathail, 1996, p. 253).

Global health governance via new rationalities of development and security has been interlinked in a 'planetary architecture of containment,' intended to handle two biopolitical zones, the 'ascertained' liberal life of the global North and the 'uninsured' life of the global South (Duffield, 2007). In this case, global vaccine governance unintentionally created a vaccine access gap between the North and the South. Even though through the COVAX mechanism HICs were encouraged to provide their limited vaccine supply to low-to-middle-income countries. Nevertheless, specific rules, norms, and laws pushed HICs to supply vaccine doses to certain countries, such as sub-Saharan Africa. Therefore, the global North can secure itself from the unwanted effects of global interdependence and circulation. Cooperation such as intellectual property agreements and medicines access may be agreed upon. However, there is still a possibility that governments may use their emergency authorities to cope with serious public health issues or to fend off virtual dangers that have not yet materialized (Braun, 2007).

Conclusion

It is argued at the beginning of this article that COVID-19 vaccine nationalism implies the logic of biopolitics: protecting certain parts of lives while handling other lives as expendable, the creation of borders and separating things and people, and specific spatial dynamics of exclusion. The findings that have been presented suggest that the global North countries attempt to protect to shield the "functioning core" of liberal peace from menaces that are developing from the 'non-integrating gap'; or protecting the 'insured' liberal life of the global North and the 'uninsured' life of the global South. This is important for the case of COVID-19 vaccine nationalism because that type of nationalism endangers another part of the world, especially the global South.

While this study does not offer a conclusive answer to the question of biopolitics and COVID-19 vaccine nationalism, it does suggest the biopolitical perspective of vaccine nationalism.

As a result of conducting this research, a notion is proposed that countries must lose intellectual property barriers to free the world from the pandemic. It would be fruitful to pursue further research about vaccine nationalism to escape the unequal distribution of COVID-19 vaccines.

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