# THE COVID-19 CRISIS AND EUROPEAN INTEGRATION

## A SINGLE CASE-STUDY ON INDIVIDUAL MEMBER STATE BEHAVIOUR TOWARDS VACCINE PROCUREMENT

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# Abstract

This thesis examines the implications of the COVID-19 crisis, and especially the vaccine procurement process, on the process of European integration. The intergovernmental strand of European integration theory is used to explain individual member state behaviour within the European framework during the crisis. A single case-study of the Netherlands is conducted to observe its two phases of the COVID-19 vaccine procurement process in the light of the joint European vaccine procurement strategy, and to discern its vaccine procurement strategy per phase. It is found that the joint EU strategy developed due to the individualistic efforts of four individual member states, which included the Netherlands. The intergovernmental vaccine procurement initiative formed by the four member states is found to function as the foundation of the supranational joint European vaccine procurement strategy set out by the Commission. It is found that the Netherlands pursued an individualistic vaccine procurement strategy in the first phase of its vaccine procurement process, because multiple individualistic efforts are discernible that can be explained by the Dutch connections to the pharmaceutical industry and its incited welfare and security interests. After the joint EU strategy was set out, the Netherlands pursued a compliant strategy in the second phase of its strategy, because it was beneficial for its incited welfare and security interests. Based on the findings in this work it is concluded that the COVID-19 crisis led to further European integration. Both the intergovernmentalistic and supranationalistic efforts led to a European initiative that made the EU and its member states work together at the European level to tackle the crisis and to secure vaccines at the European level.

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# Chapter 1: Introduction

Will the European Union (EU) move towards a closer union because of the COVID-19 pandemic? This question is an important driver behind the debate regarding the process of European integration (Schout & Wolff, 2012). A crisis present at the European level has influence on European integration (Ferrara & Kriesi, 2021). The actual influence of the crisis on whether it drives, delays, or even disintegrates European integration depends on the actions undertaken at the European level and the various strands of European integration theory (Ferrara & Kriesi, 2021; Schimmelfennig, 2018; Hooghe & Marks, 2019). From a societal point of view, observing different crises at the European level and examining the actions against the crises within the EU contributes to the understanding of whether crises drive, delay, or disintegrate European integration. Furthermore, it might contribute to the formation of appropriate crisis responses for other crises at the European level. From the perspective of scientific relevance, this thesis contributes to the further understanding and interpretation of European integration theory.

The COVID-19 pandemic is considered as a crisis at the European level. The pandemic caused a public policy emergency at the European level, as the crisis raised implications on economic, social, security and health policies (Wolff & Ladi, 2020, p. 1025). After the pandemic hit the EU, there was no organised European crisis response (Ferrara & Kriesi, 2021; Wolff & Ladi, 2020). As the crisis hit different member states at different times, this led to the disorganised adoption of lockdowns, the absence of essential medical equipment, and the reintroduction of the internal border controls by multiple individual member states and the suspension of freedom of movement as a consequence (Wolff & Ladi, 2020, p. 1027). Because vaccines were marked as the primary way out of the pandemic, a race towards the development of COVID-19 vaccines started at both the global and European level (European Commission, 2020). However, it took some time before a vaccine procurement strategy for vaccines against the Coronavirus was set out at the European level.

Just as with the primarily crisis response, some individual member states took a different approach outside of the European framework. Hungary for example, was the only European member state to approve the Russian vaccine 'Sputnik V' (Gamaleya: Sputnik V – COVID19 Vaccine Tracker, n.d.). Furthermore, while the Netherlands was waiting for vaccine deliveries to come through, a big batch of vaccines produced at Dutch domestic soil was assumed to be shipped out of the European Union to the United Kingdom (Spekschoor, 2021). Another example is the fact that Germany received additional vaccines from BioNTech/Pfizer, which has production sites based on German soil, outside of the joint European vaccine procurement strategy (Deutsch & Sugue, 2021). These and more incidents caused tension between the European member states that had producers of potential vaccines against the Coronavirus on its domestic soil, and member states that did not have these manufacturers (Deutsch & Wheaton, 2021). The motives of the member states with ties to pharmaceutical industries were questioned by member states with no ties, as it was assumed they wanted to spend more on vaccine development so that their own economies would profit (Deutsch & Wheaton, 2021).

The lack of a solid European crisis response and the examples of individual member states operating outside the European framework led to the question whether the COVID-19 pandemic drives or disintegrates European integration. Because the individual member states are important actors in the crisis response, it is important to identify the different strategies pursued by the individual member states and to understand what drove these decisions. To understand what drives member states to either pursue individualistic efforts or comply with crisis response actions set out at the European framework, this thesis will zoom in on multiple decision-making processes of an individual member state (The Netherlands) in the context of the development of the joint European vaccine procurement strategy. In the context of European integration, it is important to understand how the joint EU strategy developed. Next, the different vaccine procurement strategies of the individual member state need to be identified and explained to understand what drives its decisions.

## 1.1 Research questions and thesis outline

In this thesis the following main- and sub-questions will be studied and answered:

***Main research question:*** Which COVID-19 vaccine procurement strategy did the Netherlands pursue and how can this strategy be explained by characteristics of the joint EU strategy and member state characteristics—in particular ties with the pharmaceutical industry?

***Sub-question 1:*** How did the joint EU strategy on vaccine procurement develop?

***Sub-question 2:*** What procurement strategies are discernible within the Netherlands during the process of procuring different COVID-19 vaccines?

***Sub-question 3:*** How can the vaccine procurement strategies of the Netherlands be explained by characteristics of the joint EU strategy and its member state characteristics?

This thesis is organised as follows: in Chapter 2 the theoretical framework regarding European integration is given from an intergovernmentalists perspective. In Chapter 3 the methodological approach used in this thesis is discussed. In Chapter 4 the development of the joint EU strategy and the Netherlands as an individual case are discussed as the findings of this thesis. In Chapter 5 the findings are analysed based on the theoretical perspective and the hypotheses are tested. In Chapter 6 the findings are discussed in the context of the posed research questions, and limitations of the research are discussed. Eventually, in Chapter 7, the research is concluded and the answers to the research questions are discussed in the context of European integration.

# Chapter 2: Theory

## 2.1 European integration and crises

***Three perspectives on the process of European integration***

Multiple scholars debate about what drives European integration (Schout & Wolff, 2012). The content of this debate entails three different theoretical perspectives on the process of European integration. These different perspectives are neofunctionalism (supranationalism), intergovernmentalism, and the interrelation between supranationalism and intergovernmentalism.

The first perspective is the theory of neo-functionalism (supranationalism). From this perspective, scholars stress the impact and importance of supranational institutions in the European integration process (Sweet & Sandholtz, 1997; Hooghe & Marks, 2009; Hooghe & Marks, 2019). The intergovernmental perspective is the second strand of research on the process of European integration. Scholars arguing from this perspective stress the importance of the individual European member states as being fully in control in the European integration process (Pollack, 2010; Hoffman, 1966; Milward, 1992; Moravcsik, 2005). As a third perspective, the interrelation between intergovernmentalism and supranationalism is addressed as mutually embedded instead of mutually exclusive (Schout & Wolff, 2012; Sweet & Sandholtz, 1997, p. 299). In the section below there is elaborated in more detail upon the perspective of intergovernmentalism. For the elaboration upon the perspectives of neo-functionalism and the interrelation between supranationalism and intergovernmentalism, see Appendix A and Appendix B.

***Intergovernmentalism***

Intergovernmentalism is an integration theory that is characterised by state-centrism and is about protecting national interests. The national interests of a nation state are both political and economic (Lelieveldt & Princen, 2014, p. 37). With the focus on the nation states, the individual European member states and their national governments are the most important actors (Cini, 2013, p. 74). In contrast with the neo-functionalist perspective, intergovernmentalists advocate for a more central role for national governments and a reduction in the role of supranational institutions (Cini, 2013, p. 72).

*Intergovernmentalism and European integration*

Intergovernmentalists consider European integration as a process that is driven by individual nation states searching for mutually advantageous bargains. Member states can cooperate and compete with one another at the European level. According to intergovernmentalists, integration is the outcome of both cooperation and competition among national governments instead of societal actors (Marks & Hooghe, 2019, p. 1115). This form of European cooperation is not created by sovereignty transfers from the national to European level, but rather by the sharing of sovereignty (Cini, 2013, p. 74).

There are both costs and benefits attached to involvement in European integration. Weighing up the pros and cons regarding the participation in cooperation involves the extent to which European integration improves the efficiency of bargains struck among its member states. After all, the main aim of national governments is to protect national interests (Cini, 2013, p. 73).

*Liberal intergovernmentalism and European integration*

Drawing on and developing earlier intergovernmental insights, liberal intergovernmentalism has become one of the most important theories of European integration (Moravscik, 1998; Schimmelfennig, 2015; Cini, 2013). The theory of liberal intergovernmentalism links national domestic preference formation with the position of a nation state at the international level. All decisions being made at the European level are outcomes of bargains between the different individual European member states. Therefore, the liberal intergovernmentalists see the European Union as an intergovernmental regime that is designed to manage economic interdependence through policy coordination (Cini, 2013, p. 79). The national interests of the individual European member states pervade the supranational institutions. This entails that the different policy demands of the individual member states at the European level are motivated and formed by their national domestic interests (Thomson, 2011, p. 7-8).

***Crises***

Different theories of European integration have varying explanations in explaining crises and its influence on European integration (Ferrara & Kriesi, 2021). The concept of a crisis is defined as a situation that is characterised by high levels of threat, uncertainty, and urgency (Schramm, 2022, p. 300). On the one hand, from the neo-functionalist, supranational perspective, crises may delay or even disintegrate European integration. On the other hand, supranationalists argue that supranational activism and policy spillover will produce an upward trend in European integration (Hooghe & Marks, 2019, p. 1115). From the intergovernmental perspective, crises are seen as situations of heightened interdependence wherein the individual member states limit the potential for autonomous supranational action. The demand for types of crisis responses differs among the member states. Some states are affected heavily by the crisis, while other states are less vulnerable and are less affected (Ferrara & Kriesi, 2021; Schimmelfennig, 2018). This asymmetry in demand and needs between member states can make crisis response on the European level difficult. The burden of the crisis response may be unequally distributed among the member states if national governments do agree upon a joint European crisis response (Schimmelfennig, 2018).

## 2.2 European integration and European actors

***The role of European institutions***

Both neo-functionalists and intergovernmentalists acknowledge European institutions in the process of European integration, hence they both identify different essences of what drives integration. Neo-functionalists stress the importance of European institutions as they play an active role in fostering further integration (Lelieveldt & Princen, 2014). The intergovernmentalists stress that the role of European institutions is minimal but not absent. Because the national governments of the individual member states are seen as the core players in the European arena, the institutional arrangements from the European institutions are important to function as means to ensure commitment from each of the individual European member states (Lelieveldt & Princen, 2014, p. 38-39).

The perspectives of European integration are also visible within the literature about European institutions, as different scholars argue about the different kinds of perspectives that the institutions embody. The next section focuses on four out of the seven different European institutions, as they are marked by the literature as important in the process of European integration: the European Commission, the European Parliament, the European Court of Justice, and the Council of Ministers (Lelieveldt & Princen, 2014; Tsebelis & Garrett, 2001; Schout & Wolff, 2012; Pollack 2010). The roles that are in relation within the context of European integration of each of these institutions are briefly discussed.

**Supranational and intergovernmental European institutions**

The literature marks the European Parliament (the Parliament), the European Court of Justice (the Court), The Council of Ministers (the Council) and the European Commission (the Commission) as supranational European and intergovernmental institutions in the process of European integration (Pollack, 2014; Tsebelis & Garrett, 2001; Lelieveldt & Princen, 2014). Due to its collective procurement role on the internal European market, the Commission is considered as the most important European institution in the context of this thesis. For further elaboration upon the other European institutions and the process of European integration see Appendix C.

***The European Commission***

The Commission is considered to contain elements of both an intergovernmental and supranational organisation, because the Commission as a supranational institution facilitates intergovernmental cooperation (Egeberg, 2013). The Commission is involved in almost all stages of the EU policy process, as it has the monopoly to draft legislation for the entire EU and is also charged with the implementation of this legislation after it has been approved by the Parliament and the Council (Tsebelis & Garrett, 2001; Egeberg, 2013). Furthermore, the Commission has significant space for autonomous action regarding the European internal market (Tsebelis & Garett, 2001, p. 364). If the crisis-affected policy areas are related to the EU's internal market, it can determine a legislative response on its own (Degner, 2017, p. 5). The Commission and the

individual European member states need each other. This entails that during crises, the Commission can propose legislative responses against the crises on the European level.

The Commission proposes legislation that is aimed for all the individual member states, who are therefore influenced by the legislation after it is approved. To propose legislation that fits with the needs of the member states, the Commission needs information from the member states for its impact assessment on how the proposed measures will affect their economies (Schout & Wolff, 2012, p. 20). Therefore, the relationship between the Commission and the individual European member states can be considered as an example of the interrelation between supranationalism and intergovernmentalism.

## 2.3 European integration and individual European member state behaviour

***The behaviour of individual European member states***

From the liberal intergovernmental perspective, the EU is a regime that is designed to manage economic interdependence of its members through negotiated policy coordination (Cini, 2013, p. 79). As this thesis focuses on the behaviour of individual European member states at the European level, the (liberal) intergovernmental approach is taken to explain individual member state behaviour.

***The influence of domestic preferences on international behaviour***

The policy and bargaining positions that individual member states take at the European level are shaped by their national goals as they reflect their national interests (Thomson, 2011; Frieden & Walter, 2018). The national goals of member states are formed by their so-called domestic preferences. It can therefore be argued that the behaviour of individual member states on the European level is determined by their national preferences (Moravcsik, 1993; Thomson, 2011; Putnam, 1988; Frieden & Walter, 2018; Pollack 2010). The difference in policy and bargaining positions between member states at the European level might be explained by their differences in domestic interests.

***Domestic preference formation of individual member states***

Two different perspectives on how the domestic preferences of the individual European member states are formed can be derived from the literature. From the first perspective, domestic preferences are formed by domestic groups that pressure national governments to adopt favourable policies (Putnam, 1988; Crespy & Schramm, 2021; Knopf, 1993). The domestic pressure coming from interest groups influences national governments both at the national and European level. At the national level domestic preferences are constrained by the interests of dominant (economic) interest groups, and politicians seek power by constructing coalitions among those groups as these interest groups are powerful (Cini, 2013). At the European level national governments seek to maximise their own ability to satisfy pressure coming from

domestic interest groups. At both levels domestic interest groups can generate the initiation of negotiations or negotiating proposals (Putnam, 1988; Knopf, 1993).

From the second perspective, domestic preferences are formulated based on the economic, welfare and security interests of the member states. The macroeconomic position, the level of economic development, and the security interests of the member state play an important role (Crespy & Schramm, 2021; da Conceição-Heldt & Mello, 2017). Member states with stronger financial positions have stronger bargaining positions, while weaker member states have weaker bargaining positions at the European level (Crespy & Schramm, 2021; Thomson, 2011). This entails that member states with stronger bargaining positions have a higher chance to get their way in international negotiations and policy reforms, while member states with weaker bargaining positions have a lower chance (Crespy & Schramm, 2021, p. 4). Therefore, the difference in policy positions between member states at the European level might be explained by the difference in economic wealth between the member states (Thomson, 2011, p. 123).

The difference in behaviour of member states at the European level can be explained by the determination of domestic preferences by national governments. Combining the perspectives learn that the domestic preferences reflect the demands of important domestic (commercial) groups and the macro-economic position of the member state (Crespy & Schramm, 2021, p. 3).

## 2.4 European integration and interest groups

***Interest groups at the European level***

Politics and policies at the European level are the result of interactions between European institutions, the individual member states, and interest groups (Copeland & Minto, 2021, p. 3). Interest groups are an integral part of European integration, as they cover a wide range of actors who carry out activities to influence policymaking (Interest groups in EU decision-making, 2013). They have an important role in communicating the different sectoral and public interests to decision makers in the EU (Thomson, 2011, p. 13). This is because interest groups are concerned with gaining wealth and profit for the groups they represent. At the European level business interests outnumber the non-business interests, as the business interests constitute around 80% of established European interest groups (Interest groups in EU decision-making, 2013). The interests of businesses and firms can be organised in interest groups. Some businesses can exert strong influence on their own due to economic and health importance

Economic actors as interest groups differentiate their lobby activities between member state governments and the EU-level—in line with company preferences—to either block or promote further EU integration in specific policy fields (Dür et al., 2020, p. 562). Firms and business associations are economic actors that can exert influence on both domestic preference formation on the member state level, and on the European level through the Commission and by joining (transnational) interest group networks (da Conceição-Heldt & Mello, 2017; Chalmers & Young, 2020). For interest groups to be successful on the European level the European Commission serves as an important platform as it operates as the main point of access for interest

groups at the European level. Prior to formulating legislative proposals, the Commission makes great efforts by consulting relevant interest groups (Thomson, 2011, p. 13).

***The advantages of establishing interest group relations***

Interest groups can strengthen their position through establishing relationships with other interest groups at the European level or transnational level in general. Establishing these transnational relationships with other interest groups creates advantages for the interest groups. The network capital that interest groups obtain when they establish strong relationships with other interest groups gives them the opportunity to access other actors through widened information channels (Thomson, 2011, p. 169). Furthermore, increasing the size and resources of specific interest group networks are important because larger lobbying coalitions find it easier to shape policy making towards their own preferences (Klüver et al., 2015, p. 452). Another advantage is that actors that are connected through network ties tend to become similarly related to shared norms, beliefs and preferences (Chalmers & Young, 2020, p. 58). This entails that a business or a firm can exert greater influence on both the domestic and transnational level once it establishes relations with similar actors that are sharing the same goals. It provides economic actors and other interest groups with additional settings to influence policy change and to develop capacity (Copeland & Minto, 2021, p. 15).

***Pharmaceutical companies as economic interest groups***

At the European level the pharmaceutical industry is a strong player through both organised interest groups as action from the individual pharmaceutical companies. While there are multiple pharmaceutical interest groups to influence policymaking at the European level, pharmaceutical companies themselves take meetings with Commission departments that are involved in EU-level policies or projects that are of commercial importance to the pharmaceutical companies themselves (Corporate Europe Observatory, 2015, p. 12).

At the national level there is an interdependency present between pharmaceutical companies and the member state. On the one hand, from an economic perspective the presence of headquarters and/or manufacturing sites of the company on domestic soil of the member state might have positive economic effects in terms of employment opportunities and export. From a public health perspective pharmaceutical companies might develop important medicines (Abraham, 2020). And, as stated before, pharmaceutical companies can exert influence on domestic preference formation of the member state. On the other hand, from public safety and efficacy perspectives the national government of the member state needs to have systems in place to regulate the pharmaceutical industry (Abraham, 2002, p. 1497). The member state might be dependent on the positive economic effects and public health effects belonging to the presence of pharmaceutical companies and on their turn, the pharmaceutical companies are dependent on the safety and efficacy standards set by national governments. These should be high enough to avoid disasters, but not so high that it threatens their commercial viability (Abraham, 2002, p. 1498).

## 2.5 Hypotheses

**Hypothesis 1**
The COVID-19 pandemic is defined as a crisis. From an intergovernmental perspective, crises are seen as situations of heightened interdependence wherein the individual member states limit the potential for autonomous supranational action. It also states that all decisions being made at the European level are the outcomes of bargains between the individual member states, and that national interests of the member states pervade the (supranational) European institutions. Based on the intergovernmentalists perspective that the individual member states are the most important actors on the European level, it is expected that the initiative to act regarding the development and procurement of COVID-19 vaccines came from individual member states.

***H 1:*** *The joint European vaccine procurement strategy was driven from an intergovernmentalist perspective by individual member states.*

**Hypothesis 2A**
The theory of liberal intergovernmentalism states that the behaviour of member states is based on the formation of their national preferences as member states act to protect their national interests. These are formed by the welfare and security interests of a member state. Because a crisis is characterised by high levels of threat and uncertainty, and because member states are hit on different levels, there is an asymmetry in member state demands at the European level. As the COVID-19 pandemic is a crisis with different phases, member states have incited welfare and security interests due to the COVID-19 pandemic on different levels. Therefore, it is expected that the Netherlands pursued an individualistic vaccine procurement strategy based on its incited welfare and security interest.

***H 2A:*** *The Netherlands will pursue an individualistic vaccine procurement strategy because of its incited welfare and security interests.*

**Hypothesis 2B**
The theory of intergovernmentalism states that national interests are formed based on the domestic pressure from interest groups such as pharmaceutical companies. Because there is an interdependency relationship present between a national government and pharmaceutical companies, it is expected that the Dutch government is more inclined to pursue an individualistic, intergovernmental vaccine procurement strategy with pharmaceutical companies that have production sites on Dutch domestic soil.

***H 2B:*** *The Dutch government will make individualistic vaccine procurement efforts with pharmaceutical companies developing a potential COVID-19 vaccine that have production sites on Dutch soil.*

**Hypothesis 3A**
The rollout of a joint EU strategy on the European level would entail supranational action within the European framework. After the rollout of such a joint EU strategy, it is expected that the Netherlands will comply with the supranational strategy if engaging in the strategy would be more beneficial for the Dutch welfare and security interests.

***H 3A:*** *In the presence of a joint EU strategy, the Netherlands will engage in the joint strategy if it is more beneficial for its welfare and security interests than pursuing individualistic procurement efforts.*

**Hypothesis 3B**
In the case that engaging in the strategy would be less beneficial than not engaging, it is expected that the Netherlands will use its autonomy to pursue individualistic vaccine procurement strategies within the boundaries of the set-out strategy if it is more beneficial for its incited welfare and security interests.

***H 3B:*** *In the presence of the EU strategy, the Netherlands will use the autonomy to pursue individualistic vaccine procurement efforts within the boundaries set by the strategy.*

# Chapter 3: Methodology

## 3.1 Research design

***Research design research questions***

The main research question is an empirical explanatory question. While the answer to this question describes the overall COVID-19 vaccine procurement strategy that the Netherlands pursued, its outcome aims to connect the pursued strategy with the characteristics of the Netherlands and the joint EU strategy. The aim of answering this question is to be able to explain the pursued strategy by the member state characteristics (welfare and security interests, and ties to the pharmaceutical industry) and characteristics of the joint EU strategy. To do this, there will be looked at the different strategies that the Netherlands pursued as a response to the developments regarding a joint EU strategy. These strategies will be connected and analysed to be able to deduce one main Dutch procurement strategy. The three posed sub-questions contribute to answering the main research question. A qualitative research design is used to collect data to answer all research questions. Furthermore, the timing of the structure of this research is unfolding and relies heavily on theory.

Sub-question one is an empirical explanatory question. The answer to the question is to describe and explain how the joint EU vaccine strategy developed within the framework of European integration theory. An overview of main events entailing the decisions and actions taken at the European level regarding joint vaccine procurement will be provided. Furthermore, the main events will be analysed in the context of the theoretical framework on European integration theory to answer this research-question. The data that is necessary to create this overview is collected from the official Commission timeline, official (press) statements, documents and press conferences, and official documents, statements from pharmaceutical companies, and the EU strategy documents Furthermore, newspaper articles are used to complement the timeline. The scientific articles that are necessary to build the theoretical framework are found through the search databases Google Scholar and Scopus.

Sub-question two is an empirical descriptive question. It describes which procurement strategies are discernible within the Netherlands during the process of procuring different COVID-19 vaccines in the form of an overview of all main events entailing all decisions and actions taken by the Dutch government that are important for the procurement of vaccines. The units of analysis are the decisions and actions taken, both individualistic and collaborative, towards vaccine procurement at the domestic and European level between February 2020 and December 2021. The unit of observation is the Dutch government and its ministers. The data that is used to create the Dutch case are official letters of the government, transcriptions of press conferences given by the Dutch government during the pandemic, documents in which parliamentary questions were answered and newspaper articles. This data is obtained through conducting two searches on the official website of the Dutch government. The timeframe for both the European and Dutch overview ranges from the 1st of January 2020, which is chosen as

the moment the COVID-19 virus hit Europe, and December 2021, as it is 18 months after the publication of the joint European vaccine strategy, which was announced to last between 12 and 18 months (Commission, 2020).

Sub-question three is an empirical explanatory question. It aims to explain a relationship between the discernible Dutch vaccine procurement strategies and the characteristics of the joint EU strategy and Dutch member state characteristics. The data used to answer this question consists of theoretical aspects related to member state characteristics of incited welfare and security interests and ties to the pharmaceutical industry, the created overview of main events on how the joint EU strategy developed at the European level (SQ-1) and the created overview of main events at the Dutch level (SQ-2). The answer to this sub-question will be formed out of the intersection of the overview of main events at the European level and the Dutch level. The discerned strategies will be explained by the member state characteristics and the discerned characteristics of the joint EU strategy.

Furthermore, two qualitative exploratory interviews have been conducted with two key informants. The aim of these interviews is to provide insights and to strengthen the analysis about the development of the joint EU strategy and the decision-making process of the Dutch government behind its vaccine procurement efforts. The first interview is conducted with a journalist (the journalist wishes to remain anonymous) about the joint EU strategy in general, its characteristics and the level of transparency (see Interview 1, Appendix H, for the transcription of the interview and the posed interview questions). The second interview is conducted with a journalist (the journalist wishes to remain anonymous) about both individualistic and collaborative vaccine procurement efforts pursued by the Dutch government (see Interview 2, Appendix I, for the transcription of the Dutch interview and the translation to English and the posed interview questions). For both interviews a verbatim (literal) transcription method is applied, to be able to make distinction about how certain statements were made. The data gathered through the interview will be processed in both the case description and analysis part of this thesis. Furthermore, an elaborate content analysis on the data collected in all three sub-questions is used to determine which overall vaccine procurement strategy the Netherlands pursued, and to elaborate on how the strategy can be explained by the characteristics of the joint EU strategy and Dutch member state characteristics.

## 3.2 Conceptualisation and operationalisation

***Dependent variable: COVID-19 vaccine procurement strategy***

The dependent variable 'COVID-19 vaccine procurement strategy' consists of one construct: 'the decisions made and the actions administered by the Dutch government that led to securing COVID-19 vaccines connected to the joint European COVID-19 vaccine procurement strategy'. It is conceptualised as efforts made by the Dutch government, so all decisions and actions taken, regarding the entire process that led eventually to the procurement of vaccines. It entails all statements made regarding both the domestic and European level of vaccine procurement, the

talks and negotiations with pharmaceutical companies for the potential development of a COVID-19 vaccine, including conversations with pharmaceutical companies and investments in potential production facilities, the actual procurement of the candidate vaccine through the closing of an advanced purchase agreement, the prospects on vaccine deliveries, and all actions undertaken to smoothen the vaccine procurement and delivery process.

The actual use of the vaccine as part of the Dutch vaccine strategy, and the advice regarding the usability of vaccines coming from the Dutch health council ('Gezondsheidsraad') are left out of the scope of this thesis. The potential decision from the Dutch government to donate vaccines to COVAX[1] is included within the scope of this thesis, if the procurement strategy entailed to procure vaccines with the sole purpose to donate them to COVAX.

Data will be gathered about decisions related to the vaccine procurement strategy of the Dutch government. Analysing the gathered empirical data existing out of Dutch vaccine procurement efforts will lead to the formation and defining the overall Dutch COVID-19 vaccine procurement strategy. The outcome of analysing the empirical data gathered for the second sub-question functions as the exact conceptualisation and operationalisation of this variable. After analysing the decisions and actions that the Netherlands took it will be decided whether an, and if so which, overall vaccine procurement strategy can be deduced.

***Independent variable: Characteristics of the joint EU strategy***

The independent variable 'characteristics of the joint EU strategy' consists of one construct: 'the aspects of the joint European strategy and the joint COVID-19 vaccine procurement agreement'. The construct consists of one dimension: 'the level of bindingness', which entails the level of bindingness and therefore the level of autonomy that the member states have within the set boundaries of the strategy. Data will be gathered about whether the strategy leaves room for individual interpretation and whether there are opt-out options present. Analysing the gathered empirical data will lead to identify if the level of bindingness of the joint European strategy is high, no room for individual interpretation and no opt-out options, or low, room for individual interpretation and opt-out options present.

***Independent variable: Member state characteristics***

The independent variable 'member state characteristics' consists of two constructs: 'ties with the pharmaceutical industry', and 'incited welfare/security interests'. The construct 'ties with the pharmaceutical industry' consists of one dimension, namely 'contact with pharmaceutical companies on domestic soil', which can either be in contact or not in contact. The Netherlands has ties with the pharmaceutical industry when it has contact with pharmaceutical companies on

[1] COVAX is a global collaboration with more than two-thirds of the world engaged, to supply vaccines to countries that cannot afford them. To do this, COVAX has a large and diverse portfolio of COVID-19 vaccines (Berkley, 2022). https://www.gavi.org/vaccineswork/covax-explained?gclid=CjwKCAjwu5yYBhAjEiwAKXk_eAhbPRSki_RGWSnPNwA1erj4sPaKp2LHyC6folbcsLZbs4QUIJw8TxoChH0QAvD_BwE

domestic soil that were involved in the joint EU vaccine strategy during the COVID-19 crisis. The construct 'incited welfare/security interests' consists of one dimension, namely 'a situation that threatens welfare/security of the population', which can either be present or absent. The Netherlands has incited welfare/security interests when there is a situation that threatens the welfare/security of the population.

## 3.3 Case selection

The methodology is a single case analysis design, in which the intertwining of two perspectives is investigated: the European perspective, whereby the Commission acts as a vocal actor that strikes deals with pharmaceutical companies, and the Netherlands with the Dutch government as core actor making decisions regarding the procurement of COVID-19 vaccines. The Netherlands is selected as a case to observe the decision-making process of vaccine procurement, and to examine how this process is driven. The Netherlands has been selected as a case out of the 27 individual European member states based on two criteria set out by the theoretical framework: their net contribution to the EU-budget and their embeddedness in the pharmaceutical industry [2] (Appendix D, Table D.1, Table D.2). It is also selected based on a third control criteria: the domestic trust in the European Union, to make sure that decisions-made were not driven by the lack of domestic trust in the EU. The Netherlands has a high amount of domestic trust in the EU present. Furthermore, once a smaller selection for the case of study was made, the readability of government documents and access to professionals in terms of spoken languages by the author were also considered.

[2] The Netherlands is selected due to the high number of leading European pharmaceutical and biotechnical companies present on its domestic soil (Grassano et al., 2020).

# Chapter 4: Case description

## 4.1 Description of the joint European strategy

This section describes the development and the implementation of the joint EU strategy in two parts. The first part entails the overall process of how the joint European vaccine procurement strategy was developed. The second part entails the implementation of the developed strategy.

### 4.1.1 The development of the joint EU vaccine procurement strategy

At the beginning of the COVID-19 pandemic in 2020, the Commission made multiple efforts regarding vaccine research. Investing in vaccine research and development was the Commission's primary response against the virus, as it would declare the importance of the vaccines as a way out of the crisis at an early stage (Informant 2, 22 August 2022, line 21). The member states and the European Council (Council) mandated the Commission to increase its efforts and to come up with a joint EU vaccine procurement strategy, as its early efforts turned out to be insufficient to tackle the crisis at the European level. However, simultaneously while the Commission developed a strategy, four individual member states formed their own joint vaccine procurement initiative. After the Commission set out its joint EU procurement strategy, it took over all efforts made by the four individual member states within the initiative. An overview of the main events contributing to the development of the strategy is found in Figure 1. The exact process of how the Commission's joint European vaccine procurement strategy developed is described in the sections below [3].

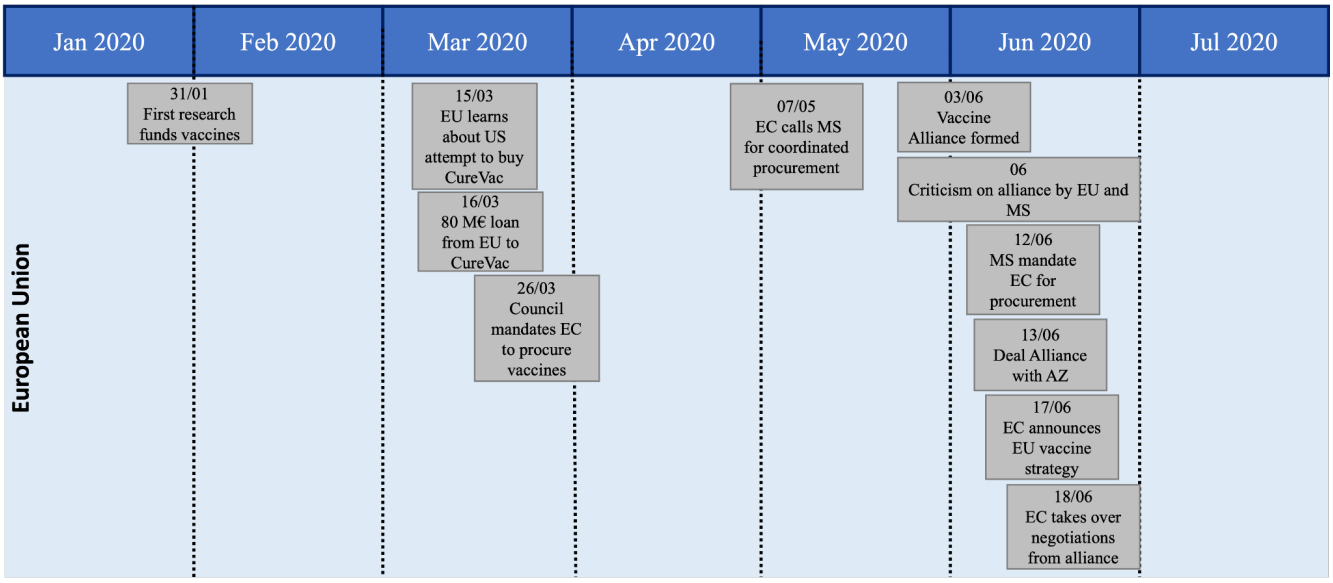


*Figure 1: Overview of main events of the development of the joint EU vaccine procurement strategy*

[3] A more detailed sequence of events contributing to the development of the strategy can be found in Appendix E.

***The Commission's primary pandemic response at the European level***

The first primary response against the Coronavirus at the European level came from the Commission in the form of research investment (European Commission, 2020). The Commission mobilised different funds and launched a European data-sharing platform to support research on different aspects of the virus (see Appendix E for examples) [4]. The Commission also offered financial support for the research and development of potential vaccines against the virus (European Commission, 2020) [5]. The first publicly known pharmaceutical company to receive an offer for financial support by the Commission for the development of a potential vaccine Coronavirus is the German company CureVac (Hernández-Morales, 2020). Only one day after the German Health Ministry confirmed the rumours that the United States government attempted to take over CureVac, the Commission offered financial support to scale up the development and production of a potential vaccine (European Commission, 2020) [6]. After CureVac, pharmaceutical company BioNTech would conclude a debt financing agreement with the Commission to support the development of the company's candidate vaccine in June 2020, and CureVac would receive another loan in July 2020 (see Appendix E; European Commission, 2020) [7,8].

The Commission was mandated by the individual member states and the Council to increase its pandemic response efforts on all fronts, as they felt that the current pandemic response at the European level in the form of investment in research and vaccine development was not sufficient (see Appendix E; European Commission, 2020) [9]. The member states mandated the Commission to increase its efforts and to coordinate a pandemic response at the European level (European Commission, 2020). Also, the Council mandated the Commission to collaborate on the development of vaccines against the virus, to come up with a joint European vaccine strategy, and to accelerate its efforts to pursue a joint European vaccine procurement initiative (see Appendix E; European Council, 2020) [10]. The member states expressed their support for a potential joint European COVID-19 vaccine procurement and development strategy, after the Commission called upon all member states for quick and coordinated action regarding the development of COVID-19 vaccines as a response to the mandates (van Rijn, 2020) [11].

[4] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_680?
[5] Source 1: https://ec.europa.eu/commission/presscorner/detail/en/mex_20_175
Source 2: https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[6] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_474
[7] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1034
[8] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[9] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_440
[10] https://www.consilium.europa.eu/media/43076/26-vc-euco-statement-en.pdf
[11] https://www.rijksoverheid.nl/documenten/publicaties/2020/06/05/verslagen-videoconferenties-eu-gezondheidsministers-20-27-april-en-7-mei

***The Inclusive Vaccine Alliance as first joint vaccine procurement initiative***

Before the Commission developed a joint European strategy, four individual member states announced to be working together to obtain COVID-19 vaccines for themselves, with the intention to let other member states join the initiative as well (Ministry of Health, Welfare and Sport, 2020) [12]. The aim of the so-called 'Inclusive Vaccine Alliance' (Alliance) was to join forces in negotiations with both potential developers and manufacturers of candidate vaccines. The aim was to involve the Commission in the negotiations (Ministry of Health, Welfare and Sport, 2020) [13]. The goal of the Alliance was to obtain as many vaccines and as soon as possible at the European level. The Alliance held several conversations with different pharmaceutical companies because it was too early to tell which pharmaceutical company would succeed in producing a successful COVID-19 vaccine (De Jonge, June 2020) [14].

Despite the formation of the Alliance, the Commission was still mandated by all individual member states to organise the joint procurement of COVID-19 vaccines on their behalf (Questions & Answers on vaccine negotiations, 2021) [15]. As a response to this new mandate, the Commission announced that it had already been discussing a joint European vaccine strategy with member states and vaccine suppliers for several weeks (see Appendix E '12th of June 2020'; European Council, 2020) [16].

However, while the Commission had just announced its new efforts for securing vaccines for the EU, it was the Alliance that secured a first vaccine procurement deal with AstraZeneca at the European level on the 13th of June 2020 (Contract for possible coronavirus vaccine for Europe, 2020) [17]. The Alliance assured that, despite that the deal was closed by four individual member states, all individual member states were able to sign up to the AstraZeneca deal under the same conditions as the original members of the Alliance (Contract for possible coronavirus vaccine for Europe, 2020).

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[12] The Alliance was formed by the Netherlands, Germany, Italy, and France. Pursuing international cooperation is important to the Alliance, as other individual member states can join the Alliance as well. https://www.government.nl/latest/news/2020/06/03/france-germany-italy-and-the-netherlands-working-together-to-find-a-vaccine-for-countries-in-europe-and-beyond

[13] The Memorandum of Understanding between the four member states of the Alliance entails the mission and goals of the Alliance. The mission of the Alliance is to negotiate a reasonable vaccine price with pharmaceutical companies that is equal for all member states participating in the agreements entered by the Alliance. All member states that are part of the Alliance will commit themselves to affordability and availability of vaccines for vulnerable countries, which has been agreed upon through the MoU (see Appendix F).

[14] Investing in vaccines is tricky. Before making an investment, it is not clear whether the vaccine will be successful. There must be pre-invested in different vaccines to see which vaccines will be successful. This entails that an incredible amount of money and time is spent on the best possible vaccine developers that already have a candidate vaccine that has a chance. Further investment will enable those developers to get conditional market authorisation and to start production as soon as possible (Dutch Government, September 2020).

[15] https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_48

[16] On the 12th of June 2020, the Commission announced that talks were going on with the pharmaceutical companies that looked most promising as vaccine manufacturers.

[17] The deal entails that if the vaccine development proves to be successful, AstraZeneca will provide the EU with 300 to 400 million vaccine doses in stages, starting at the end of 2020. The Alliance emphasised that it is open to cooperation at the European level (Contract for possible coronavirus vaccine for Europe, 2020). https://www.government.nl/latest/news/2020/06/13/contract-for-possible-coronavirus-vaccine-for-europe

***The announcement of the European Commission's joint EU vaccine procurement strategy***

Not long after the first vaccine procurement deal at the European level was closed by the Alliance, the Commission announced its long promised joint European vaccine procurement strategy on the 17th of June 2020 (see Appendix E) (European Commission, 2020). The aim of the strategy is to accelerate the development, manufacturing, and deployment of candidate COVID-19 vaccines, to ensure the quality and safety of vaccines, to ensure the swift access to vaccines all individual member states, and to ensure access to affordable vaccines (European Commission, 2020) [18]. The strategy was set out for 12 to 18 months (European Commission, 2020).

According to the Commission, the joint strategy builds on the important groundwork undertaken by the Alliance (European Commission, 2020, Article 2.1)[19]. Furthermore, the Commission emphasised that it took the lead by taking over all negotiations (European Commission, 2020). However, it would take some time between the conclusion of the exploratory talks and the conclusion of the APAs with pharmaceutical companies, as no contracts were done yet after the Commission took over from the Alliance (Informant 2, August 22, 2022, line 101). An important element of the strategy is that it mandates the Commission to close APAs with pharmaceutical companies on behalf of all individual member states to procure candidate vaccines at the European level (European Commission, 2020) [20].

Despite the Commission taking over the negotiations, the four former members of the Alliance would still play an important role in the joint EU strategy. They were appointed by the newly installed Steering Committee (Informant 1, August 10, 2022, line 6) to be a part of the Joint Negotiation Team (Negotiation Team) that negotiated on behalf of the Commission and all individual member states (European Commission, 2020) [21]. The Negotiation Team and the Commission continued both the existing and new negotiations (European Commission, 2020). Before the end of 2020, the Commission would conclude six vaccine procurement deals at the European level.

[18] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1103

[19] EU Strategy for COVID-19 vaccines (COM (2020) 245 final). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0245

[20] More information on Advanced Purchase Agreements in the context of EU vaccine procurement https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_48 https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1103

[21] The Joint Negotiation Team consists of negotiators from seven member states which contain a handful representatives from France, Italy, Germany, the Netherlands, Spain, Poland, and Sweden, and is appointed by the Steering Committee and the Commission. More information on the Joint Negotiation Team and Steering Committee. https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_48

**What does the Commission's joint European vaccine procurement strategy entail?**
As an important part of the joint European procurement strategy, the Commission appointed a Steering Committee to supervise the negotiating process, and a Joint Negotiation Team to execute the negotiations on behalf of the Commission. This Team consists of a handful of representatives from France, Italy, Germany, the Netherlands, Spain, Poland, and Sweden.

The strategy mandates the Commission to negotiate vaccine prices and delivery terms with pharmaceutical companies on behalf of all individual member states at the European level (Annex to the Commission Decision, 2020, p. 1). If the Commission and the concerned pharmaceutical company reach agreeable terms, an APA is drawn up. In return for the right to buy a specified number of vaccine doses, the Commission finances part of the upfront costs faced by vaccine producers. This can be considered as a down-payment on the vaccines that will be purchased by the individual member states (European Commission, 2020).

After drawing up the procurement contract, it is up to the individual member state to decide if it agrees with the negotiated terms in the APA. If a member state does not agree, it can opt out before the APA is concluded. If it did not opt-out, the terms of the concluded APA are legally binding on the individual member state (Annex to the Commission Decision, 2020, p. 1). The contract enables all member states to procure a total amount of vaccine doses on the pro-rata basis of the total vaccines procured at the European, which is based on population size of the member state (European Commission, 2020). For the Netherlands this is 3,89 percent.

The vaccine that is subject to the specific contract will be delivered to the individual member states according to the agreements laid out in the contract. The vaccine will be ready for usage once it has proven to be safe and effective against the Coronavirus. First, the vaccine needs to be approved by the European Medicines Agency (EMA). Then, the Commission can grant conditional marketing authorisation (CMA) to the vaccine as final approval (European Commission, 2020).

**How does a COVID-19 vaccine obtain conditional marketing authorisation by the Commission?**
Before the Commission grants CMA, the vaccine developer must apply their data to the EMA for a 'rolling review'. In the rolling review, the EMA assesses the conditional marketing authorisation very rapidly, which is possible because it is specifically designed for emergency situations. The procedure consists of a quick assessment ensuring that all safety, quality, and effectiveness requirements of the vaccine are met before entering the European market (European Commission, 2020). If the EMA assesses that the candidate vaccine meets all the requirements, it gives a positive advice for conditional marketing approval. (Commission, 2020).

***The joint EU strategy and the level of bindingness individual member states***

The joint EU strategy can be characterised with a low level of bindingness and therefore has a high level of autonomy for the member states. The member states themselves were able to decide whether they wanted to engage in the strategy, as the Commission called on the solidarity of the individual member states to engage (European Commission, 2020). After member states would engage in the strategy, the supplementary agreement contained opt-out options for member states per individual deal if they did not agree with the terms (Annex to the Commission Decision, 2020). There were no consequences if a member state decided to opt-out from, and it could join again in a next agreement. However, due to the agreement the member states were not allowed to negotiate new terms with the pharmaceutical companies themselves (Annex to the Commission Decision, 2020, p. 1). Furthermore, the strategy was only meant for the procurement of vaccines and was not aimed to steer the different vaccine strategies of the members states (European Commission, 2020). Due to the low level of bindingness and the high level of autonomy, it can be argued that the threshold for member states to engage in the strategy was low.

***Criticism on the development of the joint European vaccine procurement strategy***

The Commission also received criticism after it set out the joint European procurement strategy. It is accused of being non-transparent regarding the formation of the Negotiation Team, as it withholds the names of the negotiators in the team (Peigné, 2021; Wegener, 2021). Furthermore, it is not clear how the Steering Committee that selected the Joint Negotiation Team was appointed. The only thing that is transparent is that the information is publicly available on how the Negotiation Team was appointed (Informant 1, August 10, 2022, line 6) [22]. As a response, the Commission argued that the names of the negotiators have not been made public because it might bring them under lobby influence (Informant 1, August 10, 2022, line 24).

Furthermore, the Commission is accused of being non-transparent as the precise contents of the concluded APAs are unavailable for scrutiny. The procurement contracts have only been published in a redacted version (Informant 1, August 10, 2022, line 6). The information regarding the precise number of vaccines procured and the prices per vaccine dose are blacked out in the agreements (Informant 1, August 10, 2022, line 10-11-12). Furthermore, Commission officials are also not allowed to enclose anything about the production locations of the vaccines (Spekschoor, 2021) [23]. The Commission argued that these details were left out because of commercial interest, and that it is contractually obliged by the pharmaceutical companies to keep these details private. This can be problematic because it feeds pharmaceutical companies with more power within the negotiation process (Informant 1, August 10, 2022, line 10-11-12) [24].

[22] The information that is available is that there is a Steering Committee that then elects the negotiation team, and it is transparent which countries are represented in the negotiation team.

[23] News article, Spekschoor. https://nos.nl/artikel/2367290-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin

[24] The planning of the vaccine deliveries agreed on in the APAs have not been made public as well. This is problematic for individual member states as they do not know when they can expect its deliveries and adapt their vaccination strategy accordingly (Informant 1, August 2022, line 13).

The secrecy around the content of the concluded APAs and the identity of the negotiators is also confirmed by statements from the Dutch Health Minister (see Appendix F 'August - October 2020' for more details). He argued that all member states are bound to a confidentiality agreement that prevents talking about the margins of profit of pharmaceutical companies and other specific arrangements laid down in the APAs in detail, such as price agreements and prices per vaccine dose (De Jonge, October 2020) [25]. Furthermore, he argued that all negotiators from the seven member states are acting on behalf of their own government and therefore signed an affidavit to ensure that their identities will not be revealed (De Jonge, October 2020) [26].

The European Parliament has officially requested the Commission to be more transparent regarding the development, purchase, and distribution of the COVID-19 vaccines as part of the developed joint European vaccine procurement strategy (European Parliament resolution of 21 October 2021 on EU transparency in the development, purchase, and distribution of COVID-19 vaccines (2021/2678(RSP)), 2021). However, this request has been unsuccessful so far as the information has not been published yet (Informant 1, August 10, 2022, line 38).

### 4.1.2 After the rollout of the joint EU strategy: its implementation

After the rollout of the joint EU strategy in June 2020, the Commission took on the responsibility of securing vaccines for all European member states. At first sight this responsibility entailed negotiation and conclusion of vaccine procurement deals with pharmaceutical companies, but later it would also entail action against vaccine delivery problems and the emergence of new virus variants. The entire process of all the efforts made by the Commission after the implementation of the strategy is described in the sections below. This means the development of the European vaccine portfolio, the (problematic) delivery of the vaccines, and the conclusion of additional contracts to secure more vaccines in the long-term [27].

***The development of the European vaccine portfolio***

After the joint vaccine procurement was set out, the European vaccine portfolio was developed. The portfolio was filled through the conclusion of the exploratory talks between the Commission and the pharmaceutical companies [28], the conclusion of the APAs, and the through the EMA and CMA approval of the candidate vaccines. The Commission concluded six APAs with six different pharmaceutical companies for the procurement of vaccines before the end of 2021. This

[25] De Jonge revealed that the Dutch representative in the Negotiation Team is a director under the employment of the Ministry of Health, Welfare and Sport (De Jonge, October 2020).
[26] According to de Jonge, the identity of the Dutch representative is not deliberately kept secret. However, the other six member states represented in the Joint Negotiation Team may feel differently about this (De Jonge, October 2020).
[27] A more detailed sequence of events can be found in Appendix E.
[28] The conclusion of exploratory talks derives from the negotiations between the Negotiation Team on behalf of the Commission and pharmaceutical companies that can offer vaccine doses of the candidate vaccine against the Coronavirus after it is proven to be safe and effective. Once a potential candidate vaccine has proven to be effective and safe against the Coronavirus, there is a contractual framework in place for the purchase of vaccine doses for the entire EU (European Commission, 2020).

section provides a description of the main events that contributed to the development of the portfolio. Figure 2 provides an overview of the development of the European vaccine portfolio. An overview is provided of the six companies the Commission concluded APAs with, regarding the dates of the conclusion of exploratory talks, the conclusion of APAs, receiving EMA, and the conclusion of additional deals. It is important to note that Sanofi-GSK was still under EMA market approval in August 2022, and CureVac withdrew their application for approval in October 2021.

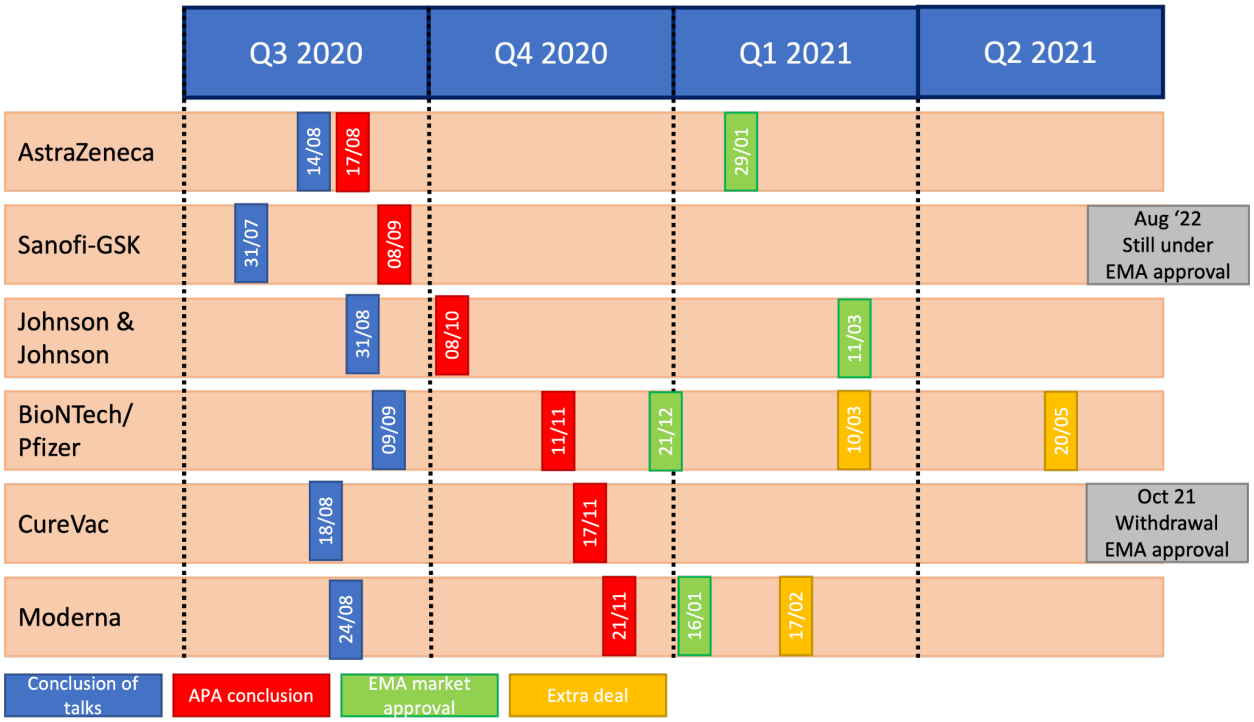


*Figure 2: Overview of the development of the European vaccine portfolio*

Table 1 provides an overview of the number of vaccine doses secured plus the optional procurement options per pharmaceutical company. For the detailed text see Appendix G.

*Table 1: Number of vaccine doses per pharmaceutical company European Union*

| **Pharmaceutical company** | **Date of APA conclusion** | **Number of vaccine doses + optional doses (million)** | **Reference** |
|---|---|---|---|
| AstraZeneca | 17/08/2020 | 300 + 100 | [29] |
| Sanofi-GSK | 08/09/2020 | 300 | [30] |
| Johnson & Johnson | 08/10/2020 | 200 + 200 | [31] |
| BioNTech/Pfizer | | | |
| *Initial deal* | *11/11/2020* | *200 + 100* | [32] |
| *2nd deal* | *10/03/2021* | *200 + 100* | [33] |
| *3rd deal* | *20/05/2021* | *1800 (until '23)* | [34] |
| CureVac | 17/11/2020 | 225 + 180 | [35] |
| Moderna | | | |
| *Initial deal* | *21/11/2020* | *80 + 80* | [36] |
| *2nd deal* | *17/02/2021* | *300* | [37] |

***Vaccine delivery problems AstraZeneca***

The vaccine deliveries did not go as smoothly as the Commission had hoped. On the 22nd of January 2021, **AstraZeneca** announced that it had to delay its vaccine delivery to the EU by a month (see Annex E). The delays would lead to a legal dispute that eventually was resolved between the Commission and AstraZeneca, about whether specific delivery dates were included

[29] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1438

[30] Sanofi-GSK expects to apply its candidate vaccine for market authorisation in June 2021. If the vaccine proves to be successful, the EU can purchase 300 million vaccine doses on behalf of its member states (European Commission, 2020). https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1439

[31] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1829

[32] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2081

[33] Although these are fewer vaccine doses than the Commission earlier proposed, the actual increase of dose deliveries is a result of the successful expansion of manufacturing capacities of the pharmaceutical company in Europe in February 20201. According to the Commission, the additional vaccine doses will be delivered to the individual European member states before the end of March 2021, to tackle the hotspots of the Coronavirus (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1101

[34] The contract enabled the procurement of 900 million doses of the current version of the vaccine and of a vaccine that is adjusted to variants of the Coronavirus. The option also exists to procure an additional 900 million vaccine doses (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_2548

[35] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2136

[36] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3

[37] According to the Commission, half of the Moderna vaccine doses will be delivered in 2021, and there is an option to procure the other half in 2022 (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_655

in the APA. The entire description of the dispute is described in this section. A more detailed description can be found in Appendix E.

AstraZeneca claimed that the delay was caused by problems at its European production facility in Belgium (Fortuna, 2021) [38]. Despite the announced delay of vaccine deliveries to the EU, the Commission still expected AstraZeneca to meet the original contractual obligations laid out in the APA regarding the delivery of vaccines (Fortuna, 2021). As an attempt to these timely vaccine deliveries, the Commission held multiple meetings with AstraZeneca and the member states (Fortuna, 2021) [39] [40]. These meetings did not have the Commission's desired outcome, as AstraZeneca argued that it was not in breach with the APA. Instead, it argued that the vaccines coming from the UK production sites were shipped off to the UK, and the vaccines from the EU production sites to the EU (Byrne, 2021). Therefore, the shortage problem will only affect the EU because the deliveries to the UK would be continued as planned (Fortuna, 2021). AstraZeneca also argued that it signed a so-called 'best effort agreement', and that it is therefore not obliged to deliver with production issues as it is exempted from specific delivery deadlines by the agreement (Fortuna, 2021) [41]. As a response to this statement, the Commission requested AstraZeneca to publish the redacted contract between the Commission and AstraZeneca (Fortuna, 2021).

The publication of the redacted contract between the Commission and AstraZeneca at the end of January 2021, proved that the contract indeed contained specific delivery dates to the EU (European Commission, 2021) [42]. The Commission argued that AstraZeneca was therefore in breach with the APA. However, this did not improve the delivery of vaccines to the EU. Therefore, the Commission started legal action against AstraZeneca on behalf of all member states over its vaccine delivery shortfalls, at the end of April 2021 (Boffey, 2021) [43]. According to the Commission, some parts of the contract related to vaccine deliveries have been breached by AstraZeneca, as it has failed to come up with a reliable strategy to ensure the timely delivery of the promised COVID-19 vaccine doses (Boffey, 2021). With the legal action, the Commission hoped that AstraZeneca kept its promises to deliver a total of 120 million vaccine doses to the EU by the end of June 2021, and another 300 million vaccine doses by the end of September 2021 (BBC, 2021).

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[38] The company also acquired lower than anticipated production yield, which was impacting the number of doses produced per batch (Fortuna, 2021).

[39] https://www.euractiv.com/section/coronavirus/news/astrazeneca-vaccine-deliveries-must-be-delivered-commission-says/

[40] After the first meeting on the 25th of January, European Health Commissioner Stella Kyriakides released a press statement stating that the answers from AstraZeneca have not been satisfactory yet and that a second meeting is necessary (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/speech_21_211

[41] AstraZeneca also argued that the deliveries to the European countries are also delayed due to the contract between the company and the UK, which according to the company was signed three months earlier than the contract with the EU (Byrne, 2021). https://www.biopharma-reporter.com/Article/2021/01/28/AstraZeneca-partner-facility-in-Belgium-inspected-no-let-up-in-row-over-vaccine-deliveries-to-EU

[42] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_302

[43] https://www.theguardian.com/world/2021/apr/26/eu-starts-legal-action-against-astrazeneca-over-vaccine-shortfalls

The Commission was partly in its right to claim that AstraZeneca had committed a breach of contract. In June 2021, the Belgium Court ruled that AstraZeneca still had to deliver a total of 50 million vaccine doses to the EU before the 27th of September 2021, on top of the 30 million vaccine doses that it already delivered (BBC, 2021) [44]. Despite that the Court ruled that AstraZeneca had to deliver less vaccines than originally agreed on, the Commission considered the ruling a victory as it considers it proof for the contract breach of vaccine deliveries by AstraZeneca (BBC, 2021).

The dispute between the Commission and AstraZeneca officially came to an end on the 3rd of September 2021. The Commission reached an agreement with AstraZeneca, ending all pending litigation before the Brussels Court [45]. The 'new' agreement secured the delivery of the remaining COVID-19 vaccine doses to the EU as agreed upon in the APA with AstraZeneca to a total of 300 million vaccine doses (European Commission, 2021) [46]. AstraZeneca made a commitment to deliver the additional vaccine doses by the end of 2021, and the remaining doses by the end of March 2022 European Commission, 2021).

Because of the vaccine delivery delay to the EU, the Commission activated an export transparency mechanism for more clarity on transactions and full transparency concerning the export of vaccines from the EU (European Commission, 2021). This entailed that all companies producing vaccines against COVID-19 in the EU will have to provide early notification whenever they want to export vaccines to countries outside the EU.

***Vaccine delivery problems Johnson & Johnson***

AstraZeneca was not the only pharmaceutical company that had delivery problems. In April 2021, Johnson & Johnson announced that it delayed the delivery of its coronavirus vaccine across Europe (Henley, 2021) [47]. According to the pharmaceutical company, the delay was the consequence of concerns about the safety of the vaccine in the US. After the vaccine was used in the US, a small number of people got blood clots. Before the company continued with the vaccine delivery to the EU, it reviewed these cases with the EMA (Henley, 2021). Because of the prospects of delays in vaccine deliveries, the Commission sought urgent clarification from Johnson & Johnson (Henley, 2021). Later, the vaccines would be used in the EU again (European Commission, 2021).

***The strategy comes to an end: securing vaccines until 2023***

With the end of the set-out strategy in sight, the Commission concluded two more APAs with two new pharmaceutical companies to secure vaccines for the entire EU until 2023 (De Jonge, 2021). On the 4th of August 2021, the Commission concluded its seventh contract with a

[44] https://www.bbc.com/news/56483766
[45] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[46] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_4561
[47] https://www.theguardian.com/society/2021/apr/13/eu-urgent-clarification-johnson-johnson-covid-vaccine-delay-europe

pharmaceutical company **Novavax** (see Appendix E) [48]. The contract secured up to 100 million vaccine doses of the Novavax vaccine for the EU, with the option to procure an additional 100 million vaccine doses spread over 2021, 2022, and 2023 (European Commission, 2021) [49]. The exploratory talks were concluded on the 17th of December 2020 (European Commission, 2020) [50]. The Novavax vaccine received EMA and CMA as the fifth vaccine that has proven to be safe and effective against the Coronavirus on the 12th of December 2021 (European Commission, 2021) [51].

The Commission concluded its eight-vaccine procurement contract with pharmaceutical company **Valneva** on the 10th of November 2021 (European Commission, 2021) [52]. The contract secured up to 27 million vaccine doses of the Valneva vaccine in 2021, with the option to procure up to 33 million additional vaccine doses in 2022 (European Commission, 2021). The exploratory talks were concluded on the 12th of January 2021 (European Commission, 2021) [53]. However, it took a while after the candidate vaccine received EMA and CMA from the Commission, as it was granted on the 24th of June 2022 (Valneva, 2022) [54].

[48] The vaccine doses will be delivered in the fourth quarter of 2021 and in 2022 (European Commission, 2021).
[49] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_4061
[50] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2305
[51] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_6966
[52] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_5784
[53] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_51
[54] https://valneva.com/press-release/valneva-receives-marketing-authorization-in-europe-for-inactivated-whole-virus-covid-19-vaccine-vla2001/#:~:text=This%20new%20marketing%20authorization%20in,2022%20and%20March%202022%2C%20respectively.

## 4.2 Case description of the Dutch vaccine procurement process

Two different phases are discernible in the Dutch vaccine procurement process. The first phase describes the different main events and Dutch actions regarding vaccine procurement. The second phase describes the Dutch actions after the joint EU strategy is set out and entails the Dutch stance towards the European strategy.

### 4.2.1 Phase 1: The Dutch individualistic vaccine procurement strategy

At the beginning of the European COVID-19 pandemic in 2020, the Dutch government was open to different perspectives of vaccine procurement. It was both prepared to take individualistic action to secure vaccines if necessary, and to collaborate with other member states at the European level to close vaccine procurement deals. Two individualistic actions towards vaccine procurement are discernible. The first actions were the work visits of the Dutch Prime Minister at Janssen Pharmaceuticals, whereby the possibility of developing and testing a potential COVID-19 vaccine at its Dutch production site were discussed. The second actions were the conversations with Oxford and its Dutch production site Halix, which would later produce the AstraZeneca vaccine, as it was looking for upscaling investments. However, no investment deal was closed between Halix and the Netherlands. Afterwards, this would be the only actual opportunity that the Dutch government had to secure vaccines against the Coronavirus on an individualistic basis (Informant 2, August 22, 2022, line 30).

After these two individualistic actions, the Netherlands shifted its focus towards collaboration at the European level to procure vaccines. Firstly, the Netherlands became co-founder of the Inclusive Vaccine Alliance, as collaboration between four individual member states at the European level. Secondly, the Netherlands decided to engage in the Commission's joint European strategy and to take part in the Negotiation Team.

The exact decisions and actions taken by the Dutch government that contributed to its procurement strategy are described in the sections below. A broad overview of the main events is found in Figure 3. For the exact timeline of these main events see Appendix F.

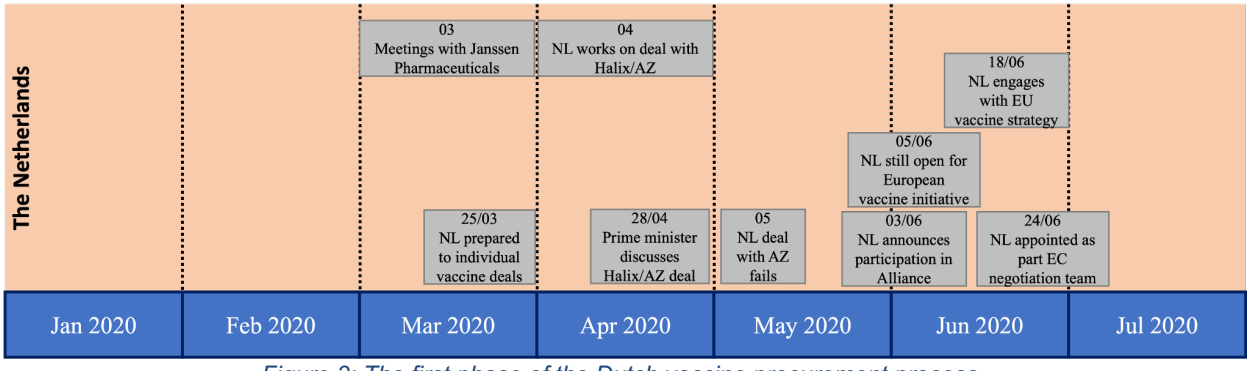


*Figure 3: The first phase of the Dutch vaccine procurement process*

***The Dutch primary pandemic response regarding vaccine procurement***

The Dutch government expressed its stance towards potential vaccine procurement in an early phase of the COVID-19 pandemic, as it was believed that the vaccines against the Coronavirus were the only way out of the pandemic (Dutch Government, May 2020) [55]. In March 2020, the Dutch Health Minister stated that cooperation and solidarity at the international level regarding vaccine procurement are crucial to face the pandemic (Van Rijn, March 2020). Both the Netherlands and the Commission have taken several actions to ensure that a vaccine becomes available to everyone as quickly as possible (see Appendix F) (Van Rijn, March 2020) [56]. Furthermore, the Dutch Health Minister expressed his willingness to prevent the monopolisation of the vaccine by one country or company and to procure vaccines as soon as possible.

The Netherlands was prepared to strike deals with pharmaceutical companies for the procurement of vaccines against the Coronavirus outside potential European alliances driven at the European level, if this was necessary to quickly secure vaccines (Van Rijn, March 2020) [57]. However, the Dutch Health Minister stated that Netherlands was still open for participating in a potential joint European procurement strategy, once there was more clarity regarding the modalities (Van Rijn, May 2020) [58,59]. This indicates that the Netherlands was still open for a vaccine procurement strategy at the European level, despite its potential individualistic efforts to procure vaccines.

***Dutch individualistic efforts towards vaccine procurement***

Shortly after the Netherlands declared its openness for different perspectives on vaccine procurement, it became known that the Dutch government held meetings about the development of a potential vaccine with two of the pharmaceutical companies located in the Netherlands. In March 2020, the Dutch Health Minister announced that the Dutch Prime Minister paid multiple work visits to **Janssen Pharmaceuticals** and talked about the possibility of developing and testing a potential COVID-19 vaccine on Dutch soil at their production facility in Leiden (De Jonge, March 2020) [60]. After the pharmaceutical company announced that it had invested in its production sites to prepare for the development of a potential vaccine in April 2020, it became

[55] Press conference Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2020/05/06/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-na-afloop-van-crisisberaad-kabinet

[56] Letter of government, van Rijn. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/03/25/beantwoording-kamervragen-over-het-opkopen-van-een-duits-bedrijf-dat-aan-een-coronavaccin-werkt-door-de-amerikaanse-president-trump-om-een-vaccin-uitsluitend-voor-amerikanen-te-verwerven

[57] This statement was a consequence of the attempt of the U.S. government to buy the German pharmaceutical company CureVac (see Appendix F).

[58] Report video conference 27 EU health ministers and Commission https://www.rijksoverheid.nl/documenten/publicaties/2020/06/05/verslagen-videoconferenties-eu-gezondheidsministers-20-27-april-en-7-mei

[59] This was indicated as a response to the call of the Commission for quick and coordinated action regarding the development of COVID-19 vaccines (see Appendix F).

[60] Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/03/31/kamerbrief-covid-19---update-stand-van-zaken-31-maart

clear that it also invested in its Dutch production site (Van Rijn, April 2020) [61]. Later after the Commission concluded the exploratory talks with Janssen, the Dutch Health Minister would argue that the Netherlands played an important role in these negotiations (De Jonge, October 2020).

In April 2020, a big opportunity to secure vaccines at Dutch soil presented itself (Informant 2, August 22, 2022, line 123). The University of Oxford developed a candidate vaccine, what would turn out to be the **AstraZeneca** vaccine. To scale up the development of its potential COVID-19 vaccine, Oxford was looking for government investments in production sites (Spekschoor, 2021) [62]. Dutch production site Halix was one of the few production sites in the EU that was able to further scale up the production capacity (Informant 2, August 22, 2022, line 7). Halix approached the Dutch government with an investment request of 10 million euros for the upscaling of its production facilities (Spekschoor, 2021). It is believed that it was quite hard for Halix to get in touch with the Dutch government, because the government had other priorities at the time (Informant 2, August 22, 2022, line 13). Therefore, it was Dutch politician Pieter Omtzigt that acted as contact person between Halix and the Dutch Prime Minister (Informant 2, August 22, 2022, line 13) [63]. At the same time, Oxford secured an investment of 25 million euros from the British government for the further development of its potential COVID-19 vaccine (Informant 2, August 2022, line 15).

Conversations between Halix and representatives of the Dutch government took place, but it would never come to an actual investment. In May 2020, Halix terminated the conversations after it gave notice that further investments were no longer necessary (Spekschoor, 2021). It was believed that this was caused by the investment in Oxford made by the British government (Informant 2, August 22, 2022, line 39), and the partnership between the University of Oxford and AstraZeneca (Spekschoor, 2021) [64]. Furthermore, it is believed that a potential investment deal failed because the Netherlands was not quick enough with its response (Informant 2, August 22, 2022, line 39). It is argued that after the British government invested in Oxford, it was no longer interesting for Oxford to receive an investment from the Dutch government (Spekschoor, 2021) [65].

Later, the Dutch government would deny the claim that Halix had approached the Dutch government with an investment request and that it had spoken with Halix about this (De Jonge, May 2021; see Appendix F 'April & May 2021') [66]. Technically this is correct, as the Dutch government never directly spoke with Halix, but communicated through Pieter Omtzigt

[61] Letter of government, van Rijn. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/04/24/beantwoording-kamervragen-over-het-bericht-dat-costa-rica-de-who-oproept-een-internationale-pool-op-te-richten-voor-intellectueel-eigendom-inzake-covid-19
[62] https://nos.nl/artikel/2374706-nederland-benaderd-om-te-investeren-in-miljoenen-doses-vaccin-zo-liep-het-mis
[63] According to Informant 2, Pieter Omtzigt had via via contacts at Oxford (Informant 2, August 22, 2022, line 13).
[64] Both Pieter Omtzigt and AstraZeneca were asked by the Dutch media about the exact reasons of why the conversations with Halix were terminated, but both did not respond (Spekschoor, 2021).
[65] https://nos.nl/artikel/2374705-nederland-liep-kans-op-miljoenen-oxford-vaccins-mis
[66] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-643c8635-28e5-4570-a076-c2cc619e3238/1/pdf/beantwoording-kamervragen-over-het-bericht-nederland-liep-kans-op-miljoenen-oxford-vaccins-mis.pdf

(Informant 2, August 22, 2022, line 41-42). However, the Dutch Health Minister would partially change his statement as he argued that employees of his ministry spoke with Halix in May 2020, whereafter it became clear that Halix was not in need of investments from the Dutch government (De Jonge, May 2021) [67].

Furthermore, the Dutch Health Minister argued that there would have been no point discussing potential investment opportunities with Halix, as the Netherlands already had decided at an early stage to collaborate with other member states on vaccine procurement, and later engaged with the EU strategy. He stated that the collaboration efforts would not fit to pursue a unilateral strategy, which was claimed that the Netherlands was doing with making individual arrangements (De Jonge, April 2021) [68].

According to Informant 2, this was the only actual opportunity that the Netherlands had in securing vaccines from a Dutch production site at the early stage of the pandemic (Informant 2, August 22, 2022, line 30). However, it would not have been guaranteed that vaccines could have been exclusively procured if the Netherlands would have made the investment in Halix. The Dutch Health Minister argued that it is not the case that the Netherlands could have more vaccines if they would have invested in Halix as was claimed in the media (De Jonge, May 2021). Even if the Netherlands would have made a deal with Halix that all vaccines produced at the facility would go to the Netherlands, just as the UK did, it would be a risk as it was not guaranteed upfront that the potential vaccine would be successful against the Coronavirus (Informant 2, August 22, 2022, line 30 & line 107).

[67] The Dutch Health Minister argued that after Halix terminated the conversations with the Dutch government, discussions were held with Halix and with AstraZeneca about the Oxford vaccine in an international context. The Dutch government did not try to invest in the production facility Halix to increase its chances to get in on more vaccines. Furthermore, Halix did not produce the product of AstraZeneca's vaccines against the Coronavirus, but produced the important steps in-between (Dutch Government, May 2021).

[68] Letter of government, de Jonge. https://open-pilot.overheid.nl/repository/ronl-c179df37-f05f-4a6c-81a0-17cb65c70848/1/pdf/beantwoording-kamervragen-over-de-vaccinproductie-bij-halix-en-de-relatie-met-de-nederlandse-regering.pdf

**Contact of the Dutch government with Dutch pharmaceutical companies during the pandemic**

Later, the Dutch Health Minister would state that there were conversations between the Dutch government and pharmaceutical companies located in the Netherlands during the COVID-19 pandemic (De Jonge, April 2021). He argued that the aim of the conversations was to investigate whether the companies required help to solve issues regarding the developing or producing of the vaccines. If VWS detected that a pharmaceutical company required help, it was immediately set in motion to facilitate and stimulate the process of arriving at a vaccine or as much as possible (De Jonge, April 2021).

However, due to the confidential nature of conversations with the individual pharmaceutical companies, no statements can be made about the content of these conversations (De Jonge, April 2021). He argued that exceptions are made if a company itself made something public, such as the working visit of the Dutch Prime Minister to Janssen Pharmaceuticals, and the conversations with Halix (De Jonge, April 2021).

***The Dutch role in the Inclusive Vaccine Alliance***

After its individualistic vaccine procurement efforts, the Dutch government chose for collaboration at the European level (see Appendix F). The Dutch participation in the Inclusive Vaccine Alliance (Alliance), as vaccine procurement collaboration initiative between four individual European member states, was announced on the 3rd of June 2020 (De Jonge, June 2020) [69] [70]. The Dutch role in the Alliance was clear, as the Alliance was formed with member states that all have strong ties to pharmaceutical companies that have facilities to develop and produce vaccines (De Jonge, June 2020). The Dutch Health Minister argued that the Alliance, and the Dutch role in the Alliance, proved to be successful after it secured its first deal at the European level on the 13th of June 2020 (De Jonge, June 2020) [71]. The deal with AstraZeneca through the Alliance for the procurement of 300 million COVID-19 vaccines would secure around 60 million COVID-19 vaccines for the Netherlands, with the possibility to scale up to around 100 million vaccines (De Jonge, June 2020).

[69] Letter of government, de Jonge.
https://www.rijksoverheid.nl/documenten?trefwoord=vaccins&onderdeel=Ministerie%20van%20Volksgezondheid%2C%20Welzijn%20en%20Sport&startdatum=01%2D02%2D2020&einddatum=12%2D01%2D2021&pagina=5
[70] The aim of the Alliance was to close deals with different pharmaceutical companies to develop and procure COVID-19 vaccines at the European level.
[71] Letter of government, de Jonge.
https://www.rijksoverheid.nl/documenten/kamerstukken/2020/06/13/overeenkomst-kansrijk-vaccin

### 4.2.2 Phase 2: After the announcement of the EU strategy: the Dutch role in filling the European vaccine portfolio

The entire process of all the Dutch actions and statements regarding the engagement in the European strategy is described in the sections below. This entails the Dutch role in the formation of the joint strategy, the Dutch vaccine procurement through the concluded APAs, the procurement of vaccines for donation purposes, and the Dutch long-term vaccine procurement strategy.

***The Dutch role in the formation of the joint EU strategy***

The Dutch government decided to shift from vaccine procurement collaboration with other member states to full cooperation at the European level. The Netherlands engaged with the Commission's joint European vaccine procurement strategy on the 18th of June 2020 (De Jonge, June 2020) [72]. From the Dutch perspective, the Netherlands and the Alliance played an important role in the formation of the Commission's joint EU strategy (De Jonge, June 2020).

The Dutch Health Minister argued that the Netherlands, together with the Alliance, had taken the lead in developing accessible and affordable vaccines against the Coronavirus for the entire EU. The Alliance considered it a good thing that the Commission followed the Alliance's initiative with its joint EU strategy (De Jonge, June 2020; Dutch Government, June 2020). Because the Alliance considered the joint EU strategy also as the reinforcement of its own efforts, it was more than willing to share its knowledge and expertise at the disposal of this broad European collaboration (De Jonge, June 2020). Therefore, the Alliance continued to conduct ongoing and upcoming negotiations together with the Commission in the Negotiation Team (Dutch Government, June 2020). Together with the Commission, the Negotiation Team would use the Commission's 2.7 billion euros budget to procure potential vaccines against the Coronavirus (see Appendix F).

***The Dutch procurement of vaccines from vaccine deals closed at the EU level***

After the Netherlands engaged with the joint strategy, it procured vaccines through the six different APAs that the Commission concluded. The Netherlands decided to participate in all six APAs, and procured vaccines based on the agreed upon pro-rata rate. Table 2 provides an overview of the number of vaccine doses procured by the Netherlands.

[72]Letter of government, de Jonge. https://www.tweedekamer.nl/kamerstukken/brieven_regering?qry=Aankoop+COVID-19-vaccins&fld_prl_kamerstuk=Brieven+regering&fld_tk_categorie=kamerstukken&srt=date%3Aasc%3Adate&clusterName=Tweedekamer.nl&sta=1

*Table 2: Number of vaccine doses per pharmaceutical company the Netherlands*

| Pharmaceutical company | Number of vaccine doses + optional doses (million) | Reference |
|---|---|---|
| AstraZeneca | 10 | [73] |
| Sanofi-GSK | 11.7 | [74] |
| Johnson & Johnson | 7.8 | [75] |
| BioNTech/Pfizer | 7.8 | [76] |
| CureVac | 8.7 | [77] |
| Moderna | 3.1 | [78] |

The delivery of the vaccines did not go as smoothly as the procurement of the vaccines. The pharmaceutical companies would eventually deliver, but with multiple delays and smaller doses than agreed on. In the meantime, the Netherlands would participate in multiple additional vaccine procurement contracts concluded by the Commission, to order a total of 84.5 million additional vaccine doses (Dutch Government, 2021) [79].

[73] The vaccines were procured after the APA with AstraZeneca entered into force on the 17th of August. Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/08/17/kamerbrief-inzake-aankoop-vaccins

[74] The vaccines were procured after the APA with Sanofi-GSK went into force on the 18th of September. The nature of the contract was slightly different as the member states could decide whether it wanted to procure vaccines after seeing the clinical test results. The decision would be made after the results of the clinical testing phases I and II were there, which were expected to be in December 2020, and January 2021(De Jonge, September 2020). However, the vaccine is still not approved by the EMA in August 2022. Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/09/18/kamerbrief-over-aankoop-covid-19-vaccins

[75] The vaccines were procured after the APA with Janssen Pharmaceuticals went into force on the 8th of October. According to de Jonge, the Netherlands played an important role in these negotiations. Letter of government, de Jonge.https://www.rijksoverheid.nl/documenten/kamerstukken/2020/10/08/kamerbrief-over-aankoop-vaccins-tegen-covid-19-coronavirus

[76] The vaccines were procured after the APA with BioNTech/Pfizer went into force on the 11th of November. Storing the vaccine would be complicated, as the vaccine required a lot of logistical preparations because the vaccine needs to be stored in low temperatures (De Jonge, November 2020). Letter of government, de Jonge. https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2020Z21639&did=2020D46122

[77] The vaccines were procured after the APA with CureVac went into force on the 17th of November. The prospects of the vaccines to the Netherlands appeared to be very positive, with the prospects of getting 2 million vaccines delivered in the first two quarters of 2021 (De Jonge, November 2020). However, the Netherlands would never actually procure the vaccines after CureVac decided to withdraw its EMA application. Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/11/25/kamerbrief-over-aankoop-covid-19-vaccins

[78] The vaccines were procured after the APA with Moderna went into force on the 25th of November. Letter of government, de Jonge. https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2020Z23957&did=2020D50346

[79] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/02/23/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-23-februari-2021

***Vaccine delivery problems***

The Netherlands endured multiple vaccine delivery setbacks. According to the Dutch Health Minister, the setbacks were primarily caused by the high vaccine demand and the limited production capacity (De Jonge, February 2021) [80]. The first vaccine delivery setback for the Netherlands came already in December 2020, after **BioNTech/Pfizer** announced that the first vaccine delivery to the Netherlands was delayed by almost a month. The Netherlands would also receive half a million doses instead of a million doses (Dutch Government, 2020) [81]. At the same time as the delivery setbacks, the Netherlands negotiated with BioNTech/Pfizer through the Commission for an additional contract to secure extra vaccines (Dutch Government, 2021) [82]. After its delivery setback, BioNTech/Pfizer proved to be a more reliable vaccine supplier after the deliveries to the Netherlands were weekly and stable (Dutch Government, 2021; De Jonge, March 2021) [83].

**AstraZeneca's** delivery problems to the EU also affected the Netherlands. The company changed its delivery forecast every three to four days (Dutch Government, 2021) [84]. In March 2021, the Dutch government suffered another delivery setback from AstraZeneca after the pharmaceutical company announced that it had paused its vaccine deliveries to the EU out of precaution, due to safety warnings from Norway and Denmark related to the safety of the vaccine (Dutch Government, March 2021) [85]. Overall, AstraZeneca would eventually deliver less vaccine doses to the Netherlands than agreed upon (Dutch Government, 2021) [86].

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[80] The scarcity of the basic materials for the production of vaccines, such as the vials in which the vaccines are transported, is not the limiting factor for the pharmaceutical companies for vaccine delivery (De Jonge, February 2021). Letter of government, de Jonge.
https://www.tweedekamer.nl/kamerstukken/kamervragen/detail?id=2021Z05078&did=2021D13390

[81] While BioNTech/Pfizer initially thought it could mainly deliver in the third and fourth quarter of 2021, there are now extra vaccine doses coming in the second quarter of 2021 (Dutch Government, 2021).
Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2020/12/08/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-8-december-2020

[82] Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/02/02/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-2-februari-2021

[83] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-44feef4a-22c9-44bb-afae-c9aa9d35cdbd/1/pdf/commissiebrief-inzake-commissieverzoek-om-een-kabinetsreactie-te-ontvangen-op-het-bericht-over-de-vaccinatiesnelheid.pdf

[84] Source 1: Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/01/20/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-20-januari-2021
Source 2: Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/02/23/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-23-februari-2021

[85] Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/03/23/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-23-maart-2021

[86] From the expected 4,5 million doses to be delivered to the Netherlands by February, AstraZeneca would only deliver 650.000 vaccine doses in February in three deliveries, which is a lot less than originally agreed. That first batch of deliveries would only be 124.000 vaccines, and there was a lot of uncertainty about the deliveries from March on (Dutch Government, 2021).

The Dutch government had high hopes for the delivery of the **Janssen** vaccine, as a high number of doses were expected to be delivered in April, May, and June 2021 (Dutch Government, March 2021) [87]. Despite the 80 thousand Janssen vaccine doses delivered to the Netherlands by April 2021, the vaccines would not immediately be used due to questions regarding the safety of the vaccine coming from the U.S. (Dutch Government, April 2021) [88]. Instead, the Dutch Health Minister argued that the Netherlands would await an official claim regarding the safety of the vaccine from the EMA before using it (Dutch Government, April 2021) [89]. After the EMA marked the Janssen vaccine as safe, the pharmaceutical company had another delivery setback in May 2021. This meant that fewer vaccines would be supplied to the Netherlands than previously agreed on (Dutch Government, May 2021) [90].

After the number of **Moderna** vaccines delivered were disappointing at the beginning of 2021, the pharmaceutical would eventually deliver small doses but on a stable basis (De Jonge, March 2021) [91] [92].

***The Halix case continues***

The case with earlier mentioned production site Halix was followed up on after it became clear that Halix was producing around five million of the AstraZeneca vaccines per month, while the Netherlands was still waiting on vaccines (Spekschoor, 2021; De Jonge, March 2021) [93]. This made the delivery problems to the Netherlands more painful, especially as it was rumoured that the vaccines produced by Halix were shipped off to the UK instead of the EU (De Jonge, April 2021) [94]. Why was the Netherlands not profiting from the vaccines produced in the Netherlands? As an explanation, the Dutch Health Minister argued that all arrangements with AstraZeneca have been made at the European level (De Jonge, March 2021). Therefore, no specific arrangements have been made regarding the production of the vaccines in the Netherlands in the AstraZeneca contract (De Jonge, March 2021).

[87] The Dutch government expected Janssen to deliver three million vaccine doses in the second quartile of 2021.
[88] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/04/13/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-13-april-2021
[89] The delivery setback is due to the critique one of Janssen's most important production sites received on one of its vaccine badges by the US Food and Drug Administration (FDA) because the badge was faulty. According to de Jonge, all badges need to be checked and Janssen does not know when the FDA will remove the barriers (Dutch Government, May 2021).
[90] In the worst-case scenario, Janssen will deliver 400.000 vaccine doses in June 2021.
[91] According to the Dutch Health Minister in March 2021, Moderna would deliver stably every two-weeks.
[92] It was expected that extra Moderna deliveries would be in the third and fourth quarters of 2021. Overall, the Netherlands ordered quite a total 84.5 million additional vaccines (Dutch Government, 2021).
[93] News article, Spekschoor. https://nos.nl/artikel/2367290-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin
[94] As a response, the Dutch Health Minister argued that this was the decision of AstraZeneca, since Halix is only a production site of AstraZeneca. Furthermore, he argued that AstraZeneca's delivery problems should not be the fault of the deliveries to the UK because AstraZeneca has other production sites that can deliver vaccines to the EU (De Jonge, April 2021).

Through engaging in the joint European strategy, the Dutch government mandated the Commission to act on the Dutch behalf to secure vaccines. The Dutch government was therefore not able to make direct agreements with AstraZeneca about, for example, production sites, but participated in the agreement concluded by the Commission instead (De Jonge, March 2021). This is supported by the Dutch Health Minister, as he stated that the Dutch vaccine procurement strategy has always been focused on making agreements with the pharmaceutical companies, who then themselves make agreements with other parties in the production chain like with Halix (De Jonge, March 2021) [95]. This also has implications for dealing with the delivery setbacks. As it is part of the strategy, the Netherlands had no choice but to wait for the Commission to handle the legal action against AstraZeneca on behalf of the member states (De Jonge, February 2021) [96].

***Decentralised research about the stimulation of vaccine production***

The delivery setbacks put a damper on the Dutch vaccination strategy, as the strategy was based on the expected number of vaccines delivered (Dutch Government, 2021). Following Germany and France with similar efforts to stimulate vaccine production, the Dutch Health Minister ordered a special Dutch vaccine convoy in February 2021 (De Jonge, February 2021). The aim of this convoy was to investigate the possibilities with pharmaceutical companies that agreed on delivering COVID-19 to the Netherlands to scale up their vaccine production (De Jonge, February 2021) [97]. The Netherlands pursued its efforts simultaneously to the efforts of the Commission, as the Commission had received an order from the Parliament to set up the same kind of convoy (De Jonge, February 2021) [98]. The special Dutch vaccine convoy would publish a first report in March 2021, wherein it stated that multiple efforts could be made both on the Dutch and European level to scale up the process of the production capacity of COVID-19 vaccines (Schikan, 2021) [99]. A second report published in April 2021 would contain concrete recommendations for the Dutch government regarding the increase of the production of COVID-19 vaccines (Task Force Vaccins, 2021) [100].

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[95] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-21779836-a7db-4ee0-b979-4f79e0aa7740/1/pdf/beantwoording-kamervragen-over-het-bericht-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin.pdf

[96] In February 2021, the pharmaceutical company estimated that their deliveries to the EU would be over sixty percent lower than previously indicated. Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-02d1886a-6af4-4ad4-99f1-ed5a0bab3bae/1/pdf/beantwoording-kamervragen-over-het-bericht-de-strijd-om-het-coronavaccin-barst-nu-pas-echt-los.pdf

[97] Letter of government, de Jonge. https://open-pilot.overheid.nl/repository/ronl-e8fcb654-4f71-4fff-beee-7767eb16cd5a/1/pdf/kamerbrief-over-special-envoy-vaccins.pdf

[98] Despite the existence of an individual Dutch vaccine convoy, the Dutch Health Minister argued that he wanted to link the Dutch convoy efforts to the efforts of the Commission (de Jonge, February 2021).

[99] Parliamentary report, Schikan. https://open.overheid.nl/repository/ronl-329729f2-5c94-407d-908b-1cd2b149f0e4/1/pdf/vaccins-van-productie-tot-preparedness.pdf

[100] The report is divided in three sections of recommendations: 'to connect companies', 'to prevent shortages', and 'to prepare for new challenges. Government report, Task Force Vaccins. https://open.overheid.nl/repository/ronl-3e1dac74-40d6-4db9-b366-bb556887d951/1/pdf/vaccins-van-productie-tot-preparedness.pdf

***Dutch vaccine procurement efforts for 2022/2023***

In June 2021, the Dutch Health Minister announced that the Netherlands would secure enough vaccines through the APAs concluded by the Commission until 2023 [101]. After the vaccines until 2023 are secured, the Netherlands will use the possibility to deviate from the proposals of the Commission. This entails that it can decide to procure a lower amount of vaccine doses, or to procure no vaccine doses at all (De Jonge, June 2021) [102].

The Netherlands worked together with the Commission and the other member states to procure vaccines for the period 2022/2023 (De Jonge, June 2021) [103]. A big part of the Dutch vaccine supply for 2022 and 2023 was secured after the Commission concluded additional contracts with **Moderna** and **BioNTech/Pfizer** (De Jonge, June 2021) [104]. The Dutch Health Minister argued in June 2021, that the remaining Dutch vaccine needs for 2022 would be covered by the **Novavax** and earlier-promised **Janssen** vaccines (De Jonge, June 2021). In September 2021, it was still uncertain when the vaccines would be delivered, as it was unclear when the Janssen vaccines would arrive and Novavax did not receive EMA yet (COVID-19 vaccines: authorised - European Medicines Agency, n.d.; De Jonge, September 2021) [105].

Because the Dutch vaccine needs for 2022/2023 were met [106], the Netherlands decided initially to not actually procure vaccines from **Sanofi-GSK** [107] and **Valneva** through the Commission's concluded contracts in September 2021 (see Appendix F; De Jonge, September 2021) [108]. The Dutch Health Minister argued that the decision to not further include the Valneva vaccine, which is a mRNA-vaccine, in the Dutch vaccine portfolio is due to the abundance of mRNA-vaccines in the Dutch vaccine portfolio (see Appendix F '7th of December 2021'; De Jonge, November 2021) [109]. Instead, other vaccine types were procured to offer a wider variety

[101] The first new vaccine doses for 2022 were already bought in March 2021 (Dutch Government, March 2021).
[102] The 'opt-out' clausula present in the Joint European Vaccine Strategy agreement.
[103] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-27e347ba-bc8e-4745-8cf4-df24cadfa370/1/pdf/kamerbrief-over-stand-van-zaken-covid-19.pdf
[104] According to the Dutch Health Minister, the Netherlands will have access to approximately 35 million vaccine doses of BioNTech/Pfizer (17.5 million per year), with the option to double, and 6.426,489 doses of the Moderna vaccine, which can be delivered over 2022. He disregarded the CureVac vaccine in his vaccine prognosis, as too much is still unknown about the vaccine (De Jonge, June 2021).
[105] In June 2021 it was not clear whether the Janssen vaccines would still be delivered and whether this will be in 2022.
[106] The Dutch vaccine needs were met by Moderna, BioNTech/Pfizer and Novavax. The Netherlands did not procure additional vaccines, as it was still awaiting a large number of earlier-promised doses from the Janssen vaccine (de Jonge, September 2021).
[107] At the time, it was not known yet that the Sanofi-GSK vaccine never received CMA.
[108] The Netherlands was able to opt-out from the concluded contract with Sanofi-GSK because the vaccine still did not receive market approval. As for the Valneva vaccines, the Netherlands decided on forehand to not participate in this APA (de Jonge, September 2021). The Netherlands only ordered 10.000 doses of the Valneva vaccine based on pro forma. Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-82fa8836-bd8b-4293-b818-521180bf982a/1/pdf/brief-over-aanschaf-valneva-vaccin.pdf
[109] This was due to the large stock options of mRNA-vaccines in the Dutch portfolio of Pfizer and Moderna (mRNA-vaccines). But also due to available stock from Janssen (vector vaccine) that will be delivered, de Jonge decided to procure only 840,000 doses of Novavax (protein vaccine) and 10,000 of Valneva (classical vaccine) (De Jonge, December 2021).

of vaccine types with the intention to increase the willingness to get vaccinated De Jonge, December 2021) [110,111].

***Dutch donations to COVAX***

After the Netherlands secured its first vaccine doses for 2022, it was working on the donation of vaccine doses to COVAX [112]. The donation efforts followed the Dutch self-set principle to donate at least as many vaccines as are used in the Netherlands in 2021 (De Jonge, 2021). The first actual mention of Dutch donations to COVAX is in August 2021, after the Dutch Health Minister stated that, once the donation agreement with COVAX is in place, the upcoming AstraZeneca vaccine deliveries will be donated to COVAX (De Jonge, August 2021).

The main reason for the vaccine donations is the high amount of vaccine doses in stock in the Netherlands (De Jonge, August 2021). The Dutch government took its donation efforts to COVAX one step further in September 2021. The Dutch Health Minister announced that the Netherlands will donate a part of its procured vaccines coming 'straight out of the factory' to COVAX, bringing the total of Dutch vaccines donated to more than 27 million doses in 2021 (see Appendix F '30st of September 2021'; De Jonge, September 2021) [113]. Depending on the delivery times, even more donations to COVAX may follow in 2022 (De Jonge, September 2021). Before the end of 2021, the Netherlands donated vaccines from BioNTech/Pfizer, AstraZeneca, Moderna and Janssen to COVAX (De Jonge, December 2021) [114,115].

***The Dutch long-term vaccine procurement strategy***

As the strategy timeframe set out by the Commission is coming to an end, it was time to focus on the long-term Dutch COVID-19 vaccine procurement strategy. The Dutch government declared the intention to decrease vaccine procurement after 2023, after the Netherlands secured enough

[110] The Dutch Health Minister argued in December 2021, that an investigation was going on regarding the arguments of people that decided to not get vaccinated, and that the kind of vaccine is playing a role. He argued that when the research is concluded and it is officially stated that people do not trust mRNA-vaccines but prefer protein vaccines instead, he is willing to investigate the further procurement options of these vaccines. However, protein vaccines are still not available on the market on the 13th of December 2021 (de Jonge, December 2021).

[111] It was decided to procure the Novavax vaccine instead of the Sanofi vaccine, because both vaccines are protein based and the expectations are that the Novavax vaccine will obtain market authorisation earlier than Sanofi (De Jonge, December 2021).

[112] COVAX is a global collaboration with more than two-thirds of the world engaged, to supply vaccines to countries that cannot afford them. To do this, COVAX has a large and diverse portfolio of COVID-19 vaccines (Berkley, 2022). https://www.gavi.org/vaccineswork/covax-explained?gclid=CjwKCAjwu5yYBhAjEiwAKXk_eAhbPRSki_RGWSnPNwA1erj4sPaKp2LHyC6folbcsLZbs4QUIJw8TxoChH0QAvD_BwE

[113] Letter of government, de Jonge. https://www.eerstekamer.nl/behandeling/20210930/brief_regering_stand_van_zaken_m_b/document3/f=/vlmukkp0tmz8.pdf

[114] Letter of government, de Jonge. https://www.eerstekamer.nl/bijlage/20211216/brief_aan_de_tweede_kamer_van_de/document3/f=/vlosq92xpks9.pdf

[115] From the amount of 17.024.555 vaccine doses that were sent for donation, 6.275.500 doses did successfully. The other doses were rejected by the countries they were sent to due to limited storage capacity, limited expiration date, and limited absorption capacity (De Jonge, December 2021).

vaccines until 2023. An important part of the long-term strategy is that the Netherlands will procure as many vaccine doses as possible as soon as possible for the new Coronavirus variants until 2023 (Dutch Government, December 2021). After the Dutch booster campaign comes to an end, the waiting begins for the vaccine developers to develop a vaccine against the current variant of the virus. The Dutch Health Minister stated that the commission had conversations with Moderna and BioNTech/Pfizer to adjust their vaccines to the Omicron variant of COVID-19 (Dutch Government, December 2021) [116].

[116] The vaccines that were used in December 2021 were three COVID-19 variants back and were not working against the Omicron virus variant. BioNTech/Pfizer expected that it should be possible to develop vaccines against the new virus variants at the beginning of the second quarter of 2022.
Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/12/18/letterlijke-tekst-persconferentie-coronavirus-minister-president-rutte-minister-de-jonge-en-omt-voorzitter-van-dissel-18-december-2021

# Chapter 5: Analysis of the case and evaluation of the hypotheses

## 5.1 Intergovernmentalism in the vaccine procurement process at the European level

***Hypothesis 1****: The joint European vaccine procurement strategy was driven from an intergovernmentalist perspective by individual member states.*

From an intergovernmentalists perspective, the actions of the Commission in the form of research investment at the beginning of the pandemic to tackle the crisis are logical. The role of the Commission as a European institution is minimal, but not absent. However, the efforts made by the Commission to fight the virus were not found sufficient. First, the Commission received a mandate from the individual member states to coordinate the pandemic response at the European level because the asymmetry in crisis response among member states was believed to be counterproductive in fighting the virus. The mandate can be explained by the interest of the member states to keep their population safe and healthy. Therefore, the behaviour of the member states at the European level can be explained by their domestic welfare and security interests. Second, the Commission received a mandate from the Council to step up its efforts to fight the Coronavirus, and to accelerate its efforts to pursue a joint European vaccine procurement strategy. It can be argued that through this mandate, the Commission was explicitly asked to propose a legislative response to the COVID-19 pandemic in the form of vaccine procurement at the European level. As procuring vaccines at the European level is related to the European internal market, the Commission can determine a legislative response at the European level. And although the Commission offered nothing concrete yet, the individual member states expressed their support for such a joint European vaccine strategy coordinated by the Commission in May 2020.

Before the Commission set out a vaccine procurement strategy at the European level, four individual member states formed an initiative to secure as many vaccines as possible against the Coronavirus as soon as possible for the entire EU. To achieve this, the Alliance consisted out of four member states[117] that all have the pharmaceutical facilities present at the domestic level to facilitate the development and production of COVID-19 vaccines. The formation of the Alliance as an intergovernmental initiative can be explained by the domestic welfare and security interests of the individual member states to be able to lift the lockdowns and to protect the population against the virus. The main goal of the Alliance is in line with the domestic welfare and security interests of the individual member states, as the vaccines were considered as the way out of the COVID-19 pandemic and would protect people against the Coronavirus.

However, despite its promise to work closely together with the Commission, the Alliance received criticism from other member states regarding why the vaccine procurement was not

[117] The Netherlands, Germany, France, and Italy

arranged at the European level instead of led by four individual member states (Interview 2, August 2022, line 103). It can be argued that the formation of the Alliance led to another mandate, as the Commission received a mandate from all individual member states to organise the procurement of COVID-19 vaccines on their behalf in June 2020. As a response to the mandate, the Commission officially declared its intention to set out a joint procurement strategy at the European level. The official intention from the Commission was not enough for the Alliance to step down from their individual procurement efforts. The Alliance proclaimed that it had secured Europe's first vaccine deal with a pharmaceutical company AstraZeneca only one day later.

The Commission revealed its joint European vaccine procurement strategy, shortly after the Alliance announced its vaccine procurement deal on the 17th of June 2020. Important to note is that the Commission argued that the strategy was built on the vaccine procurement action taken by the Alliance, as it took over all existing negotiations, including the deal with AstraZeneca. However, it can be argued that instead of completely taking over, the Commission still gave the former members of the Alliance an important role. The former members of the Alliance, together with three other member states, were appointed to negotiate with pharmaceutical companies on the behalf of all individual European member states, and to conclude deals that would be paid out of the EU budget. The Commission's efforts of procuring vaccines at the European level on behalf of all member states would turn out to be successful. The Commission concluded six APAs with pharmaceutical companies before the end of 2020. Furthermore, it acted in response to multiple problems with vaccine deliveries on behalf of the member states.

**Hypothesis 1** is **confirmed** based on the results. The development of the joint EU vaccine procurement strategy was driven by intergovernmentalism by individual member states. This is because it was the individual member states, due to their incited welfare and security interests, that initiated the Commission to come up with a strategy to procure vaccines at the European level. And while it was the Commission as a supranational organisation that set out a joint EU strategy, it was built on the earlier vaccine procurement efforts made by the Alliance as an intergovernmental initiative from four individual member states.

## 5.2 The Dutch individualistic vaccine procurement efforts: the first phase of the Dutch vaccine procurement process

***Hypothesis 2A:*** *The Netherlands will pursue an individualistic vaccine procurement strategy because of its incited welfare and security interests.*

***Hypothesis 2B:*** *The Dutch government will make individualistic vaccine procurement efforts with pharmaceutical companies developing a potential COVID-19 vaccine that have production sites on Dutch soil.*

During the first phase of the Dutch vaccine procurement process, the Dutch government made clear that it was prepared to take individualistic action outside a potential EU-driven alliance if that was necessary to quickly secure vaccines for the Netherlands. If a European strategy would emerge, the Netherlands was open for participation after more clarity about what the potential strategy exactly would entail. Therefore, at an early stage of the pandemic the Netherlands was willing to procure vaccines both at the individual and European level.

During the first phase of the Dutch vaccine procurement process, the first individualistic vaccine procurement efforts were made when the Dutch government had contact about potential vaccine development and production upscaling with two pharmaceutical companies on Dutch soil. It can be explained that the Netherlands first turned to companies at Dutch soil, since if the companies would produce the vaccines on Dutch soil, it would have positive economic effects related to employment opportunities and export. Furthermore, as the Dutch government had declared its intentions to also pursue individualistic vaccine procurement efforts, due to the existing ties with these pharmaceutical companies it would be easier to pursue these efforts with these companies at Dutch soil. It appeared that the Netherlands had two different contacts of different proportions with these two pharmaceutical companies. Early in the first phase of the Dutch vaccine procurement process, the Dutch Prime Minister held work visits with Janssen and discussed the potential upscaling for the development of COVID-19 vaccines. As it later would be known that Janssen would scale up its production sites, nothing concrete came from the work meetings with the pharmaceutical company. However, the relationship and earlier contact between the Dutch government and Janssen was useful with concluding the APA when the Netherlands was part of the Negotiation Team.

The only case that came even remotely close to an opportunity to secure vaccines at the early phase of the pandemic was the case of Halix/Oxford. However, no investment deal was concluded after Halix terminated all pending conversations. The Dutch Health Minister would later argue that the Dutch government never received an investment opportunity from Halix. Furthermore, he argued that there would have been no point discussing potential investment opportunities with Halix, as the Netherlands already had decided at an early stage to collaborate with other member states on vaccine procurement. This is contradictory with the earlier statement of the Dutch government to be open to secure vaccines at an individual level. In both

the first and second phase of the Dutch vaccine procurement process, the Netherlands got no other opportunities to secure vaccines at the Dutch level that came closer than the conversations with Janssen and Halix.

Despite its individualistic efforts, the Netherlands did not secure vaccines individually (Informant 2, August 22, 2022, line 93). Therefore, a different kind of approach was necessary, and the Netherlands became a co-founder of the intergovernmentalists Alliance. Together with the other members of the Alliance, it used its ties to pharmaceutical companies that have facilities to develop and produce vaccines. It deliberately chose to not have the Commission arrange the vaccine procurement at the European level, as the Netherlands did not wait for the Commission to come through with its joint procurement strategy. Instead, the Netherlands chose to work together with three other member states that also were willing to put in individualistic efforts through their ties with the pharmaceutical companies to secure vaccines for their countries. The Alliance proved to be successful after it secured its first deal with AstraZeneca, even before the Commission set out a strategy.

The first phase of the Dutch vaccine procurement process ended after the Netherlands decided to engage in the Commission's vaccine procurement strategy. By engaging in the European strategy, the Netherlands deliberately chose to transfer some of its autonomy to the EU as it let the Commission procure vaccines on the Dutch behalf. Therefore, it can be argued that in the second phase of the Dutch procurement process the Netherlands set aside its individualistic vaccine procurement strategy.

**Hypothesis 2A** is **confirmed** for the **first phase** and **rejected** for the **second phase of the Dutch vaccine procurement process**. The Netherlands did pursue an individualistic vaccine procurement strategy in the first phase. The aim was to secure as many vaccines as possible as soon as possible for the Netherlands to fight the pandemic. When no progress was made at the domestic level, the Netherlands became part of the intergovernmentalists Alliance to spread its opportunities. The engagement with the joint European strategy indicates a compliant strategy at the second phase of the Dutch procurement process, instead of the expected individualistic strategy.

**Hypothesis 2B** is **confirmed** for the **first phase** and **rejected** for the **second phase of the Dutch vaccine procurement process**. At the first phase, the Netherlands was able to pursue individualistic vaccine procurement efforts with Janssen and Halix due to the existing ties present at Dutch soil. After these two occasions, the Netherlands got no other opportunities with pharmaceutical companies that came closer than the conversations with Janssen and Halix. As these conversations occurred at first phase of the procurement process and no occasions occurred at the second phase, the hypothesis is confirmed for the first phase and rejected for the second.

## 5.3 The Dutch engagement with the joint EU strategy: the second phase of the Dutch vaccine procurement process

***Hypothesis 3A:*** *In the presence of a joint EU strategy, the Netherlands will engage in the joint strategy if it is more beneficial for its welfare and security interests than pursuing individualistic procurement efforts.*

***Hypothesis 3B:*** *In the presence of the EU strategy, the Netherlands will use its autonomy to pursue individualistic vaccine procurement efforts within the boundaries set by the strategy.*

The Dutch engagement in the Commission's joint European vaccine procurement strategy marks the start of the second phase of the Dutch vaccine procurement process. After the Commission announced that its strategy was built on the efforts of the Alliance, the Alliance considered the Commission's strategy as the reinforcement of its efforts. Despite that the member states were able to decide for themselves whether they wanted to participate in the agreement, it can be argued that the Netherlands did not have a choice but to engage in the strategy. Its individualistic efforts with pharmaceutical companies at Dutch soil have yielded nothing concrete. Furthermore, to keep the Alliance afloat after the Commission set out its strategy would have been too risky. The claim made by the Alliance that it secured a vaccine deal unleashed criticism from the other European member states (Informant 2, August 22, 2022, line 13). As the deal with AstraZeneca was the only deal that the Alliance claimed to have secured at that point, to pursue the intergovernmentalists initiative would have been too risky after the announcement of the EU strategy, with the other European member states not backing up the initiative. Furthermore, the Alliance had no guarantee that the Commission would grant conditional market authorisation to the vaccines of potential other deals secured by the Alliance.

From the perspective of the Dutch welfare and security interests, engaging with the joint European vaccine procurement strategy was the safest option to procure vaccines for the Netherlands. As the Commission has a big network of pharmaceutical companies as interest groups at the European level, participating in the European strategy would also spread the chances of procuring potential vaccines effective against the Coronavirus. What made engaging with the strategy also interesting was the fact that the Netherlands was invited to participate in the Commission's Negotiation Team. This entailed that the Netherlands, together with the other former members of the Alliance and three other member states, was allowed to negotiate with pharmaceutical companies in the Commission's network on behalf of the entire EU. The difference with its part in the Alliance, is that the Netherlands was part of the Commission's supranational strategy by working together from a supranational perspective to procure vaccines on behalf of the entire EU. This also meant access to the Commission's network of pharmaceutical companies, and the EU budget for the procurement of vaccines.

The low level of bindingness of the strategy provided room for member state autonomy within the strategy, as the member states were allowed to opt-out of any vaccine deal. Due to the

nature of the strategy, the member states were able to decide for themselves per deal whether they wanted to participate and to procure the specific vaccines from a specific pharmaceutical company. The only condition was that, after a member state decided not to agree with the terms the Commission concluded with a pharmaceutical company and decided to opt-out of the deal, it was not allowed to individually re-negotiate the terms with the company.

During the second phase of the Dutch vaccine procurement process, the Netherlands decided to both entirely go along with the set-out EU strategy and to pursue individualistic efforts within the boundaries of the strategy. The Netherlands procured vaccines from six different pharmaceutical companies through the APAs concluded by the Commission and participated in all the additional procurement contracts concluded by the Commission [118]. Furthermore, after the delivery problems with AstraZeneca began, the Netherlands undertook no further action than having conversations with the pharmaceutical companies while it let the Commission undertake legal action against AstraZeneca. After the delivery setbacks worsened, the Dutch government put together a special Dutch vaccine convoy to investigate the upscaling of vaccine production while the Commission was doing this as well. This can be seen as an individualistic effort, as the Netherlands knew that the Commission was doing it as well. While it might be inconvenient to pursue these efforts both on the domestic and European level because the efforts might contradict with one-another, it was not forbidden by the strategy and the Netherlands could do it.

Another individualistic effort is the Dutch vaccine procurement with the sole aim to donate the vaccines to COVAX. As the strategy did not set out guidelines regarding the usage of the vaccines, the Netherlands was able to do this. Furthermore, for its long-term vaccine procurement strategy the Netherlands decided to opt-out from two vaccine deals because it preferred a different vaccine type than was offered. Due to the characteristics of the strategy, the Netherlands was able to do this.

**Hypothesis 3A** is **confirmed**. Engaging with the joint European vaccine procurement strategy was in the best interests of the Dutch welfare and security interests.

**Hypothesis 3B** is **confirmed**. The Netherlands pursued different individualistic efforts within the boundaries set out by the strategy. The efforts were pursued because the Dutch government believed that it was best for the Dutch welfare and security interests.

[118] Interesting to note is that the APAs with Johnson and Johnson and AstraZeneca were concluded faster after the conclusion of the exploratory talks than the rest of the pharmaceutical companies.

## 5.4 Discussion of the results in the context of European integration: which procurement strategy did the Netherlands pursue?

The tested hypotheses have implications for the outcome of the research. The findings provide clarity about how the joint EU vaccine procurement strategy developed. It was found that an intergovernmentalists approach was taken by four individual member states as the first developments towards a joint EU strategy, as they formed a vaccine procurement Alliance at the European level. When the Commission as a supranational institution set out the actual European vaccine procurement strategy and took over the efforts of the Alliance, the strategy was deliberately built on the efforts of the Alliance. After the rollout of the strategy, it can be argued that the former members of the Alliance were incorporated under the supranational umbrella as they became part of the Negotiation Team and negotiated on behalf of the Commission and the entire EU.

At the beginning of the COVID-19 pandemic, the Dutch government was open for both individualistic vaccine procurement efforts and collaboration as it was led by the incited Dutch welfare and security interests caused by the COVID-19 pandemic. The two distinguishable phases in the Dutch vaccine procurement process provide insight in the actual efforts pursued to secure vaccines both at the domestic and the European level. During the first phase, the Dutch government pursued an individualistic vaccine procurement strategy with the intention to secure as many vaccines as soon as possible for the Netherlands. The Dutch government was able to pursue individualistic efforts due to its existing ties with the pharmaceutical industry. Firstly, it pursued individualistic efforts in terms of conversations with Janssen regarding the development and production of a potential vaccine against the Coronavirus at its Dutch production site. Secondly, there was an opportunity to invest in the upscaling of Oxford's Dutch production site Halix. Because both efforts failed to secure vaccines for the Netherlands, other actions were required. The Netherlands became co-founder of the Alliance together with three other member states because they also had the aim to use its ties to their domestic pharmaceutical industry to secure vaccines outside the European framework.

During the second phase of the Dutch procurement process, the Dutch government pursued a vaccine procurement strategy compliant with the joint EU procurement strategy. This indicates a change in strategy, as the Dutch government pursued an individualistic strategy at the first phase of the procurement process. The main reason for engaging with the EU strategy was that it appeared to be the safest and most efficient route to secure vaccines for the Netherlands at that time. This led to the rejection of hypotheses 2A and 2B for the second phase of the Dutch vaccine procurement process, because it appeared that pursuing a compliant strategy instead of the expected individualistic strategy was best for the Dutch welfare and security interests. After engaging in the strategy, the Dutch government did use its autonomy and pursued individualistic efforts within the boundaries of the strategy with the aim to accelerate the vaccine delivery process and to opt-out from two vaccine deals. The Netherlands was able to pursue multiple individualistic efforts within the set-out EU strategy as the strategy itself left enough room for

autonomy and contained multiple opt-out options. Therefore, the strategy can be characterised as low binding and leaving room for autonomy for the member states.

The results in this work reveal tension between supranationalism and intergovernmentalism in the case of the COVID-19 crisis within the EU. The Commission as supranational institution was the designated institution to set out a joint vaccine procurement strategy due to the connection of the subject vaccine procurement with the EU internal market. However, despite the existing structure, it were four individual European member states that pursued the first actual efforts to secure vaccines. The Commission would eventually set out a vaccine procurement strategy, but it was built on the intergovernmental efforts of the member states. It can be argued that the strategy is also partly intergovernmental, because of the low level of bindingness and the opt-out options. Furthermore, seven member states also have influence in the negotiation process as they are part of the Commission's Joint Negotiation Team. It can be argued that to efficiently tackle the crisis at the European level, both the member states and the Commission had to compromise. The COVID-19 crisis can be considered as a driver for European integration, because the joint EU strategy eventually was the result of cooperation at the European level.

# Chapter 6: Conclusion of the research in the perspective of European integration

## 6.1 Conclusion of the research

This thesis shed light on the drivers of European integration in times of crisis, with intergovernmentalism as the chosen theoretical framework. The findings contribute to a broader understanding of the functioning of the EU in times of crisis and to the influence of crises on European integration. At the beginning of this thesis the research question '*Which COVID-19 vaccine procurement strategy did the Netherlands pursue and how can this strategy be explained by characteristics of the joint EU strategy and member state characteristics—in particular ties with the pharmaceutical industry*?' was posed. Next to the main research question, three sub-questions were posed to gain insights in the process. To answer the questions, a single-case study method was used, with the Netherlands as the selected case. The Netherlands was primarily chosen because of its ties with the pharmaceutical industry.

The first sub-question, '*How did the joint EU strategy on vaccine procurement develop?*', is answered. While it was the supranational Commission that eventually set out the strategy, the strategy itself was developed because of the individualistic efforts of four individual member states. The second sub-question, '*What procurement strategies are discernible within the Netherlands during the process of procuring different COVID-19 vaccines?*' is also answered. The Dutch government pursued two different vaccine procurement strategies during the two distinguishable phases in the Dutch vaccine procurement process. During the first phase, the Dutch government pursued an individualistic vaccine procurement strategy, whereas during the second phase, it pursued a vaccine procurement strategy compliant with the joint EU procurement strategy.

The last sub-question, '*How can the vaccine procurement strategies of the Netherlands be explained by characteristics of the joint EU strategy and its member state characteristics?*' is also answered. The Dutch government pursued an individualistic vaccine procurement strategy during the first phase of its procurement process, because it wanted to secure as many vaccines as soon as possible due to its incited welfare and security interests. Due to its ties with the pharmaceutical industry, the Netherlands was able to pursue individualistic efforts to secure vaccines. Because the efforts at the domestic level failed, the Netherlands became co-founder of the Inclusive Vaccine Alliance to deploy its connections with the pharmaceutical industry at a larger scale. After the Commission set out a joint vaccine procurement strategy, the Dutch government decided to engage in the strategy and pursued a strategy compliant with the joint EU procurement strategy during the second phase of the procurement process. The main reasons to pursue a compliant strategy rather than the expected individualistic strategy were that the strategy is characterised as a low level of bindingness and room for autonomy, and that the engagement with the strategy was the safest and most efficient route to secure vaccines for the Netherlands at that time. The characteristics of the strategy caused the that the Netherlands had

the opportunity to make individualistic efforts within the boundaries of the strategy, while it was able to profit from the vaccines secured at the European level.

The answer to the main research question is therefore that the Netherlands pursued two different vaccine procurement strategies. During the first phase, the individualistic strategy can be explained by the incited welfare and security interests due to the pandemic, and the Dutch ties to the pharmaceutical industry. During the second phase, the compliant strategy with the joint EU strategy can be explained by the incited welfare and security interests, as engaging with the strategy was the safest way to secure vaccines at that time, and the characteristics of the joint EU strategy. Due to the low level of bindingness and the room for autonomy there was a low participation threshold. Because of these characteristics, the Netherlands was able to pursue individualistic efforts within the boundaries set out by the strategy as it was allowed to opt-out from deals it was not interested in.

The confirmation of the hypotheses posed in this research have multiple implications on the theory of intergovernmentalism in the context of crises. The confirmation of hypothesis 1, and hypotheses 2A and 2B for the first phase of the Dutch vaccine procurement process contribute to the confirmation of the theory of intergovernmentalism in the context of a crisis. With the conformation of the hypotheses, it is shown that in the context of a crisis, the individual member states acted out of their own interests as they took matters into their own hand after they initiated the vaccine procurement action. Furthermore, the confirmation of hypotheses 3A and 3B contribute to the confirmation of the liberal perspective on intergovernmentalism. It is shown by the confirmation of the hypotheses that the behaviour of the member states at the European level is the outcome of their domestic preferences. In the context of this research the Dutch domestic preferences are formed by the incited welfare and security interests due to the pandemic, and the Dutch ties with the pharmaceutical industry. The findings regarding the behaviour of individual member states acting out of their own interests may also have implications for the understanding of individual member state behaviour at the European level and the potential formation of a joint European crisis response during other crises, such as the Russian attack on the Ukraine and the level of response at the European level in the form of coordinated military support.

The rejection of hypotheses 2A and 2B for the second phase of the Dutch procurement strategy have implications for the theory on the functioning of the EU during crises. The rejection of these hypotheses indicates in the context of this research that pursuing a compliant strategy through the engagement with the joint EU strategy was more effective for the welfare and security interests of the Netherlands during the second phase of Dutch vaccine procurement process, instead of pursuing the expected individual strategy. It has implications for the theory, because while it was expected that making individualistic efforts would be more beneficial for the individual member states and therefore supranational action at the European level would have been limited, it shows that the Commission was able to get a coordinated strategy adopted whereby it concluded procurement contracts on behalf of all the member states. One might argue that the Commission was able to set out a joint procurement strategy due to its strong role

regarding the European internal market and the connection of vaccine procurement with the European internal market. However, it can also be argued that the strategy was enabled because the member states had a collective interest in a joint vaccine procurement strategy coordinated at the European level, as a joint strategy would secure more vaccines at a lower price. The engagement with the joint European strategy would be more beneficial for the welfare and security interests of the individual member states, which is information that also can be applied at other EU-related crises.

## 6.2 Reliability and validity of the conducted research

The research is reliable in the sense that it can be repeated in terms of looking again at the same period for documents related to vaccine procurement, as these documents are publicly available. Furthermore, documents were only excluded from the search results if they did not have anything to do with vaccine procurement at the European or Dutch domestic level. However, the research also has limitations regarding reliability, because the process of what would become important findings unfolded while writing the thesis. On the forehand it was not clear which results would be included and excluded from the case description, making it more difficult to reproduce the research at the exact level.

There are also limitations present in the context of validity. Because the method used in the research was a single case-study, the findings regarding the decision-making process of an individual member state in a crisis context are based on one member state only. To strengthen both the findings and conclusions of this research, a comparative case-study with the comparison of different member states in the context of (another) crisis is recommended. The aim of this comparative case-study is to further investigate whether the patterns uncovered by this research also apply to individual member states and the functioning of the EU during other crises. Therefore, the prior theoretical implications made may also further be strengthened by a comparative case-study and research to the functioning of the EU during crises in general.

Furthermore, due to the lack of transparency regarding details that are important in the context of this research, it might be that the non-disclosed data might had influence on the results and findings of this research. The details of the concluded APAs and all the names of the negotiators of the Negotiation Team are important parts of the joint EU strategy, and therefore might also have been important for the further support of the conclusions of this research. However, these parts have been subject to multiple nondisclosure agreements while the research was conducted, and the details are therefore not known. In September 2022, the Commission has not yet responded to the request from the European Parliament for further clarification and the disclosure of this information. Due to the lack of data regarding these details, Interview 1 was conducted. The aim of Interview 1 was to gain more insights in the overall process of the conclusion of the deals at the European level and the power of the pharmaceutical industry, to get a better understanding of the decision-making process within the EU regarding the procurement of COVID-19 vaccines. This interview contributes to the findings that there is a certain lack of transparency with respect to the pharmaceutical industry and the closed vaccine deals.

In addition, multiple conclusions were drawn based on multiple Dutch official government documents, statements, and press conferences regarding the decision-making process of the Dutch government in the vaccine procurement process. Interview 2 was conducted to gain more specific insights about the assumed talks between the Dutch government and Halix, as Informant 2 was found to have a lot of specific information regarding the subject. It can be argued that there is a niche of key informants used to complement the findings of the research

and to support the patterns found. Because of the niche, the arguments might fall back to the same sources. However, Informant 2 used a big network of sources to back up the made statements and arguments, and therefore the informant is sustained for this research.

## 6.3 Recommendations for further research

Multiple recommendations for further research can be made based on the findings in this research. For further research it is interesting to extend the timeline of the research to observe what happened after the time that was officially set out for the strategy, especially because the current strategy secured vaccines until 2023. In the context of European integration, it is recommended to further investigate what happens with the joint European vaccine procurement strategy if a new, more aggressive variant of the virus, or a completely new virus, rears up again and new vaccine procurement action is required. Will the member states wait for the Commission to conclude new vaccine deals on their behalf, or will they pursue an individualistic strategy again based on their incited welfare and security interests?

The results found through this research may function as the foundation to further research regarding transparency and solidarity within the EU. After more information is published regarding the exact details of the APAs and the names of the negotiators of the Negotiation Team, further research can be conducted regarding the transparency and whether there were potential conflicts of interests present during the negotiation processes. In addition, further research on the solidarity principle within the EU is also recommended in other EU-related crises. In the case of the COVID-19 crisis, the Commission called on the member states to comply with its strategy out of solidarity, as it argued that engagement with the supranational strategy would be equally beneficial for all member states. However, it can be argued that the decision of the member states to comply with the joint strategy was made based on its own welfare and security interests rather than solidarity. It can be argued that it was for most member states more beneficial states to comply at that time, but it appears that engagement with the joint strategy was not equally beneficial for every member state. Hungary for example used the Russian vaccine Sputnik-V to vaccinate its citizens, and not all member states participated in all vaccine deals concluded by the Commission. Further research is necessary to investigate whether the welfare and security interests of the member states that not (fully) engaged with the strategy played a role in the decision-making process.

The question regarding the drivers of individual member state behaviour during crises and the influence of interest groups can also be used as the foundation for further research on European integration and crises and the functioning of the EU. It is recommended to investigate whether the patterns found in this research, the Netherlands pursuing procurements strategies most beneficial for its own welfare and security interests, influenced by its ties with the pharmaceutical industry, and the member states and the Council mandating the Commission to set out a strategy, are visible in other EU-related crises such as the European coordination of military support to Ukraine. It is recommended to conduct further research in the form a comparative case-study with multiple member states as an attempt to further strengthen the made conclusions, and to deduce whether the uncovered patterns in this research apply on a broader level in multiple member states during other crises. In addition, the Ukraine crisis may be used to further explore the influence of interest group behaviour at both the domestic and European level

with the European weapon industry to function as interest groups (like the function of the pharmaceutical industry in the current research) to see whether it influences the decision-making of individual member states and the EU. Further research might also provide insights in the bargaining process within the EU.

The results of this research also may have implications for the theories of the delegation process in the EU. The results of this research indicate a situation wherein the Commission was mandated by the Council to come up with a joint European strategy for vaccine procurement. It can be argued that it is a unique situation that might have implications for the theory of delegation within the EU, as the set-out strategy that was mandated by both the Council and the individual member states entailed that seven individual member states were in the lead of a very important part of that strategy: the entire negotiation process with pharmaceutical companies. Therefore, the data obtained through this research may function as data for further research regarding the delegation process in the EU, as it might provide further implications regarding the theories of delegation within the EU during crises, the role of the member states in that process and the overall role of the Commission and its relationship with the member states.

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# Appendices

## Appendix A: Neo-functionalism and European integration

**Neo-functionalism**

Neo-functionalism is an integration theory that seeks to explain the process of (European) integration through focusing on the supranational institutions in the European Union (Jensen, 2013, p. 60-61). The concept of spillover is seen as a key concept within neo-functionalism. This concept refers to a scenario in which cooperation in one field necessitates cooperation in another, (Jensen, 2013, p. 60). The most important actors in the process of integration are interest groups at the national and European level, governments, and supranational organisations (Hooghe & Marks, 2019; Jensen, 2013). These societal actors operate to realise their own interests, both on the national and European level (Hooghe & Marks, 2019, p. 1114). International relations are seen as the interplay of all these societal actors together working towards their own goals.

*Neo-functionalism and European integration*

Neo-functionalists consider European integration as a process that is driven by the combination of the role of supranational actors and policy spillover (Hooghe & Marks, 2019; Jensen, 2013). Integration is the outcome of both cooperation and competition among societal actors. Integration occurs when societal groups, within or among states, believe that supranational institutions are more promising than national institutions to achieve their agendas, integration will result (Hooghe & Marks, 2019, p. 1114). The different actions of interest groups and supranational institutions that are based on their self-interest drive the process of integration forward (Jensen, 2013, p. 61).

There are other mutually reinforcing processes identified that lead to the process of further integration. One of the processes is spillover among short term autonomous policies. Supranational actors can play an important role in this process of spillover as they are able to engineer policy spillover. Spillover can be stimulated by opening new possibilities for cooperation or by generating unanticipated problems (Hooghe & Marks, 2019, p. 1115). Neo-functionalists stress that the successful implementation of these policies needs to be executed by non-state actors. Therefore, the process of increased reliance on non-state actors is necessary for policy implementation. It is the autonomous capacity of supranational organisations that is meaningful in pursuing transnational, integrative agendas (Sweet & Sandholtz, 1997). Furthermore, the process of citizen attachment towards supranational institutions to develop a transnational society also leads to further integration. As a result, citizens can exploit the benefits of further interdependence from national governments (Hooghe & Marks, 2019, p. 1114).

*Neo-functionalism and the formation of supranational interest groups*

Interest groups are important for the process of integration, as the process of integration reflects the success of different groups in advancing their interests (Lelieveldt & Princen, 2014, p. 34). In

the case of European integration, corporations and business groups are able to formulate their own interests in both political and economic integration and are not restricted to the boundaries of their nation state (Jensen, 2013, p. 65). Interest groups can reorganise at the supranational level to be able to match the development of economic and political integration at the supranational level, and to create transnational alliances with like-minded groups to advance their interests (Lelieveldt & Princen, 2014; Jensen, 2013. The organising of interests at the supranational level is also positive for advancing their interests, as supranational institutions that engineer policy spillover can co-opt interest group leaders in the process of policy engineering if the interest group is transnationally active (Hooghe & Marks, 2019; Lelieveldt & Princen, 2014).

# Appendix B: The interrelation between supranationalism and intergovernmentalism and European integration

### The interrelation between supranationalism and intergovernmentalism

The overlap between supranationalism and intergovernmentalism is marked as a third perspective on the process of European integration by different scholars. Sweet and Sandholtz (1997) address the interrelation between supranationalism and intergovernmentalism as mutually embedded. Schout and Wolff (2012) consider the interrelation as an underlying linking pin between the supranational European institutions and the intergovernmental individual member states. Furthermore, Schout and Wolff (2012) stress that the two are closely interconnected and mutually reinforcing. Degner (2017) stresses that it are the supranational institutions together with the most powerful individual European member states that are most influential in European negotiations. Therefore, Degner (2017) supports the interrelation between supranationalism and intergovernmentalism.

# Appendix C: European integration and European institutions

*The European Parliament*

The Parliament is a supranational institution, because the members of the Parliament get together in Parliamentary parties on the European level based on their ideological affinities, instead of representing their national parties directly. They are elected in nationally administered elections and sit together in political groups on the basis of the ideological affinities of their national parties (Lelieveldt & Princen, 2014). Despite that the Parliament does not have the right to initiate legislation, it is considered as a predominantly legislative institution due to its advisory powers on legislative issues. These advisory powers translate into a co-decision procedure together with the Council, whereby they scrutinise proposed legislation by the Commission and can propose amendments if necessary. The Parliament needs to approve legislation proposed by the Commission and makes these decisions by absolute majority at the end of all legislative procedures (Lelieveldt & Princen, 2014; Tsebelis & Garrett, 2001). Furthermore, the Parliament also influences the Commission because it needs to approve the full Commission and has the right to approve its President before they can take office (Lelieveldt & Princen, 2014, p. 69).

*The European Court of Justice*

The Court is the judicial branch of the European Union. It is mandated to use and to further strengthen the interpretation of the treaties by resolving conflicts among European institutions themselves, and between these institutions, individual member states and citizens. It is a supranational institution due to its possibility to establish infringement procedures against individual member states that fail to fulfil an obligation under the treaties. Furthermore, the Court has the possibility to call the European institutions to order if they believe that any of the European institutions has not acted in accordance with European law (Lelieveldt & Princen, 2014; Tsebelis & Garrett 2001).

*The Council of Ministers*

The Council is considered as an intergovernmental European institution because it directly represents the national governments of the individual European member states. Together with the Parliament, the Council is a predominantly legislative institution due to its role in approving the proposed Commission legislation. Therefore, Council support through qualified majority voting is necessary for the passage of all European legislation (Tsebelis & Garrett, 2001, p. 357).

## Appendix D: Case selection tables

*Net contribution to the EU-budget, in billion EUR (2020)*
*Source:"EU spending and revenue, table 2020", European Commission*
Contributor (net higher contribution than payout)
Beneficiary (net lower contribution than payout)

*Embeddedness in pharmaceutical industry (2020)*
*Source: 2020 EU R&D Scoreboard, European Commission*
Embedded (at least one of leading European pharmaceutical and biotechnical companies present)
Not embedded (none of leading European pharmaceutical and biotechnical companies present)

*Trust in the EU (2020)*
*Source: "Winter 2020-2021 – Standard Eurobarometer"*
Trust (trust in EU is 50% or higher) = green
Distrust (trust in EU is 49% or lower) = red

*Table D.1: Case selection individual European member states (in alphabetical order). The numbers represent (net contribution to the EU budget, number of leading European pharmaceutical and biotechnical companies present, % trust in EU). The color represents the trust in the EU*

| Characteristics | Beneficiary | Contributor |
|---|---|---|
| **Not embedded in pharmaceutical industry** | Bulgaria (-1,6; 0; 53%)<br>Croatia (-2,2; 0; 51%)<br>Cyprus (0,0; 0; 39%)<br>Czech Republic (-3,5; 0; 48%)<br>Estonia (-0,8; 0; 64%)<br>Greece (-5,8; 0; 37%)<br>Latvia (-1,0; 0; 61%)<br>Lithuania (-2,1; 0; 70%)<br>Luxembourg (-2,1; 0; 55%)<br>Malta (-0,1; 0; 64%)<br>Poland (-13,2; 0; 50%)<br>Romania (-4,9; 0; 58%)<br>Slovakia (-1,7; 0; 50%) | |
| **Embedded in pharmaceutical industry** | Belgium (-4,4; 6; 56%)<br>Hungary (-4,8; 1; 59%)<br>Portugal (-3,3; 1; 78%)<br>Slovenia (-0,6; 1; 55)<br>Spain (-1,8; 4; 52%) | Austria (+1,14; 1; 41%)<br>Demark (+1,3; 13; 62%)<br>Finland (+0,8; 2; 50%)<br>France (+7,8; 23; 39%)<br>Germany (+15,5; 15; 48%)<br>Ireland (+0,1; 12; 74%)<br>Italy (+4,7; 5; 44%)<br>The Netherlands (+3,1; 10; 61%)<br>Sweden (+1,9; 14; 58%) |

*Trust in the EU (2020)*

*Table D.2: Case selection individual European member states based on three different independent variables.*

| **Countries** | **Trust in the EU (2020)** | **Net contribution to EU-budget, in billion EUR (2020)** | **Embeddedness in pharmaceutical industry (2020)** |
|---|---|---|---|
| Austria | Distrust, 41% | Contributor, +1,4 | Embedded, 1 |
| Belgium | Trust, 56% | Beneficiary, –4,4 | Embedded, 6 |
| Bulgaria | Trust, 53% | Beneficiary, -1,6 | Not embedded, 0 |
| Croatia | Trust, 51% | Beneficiary, -2,2 | Not embedded, 0 |
| Cyprus | Distrust, 39% | Beneficiary, 0,0 | Not embedded, 0 |
| Czech Republic | Distrust, 48% | Beneficiary, -3,5 | Not embedded, 0 |
| Denmark | Trust, 62% | Contributor, +1,3 | Embedded, 13 |
| Estonia | Trust. 64% | Beneficiary, -0,8 | Not embedded, 0 |
| Finland | Trust, 50% | Contributor, +0,8 | Embedded, 2 |
| France | Distrust, 39% | Contributor, +7,8 | Embedded, 23 |
| Germany | Distrust, 48% | Contributor, +15,5 | Embedded, 15 |
| Greece | Distrust, 37% | Beneficiary, –5,8 | Not embedded, 0 |
| Hungary | (59%) | Beneficiary, -4,8 | Embedded, 1 |
| Ireland | Trust, 74% | Contributor, +0,1 | Embedded, 12 |
| Italy | Distrust, 44% | Contributor, +4,7 | Embedded, 5 |
| Latvia | Trust, 61% | Beneficiary, -1,0 | Not embedded, 0 |
| Lithuania | Trust, 70% | Beneficiary, -2,1 | Not embedded, 0 |
| Luxembourg | Trust, 55% | Beneficiary, -2,1 | Not embedded, 0 |
| Malta | Trust, 64% | Beneficiary, -0,1 | Not embedded, 0 |
| The Netherlands | Trust, 61% | Contributor, +3,1 | Embedded, 10 |
| Poland | Trust, 50% | Beneficiary, -13,2 | Not embedded, 0 |
| Portugal | Trust, 78% | Beneficiary, -3,3 | Embedded, 1 |
| Romania | Trust, 58% | Beneficiary, -4,9 | Not embedded, 0 |
| Slovakia | Trust, 50% | Beneficiary, -1,7 | Not embedded, 0 |
| Slovenia | Trust, 55% | Beneficiary, -0,6 | Embedded, 1 |
| Spain | Trust, 52% | Beneficiary, -1,8 | Embedded, 4 |
| Sweden | (58%) | Contributor, +1,9 | Embedded, 14 |

# Appendix E Timeline of key events of the European Union related to the COVID-19 vaccine procurement

**February – May 2020**

The first European approach against the Coronavirus consisted of several components, including research on the new Coronavirus outbreak (European Commission, 2020). The European Commission (EC or Commission) mobilised funds to support research on different aspects of the new virus, including research on vaccines [119]. On the **30th of January**, the Commission announced that it will grant €10 million from Horizon 2020, its research and innovation programme, to support research into the new Coronavirus disease (European Commission, 2020).

After it received a mandate from the member states to further step up its response to the Coronavirus on all fronts and coordinate member state actions on the **10th of March**, the Commission stepped up the research and funding to address the Coronavirus to a total of €140 million (European Commission, 2020) [120].

The vaccine research started, and the wait had begun for the first pharmaceutical companies to develop a potential vaccine against the Coronavirus. In March 2020, German biopharmaceutical company CureVac was working on a candidate vaccine when rumours arose about Donald Trump trying to obtain the exclusive vaccine rights by buying the company (Hernández-Morales, 2020). On the **15th of March**, the German Health Ministry confirmed the rumours that the United States government attempted to take over CureVac. On the **16th of March**, the Commission offered €80 millions of financial support to CureVac to scale up development and production of a potential vaccine against the Coronavirus in Europe (European Commission, 2020) [121].

On the **26th of March**, the members of the European Council (the Council) mandated the Commission to come up with a joint European strategy to handle the COVID-19 crisis on the European level, to accelerate its efforts to pursue a joint vaccine procurement initiative and to collaborate on the development of a vaccine (European Council, 2020) [122]. The members of the Council expressed that they would support research, coordinate efforts and to seek synergies within the European scientific and research community to maximise the full potential of research, which includes research on vaccines (European Council, 2020).

[119] Source 1: https://ec.europa.eu/commission/presscorner/detail/en/mex_20_175
Source 2: https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[120] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_440
[121] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_474
[122] https://www.consilium.europa.eu/media/43076/26-vc-euco-statement-en.pdf

On the **20th of April**, the Commission launched a European COVID-19 Data Platform. The aim of this platform is to enable the rapid collection and sharing of available research data on all aspects of the Coronavirus (European Commission, 2020) [123]. According to the Commission, the platform marks an important milestone in the European effort to support researchers in the fight against the Coronavirus (European Commission, 2020).

During a videoconference with all European Health Ministers on the **7th of May**, the Commission showed its support towards the rapid development of potential COVID-19 vaccines (van Rijn, 2020) [124]. European Commissioner Gabriel Kyriakides stated that the EMA will vigorously assess potential vaccines. Furthermore, the Commissioner called upon all member states for quick and coordinated action regarding the development of COVID-19 vaccines. The individual member states expressed their support for a potential joint European COVID-19 vaccine procurement and development strategy (van Rijn, 2020).

**June 2020**

On the **3rd of June**, four individual European member states announced the formation of the Inclusive Vaccine Alliance. Germany, the Netherlands, Italy, and France announced to be working together to obtain COVID-19 vaccines on the European level for the entire European Union and beyond (Ministry of Health, Welfare and Sport, 2020) [125]. The aim of the Alliance is to join forces in negotiations with both potential developers and manufacturers of candidate vaccines COVID-19 vaccines with the intent to obtain as many vaccines as possible as soon as possible. According to the Alliance, international cooperation is still important. The other individual member states will have the opportunity to join the Alliance, and the Commission will be involved in the negotiations with pharmaceutical companies (Ministry of Health, Welfare and Sport, 2020).

On the **11th of June**, the European Investment Bank (EIB) and pharmaceutical company BioNTech concluded a €100 million debt financing agreement (European Commission, 2020) [126]. The aim of the loan is to support the development of the company's candidate vaccine, as BioNTech is the first European pharmaceutical company to enter the clinical testing phase with its candidate vaccine (European Commission, 2020).

[123] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_680?
[124] https://www.rijksoverheid.nl/documenten/publicaties/2020/06/05/verslagen-videoconferenties-eu-gezondheidsministers-20-27-april-en-7-mei
[125] https://www.government.nl/latest/news/2020/06/03/france-germany-italy-and-the-netherlands-working-together-to-find-a-vaccine-for-countries-in-europe-and-beyond
[126] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1034

At the European Council in June, the Commission was mandated by all individual European member states to organise the joint procurement of COVID-19 vaccines (Questions & Answers on vaccine negotiations, 2021) [127]. As a result of this mandate, the Commission started talks with the pharmaceutical companies that looked most promising as vaccine manufacturers (Questions & Answers on vaccine negotiations, 2021). On the **12th of June 2020**, as a response to the mandate of all European member states, the Commission stated that a joint European vaccine procurement approach would be faster, easier, and cheaper for all member states. Furthermore, the Commission announced that it had already been discussing a joint European vaccine strategy with member states and vaccine suppliers for several weeks (European Council, 2020).

On the **13th of June**, the Inclusive Vaccine Alliance announced that it secured a deal with AstraZeneca on the European level (Contract for possible coronavirus vaccine for Europe, 2020)[128]. If the vaccine development proves to be successful, AstraZeneca will provide the EU with 300 to 400 million vaccine doses in stages, starting at the end of 2020. Again, The Alliance emphasised that it is open to cooperation at the European level, by stating that all individual member states can sign up to the AstraZeneca deal under the same conditions as the original members of the Alliance (Contract for possible coronavirus vaccine for Europe, 2020).

Not long after the Alliance closed its first deal with a pharmaceutical company for the development and procurement of a candidate COVID-19 vaccine the Commission unveiled its European vaccine strategy [129]. The Commission argues that an effective and safe vaccine against COVID-19 is Europe's best permanent solution to the Coronavirus pandemic. Therefore, on the **16th of June**, the Commission presented a European strategy with the aim to accelerate the development, manufacturing, and deployment of the candidate vaccines against COVID-19, to ensure the quality and safety of vaccines, to ensure the swift access to vaccines all individual member states, and to ensure access to affordable vaccines within 12 to 18 months (European Commission, 2020) [130]. Through the strategy the Commission is mandated to close so-called 'Advanced Purchase Agreements' (APA) with pharmaceutical companies to procure candidate vaccines on behalf of all individual member states (European Commission, 2020) [131]. According to the Commission, the unveiling of the European vaccine strategy proposes a joint European vaccine approach and is therefore a response to the mandate received from the individual member states (European Commission, 2020). The Commission also stated that the joint strategy builds further on the efforts of the Alliance. This is because the Commission, together with the newly appointed Joint Negotiation Team that will negotiate on behalf of the Commission and all

[127] https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_48
[128] https://www.government.nl/latest/news/2020/06/13/contract-for-possible-coronavirus-vaccine-for-europe
[129] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[130] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1103
[131] More information on Advanced Purchase Agreements in the context of EU vaccine procurement https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_48
https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1103

individual member states [132], continued the negotiations that were started by the Alliance and started negotiations with a total of six vaccine manufacturers (European Commission, 2020).

**Criticism on secrecy of negotiators of the Joint European COVID-19 vaccine procurement strategy**

The development of the Joint European COVID-19 Vaccine Procurement strategy got a lot of criticism. The Commission is accused of being non-transparent as it withholds the names of the Covid-19 vaccine negotiators that were part of the Joint Negotiation Team (Peigné, 2021; Wegener, 2021). Furthermore, the precise contents of the concluded APAs are unavailable for scrutiny because the number of vaccines procured, and prices are blacked out in the agreements. The European Parliament has requested more transparency from the Commission regarding the development, purchase, and distribution of the COVID-19 vaccines as part of the developed joint European vaccine procurement strategy (European Parliament resolution of 21 October 2021 on EU transparency in the development, purchase, and distribution of COVID-19 vaccines (2021/2678(RSP)), 2021).

**July – August 2020**

On the **6th of July**, the Commission and EIB provide pharmaceutical company CureVac with a loan of €75 million for the development and large-scale production of vaccines [133]. These include the pharmaceutical company's candidate vaccine against the Coronavirus, which is in the clinical testing phase (European Commission, 2020) [134].

On the **31st of July**, the Commission has concluded exploratory talks with Sanofi-GSK to purchase a potential candidate vaccine against the Coronavirus (European Commission, 2020) [135]. The candidate vaccine is expected to apply for market authorisation from the EMA in June 2021. If the vaccine proves to be successful, the EU can purchase 300 million vaccine doses on behalf of its member states (European Commission, 2020).

[132] The Joint Negotiation Team consists of negotiators from seven member states which contain a handful representatives from France, Italy, Germany, the Netherlands, Spain, Poland and Sweden, and is appointed by the Steering Committee and the Commission. More information on the Joint Negotiation Team and Steering Committee https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_48

[133] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en

[134] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1238

[135] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1439

**What does the conclusion of exploratory talks with pharmaceutical companies entail?**

The negotiations between the Commission, the Joint Negotiation Team and pharmaceutical companies aiming to develop and produce candidate COVID-19 vaccines is part of the joint European vaccine procurement strategy (European Commission, 2020). The conclusion of exploratory talks derives from the negotiations with pharmaceutical companies able to offer vaccine doses of the candidate vaccine against the Coronavirus after it is proven to be safe and effective. Once a potential candidate vaccine has proven to be effective and safe against the Coronavirus, there is a contractual framework in place for the purchase of vaccine doses for the entire EU (European Commission, 2020).

On the **13th of August**, the Commission concluded exploratory talks with pharmaceutical company Johnson & Johnson to purchase a potential candidate vaccine against the Coronavirus (European Commission, 2020) [136]. If the vaccine proves to be successful, the EU has the contractual framework in place to purchase 200 million vaccine doses on behalf of its member states, with the option to purchase another 200 million vaccine doses later (European Commission, 2020).

On the **14th of August**, the Commission reached a first agreement with AstraZeneca for the purchase of a candidate vaccine against COVID-19. After the vaccine proves to be successful, the EU has agreed to purchase 300 million doses of the AstraZeneca candidate vaccine, with an option to purchase 100 million more, on behalf of all member states (European Commission, 2020) [137].

On the **18th of August**, the Commission concluded exploratory talks with CureVac to purchase a potential candidate vaccine against the Coronavirus (European Commission, 2020) [138]. If the vaccine proves to be successful, the EU has the contractual framework in place to purchase 225 million vaccine doses on behalf of its member states (European Commission, 2020).

On the **24th of August**, the Commission concluded exploratory talks with pharmaceutical company Moderna to purchase a potential candidate vaccine against the Coronavirus (European Commission, 2020) [139]. If the vaccine proves to be successful, the EU has the contractual framework in place to purchase 80 million vaccine doses on behalf of its member states, with the option to purchase up to 80 million additional vaccine doses later (European Commission, 2020).

[136] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1481
[137] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1438
[138] https://ec.europa.eu/commission/presscorner/detail/en/IP_20_1494
[139] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1513

Not soon after reaching a first agreement, the APA with AstraZeneca entered into force on the **31st of August**. It is the first contract securing vaccines for the entire EU that the Commission has negotiated on behalf of all individual member states [140]. The contract enables the individual member states to procure a total of 300 million doses of the AstraZeneca vaccine on a pro-rata basis of 3,89 percent based on population size (European Commission, 2020) [141]. The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2020).

**September – October 2020: Further extension EU's COVID-19 vaccine portfolio**

On the **9th of September**, the Commission concluded exploratory talks with pharmaceutical company BioNTech/Pfizer to purchase a potential candidate vaccine against the Coronavirus (European Commission, 2020) [142]. If the vaccine proves to be successful, the EU has the contractual framework in place to purchase 200 million vaccine doses, with the option to purchase up to 100 million additional vaccine doses. The Commission stated that it completed its vaccines portfolio after the conclusion of the exploratory talks with BioNTech/Pfizer (European Commission, 2020).

A second contract with a pharmaceutical company for the procurement of a candidate COVID-19 vaccine entered into force on the **18th of September**. The contract with pharmaceutical company Sanofi-GSK enables all member states to procure a total of 300 million doses of the Sanofi-GSK candidate vaccine on a pro-rata basis of 3,89 percent based on population size (European Commission, 2020) [143]. The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2020).

On the **8th of October**, the APA with Janssen Pharmaceutica NV, which is part of Janssen Pharmaceutical Companies from Johnson & Johnson [144], entered into force as the third European vaccine procurement deal (European Commission, 2020) [145]. The contract enables all member states to procure a total of 200 million doses of the candidate vaccine on a pro-rata basis of 3,89 percent based on population size, with the option to procure an additional 200 million vaccine doses (European Commission, 2020). The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2020).

[140] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[141] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1524
[142] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1556
[143] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1680
[144] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[145] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1829

**November – December 2020**

On the **11th of November**, the fourth contract with a pharmaceutical company for the procurement of a candidate COVID-19 vaccine entered into force. The contract with BioNTech/Pfizer enables all member states to procure 200 million vaccine doses on a pro-rata basis of 3,89 percent based on population size, plus an option to procure up to 100 million vaccine doses (European Commission, 2020) [146]. The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2020).

On the **17th of November**, the APA with CureVac entered into force as the fifth European vaccine procurement deal (European Commission, 2020) [147]. The contract enables all member states to procure a total of 225 million vaccine doses of the CureVac vaccine on a pro-rata basis of 3,89 percent based on population size, with the option to procure an additional 180 million vaccine doses. The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2020).

On the **25th of November**, the sixth contract with a pharmaceutical company for the procurement of a candidate COVID-19 vaccine entered into force. The contract with Moderna enables all member states to procure 90 million vaccine doses on a pro-rata basis of 3,89 percent based on population size, plus an option to procure up to 80 million vaccine doses (European Commission, 2020) [148]. The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2020).

On the **17th of December**, the Commission concluded exploratory talks with pharmaceutical company Novavax to purchase a potential candidate vaccine against the Coronavirus (European Commission, 2020) [149]. If the vaccine proves to be successful, the EU has the contractual framework in place to purchase 100 million vaccine doses, with the option to purchase up to 100 million additional vaccine doses (European Commission, 2020).

On the **21st of December**, the Commission authorised the first safe and effective vaccine against the Coronavirus [150]. The COVID-19 vaccine developed by BioNTech/Pfizer is the first vaccine against the Coronavirus to obtain a conditional marketing authorisation (CMA) from the Commission (European Commission, 2020) [151].

**January 2021**

[146] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2081
[147] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2136
[148] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2200
[149] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2305
[150] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[151] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2466

On the **6th of January**, the Commission granted conditional market authorisation to the Moderna vaccine, as it is the second vaccine after the BioNTech/Pfizer vaccine to prove to safe and effective against the Coronavirus (European Commission, 2021) [152].

On the **8th of January**, the Commission proposed to procure an additional 200 million doses of the BioNTech/Pfizer COVID-19 vaccine, with the option to procure another 100 million vaccine doses [153]**.** The Commission's proposal would enable the EU to procure up to 600 million BioNTech/Pfizer vaccine doses. According to the Commission, the additional doses will be delivered in the second quarter of 2021 (European Commission, 2021) [154].

On the **12th of January**, the Commission concluded exploratory talks with a seventh potential COVID-19 vaccine manufacturer, Valneva (European Commission, 2021) [155]. If the vaccine proves to be successful, the EU has the contractual framework in place to purchase 30 million vaccine doses on behalf of its member states, with the option to procure an additional 30 million doses (European Commission, 2021).

On the **22nd of January**, pharmaceutical company AstraZeneca announced that they have to delay the delivery of the vaccine doses of the COVID-19 vaccine to the EU countries for up to a month (Fortuna, 2021). According to AstraZeneca, the cause of the delay are the problems at their production facility in Belgium and due to lower than anticipated production yield impacting the number of doses produced per batch (Fortuna, 2021) [156].

Due to the importance of the timely delivery of vaccines as set out in the APAs, the Commission discussed the content of AstraZeneca's announcement together with the national governments and AstraZeneca at a steering board meeting on the **25th of January** (Fortuna, 2021) [157]. After this meeting, European Health Commissioner Stella Kyriakides released a press statement stating that the answers from AstraZeneca have not been satisfactory yet and that a second meeting is necessary (European Commission, 2021) [158]. The Commission expects that the original contractual obligations laid out in the advanced purchase agreement regarding the delivery of vaccines will be met by AstraZeneca (Fortuna, 2021). The shortage problem will only affect the EU because the deliveries to the United Kingdom, who also struck a deal with the

[152] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3
[153] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[154] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_9
[155] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_51
[156] Source 1 https://www.astrazeneca.com/media-centre/articles/2021/astrazenecas-covid-19-vaccine-european-union-supply-commitment.html
Source 2 https://www.euractiv.com/section/coronavirus/news/eu-astrazeneca-row-heats-up-as-commission-asks-to-publish-contract/
[157]https://www.euractiv.com/section/coronavirus/news/astrazeneca-vaccine-deliveries-must-be-delivered-commission-says/
[158] https://ec.europa.eu/commission/presscorner/detail/en/speech_21_211

pharmaceutical company, will be continued as planned. Because of the vaccine delivery delay to the EU, the Commission intends to activate an export transparency mechanism for more clarity on transactions and full transparency concerning the export of vaccines from the EU (European Commission, 2021). This entails that soon, all companies producing vaccines against COVID-19 in the EU will have to provide early notification whenever they want to export vaccines to countries outside the EU.

On the **27th of January**, the Commission and AstraZeneca held another meeting with the aim to get more clarification but has not been achieved. According to the Commission, the pharmaceutical company failed again to provide a specific timeline for deliveries. Furthermore, the company claims that it has not been in breach with the APA (Fortuna, 2021) [159]. According to AstraZeneca, it has signed a so-called 'best effort agreement', as it argues that it is not obliged to deliver because they have signed a so-called best effort agreement, which exempts the company from specific delivery deadlines (Fortuna, 2021). In addition, AstraZeneca argued that the deliveries to the European countries are also delayed due to the contract between the company and the UK, which according to the company was signed three months earlier than the contract with the EU (Byrne, 2021) [160]. AstraZeneca argues that vaccines coming from the UK production sites are shipped off to the UK, and the vaccines from the EU production sites to the EU (Byrne, 2021). As a response to the statement of AstraZeneca that it is not in breach with the contract, the Commission requested AstraZeneca to publish the redacted contract between the Commission and the pharmaceutical company (Fortuna, 2021).

On the **29th of January**, the redacted contract between the Commission AstraZeneca, proving that the contract does contain specific delivery dates and that AstraZeneca is in breach with the contract (European Commission, 2021) [161]. On the same day as the Commission published its contract with AstraZeneca, the Commission granted conditional market authorisation to the AstraZeneca vaccine, as it is the third vaccine to prove to safe and effective against the Coronavirus (European Commission, 2021) [162]. According to the Commission, AstraZeneca will deliver a total of 400 million vaccine doses throughout 2021 (European Commission, 2021).

**February – March 2021**

On the **17th of February**, the Commission closed a second contract with pharmaceutical company Moderna, which secured an additional procurement of 300 million vaccine doses. According to the Commission, half of the doses will be delivered in 2021, and there is an option

[159] https://www.euractiv.com/section/coronavirus/news/eu-astrazeneca-row-heats-up-as-commission-asks-to-publish-contract/
[160] https://www.biopharma-reporter.com/Article/2021/01/28/AstraZeneca-partner-facility-in-Belgium-inspected-no-let-up-in-row-over-vaccine-deliveries-to-EU
[161] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_302
[162] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_306

to procure the other half in 2022 (European Commission, 2021) [163]. The contract entails the obligation for Moderna to adapt the vaccines to virus mutations against which existing vaccines do not sufficiently protect. Furthermore, the contract gives the individual member states the right to indicate which versions of the Moderna vaccine (against which virus variant) they want to procure (De Jonge, June 2021).

After proposing the procurement of more BioNTech/Pfizer vaccines at the beginning of 2021, the Commission closed a second vaccine deal with BioNTech/Pfizer for the delivery of 4 million additional COVID-19 vaccines doses on **10th of March** (European Commission, 2021) [164]. According to the Commission, BioNTech/Pfizer will deliver the additional 4 million vaccine doses to the individual European member states before the end of March 2021, to tackle the hotspots of the Coronavirus (European Commission, 2021).

On the **11th of March**, the Commission granted conditional market authorisation to the Janssen Pharmaceutica NV vaccine, one of the Janssen Pharmaceutical Companies of Johnson & Johnson, as the fourth vaccine to prove to safe and effective against the Coronavirus (European Commission, 2021) [165]. With the CMA, the pharmaceutical company can deliver 200 million doses of its COVID-19 vaccine to European countries, starting in the second quarter of 2021 (European Commission, 2021).

On the **24th of March**, the Commission announced a new procedure to facilitate and speed up approval of adapted vaccines against COVID-19 variants [166]. The new procedure should speed up the authorisation of adapted COVID-19 vaccines. The procedure makes provisions in the relevant EU legislation, which enables the authorisation of adapted vaccines with a smaller set of additional data submitted to the EMA (European Commission, 2021) [167].

**April - August 2021**

On the **13th of April**, the Commission searched for clarification from Johnson & Johnson after the pharmaceutical company announced that it is delaying the delivery of its coronavirus vaccine across Europe (Henley, 2021) [168]. The delay is the consequence of the concerns about a small number of blood clots after the usage of the vaccine in the US. The pharmaceutical company announced that it first will review these cases with the EMA before continuing with delivering COVID-19 vaccines to the EU (Henley, 2021).

[163] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_655
[164] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1101
[165] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1085
[166] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[167] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1088
[168] https://www.theguardian.com/society/2021/apr/13/eu-urgent-clarification-johnson-johnson-covid-vaccine-delay-europe

On the **14th of April**, the Commission announced that it reached another agreement with BioNTech/Pfizer to further speed up the delivery of its COVID-19 vaccines to the EU [169]. The agreement ensures that the additional 50 million vaccine doses, which were initially foreseen for the fourth quarter of 2021, will already be delivered in the second quarter of 2021 (von der Leyen, 2021) [170]. Furthermore, the Commission also announced that it entered negotiations with BioNTech/Pfizer for a third vaccine procurement contract. This contract would secure the delivery of 1.8 billion doses of the BioNTech/Pfizer vaccine over the period of 2021 to 2023 (von der Leyen, 2021).

On the **26th of April**, the Commission started legal action against AstraZeneca on behalf of all individual European member states over its vaccine delivery shortfalls (Boffey, 2021) [171]. The Commission takes legal action as it argues that some parts of the contract have been breached by AstraZeneca, and the pharmaceutical has failed to come up with a reliable strategy to ensure the timely delivery of the promised COVID-19 vaccine doses to the EU so far (Boffey, 2021).

On the **20th of May**, the Commission reached its third vaccine procurement contract with BioNTech/Pfizer. The contract secures the reservation of an additional 1.8 billion COVID-19 vaccine doses for all individual member states, between the end of 2021 to 2023 (European Commission, 2021) [172]. This means that the contract enables the procurement of 900 million doses of the current version of the vaccine and of a vaccine that is adjusted to variants of the Coronavirus. Furthermore, the option exists to procure an additional 900 million vaccine doses (European Commission, 2021). The contract also entails that the EU is entitled to modified vaccines in the case of serious Coronavirus mutations emerging, against which the current vaccine does not sufficiently protect. Furthermore, production takes place almost entirely in the EU and the EU supply priority when the global supply chain is experiencing shortages (De Jonge, June 2021).

On the **18th of June**, a Belgian court ruled that AstraZeneca must deliver a total of 50 million vaccine doses to the EU before the 27th of September 2021, on top of the 30 million vaccine doses that it already delivered (BBC, 2021) [173]. The Commission wanted more vaccine doses than the court ordered AstraZeneca to deliver, namely a total of 120 million vaccine doses by the end of June 2021, and another 300 million vaccine doses by the end of September 2021 (BBC, 2021). Nevertheless, the Commission considered the court's ruling as a victory, as it considers the ruling proof for the contract breach of vaccine deliveries by AstraZeneca (BBC, 2021).

[169] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[170] https://ec.europa.eu/commission/presscorner/detail/en/statement_21_1741
[171] https://www.theguardian.com/world/2021/apr/26/eu-starts-legal-action-against-astrazeneca-over-vaccine-shortfalls
[172] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_2548
[173] https://www.bbc.com/news/56483766

On the **4th of August**, the Commission closed its seventh contract with a pharmaceutical company to procure COVID-19 vaccines [174]. The contract with Novavax enabled all member states to procure up to 100 million vaccine doses of the Novavax vaccine, with the option to procure an additional 100 million vaccine doses spread over 2021, 2022, and 2023 (European Commission, 2021) [175]. According to the Commission, the vaccine doses will be delivered in the fourth quarter of 2021 and in 2022 (European Commission, 2021).

**September – December 2021**

On the **3rd of September**, the Commission reached an agreement with AstraZeneca ending all pending litigation before the Brussels Court [176]. The agreement secured the delivery of the remaining COVID-19 vaccine doses to the EU as agreed upon in the APA with AstraZeneca to a total of 300 million vaccine doses (European Commission, 2021) [177]. AstraZeneca made a commission to deliver an additional 135 million vaccine doses by the end of 2021, and the remaining 65 million vaccine doses by the end of March 2022 (European Commission, 2021).

On the **10th of November**, the APA between the Commission and Valneva entered into force as the eight European vaccine procurement deal (European Commission, 2021) [178]. The contract enables all member states to procure up to 27 million vaccine doses of the Valneva vaccine in 2021, on a pro-rata basis of 3,89 percent based on population size, with the option to procure up to 33 million additional vaccine doses in 2022. The vaccine will be supplied once it has proven to be safe and effective against the Coronavirus (European Commission, 2021).

On the **12th of December**, the Commission granted conditional market authorisation to the Novavax vaccine, as it is the fifth vaccine to prove to be safe and effective against the Coronavirus (European Commission, 2021) [179]. With the gained CMA, Novavax will be able to deliver up to 100 million doses of its COVID-19 vaccine to the European member states. According to the Commission, the delivery will start in the first quarter of 2022 (European Commission, 2021).

[174] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[175] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_4061
[176] https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en
[177] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_4561
[178] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_5784
[179] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_6966

# Appendix F Timeline of key events of the Netherlands related to the COVID-19 vaccine procurement

## March – April 2020

On the **18th of March**, the Dutch House of Representatives called on the Dutch cabinet to put in every effort at national and European level to prevent the monopolisation of a vaccine against the Coronavirus by one company or country, and to take emergency measures to prevent this if necessary (Hijink, 2020) [180].

On the **25th of March**, the Dutch minister of Health, Welfare and Sport, Martin van Rijn, stated that he will put his best effort internationally to prevent call monopolisation of the vaccine. Both the Netherlands and the Commission have taken several actions to ensure that a vaccine becomes available to everyone as quickly as possible, as he believes that international cooperation and solidarity regarding vaccine procurement are crucial to face the pandemic (Van Rijn, March 2020) [181]. Furthermore, the House of Representatives asked van Rijn how far he is willing to go to secure vaccines for the Dutch population, as a response to the attempt of the U.S. government to buy the German pharmaceutical company CureVac. As a response, van Rijn argued that he is prepared to strike deals with pharmaceutical companies for the procurement of a COVID-19 vaccine outside potential European alliance if it is necessary to secure vaccines quickly (Van Rijn, March 2020).

On the **31st of March**, new Dutch minister of Health, Welfare and Sport, Hugo de Jonge, announced that Prime Minister Mark Rutte held different meetings with Janssen Pharmaceuticals about the possibility of developing and testing a potential COVID-19 vaccine on Dutch soil in their production site in Leiden (De Jonge, March 2020) [182]. In **April**, Janssen Pharmaceuticals invested in its production sites to prepare for the development of its vaccine against the Coronavirus. Janssen also invested in its Dutch site, which is in Leiden (Van Rijn, April 2020) [183].

In **April**, according to the media, the Dutch government received an investment opportunity from the University of Oxford (which would later merge to produce the AstraZeneca vaccine) in

[180] Parliamentary document nr. 174, Hijink. https://zoek.officielebekendmakingen.nl/kst-25295-174.pdf
[181] Letter of government, van Rijn. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/03/25/beantwoording-kamervragen-over-het-opkopen-van-een-duits-bedrijf-dat-aan-een-coronavaccin-werkt-door-de-amerikaanse-president-trump-om-een-vaccin-uitsluitend-voor-amerikanen-te-verwerven
[182] Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/03/31/kamerbrief-covid-19---update-stand-van-zaken-31-maart
[183] Letter of government, van Rijn. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/04/24/beantwoording-kamervragen-over-het-bericht-dat-costa-rica-de-who-oproept-een-internationale-pool-op-te-richten-voor-intellectueel-eigendom-inzake-covid-19

Dutch production site Halix for a potential COVID-19 vaccine (Spekschoor, 2021) [184]. According to the media, the potential Dutch investment deal COVID-19 vaccine AstraZeneca failed in May (Spekschoor, 2021) [185].

**The Netherlands and potential vaccine deal with Oxford University/AstraZeneca**

The University of Oxford also approached the Dutch government for an investment of 10 million euros for its potential COVID-19 vaccine production location of company Halix in Leiden (Spekschoor, 2021). Prior to the investment request to the Dutch government, the British government had already invested 25 million euros. After the British government announced that they did not want to invest in foreign production sites anymore, the University of Oxford searched for other investors. Because they considered Halix in Leiden as a potential production site, they contacted the Dutch government through Pieter Omtzigt, a member of Dutch parliament (Spekschoor, 2021). Omtzigt discussed the potential Halix investment with Rutte, and multiple conversations between Halix and the Dutch government followed. In May 2020, the Dutch government asked Halix to come up with a concrete investment plan, but this plan never came as Halix gave notice that they did not need the investment anymore due to the partnership between the University of Oxford and AstraZeneca (Spekschoor, 2021). The termination of the conversations between Halix and the Dutch government has led to the fact that the Dutch government did not invest in Halix (Spekschoor, 2021). Both Pieter Omtzigt and AstraZeneca were asked to respond to why the investment deal in Halix failed, but both did not respond (Spekschoor, 2021).

**May – June 2020**

During a press conference on the **6th of May**, de Jonge stated that he believes that the vaccines against the Coronavirus will be the only way out of the pandemic. Furthermore, he argued that the first vaccine will be available somewhere between half a year and a year from May 2020 on (Dutch Government, May 2020) [186] .

On the **7th of May**, as a response to the call of the Commission for quick and coordinated action regarding the development of COVID-19 vaccines, the Netherlands indicated that it would

[184] https://nos.nl/artikel/2374706-nederland-benaderd-om-te-investeren-in-miljoenen-doses-vaccin-zo-liep-het-mis
[185] https://nos.nl/artikel/2374705-nederland-liep-kans-op-miljoenen-oxford-vaccins-mis
[186] Press conference Dutch Government https://www.rijksoverheid.nl/documenten/mediateksten/2020/05/06/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-na-afloop-van-crisisberaad-kabinet

consider participating in such a joint procurement strategy once there is more clarity regarding the modalities (Van Rijn, May 2020) [187].

After the announcement of the formation of the Inclusive Vaccine Alliance as the vaccine procurement collaboration between four individual European member states, Hugo de Jonge announced the Dutch participation in the Alliance on the **3rd of June** (De Jonge, June 2020) [188]. The aim of the initiative is to close deals with different pharmaceutical companies to develop and produce vaccines and to secure COVID-19 vaccines on the European level, in cooperation with the European Commission (De Jonge, June 2020). Therefore, the Alliance is composed out of four member states that all have strong ties to pharmaceutical companies that have the pharmaceutical facilities to develop and produce vaccines (De Jonge, June 2020). However, according to de Jonge all other individual European member states can join the Alliance. Multiple conversations are taking place with different pharmaceutical companies because it is too early to tell which pharmaceutical company will succeed in producing a COVID-19 vaccine (De Jonge, June 2020). In addition, the Memorandum of Understanding (MoU) between Germany, France, Italy, and the Netherlands, is published containing the missions and goals of the Alliance (National Governments, 2020) [189].

**The Inclusive Vaccine Alliance and its Memorandum of Understanding (MoU)**

The MoU between Germany, France, Italy, and the Netherlands, is the foundation of the Inclusive Vaccine Alliance and functions as an understanding between the four individual member states. Furthermore, the MoU entails the mission and goals of the Alliance in writing. The mission of the Alliance is to negotiate a reasonable vaccine price with pharmaceutical companies that is equal for all member states participating in the agreements entered by the Alliance. All member states that are part of the Alliance will commit themselves to affordability and availability of vaccines for vulnerable countries, which has been agreed upon through the Memorandum of Understanding.

On the **13th of June**, the Netherlands, together with the other members of the Alliance, made a deal with AstraZeneca for the procurement of 300 million COVID-19 vaccines (De Jonge, June

[187] Report video conference 27 EU health ministers and Commission
https://www.rijksoverheid.nl/documenten/publicaties/2020/06/05/verslagen-videoconferenties-eu-gezondheidsministers-20-27-april-en-7-mei
[188] Letter of government, de Jonge.
https://www.rijksoverheid.nl/documenten?trefwoord=vaccins&onderdeel=Ministerie%20van%20Volksgezondheid%2C%20Welzijn%20en%20Sport&startdatum=01%2D02%2D2020&einddatum=12%2D01%2D2021&pagina=5
[189] MoU between Germany, France, Italy and the Netherlands
https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/publicaties/2020/06/04/memorandum-of-understanding-between-germany-france-italy-and-the-netherlands/Memorandum+of+Understanding+.pdf

2020) [190]. According to De Jonge, this deal will secure around 60 million COVID-19 vaccines for the Netherlands, with the possibility to scale up to around 100 million vaccines (De Jonge, June 2020).

After the Commission announced its 'joint European vaccine procurement strategy' on the **18th of June**, the Dutch government received the joint European vaccine procurement agreement on the same day (De Jonge, June 2020) [191]. The Dutch government decided to engage with the Commission's joint European vaccine procurement agreement, by which the Commission was mandated to procure COVID-19 vaccines on behalf of the Netherlands. Furthermore, de Jonge informed the House of Representatives that the Commission takes over all the negotiations of the Alliance and appointed the Netherlands as part of its Joint Negotiation Team (De Jonge, June 2020).

During a press conference on the **24th of June**, de Jonge elaborated upon the role of the Alliance in the vaccine development progress. He argued that the Netherlands, together with Germany, France, and Italy, had taken the lead in developing accessible and affordable vaccines against the Coronavirus. Furthermore, he stated that other member states are joining the initiative and that the Alliance is continuing to work together with the Commission in the form of the Joint Negotiation Team (Dutch Government, June 2020) [192].

On the **25th of June**, de Jonge answered questions regarding the takeover of the Alliance negotiations by the Commission (De Jonge, June 2020) [193]. De Jonge argued that the basic premise is that every agreement should be accessible to all EU Member States under the same conditions as for the initiators, and that it is a good step forward that the Commission has now also taken a step forward with the presentation of its joint European vaccine strategy (De Jonge, June 2020). The four countries of the Alliance will conduct ongoing and upcoming negotiations together with the Commission in a Joint Negotiation Team with the Commission's 2.7 billion euros budget, which is also meant to invest in expanding production capacity in Europe. De Jonge argued that the Alliance is happy to share their knowledge and expertise at the disposal of this broad European collaboration and considers the current approach as the reinforcement of both the efforts of the Alliance and the EU vaccine strategy (De Jonge, June 2020).

On the **30th of June**, de Jonge answered questions of the House of Representatives regarding whether it was expected that pharmaceutical companies will use the vaccine scarcity to drive up

[190] Letter of government, de Jonge.
https://www.rijksoverheid.nl/documenten/kamerstukken/2020/06/13/overeenkomst-kansrijk-vaccin
[191] Letter of government, de Jonge.
https://www.tweedekamer.nl/kamerstukken/brieven_regering?qry=Aankoop+COVID-19-vaccins&fld_prl_kamerstuk=Brieven+regering&fld_tk_categorie=kamerstukken&srt=date%3Aasc%3Adate&clusterName=Tweedekamer.nl&sta=1
[192] Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2020/06/24/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-na-afloop-van-crisisberaad-kabinet-24-6-2020
[193] Letter of government, de Jonge.
https://www.rijksoverheid.nl/documenten/kamerstukken/2020/06/25/beantwoording-kamervragen-over-de-bestelling-van-300-miljoen-vaccins-bij-astrazeneca

prices and play countries off against each other (De Jonge, June 2020) [194]. De Jonge responded that, once safe and effective vaccines become available, there will indeed be a scarcity, and this could push prices up. However, he argued that, by concluding agreements at an early stage about the number of vaccine doses and the upscaling of production facilities, price increases can be prevented (De Jonge, June 2020). Furthermore, he argued that pricing arrangements have been made in the cooperation agreement with AstraZeneca to make sure that the vaccines will come available at affordable prices. Furthermore, he argued that has been agreed with AstraZeneca that the company will supply the vaccines at cost price, and that the vaccines will be produced as much as possible in the EU (De Jonge, June 2020).

**August – September 2020**

After the APA with AstraZeneca entered into force on the **17th of August**, the Netherlands procured 10 million vaccine doses (De Jonge, August 2020) [195]. Furthermore, de Jonge stated that he expects the AstraZeneca vaccine to be the first vaccine approved by the EMA and to receive conditional marketing authorisation (CMA) by the Commission (De Jonge, August 2020).

During a press conference on the **1st of September**, de Jonge argued that exploratory talks with five vaccine suppliers have been concluded and that the first test results of those vaccines are encouraging. Furthermore, he argued that, if all goes well, he hopes to receive the first vaccines in the first months of 2021 (Dutch Government, September 2020) [196].

**Vaccine development as complicated pre-investment business**

During a press conference, Dutch Health minister Hugo de Jonge explained why investing in vaccines against the Coronavirus is complicated. Before making an investment in a vaccine supplier, it is not clear whether the vaccine will be successful (Dutch Government, September 2020). Therefore, there must be pre-invested in different vaccines to see which vaccines will be successful. According to de Jonge, this entails that an incredible amount of money and time is spent on the best possible vaccine developers that already have a candidate vaccine that has a chance. Further investment will enable those developers to get conditional market authorisation and to start production as soon as possible (Dutch Government, September 2020).

[194] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-05b12e51-5910-4da1-b3d9-b211f265330d/1/pdf/beantwoording-kamervragen-over-de-inclusieve-vaccin-alliantie.pdf
[195] Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/08/17/kamerbrief-inzake-aankoop-vaccins
[196] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2020/09/01/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-1-9-2020

After the APA with Sanofi-GSK went into force on the **18th of September**, the Netherlands procured 11,7 million vaccine doses. The nature of this contract is slightly different from the contract with AstraZeneca, as the Netherlands can decide whether it wants to procure vaccines from Sanofi-GSK (De Jonge, September 2020) [197]. De Jonge stated that he will decide after being informed about the results of the clinical testing phases I and II, which he expects to be in December 2020, and January 2021(De Jonge, September 2020).

**The failed market authorisation of the Sanofi-GSK vaccine**

The EMA started the review for market authorisation of the candidate-vaccine of Sanofi-GSK in July 2021 (LaHucik, 2021). However, the candidate-vaccine of Sanofi-GSK is still not market authorised on the 7th of August 2022 (COVID-19 vaccines: authorised - European Medicines Agency, n.d.).

On the **1st of October** and the **6th of October**, de Jonge answered questions of the House of Representatives regarding the margins of profit for the pharmaceutical companies producing COVID-19 vaccines and the confidentiality agreement of the negotiators of the EU contracts (De Jonge, October 2020) [198]. De Jonge referred to the press release of nine pharmaceutical companies signing a pledge to continue to make the safety and well-being of vaccinated individuals the top priority in development of the first COVID-19 vaccines, instead of making profits out of fighting the pandemic (De Jonge, October 2020; Johnson and Johnson, 2020) [199]. He argued that this is also the case with the margins of profit of AstraZeneca, as he referred to a press statement wherein the company stated that it does not want to make profit from selling COVID-19 vaccines (AstraZeneca, 2020) [200].

De Jonge is not allowed to answer questions regarding the margins of profit of pharmaceutical companies and other specific arrangements laid down in the APAs in detail, such as price agreements and prices per vaccine dose, because he is bound to a confidentiality agreement together with all representatives from the 27 individual member states (De Jonge, October 2020).

[197] Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/09/18/kamerbrief-over-aankoop-covid-19-vaccins
[198] Source 1: Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-bf73b7ad-6fbb-4c4f-bbf4-9a72c67807ce/1/pdf/beantwoording-kamervragen-over-het-bericht-farmalobby-wil-dekking-tegen-claims-over-vaccins.pdf
Source 2: Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/10/06/beantwoording-kamervragen-over-onrust-over-onderhandelingen-covid-19-vaccins
[199] Press release, Johnson & Johnson. https://www.jnj.com/biopharma-leaders-unite-to-stand-with-science
[200] Press release, AstraZeneca. https://www.astrazeneca.com/content/astraz/media-centre/press-releases/2020/astrazeneca-concludes-agreement-with-the-european-commission-for-the-supply-of-up-to-400-million-doses-of-azd1222-covid-19-vaccine.html

Furthermore, the identity of the representatives of the seven member states taking place in the Joint Negotiation Team are unknown. All negotiators from the seven member states are acting on behalf of their own government and therefore signed an affidavit to ensure that their identities will not be revealed (De Jonge, October 2020). According to de Jonge, the identity of the Dutch representative is not deliberately kept secret [201]. However, the other six member states represented in the Joint Negotiation Team may feel differently about this (De Jonge, October 2020).

After the APA with Janssen Pharmaceuticals went into force on the **8th of October**, the Netherlands procured 7,8 million vaccine doses. According to de Jonge, the Netherlands played an important role in these negotiations (De Jonge, October 2020) [202]. The vaccine against the Coronavirus is partly developed and produced at the Halix facility in Leiden, the Netherlands, due to the high production capacity (De Jonge, October 2020).

**November – December 2020**

After the APA with BioNTech/Pfizer went into force on the **11th of November,** the Netherlands procured 7,8 million vaccine doses. According to de Jonge, the EMA started reviewing the application of the candidate-vaccine in October 2020 (De Jonge, November 2020) [203]. However, the vaccine requires a lot of logistical preparations, as the vaccine needs to be stored in low temperatures (De Jonge, November 2020).

After the APA with CureVac went into force on the **17th of November,** the Netherlands procured 8,7 million vaccine doses (De Jonge, November 2020) [204]. According to de Jonge, the delivery prospects of the vaccines to the Netherlands are very positive, with the prospects of getting 2 million vaccines delivered in the first two quarters of 2021 (De Jonge, November 2020).

[201] De Jonge revealed that the Dutch representative in the Negotiation Team is a director under the employment of the Ministry of Health, Welfare and Sport (De Jonge, October 2020).
[202] Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/10/08/kamerbrief-over-aankoop-vaccins-tegen-covid-19-coronavirus
[203] Letter of government, de Jonge. https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2020Z21639&did=2020D46122
[204] Letter of government, de Jonge. https://www.rijksoverheid.nl/documenten/kamerstukken/2020/11/25/kamerbrief-over-aankoop-covid-19-vaccins

**CureVac's withdrawal from EMA approval**

The EMA started reviewing the CureVac candidate-vaccine in February 2021(European Medicines Agency, 2021). However, the EMA ended its review following the withdrawal by CureVac in October 2021. The pharmaceutical company decided to shift its focus on a different COVID-19 vaccine development programme (European Medicines Agency, 2021).

After the APA with Moderna went into force on the **25th of November,** the Netherlands procured 3,1 million vaccine doses (De Jonge, December 2020) [205].

On the **1st of December**, de Jonge marked the candidate-vaccines of BioNTech/Pfizer and Moderna as most plausible for fast EMA approval (De Jonge, December 2020) [206].

On the **8th of December**, de Jonge received a message from BioNTech/Pfizer that the promised delivery of vaccines to the Netherlands was delayed by almost a month. Next to the delayed vaccine delivery, the Netherlands will also receive half a million doses instead of a million doses (Dutch Government, 2020) [207] .

**January – February 2021**

During a press conference on the **20th of January**, de Jonge informed about the fact that the Netherlands got only small amounts of vaccine doses of Pfizer and Moderna delivered and is hoping for AstraZeneca to come through with first vaccine doses delivery (Dutch Government, 2021) [208].

During a press conference on the **2nd of February**, de Jonge argued that the Netherlands is negotiating with the BioNTech/Pfizer through the Commission to conclude an additional on top of the extra vaccine options secured in the original APA, and that extra doses of the vaccine have been ordered (Dutch Government, 2021) [209]. Furthermore, he elaborated on the delivery times of the BioNTech/Pfizer vaccine. While the company initially thought it could mainly deliver in the

[205] Letter of government, de Jonge.
https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2020Z23957&did=2020D50346
[206] Letter of government, de Jonge.
https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2020Z23957&did=2020D50346
[207] Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2020/12/08/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-8-december-2020
[208] Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/01/20/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-20-januari-2021
[209] Press conference, Dutch Government.
https://www.rijksoverheid.nl/documenten/mediateksten/2021/02/02/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-2-februari-2021

third and fourth quarter of 2021, there are now extra vaccine doses coming in the second quarter of 2021. Furthermore, there are several ongoing negotiations with other vaccine suppliers. According to de Jonge, there are talks with a new vaccine supplier which could also be delivered in the second quarter of 2021 (Dutch Government, 2021).

However, de Jonge shared his concerns regarding the delivery of the AstraZeneca vaccines in the first quarter, as he expected 4,5 million doses to be delivered by then. He announced that with a lot of struggle AstraZeneca will deliver 650.000 vaccine doses in February in three deliveries, which is a lot less than originally agreed. The first delivery is only 124.000 vaccines, and there is a lot of uncertainty about the deliveries from March on (Dutch Government, 2021).

On the **4th of February**, a Dutch news article claimed that AstraZeneca is producing vaccines in the Netherlands at its Halix location as response to the publishing of the APA with AstraZeneca and the rumours of where the EU production sites of AstraZeneca are located (Spekschoor, 2021) [210]. The claim contradicts an earlier claim made by Commission officials, as they first claimed that the vaccine was produced in Belgium and Germany. However, two days later the officials said that the vaccine is being produced in Belgium, Ireland, and Italy. Furthermore, the news article stated that the Commission officials are not allowed to enclose anything about the production locations from the vaccine (Spekschoor, 2021).

On the **5th of February**, de Jonge argued that he expects that by the end of February 2021, a total amount of 670.195 vaccine doses of the AstraZeneca vaccine have been delivered to the Netherlands (De Jonge, February 2021) [211].

On the **9th of February**, de Jonge argued that the scarcity of the basic materials to produce vaccines, such as the vials in which the vaccines are transported, is not the limiting factor for the pharmaceutical companies for vaccine delivery (De Jonge, February 2021) [212].

On the **10th of February**, de Jonge reported that AstraZeneca reported that their deliveries will be over 60% lower than previously indicated on the evening before receiving their CMA (De Jonge, February 2021) [213]. According to de Jonge, the EU wants clarity about what to expect from the AstraZeneca deliveries in the upcoming months. Furthermore, clarity is needed regarding why AstraZeneca is also not able to deliver its previously produced vaccines, as the

[210] News article, Spekschoor. https://nos.nl/artikel/2367290-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin
[211] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-8b4a866c-14e7-4a1f-b3c3-c6de44eff3e2/1/pdf/kamerbrief-over-reactie-advies-inzet-astrazeneca-vaccin-tegen-covid-19.pdf
[212] Letter of government, de Jonge. https://www.tweedekamer.nl/kamerstukken/kamervragen/detail?id=2021Z05078&did=2021D13390
[213] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-02d1886a-6af4-4ad4-99f1-ed5a0bab3bae/1/pdf/beantwoording-kamervragen-over-het-bericht-de-strijd-om-het-coronavaccin-barst-nu-pas-echt-los.pdf

company stated earlier that it could start delivering vaccines at the end of 2020 (De Jonge, February 2021).

On the **18th of February**, de Jonge announced that he ordered a special vaccine convoy. The aim of this convoy is to investigate the possibilities with pharmaceutical companies producing and delivering vaccines against the Coronavirus to the Netherlands to scale up their vaccine production (De Jonge, February 2021) [214]. He argued that the Commission received the same order to investigate upscaling possibilities from the European Parliament, and that Germany and France are also investigating these options independently. De Jonge stated that he wants to link the efforts of the convoy to the efforts of the Commission (de Jonge, February 2021).

During a press conference on the **23rd of February**, de Jonge elaborated on the vaccine delivery processes of AstraZeneca, BioNTech/Pfizer and Moderna (Dutch Government, February 2021) [215]. According to de Jonge, AstraZeneca is an extraordinarily complicated company to make 'steady' agreements with as there never has been a real delivery forecast. According to de Jonge, the changes in the delivery schedule are about once every three or four days (Dutch Government, February 2021).

Furthermore, de Jonge argued that BioNTech/Pfizer is a more dependent vaccine supplier (Dutch Government, 2021). Moderna also has good prospects, and the Netherlands ordered more Moderna vaccines, but the company also is more unstable regarding delivery prospects. He expects that the extra Moderna deliveries will be in the third and fourth quarters of 2021. Overall, the Netherlands ordered quite a total 84.5 million additional vaccines (Dutch Government, 2021).

**March 2021**

During a press conference on the **8th of March**, de Jonge elaborated on the vaccine delivery process of Janssen Pharmaceuticals (Dutch Government, March 2021) [216]. According to de Jonge, Janssen expects to receive a CMA in March, as the clinical research results are very nice (Dutch Government, March 2021). Furthermore, Janssen expects to deliver three million vaccine doses in the second quartile of 2021. There are high hopes for the delivery of a lot of vaccine doses in April, May, and June (Dutch Government, March 2021).

[214] Letter of government, de Jonge. https://open-pilot.overheid.nl/repository/ronl-e8fcb654-4f71-4fff-beee-7767eb16cd5a/1/pdf/kamerbrief-over-special-envoy-vaccins.pdf
[215] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/02/23/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-23-februari-2021
[216] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/03/08/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-8-maart-2021

On the **10th of March**, de Jonge responded to the Dutch news article with the claim that AstraZeneca is producing vaccines in the Netherlands (Spekschoor, 2021) [217]. He elaborated on the question why the Netherlands is not profiting from the Dutch vaccines produced in the Netherlands. He argues that the Dutch vaccine procurement strategy has always been focused on making agreements with the pharmaceutical companies, who then themselves make agreements with other parties in the production chain, like Halix (De Jonge, March 2021) [218]. This entails that the Dutch government made an agreement through the Commission with AstraZeneca, and not with individual production sites (De Jonge, March 2021). Furthermore, he argued that no specific arrangements have been made regarding the production of the vaccines in the Netherlands in the contract with AstraZeneca, because the arrangements were made to apply on the European level (De Jonge, March 2021). De Jonge also concludes that the Dutch production site Halix is believed to produce 5 million vaccine doses per month.

Furthermore, he elaborated on the decision of the EU to contract only European vaccine manufacturers and not from China or India, as there is no information present that the vaccines from India and China work better against the COVID-19 virus than European vaccines (De Jonge, March 2021) [219]. He argued that the Commission made a well-considered decision with which manufacturers it wanted to conclude APAs. To make the decision, the Commission looked at how promising the developments of the vaccines were and whether production could take place in the EU (De Jonge, March 2021).

On the **15th of March**, the special Dutch vaccine convoy published a report about the possibilities in the Netherlands to contribute to the upscaling of the production capacity of COVID-19 vaccines. According to the report, multiple efforts can be made both on the Dutch and European level to scale up the process (Schikan, 2021) [220].

During a press conference on the **23rd of March**, de Jonge elaborated on the vaccine delivery process of AstraZeneca, BioNTech/Pfizer, Janssen Pharmaceuticals, and the vaccine procurement process of 2022. He announced that AstraZeneca paused its vaccine deliveries to the Netherlands out of precaution, due to safety warnings from Norway and Denmark related to

[217] News article, Spekschoor. https://nos.nl/artikel/2367290-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin
[218] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-21779836-a7db-4ee0-b979-4f79e0aa7740/1/pdf/beantwoording-kamervragen-over-het-bericht-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin.pdf
[219] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-21779836-a7db-4ee0-b979-4f79e0aa7740/1/pdf/beantwoording-kamervragen-over-het-bericht-eu-erkent-wel-degelijk-nederlandse-productie-astrazeneca-vaccin.pdf
[220] Parliamentary report, Schikan. https://open.overheid.nl/repository/ronl-329729f2-5c94-407d-908b-1cd2b149f0e4/1/pdf/vaccins-van-productie-tot-preparedness.pdf

the safety of the vaccine (Dutch Government, March 2021) [221]. According to de Jonge, BioNTech/Pfizer still delivers according to schedule, and that it is expected that Janssen will deliver according to schedule as well. Furthermore, he announced that new vaccine doses have been bought for 2022 (Dutch Government, March 2021).

On the **31st of March**, de Jonge responded to the Dutch media coverage on the current pace of the Dutch vaccination strategy by providing an overview of the delivery status from the different pharmaceutical companies (De Jonge, March 2021) [222]. He argued that the deliveries of the AstraZeneca vaccine are very irregular in schedule and size, but that the deliveries from BioNTech/Pfizer are weekly and stable. Moderna delivers small doses, but the company delivers stably every two-weeks (De Jonge, March 2021).

**April 2021**

On the **1st of April**, the special Dutch vaccine convoy published a report containing recommendations for the Dutch government regarding the increase of the production of COVID-19 vaccines (Taskforce Vaccins, 2021) [223]. The report is divided in three sections of recommendations: 'to connect companies', 'to prevent shortages', and 'to prepare for new challenges'.

During a press conference on the **13th of April**, de Jonge declared that Janssen Pharmaceuticals delivered 80 thousand vaccine doses to the Netherlands (Dutch Government, April 2021) [224]. However, he argued that the vaccines are not used since there is still hesitation due to questions coming from the United States. De Jonge argued that he is awaiting the official claim from the EMA on whether the vaccine can be used or not (Dutch Government, April 2021).

On the **14th of April**, de Jonge answered questions from the House of Representatives regarding a news article claiming that the Dutch government had the opportunity to invest and receive a lot of Oxford-vaccines (Spekschoor, 2021) [225]. De Jonge denied the claim made by the article as he argued that the Dutch government decided to collaborate with other member states on vaccine

[221] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/03/23/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-23-maart-2021
[222] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-44feef4a-22c9-44bb-afae-c9aa9d35cdbd/1/pdf/commissiebrief-inzake-commissieverzoek-om-een-kabinetsreactie-te-ontvangen-op-het-bericht-over-de-vaccinatiesnelheid.pdf
[223] Government report, Taskforce Vaccins. https://open.overheid.nl/repository/ronl-3e1dac74-40d6-4db9-b366-bb556887d951/1/pdf/vaccins-van-productie-tot-preparedness.pdf
[224] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/04/13/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-13-april-2021
[225] News article, Spekschoor. https://nos.nl/artikel/2374705-nederland-liep-kans-op-miljoenen-oxford-vaccins-mis

procurement, instead of pursuing a unilateral vaccine strategy (De Jonge, April 2021) [226]. The Dutch government specifically chose for an international joint investment in COVID-19 vaccines in the form of participating in the advanced purchase agreements.

However, the news article reported that Halix did deliver the vaccine doses to the UK instead of the EU (De Jonge, April 2021) [227]. As a response, de Jonge argued that this was the decision of AstraZeneca, since Halix is only a production site of AstraZeneca. Furthermore, he argued that AstraZeneca's delivery problems should not be the fault of the deliveries to the UK because AstraZeneca has other production sites that can deliver vaccines to the EU (De Jonge, April 2021).

De Jonge also argues that the Dutch government offered all vaccine production companies in general help, if necessary, but after the conclusion of the APA's and not on forehand like it was suggested with Halix (De Jonge, April 2021). He also argued that he thinks that the Netherlands did enough related to the safeguarding of COVID-19 vaccines, but that no direct investments in production sites were made by the Dutch government (De Jonge, April 2021) [228].

[226] Letter of government, de Jonge. https://open-pilot.overheid.nl/repository/ronl-c179df37-f05f-4a6c-81a0-17cb65c70848/1/pdf/beantwoording-kamervragen-over-de-vaccinproductie-bij-halix-en-de-relatie-met-de-nederlandse-regering.pdf

[227] On the 26th of March 2021, the EMA approved Halix in Leiden, the Netherlands, as an official European production site for the AstraZeneca vaccine (https://www.bbc.com/news/56483766). This registration meant that AstraZeneca was now officially allowed to deliver vaccines to the EU. However, the company decided to deliver vaccine doses coming from Halix to the UK (De Jonge, April 2021).

[228] According to de Jonge, the Dutch government did not directly invest in the upscaling of production capacity of production sites located in the Netherlands such as Janssen, Wacker Biotech, BioConnection and Bilthoven Biologicals. However, funds have been made available through the APAs, through the Commission, to the pharmaceutical companies with which the Commission concluded a contract. Of the above companies, it only concerns Janssen.

**Contact of the Dutch government with Dutch pharmaceutical companies during the pandemic**

De Jonge also answered the question whether the Dutch government had contact with the pharmaceutical companies that are in the Netherlands during the COVID-19 pandemic relating the development of the vaccines (De Jonge, April 2021). The aim of the contact was to investigate whether help was needed to solve issues regarding the developing or producing of the vaccines. If signals were received by the ministry of General Affairs, they were immediately shared with the Ministry of Health, Welfare and Sport (VWS). If VWS detected that a pharmaceutical company required help, it was immediately set in motion to facilitate and stimulate the process of arriving at a vaccine or as much as possible (De Jonge, April 2021).

In addition, VWS has been in contact with individual companies to see how barriers could be removed (De Jonge, April 2021). However, due to the confidential nature of conversations with the individual pharmaceutical companies, de Jonge argued that no statements can be made about the content of these conversations (De Jonge, April 2021). Exceptions are if a company itself made something public, such as the working visit of Mark Rutte to Janssen Pharmaceuticals in Leiden to discuss its efforts to develop a vaccine. Halix has indicated that it has no objection to mentioning the topics discussed. In addition, the horizon scan of relevant vaccine production activities in the Netherlands contributed to the choice for a collaborative vaccine procurement strategy with other member states (De Jonge, April 2021).

On the **15th of April**, de Jonge provided a delivery overview of vaccines delivered so far from the Moderna, BioNTech/Pfizer, and AstraZeneca vaccines (De Jonge, April 2021) [229] [230].

**May – June 2021**

On the **7th of May**, de Jonge denied that there was a concrete contact request coming from the University of Oxford for the investments in its production location Halix (De Jonge, May 2021) [231]. Discussions were held with Halix and (in an international context) with AstraZeneca about

[229] Letter of government, de Jonge. https://www.tweedekamer.nl/kamerstukken/kamervragen/detail/2021D13390/2021D13390

[230] In the overview there is a deviation between available and unavailable stock: 'Available stock': the available stock is immediately available to be wheeled out to puncture locations. The available stock consists of 'free stock' and 'safety stock'. The safety stock is intended, as mentioned above, to be able to absorb disappointing deliveries to the Netherlands. As a result, a disappointing delivery does not immediately lead to a shortage of vaccine to such an extent that injection agreements made are jeopardized. 'Unavailable stock': Unavailable stock mainly consists of stock in quality control. Unavailable stock cannot be delivered to the injection locations (De Jonge, April, 2021) https://www.tweedekamer.nl/kamerstukken/kamervragen/detail/2021D13390/2021D13390.

[231] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-643c8635-28e5-4570-a076-c2cc619e3238/1/pdf/beantwoording-kamervragen-over-het-bericht-nederland-liep-kans-op-miljoenen-oxford-vaccins-mis.pdf

the Oxford vaccine, but the Dutch government did not try to invest in the production facility Halix to increase its chances to get in on more vaccines [232]. However, de Jonge admitted that employees of VWS spoke with Halix on the 4th of May in 2020 (De Jonge, May 2021). During this meeting it became clear that Halix was not in need of investments from the Dutch government because it is a production site from Oxford/AstraZeneca. Furthermore, he argued that it is not the case that the Netherlands could have more vaccines if they would have invested in Halix as was claimed in the media (De Jonge, May 2021).

During a press conference on the **11th of May**, de Jonge announced that the Netherlands is still waiting on more vaccine deliveries from AstraZeneca, as a shortage is still present. He argued that more deliveries from the vaccine are necessary to keep up with the Dutch vaccine strategy (Dutch Government, May 2021) [233].

During a press conference on the **28th of May**, de Jonge announced that the Netherlands has a setback regarding the deliveries of the Janssen vaccines, meaning that fewer vaccines will be supplied soon than previously agreed on [234]. In the worst-case scenario, Janssen will deliver 400.000 vaccine doses in June 2021. Luckily, the Netherlands received another vaccine delivery from BioNTech/Pfizer which contained more vaccines than expected (Dutch Government, May 2021) [235] .

On the **18th of June**, de Jonge informed the House of Representatives on the Dutch efforts to procure vaccines for the period 2022/2023. The Netherlands is working together with the Commission and other individual member states on the joint procurement vaccines (De Jonge, June 2021) [236]. After 2023, the intention is to decrease vaccine procurement. The Netherlands has the possibility to deviate from the proposals of the Commission and to use exercising the right to procure a lower amount of vaccine doses, or no vaccine doses at all not to procure any or fewer vaccines [237].

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[232] According to de Jonge, Halix indeed denied investment opportunities from the Dutch government. Furthermore, Halix did not produce the product of AstraZeneca's vaccines against the Coronavirus, but produced the important steps in-between (Dutch Government, May 2021).
[233] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/05/11/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-11-mei-2021
[234] The delivery setback is due to the critique one of Janssen's most important production sites received on one of its vaccine badges by the US Food and Drug Administration (FDA) because the badge was faulty. According to de Jonge, all badges need to be checked and Janssen does not know when the FDA will remove the barriers (Dutch Government, May 2021).
[235] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/05/28/letterlijke-tekst-persconferentie-minister-president-rutte-en-minister-de-jonge-28-mei-2021
[236] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-27e347ba-bc8e-4745-8cf4-df24cadfa370/1/pdf/kamerbrief-over-stand-van-zaken-covid-19.pdf
[237] The 'opt-out' clausula present in the Joint European Vaccine Strategy agreement

Furthermore, the closed deals between the Commission and pharmaceutical companies Moderna and BioNTech/Pfizer secure the vaccine supply for the Netherlands in 2022 and 2023 (De Jonge, June 2021). According to de Jonge, the Netherlands will have access to approximately 35 million vaccine doses of BioNTech/Pfizer (17.5 million per year), with the option to double, and 6.426,489 doses of the Moderna vaccine, which can be delivered over 2022 (De Jonge, June 2021). De Jonge argued that the Dutch remaining vaccine needs for 2022 will be covered by the Sanofi-GSK and Novavax vaccines. However, both did not receive market authorisation yet on 28-6-2021. De Jonge disregarded the CureVac vaccine in his vaccine prognosis, as too much is still unknown about the vaccine (De Jonge, June 2021).

**August – September 2021**

On the **5th of August**, De Jonge answered the questions of the House of Representatives regarding the possibility to increase the expiration date of the AstraZeneca vaccines. The House fears that the vaccines must be thrown out due to the approaching expiration dates (De Jonge, August 2021) [238]. De Jonge argued that the Netherlands cannot increase the expiration date of vaccines. To do so, AstraZeneca must submit a so-called variation application to the EMA, which then assesses whether the supporting data are sufficient to substantiate an extended expiration date (De Jonge, August 2021).

On the **13th of August**, de Jonge updated the House of Representatives regarding the delivery of vaccine doses from BioNTech/Pfizer, Moderna, AstraZeneca and Janssen. Deliveries of the vaccines from BioNTech/Pfizer and Moderna are on schedule (De Jonge, August 2021) [239]. After it becomes clear which quantities are still for the vaccination campaign in 2021, it will become clear how many vaccine doses from these deliveries can be donated via COVAX. Furthermore, de Jonge stated that he temporarily paused deliveries of the AstraZeneca vaccine due to the high amount of vaccine doses present already (De Jonge, August 2021). Once the donation agreement with COVAX is in place, the AstraZeneca vaccines that are left will be donated directly. Due to persistent delivery problems at Janssen for several weeks already, the deliveries of the Janssen vaccine are less than expected (De Jonge, August 2021).

On the **30th of September**, de Jonge announced that the Netherlands will donate a part of its procured vaccines coming 'straight out of the factory' to COVAX (De Jonge, September 2021) [240]. This brings the total of Dutch vaccines donated to more than 27 million doses in 2021. For

[238] Letter of government, de Jonge. https://open-pilot.overheid.nl/repository/ronl-04b15744-120a-4399-bb4c-bc0eec913262/1/pdf/commissiebrief-tweede-kamer-inzake-verzoek-commissie-om-spoedige-update-astrazeneca-vaccins-die-weggegooid-dreigen-te-worden.pdf
[239] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-92b0ac92-04dc-4725-9a99-8970b9d0d76a/1/pdf/stand-van-zaken-covid-19.pdf
[240] Letter of government, de Jonge. https://www.eerstekamer.nl/behandeling/20210930/brief_regering_stand_van_zaken_m_b/document3/f=/vlmukkp0tmz8.pdf

every corona jab in the Netherlands, one vaccine dose is donated to countries that cannot afford it (De Jonge, September 2021). Hereby the Netherlands is broadly fulfilling its self-set principle that in 202 it will donate at least as many vaccines as are used in the Netherlands. Depending on the delivery times, even more donations to COVAX may follow in 2022 (De Jonge, September 2021).

Furthermore, de Jonge enclosed more information on the Dutch participation in different APAs that were closed by the Commission. The Netherlands did not participate in all current existing contracts, as it has chosen not to participate in the contracts with Sanofi-GSK and Valneva, and to procure less of Novavax vaccines than agreed upon (De Jonge, September 2021). The vaccines from Novavax and CureVac, if they obtain market approval at all, will also not be delivered until 2022 at the earliest. Furthermore, de Jonge argued that the Netherlands still awaits a very large number of earlier-promised doses from the Janssen vaccine. However, it is not clear whether these will still be delivered and whether this will be in 2022 (de Jonge, September 2021.

**November – December 2021**

On the **26th of November**, as a response to the closed contract between the Commission and pharmaceutical company Valneva, de Jonge announced that the Netherlands ordered only 10.000 vaccine doses based on pro forma (De Jonge, November 2021) [241]. The decision to not further include the Valneva vaccine in the Dutch vaccine portfolio due to the abundance of mRNA-vaccines (BioNTech/Pfizer and Moderna) (De Jonge, November 2021).

Furthermore, de Jonge answered questions regarding the call coming from the WTO to western countries to not offer booster vaccines before 2022. He argued that it is possible, because in the Dutch stock management several scenarios for national use are considered, including the booster campaign and therefore a large safety stock is maintained (De Jonge, November 2021). According to de Jonge, the WHO's call for action to withhold booster vaccines until the end of 2021 has no direct impact on the Dutch vaccine procurement policy (De Jonge, November 2021).

On the **7th of December**, de Jonge elaborated on the decision to not participate in the Sanofi and Valneva contracts for vaccine procurement in 2022, and to procure less vaccines from Novavax than earlier stated (De Jonge, December 2021) [242]. Given the large stocks of Pfizer, Moderna (mRNA-vaccines) and Janssen (vector vaccine) that are available or will be delivered, de Jonge decided to procure only 840,000 doses of Novavax (protein vaccine) and 10,000 of Valneva (classical vaccine) (De Jonge, December 2021). Furthermore, these vaccine stock options are enough to cover all Dutch vaccine needs, and therefore procuring vaccines from Sanofi was not

[241] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-82fa8836-bd8b-4293-b818-521180bf982a/1/pdf/brief-over-aanschaf-valneva-vaccin.pdf
[242] Letter of government, de Jonge. https://app.1848.nl/static/pdf/86/a6/86a6f69f6c45d68f0d331d260b02b2d516682598.pdf

necessary for 2022. It was decided to procure the Novavax vaccine instead of Sanofi, because both vaccines are protein based and the expectations are that the Novavax vaccine will obtain market authorisation earlier than Sanofi (De Jonge, December 2021).

On the **13th of December**, de Jonge answered questions regarding the decision to purchase only 10,000 pro forma doses of the Valneva vaccines. He argued that Valneva is still under the rolling review of the EMA, while Novavax is already under review for market authorisation by the Commission (De Jonge, December 2021) [243]. Furthermore, de Jonge elaborated that an investigation is going on regarding the arguments of people that decided to not get vaccinated, and that the kind of vaccine is playing a role. De Jonge argued that, when the research is concluded and it is officially stated that people do not trust mRNA-vaccines but prefer protein vaccines instead, he is willing to investigate the further procurement options of these vaccines. However, protein vaccines are still not available on the market on the 13th of December 2021.

On the **14th of December**, de Jonge updated the House of Representatives on the current status of the donated number of vaccines through COVAX, as the vaccines from BioNTech/Pfizer, AstraZeneca, Moderna and Janssen were donated (De Jonge, December 2021) [244]. From the amount of 17.024.555 vaccine doses that were sent for donation, 6.275.500 doses did successfully [245]

During a press conference on the **18th of December**, de Jonge elaborated on the Dutch long term COVID-19 vaccine procurement strategy. Together with the other 26 European member states, agreements were made with the pharmaceutical companies. Conversations have taken place with Moderna and BioNTech/Pfizer to adjust their vaccines to the Omicron variant of COVID-19, as he vaccines that are now used are three COVID-19 variants back and are not working against Omicron (Dutch Government, December 2021) [246]. An important part of the strategy is that the Netherlands will get as much as possible vaccine doses as soon as possible. After the ending of this booster campaign, the waiting begins for the vaccine developers to develop a vaccine against the current variant of the virus. Pfizer expects that it should be possible to develop vaccines against the new virus variants at the beginning of the second quarter of 2022 (Dutch Government, December 2021).

[243] Letter of government, de Jonge. https://open.overheid.nl/repository/ronl-ba53b1f1-5066-48d7-8972-fd293d91a80c/1/pdf/antwoorden-op-kamervragen-over-valneva.pdf
[244] Letter of government, de Jonge. https://www.eerstekamer.nl/bijlage/20211216/brief_aan_de_tweede_kamer_van_de/document3/f=/vlosq92xpks9.pdf
[245] The other doses were rejected by the countries they were sent to due to limited storage capacity, limited expiration date, and limited absorption capacity (De Jonge, December 2021).
[246] Press conference, Dutch Government. https://www.rijksoverheid.nl/documenten/mediateksten/2021/12/18/letterlijke-tekst-persconferentie-coronavirus-minister-president-rutte-minister-de-jonge-en-omt-voorzitter-van-dissel-18-december-2021

## Appendix G: Full text vaccine procurement process European Commission

On the 31st of August 2020, the APA with **AstraZeneca** entered into force after the exploratory were concluded on the 14th of August (European Commission, 2020) [247]. The contract with AstraZeneca is the first contract that the Commission has negotiated on behalf of all individual member states securing vaccines for the entire EU as part of the joint European strategy. The contract secured 300 million doses of the AstraZeneca vaccine for the EU, with an option to procure 100 million more doses. It was expected that the AstraZeneca vaccine would be the first vaccine to receive EMA and conditional marketing authorisation (CMA) by the Commission (De Jonge, August 2020). However, the candidate vaccine would receive EMA and CMA on the 29th of January 2021, as the third vaccine that is proven to be safe and effective against the Coronavirus (European Commission, 2021) [248].

The contract with pharmaceutical company **Sanofi-GSK** entered into force on the 18th of September 2020, as the second contract with a pharmaceutical company as part of the EU joint vaccine procurement strategy. The contract followed after the exploratory talks were concluded at the 31th of July 2020, and secured up to 300 million doses of the candidate vaccine for the entire EU (European Commission, 2020) [249]. While the EMA started the review for market authorisation of the candidate-vaccine of Sanofi-GSK in July 2021, the candidate-vaccine of Sanofi-GSK did still not receive EMA and CMA on the 26th of August 2022 (LaHucik, 2021; COVID-19 vaccines: authorised - European Medicines Agency, n.d.).

The joint strategy's third APA entered into force with **Janssen Pharmaceutica NV**, which is part of Janssen Pharmaceutical Companies from Johnson & Johnson, on the 8th of October (European Commission, 2020) [250]. The contract secured 200 million vaccine doses of the Janssen vaccine, with the option to procure an additional 200 million doses. The exploratory talks were concluded on the 13th of August (European Commission, 2020) [251]. The Janssen vaccine would receive EMA and CMA from the Commission on the 11th of March 2021, as the fourth vaccine that is proven to be safe and effective against the Coronavirus (European Commission, 2021) [252].

The fourth contract that the Commission closed as part of the joint EU strategy was with pharmaceutical company **BioNTech/Pfizer**. The contract entered into force on the 11th of November 2020, and secured the EU with up to 200 million vaccine doses with the option to procure another 100 million doses (European Commission, 2020) [253]. The concluded APA followed the conclusion of exploratory talks on the 9th of September (European Commission,

[247] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1438
[248] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_306
[249] Sanofi-GSK expects to apply its candidate vaccine for market authorisation in June 2021. If the vaccine proves to be successful, the EU is able to purchase 300 million vaccine doses on behalf of its member states (European Commission, 2020). https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1439
[250] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1829
[251] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1481
[252] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1085
[253] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2081

2020) [254]. The BioNTech/Pfizer vaccine is the first vaccine against the Coronavirus to receive EMA and CMA on the 21st of December 2020 (European Commission, 2020) [255].

On the 17th of November 2020, the fifth contract as part of the joint EU strategy entered into force between the Commission and **CureVac**. The contract secured a total of 225 million vaccine doses of the CureVac candidate vaccine, with the option to procure an additional 180 million vaccine doses (European Commission, 2020) [256]. The APA was the result of the earlier concluded exploratory on the 18th of August (European Commission, 2020) [257]. While the EMA started reviewing the CureVac candidate-vaccine in February 2021, CureVac withdrew its own review application in October 2021 (European Medicines Agency, 2021). The withdrawal followed the pharmaceutical company decided to shift its focus on a different COVID-19 vaccine development programme (European Medicines Agency, 2021).

The sixth contract that the Commission closed as part of the joint EU strategy was with pharmaceutical company **Moderna**. The contract entered into force on the 25th of November 2020 and secured 80 million vaccine doses for the EU with the option to procure an additional 80 million vaccine doses. The exploratory talks were concluded on the 24th of August. The Moderna vaccine would receive EMA and CMA on the 6th of January 2021 (European Commission, 2021) [258].

***Additional delivery contracts to secure more vaccines***

Even before the first batches of vaccines were delivered in 2021, the Commission concluded multiple contracts to secure more vaccine doses with companies BioNTech/Pfizer and Moderna (see Appendix E 'January - March 2021' for the exact timeline). The Commission made two efforts to adapt the vaccine process for new virus variants. The first effort was the new obligation for pharmaceutical companies to adapt the vaccines to virus mutations against which existing vaccines do not sufficiently protect (De Jonge, June 2021). The second was the Commission's new procedure to facilitate and speed up the EMA and CMA approval process of adapted vaccines against COVID-19 variants (European Commission, 2021) [259].

The **BioNTech/Pfizer** vaccine was the first COVID-19 vaccine to obtain EMA and CMA from the Commission in December 2020. It was therefore not surprising that the Commission proposed to the member states to procure an additional 200 million doses of the BioNTech/Pfizer COVID-19 vaccine, with the option to procure another 100 million vaccine doses, in January

[254] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1556
[255] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2466
[256] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2136
[257] https://ec.europa.eu/commission/presscorner/detail/en/IP_20_1494
[258] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3
[259] The new procedure should speed up the authorisation of adapted COVID-19 vaccines. The procedure makes provisions in the relevant EU legislation, which enables the authorisation of adapted vaccines with a smaller set of additional data submitted to the EMA (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1088

2021 (European Commission, 2021) [260]. On 10th of March 2021, the Commission concluded this second vaccine deal with BioNTech/Pfizer for the delivery of four million additional COVID-19 vaccines doses (European Commission, 2021) [261]. A third vaccine procurement contract between the Commission and BioNTech/Pfizer was closed on the 20th of May and secured the reservation of an additional 1.8 billion vaccine doses for the EU between the end of 2021 to 2023 (European Commission, 2021) [262]. The third contract followed an earlier agreement between the two parties to speed up the delivery of its COVID-19 vaccines to the EU in April 2021 (see Appendix E for detailed timeline; von der Leyen, 2021) [263].

At the same time, there were several ongoing negotiations with other vaccine suppliers for vaccine delivery in the second quarter of 2021 (Dutch Government, 2021). At the same time as the Commission closed its first additional vaccine procurement deal with BioNTech/Pfizer, the Commission also closed an additional procurement contract with **Moderna** to secure more vaccine doses on the 17th of February 2021. The additional contract can be seen as a logical consequence after the Moderna vaccine received EMA and CMA at the beginning of January 2021.The additional contract with Moderna would secure an additional procurement of 300 million vaccine doses for the EU (European Commission, 2021) [264].

[260] The EU would be able to procure up to 600 million BioNTech/Pfizer vaccine doses because of the Commission's proposal. According to the Commission, the additional doses will be delivered in the second quarter of 2021 (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_9

[261] Although these are fewer vaccine doses than the Commission earlier proposed, the actual increase of dose deliveries is a result of the successful expansion of manufacturing capacities of the pharmaceutical company in Europe in February 20201. According to the Commission, the additional vaccine doses will be delivered to the individual European member states before the end of March 2021, in order to tackle the hotspots of the Coronavirus (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1101

[262] The contract enabled the procurement of 900 million doses of the current version of the vaccine and of a vaccine that is adjusted to variants of the Coronavirus. The option also exists to procure an additional 900 million vaccine doses (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_2548

[263] The agreement ensured that the additional 50 million vaccine doses, which were initially foreseen for the fourth quarter of 2021, will already be delivered in the second quarter of 2021 (von der Leyen, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/statement_21_1741

[264] According to the Commission, half of the Moderna vaccine doses will be delivered in 2021, and there is an option to procure the other half in 2022 (European Commission, 2021).
https://ec.europa.eu/commission/presscorner/detail/en/ip_21_655

# Appendix H: Interview 1

***Outline interview questions Interview 1:***

1. To what extent do you feel that the European Commission's joint vaccine procurement process is transparent?

2. Could you elaborate on why you feel that there is either transparency, or a lack of transparency, present in the COVID-19 vaccine procurement process?

3. To what extent do you think that transparency is important in the process of COVID-19 vaccine procurement?

4. Recently the Parliament mandated the Commission for more openness and disapproved of the secrecy regarding the names of the negotiators in the Joint Negotiation Team. Could you elaborate on why you think that the European Union decided to keep the names of the negotiators a secret?

5. To what extent do you think that the Commission will increase the level of transparency related to their vaccine procurement process after releasing the names of their negotiators to the public?

6. Do you feel that the Commission could undertake more action [than releasing the name of the negotiators to the public] to increase the level of transparency in the COVID-19 vaccine procurement process?

7. Dutch Health Minister Hugo de Jonge argued that the names of the Dutch negotiators in the Joint Negotiation Team were not intentionally kept a secret, but that the other six member states represented in the Joint Negotiation Team may feel different about this. What is your opinion on this statement related to the discrepancy of the opinion of releasing the names of the seven member states?

8. Could you elaborate on whether the lack of transparency around the names of the negotiators in the Joint Negotiation Team undermines the public trust in the system for procuring COVID-19 vaccines?

9. To what extent do you think that national governments are influenced by the decrease of national public trust caused by the lack of transparency *[related to the European COVID-19 vaccine procurement process]?*

10. To what extent do you feel that the lack of transparency [and therefore the undermining of public trust] around the process of procuring COVID-19 vaccines might affect the behavior of the national governments of the individual European member states *[regarding their individual COVID-19 vaccine procurement process]*?

11. Could you elaborate on why you feel that the governments of individual member states will either go along with, or deviate from the European vaccine procurement process?

***Literal transcription Interview 1 (English language): European Commission's COVID-19 vaccine procurement process and transparency***
***10-8-2022***

*00:00:00 --> 00:00:10*

1 **Anne-Fleur Karssing**: And, yeah, well, so thank you again. Um, I also sent you the interview questions on forehand already.

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2 **Interviewee**: Yeah. Yeah

*00:00:12 --> 00:00:21*

3 **Anne-Fleur Karssing**: So I will just start with the first question. Um, and please, uhm, if something is not clear or I need to elaborate something a bit more, please let me know.

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4 **Interviewee**: Yeah. I will.

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5 **Anne-Fleur Karssing**: So um, yeah, I told you about the European vaccine procurement strategy from the European Commission. Um, to what extend from your professional opinion, do you feel um that the European commission's joint vaccine procurement strategy is transparent?

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6 **Interviewee**: Uhm, I would say it's transparent in that sense that it is publicly available, like the information about how the joint negotiation team is selected, so that there's steering committee that then elects the negotiation team, uhm that it is transparent uhm which countries are represented in the negotiation team. Um, and that yeah, you can read all about that on the website, and and that I mean the contracts. The procurement contracts themselves have been published, but only in redacted version. So that is, it's like I mean it's better than nothing. And there's I mean a lot of countries. Like, the majority of countries are well, I mean the EU is not a country, but like governing body, I guess. Uhm, have not yeah, have not, uhm, published their procurement contracts, so it is at least something. Uhm, and they have made, uhm, sorry. They have made, uhm, available, well, publicly available, I think, how many, uhm, well the doses, the quantity of doses that has been procured. Uhm. And there is, I mean, there are some sort of mechanisms to interact, uhm, with the European Commission and, like, to ask questions. So, on this process I mean, the Parliament is always the right to inquire, and so on. But yeah, I would say, that is the main point in which there is transparency.

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7 **Anne-Fleur Karssing**: Yeah, thank you. And would you then, uhm argue that, yeah, you said the main points of transparency. But for me, uhm, the price, per dose and the number of doses, Because, yeah, they were made publicly after. But in the contracts, it's still blacked out.

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8 **Interviewee**: Yeah, uhum.

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9 **Anne-Fleur Karssing**: And do you feel that that are the most important aspects of those contracts?

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10 **Interviewee**: No, I mean, yeah, coming also into, like, the second question, like, which is, yeah, the lack of transparency. Yeah, definitely. I mean concerning the contracts. There's a lot of over the past years. really, I mean, that is a global issue. That is not only an EU-specific issue but, uhm, it is globally uhm, I mean, contracts haven't been published, uhm, or if they have been published it's because they've been leaked, or because there's been a freedom of information, uhm, request. I think that was in the Dominican Republic. Uhm. Yeah. And I mean the only country that is sort of really champion in transparency in that sense, was the United States which, uhm, published, I think today all, uhm, of the contracts, and in full version, or like all in full version. If there were redactions, then they had, uhm, highlighted that and legally justified why, this actually had to be adapted, whereas the European Commission, uhm, hasn't really justified why specific aspects have been left out, and they've only said, and whenever there is a parliamentary request, they keep repeating that this is out of commercial interest essentially of the manufacturers, and that, uhm, they are contractually obliged to keep um these details private. And that so there's like a legitimate interest which, or on the side of the manufacturers, which I think is questionable. Um. And then, yeah, looking into the details of what is being kept uh private. It's all on the hand of the price, I mean, there are estimations, uhm, on how much the European Commission, uhm, has been paying per doses, uhm.

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11 **Interviewee**: Like there's uhm I think its UNICEF or COVAX, I'm not sure. Yeah, UNICEF like a vaccine market dashboard which they, the sources that they use for that are equity sources. So those it is not entirely clear if what they say, that is actually correct, but it's there's a hide like, if that are the prices or near to the prices that are being paid. Uhm, and it does show, and it has been, well, there's a highlighting of that high-income countries have been paying significantly less for vaccine doses, which, you know, there are some factors which might explain that, like, critical risk, or that delivery might be more expensive and so on. But in general keeping these prices secret is a problem, because then that gives pharmaceutical companies just more power within the negotiation process. Because, yeah, they can, sort off. It's not openly declared how much other countries and, and, yeah, also countries which are like in similar sort of group, I'd say, would think on group are paying. Then. Yeah, you cannot make a point of that okay no but we cannot pay

this amount of money, or we don't want to pay this amounts of money for vaccines. So yeah. It gives promises for industry and advantage in negotiations. Uhm, then also it's information that should be public, because there's a huge amount of public funding that is going into this procurement. So there's also an interest in yeah, seeing how much the product costs which is development has been publicly funded. Uhm, so there's that.

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12 **Interviewee**: Uhm, then there's the issue with the indemnity clauses, so I mean essentially it won't be indemnity clauses are being uh redacted, which it is difficult, because an indemnity clause is essentially saying that if there is some side effects of the vaccine that they didn't anticipate, or, I don't know, they adverted effect. And the topic was to sue like, uhm, Yeah, it's the same for the pharmaceutical companies. The Government was to pay, or the European Commission in this case, would be paying, uhm, the legal costs, which can be quite high. Uhm, but it is, well. What we don't know is sort of the scope of these clauses, we don't know the duration, and all of that should be known, Because, yeah, first the, that will be also again the public money spent on the single cost, and it is also the risk, uhm. And there should be a public debate on, sort off, whether we are probably to take this risk. And then also, there's been some research from the, uhm, Bureau of Investigative Journalism that has found out that, you might have heard about it that in, I think in Argentina and Brazil is like public assets. That would be um collateral. Uhm, as collaterals in the case that the governments can't pay the legal costs. So that is, uhm, if that is true, that is very concerning, and it is also just raises the question of why is it being kept a secret? Like, if there isn't anything to hide, then you wouldn't hide it, so?

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13 **Interviewee**: Um, yeah, yeah. And then the last thing is on the delivery schedules, which, of course, makes the planning, uhm of the vaccination rollout more difficult. Uhm, and we've also seen by now that the reschedules are always being kept. And there's also the question of, uhm, whether there is a different reschedule at all. Because I mean you don't even know that if it's not in the contract. You don't even know that was sort of a timeline, or whether um because I think in one of the published contracts, it just said we'll deliver when it's there, which is uhm, which. Yeah, it's. It's very a pack, and it just makes the planning of the vaccination strategy much more difficult, and it just makes the planning of the vaccination strategy much more difficult, and it would be good to know for the topic. But this is the case. Yeah, so um, that's something we'll find out to my side.

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14 **Anne-Fleur Karssing**: Um! And what you said about the delivery schedules. Um. In my research I found, uhm, well the contract with AstraZeneca um, and it was published after the lawsuit between the European Commissioner and AstraZeneca, because the EU found that AstraZeneca had not kept on his delivery dates, uhm, so from that contract, it became clear that that contract did entail something about delivery days, but it's still not um. Very clear. Yeah. Yeah. So, there was one time with the others, and it was, uhm, yeah. It was published due to the lawsuit, but the other contracts are still unknown. And yeah, so I also found it very strange.

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15 **Interviewee**: Yeah, Yeah, it's very hard. Yeah, especially because the vaccine has, I think it's, I don't know if that applies to all of the vaccines but definitely for Pfizer it has a highlight storage, requirements which can be difficult, especially depending on the country context, and the infrastructure. And you do need to prepare. That also has been a problem with the donations that are coming through, that they are coming on a short notice. That's a short notice that a lot of the time they can be processed properly. But yeah, yeah.

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16 **Anne-Fleur Karssing**: Do you feel that in case we have another crisis like this, the EU should be more prepared to take more, yeah, how do you say that in, organized steps with these pharmaceutical companies to yeah, make a clear delivery schedule to think more ahead.

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17 **Interviewee**: Uhm, yeah, I mean, that is um a pandemic preparedness treaty, which is in the works which we haven't seen first off, yet I think it's going to be published in August, but I haven't so far um heard anything about that it has been. Yeah, maybe it's also been pushed back yeah, the WHO is working on drafting it. And it is also then taking input from civil society organisations. And I mean, we have also been doing a focus for this, and also have an organization that if there's pandemic preparedness treaty there has to be some kind of minimum of transparency standards. There has to be some kind of regulation on, um, when contracting data and also clinical trial data um needs to be published. Um, sort of yeah, at least, I think, the minimum would be like thirty days after it has been, um, concluded. But also, I mean, in some cases of like an emergency, you. You cannot maybe deliver on that. But it should be at latest sixty days. Um, yeah, it. It should be there, and it has to, well in in an ideal case in a pandemic preparedness treaty there are, uhm, just provisions for, uh, better government transparency and contract transparency. Uhm, the, uhm.

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18 **Interviewee**: Yeah, that would be good. I mean, we are yet to see whether that will be the case, uhm, but it would be helpful, because it would increase um equity in the access to medical solutions that are found. I mean we don't know of course if there's another pandemic, if there will be another vaccine, maybe it would be a different kind of method. I don't know, if there is one. Um, then yeah, we do need to make sure, I think that there is um more regard to um transparency and public information. But, yeah, also the vaccine, or not by saying, but like equity. But then access to this medical solution, because, um, the effects that this level of entrance fancy has on equity. We have seen um that it has been much harder, much more difficult for low and the middle-income countries, to procure this vaccine, or to obtain it in any way and that has delayed, uhm, progress in fighting this pandemic, uhm. And that can also be attributed to yeah, the pricing and transparency and in general consequences. But, in transparency, uhm, also, of course, other things that more apply to this. But yeah it. I mean, we are not out of this pandemic, and we could have done a more effective job to yeah, fight it.

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19 **Anne-Fleur Karssing**: But I found interesting, I found through my research is that um at the end of two thousand and twenty-one, when the Netherlands was procuring, uhm, boosters. Uhm, they were also procuring vaccines to directly to donate it, to COVAX. Yeah. On the one hand, you could argue that it is good that they donate it, but on the other hand, it is also the market mechanism that maybe is out of scale. How do you feel about that? That a country directly, uhm, procures the vaccines to donate them directly.

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20 **Interviewee**: Yeah, I mean, it is uhm, on the one hand it's, if the vaccine does cost so much that it would really exceed sort of, uhm, budgets of of many, especially low-income countries, it is a good thing, because that might be the only way, but then also so from my understanding. But this is only what I read about like the the German Government procurement process and, and there's also donation processes that they have to donate before they actually receive the vaccine. So they say, Okay, we want, they go to the European Commission and say, okay we want from the does that the EU procured. We'd like to take two hundred and then fifty of those um go to. I think this is an unrealistic amount but like fifty of those. Then we all donate to COVAX. And, uhm, then they have to be donated so before they get into the country, and that is the contractual obligation, which is, I don't know what the reason behind this is, uhm.

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21 **Interviewee**: And it's in general. When it comes to donations. It is very unclear, uhm. How, well, what sort of the contractual provisions by the manufacturers are for, uhm, donating, so which cases you are allowed to donate, and I think there have been some, uhm, manufacturers. It might have been even a Moderna or Johnson and Johnson. But I'm not sure. Uhm, that said that you're not allowed to donate them at all. Uhm, which then also raises the question like, Okay. But if there's wastage, and we know that rich countries have been procuring way more than they need.

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22 **Interviewee**: Um, you know, how is this sort off critical. Uhm, and then, uhm, yet it is also not with the donations, we don't know on which ground they didn't decide to donate where. So, you know why, for example, the decision has been reached by the German Government to donate a certain amount of doses to Kenya. Um, why, they chose that country instead of another one like it is very um arbitrary. And, that yeah, we are relying, we having to rely on, uhm, at donations to be able to vaccinate your country. It's. It makes it a lot less, uh, easy to plan the vaccine roll out, and then it it just decreases what the axis that the population has, and we've seen that, especially in Uganda, where, like there has been quite a high percentage of people who exceeded um for the time here. But I think it's like six to eight weeks between the first and second size of vaccination. Or yeah it. But should it be commended, and they have exceeded that, and there's lots of people who just get the first vaccine, and then don't go back, because either it's not there or I don't know if these are too no more. Um, eventually, when it is there, they sort of just given up bothering, really, or there's I mean, then also the public disinformation, and and so on. That also contributes to this. But yeah, all that essentially what I found about vaccinations make well, ah, vaccination donations are very at the moment very arbitrarily done, and really random,

uhm. And it makes it very difficult for countries that rely on them and have to rely on them to plan strategically a proper rollout. Yeah.

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23 **Anne-Fleur Karssing**: Yes, and thank you. So we talked about the transparency of the vaccine procurement process, and we also briefly talked about why transparency is important in this process. So we just also briefly did the joint negotiation team. It was recently that the Parliament mandated the Commission to, yeah, provide more openness about these names. Um, but it's yeah. They still haven't done it. Could you elaborate on why you think that the Commission decided to keep the names of those negotiators a secret?

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24 **Interviewee**: Uhm, I mean their official justification, for it is that they want to keep them like from what they call, I think, undo like some influence. I guess what they mean is lobbying because they kind of, they want to protect them from that which is, I mean, I understand, sort of reasoning behind it. But you can also say that for many people in public positions I mean that it just comes with the job essentially, and and also it means, well the fact that the names aren't public doesn't mean that they aren't under some sort of lobbying influence. Like that isn't, yeah, I don't know. Make that impossible. Uhm, it could be because they don't want sort of a lot of public interest or just debate around this kind of position. Um, also because I mean the appointment.

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25 **Interviewee**: Yeah, for the steering committee we don't really know, or at least I don't know. Maybe it's there's an oversight on my side. But how the steering committee is put together. The only thing we know is that I think every member state is represented in the Steering Committee just then again not true for the Negotiation Team, but yeah. So we don't really know who's in this committee that elects these people. It is all very blurry, but I, I mean, we can only assume sort of why this is done. Uhm, there's no, yeah, because we don't have like a case where it's sort we can definitely say, Okay, this is a conflict of interest that we have the Swedish um person who yeah is, I don't know, has questionable ties to consulting and like lobby firms. But then, again, the problem there is that with these firms it's very secretive sort of

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26 **Interviewee**: Well, they just don't give a lot of information on their website sort of who like which kind of companies they work with and like, which part of the pharmaceutical sector they work with. Because if they don't work for any of these companies that are doing vaccine development, or if they just not in the vaccine sector at all then. It's not, um. It's almost like It's not going to be incredibly relevant. And I mean the man from Sweden he publicly announced that he is on this board. So I guess, in a way, you can assume that he has nothing to hide. But um, yeah, it's. We can only sort of speculate about the reasons I mean other than what it's been publicly said by the European Commission. Yeah. So there's also a difference in the, well how the Member States in the joint negotiations team look at it. Um: yeah. So our Dutch Health Minister Hugo de Jonge argued that it's not deliberately

kept a secret at least a Dutch member, but he didn't enclose a name, but he did say, Ah, he's part of my ministry, and then he argued that for other countries it might be a different reason.

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**27** **Anne-Fleur Karssing**: So, my question for you would be, how do you feel about that the Commission appoints a negotiation team, and then that every Member State itself decides whether they feel the need to enclose who it is or not.

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**28** **Interviewee**: Yeah, I mean, as I said before I feel like, if there is nothing to hide, then you wouldn't hide it. So that is, it does raise many questions, and it is like I really fail to understand sort of the reason for, because it's it's seven people. And the reason for keeping these seven names so secretive, even now, when you know we're at a point of this process where there is kind of some sufficient supply, really. But why we don't have this shortage anymore. Were it is also not such a big matter of the big interest anymore. Uhm, and we will probably have to. Well, for the foreseeable future. We will be procuring current vaccines on the right you then. Um. So it's not like a one-time thing, and it's not. Yeah. So, I don't know, um. There are, I think.

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**29** **Interviewee**: Yeah, I mean, Sweden has made it public, and I think other countries that I've also made it um public, who is all aware of the person themselves as made it public um that he is on the team, so that doesn't seem to be like any stipulation really, from the European Commission to say that. Okay, you're not allowed to disclose the fact that you are working here. So that is one thing. So it is probably, yeah. Um, a country-specific thing. Um, which it would be interesting then, in the end to see you know who was actually on this in the scene, and why it was kept a secret. Uhm. Yeah it could be due to like conflicts of interest. It could be due to this it being a controversial public figure, uhm. Or because yeah, not wanting any sort of public debate on who is in this, ah, in this position. But yeah,

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**30** **Anne-Fleur Karssing**: It's difficult that it is kept a secret, because then you also cannot ask why this is the case. So, uhm, despite that the names are kept a secret. Do you think if the Commission decides to, yeah, publish all the names, uhm. Do you think that's enough to raise transparency regarding to the vaccine procurement strategy? Or is there more needed from the Commission?

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**31** **Interviewee**: I mean it would help. It would be a first step, because it would be these are these key people in key positions, and especially if there has to be some public debate around whether they then those who have been elected but they actually should be there. And maybe then, you know, someone that is in the place is replaced or whatever. Yeah, that that will happen to perfect. But then, still we have this whole issue of contract and transparency. And as long as there's no publication of the contracts with either um specific justifications. As for why specific parts are being kept secret, and why they're being

redacted or so just a full public publication of this data there's still a huge amount of transparency to the procurement process.

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32 **Anne-Fleur Karssing**: Yeah, yeah, thank you. It's all right. And so all kind of questions mixed together.

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33 **Interviewee**: Haha yeah.

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34 **Anne-Fleur Karssing**: And more and more broader question, what do you think that this is doing with the public trust? And with this I mean, yeah, the lack of transparency in this entire strategy, so to say,

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35 **Interviewee**: Um, I mean it just, I think, gives those people, uhm, ammunition who are already quite suspicious of the vaccine, which I mean it. It is a that. It's been developed in a very short time compared to other vaccines. There's been a huge amount of money invested in it. And the fact that now so much remains like in the unknown, like how much we actually pay for it, but also with the indemnity clauses that has, uhm, yeah, definitely being used by I mean, yeah, people who are um disseminating like popular conspiracy theories. But that is, I think, that has been referred to too like, especially for the indemnity clauses, who was to say, if they appear that nothing is wrong with these vaccines, then why is this being kept such a secret? And that is damaging because I mean it is. In that case it's not even like fake news to sort of saying, Okay, it's being a secret. It's just actually being kept secret. And of course, yeah, we don't know why we're going to speculate. But uhm, it does not help, uhm, with winning over those who are already sceptical of the vaccine.

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36 **Interviewee**: Uhm, and it does not make the vaccine, um, seem more trustworthy, or more, um, yeah, I don't know, more reliable, which is, I mean there could be various other reasons why there's been like such high indemnity clauses. Especially because it's been developed in such a short time, because I think there's much more of a public interest, this in this medicine more than with others, and there's like a bigger group of people who want to prove it wrong in a way. So it, I understand, sort of for me to like as a pharmaceutical company, maybe protect yourself more in this case. But then that should be openly communicated and, uhm, declared, and it is not. And then, you know, that is really, I think, really damaging to the public trust, because public trust has already taken a hit during this pandemic. And I think the pharmaceutical industry does not have a good image in general, or a particularly trustworthy image. So, none of the sides is really doing themselves a favour

*00:29:09 --> 00:29:20*

37 **Anne-Fleur Karssing** No. They feel that they're protecting the pharmaceutical industry. But well, on the other hand, it's damaging their vaccine strategy because people are not willing to get vaccinated.

*00:29:20 --> 00:30:12*

38 **Interviewee**: Yeah, Yeah. And also, they are, I mean, with the justification of the European Commissioners given, they have made it quite clearly, that they have put commercial interest over the public interest, and that I think that is a big point really about that. That is damaging, because it has been open communicated. And I mean, I think there have been also freedom of information requests that have been unsuccessful. There's been the parliamentary action that has been unsuccessful. So, there is a quite clear statement on that. Uhm, whatever profit, uhm, or other benefit that pharmaceutical industries are having from keeping misinformation. Uhm, yeah, private. But that is more important than public scrutiny and the public trust.

*00:30:14 --> 00:30:36*

39 **Anne-Fleur Karssing**: Yeah, I haven't looked at it that way. But indeed, it's really commercial over public trust. And if you say it like that, how do you think that, yeah, the damaging of the public trust, is that affecting the individual Member States needing to procure those vaccines?

*00:30:37 --> 00:31:00*

40 **Interviewee**: Uhm, I'm not sure that I don't. Really, I can't really give an answer on that question, because I'm not involved too much in which member states have been procuring individually, and for what reason that is. Uhm, I, I don't know I I can't say.

*00:31:00 --> 00:31:18*

41 **Anne-Fleur Karssing**: That's okay. Thank you. Uh, maybe you can say something, um, more general about when public trust is undermined at the European level. Do you think that also gives an indication for public trust on the domestic level.

*00:31:19 --> 00:32:26*

42 **Interviewee**: Um, yeah. Probably because I don't think that many people sort of see this sort of as individual to each other, like I'm. Not sure how many people are aware, but, uhm, how the European Commission is procuring, and how sort of who actually decides that, that these contracts aren't being published, and that the names aren't being made public and so on. It's actually like a um well, on which levels these decisions lie. Uhm, and if they are aware then it also doesn't help really with trust in like the European Union as a like a typical governing body, and which is a problem, because I think that kind of trust or, I don't know, and the feeling of maybe also of and identification of, the European Union has already been declining in in some States. Um, especially in the Eastern European States. So that is also something to consider. And then, yeah, I mean it just has a knock off effect. It's really on the national vaccine delivery,

*00:32:27 --> 00:32:40*

**43** **Anne-Fleur Karssing**: And do you feel that, the national governments of the individual Member States should take a bigger role in demanding from the Commission more transparency for its citizens.

*00:32:41 --> 00:33:53*

**44** **Interviewee**: Yeah, I mean, they should, but also like the Member States. I mean, they are the Commission. So it's. Yeah, it would be nice to see some more like public statements on this, and then to see more so to see which Member States are pushing for this. And yeah, but in the end, they are also sort off to protecting, I don't know, if they are protecting their interests or their actual contractual obligations. Yeah, I don't know. But it seems to be like governments in general in this deal are in quite powerful positions, uhm, in general. Yeah, it would be nice to see some, uhm, more decisive government action on this but then also we've seen, like, for example, the waving of the patens, which is a completely different thing. But there's also been, I think, governments of saying that they're in favour of waving of the patents, so that other countries can produce like, for example, the Pfizer vaccine. But nothing has really ever come from this. Yeah

*00:33:53 --> 00:34:01*

**45** **Anne-Fleur Karssing**: No indeed. These were my questions. Do you have any questions for me?

*00:34:01 --> 00:34:10*

**46** **Interviewee**: Off the record. I mean, what sort of the main, research question of the research. I mean, what sort of the main, research question of the research

*00:34:10 --> 00:34:35*

**47** **Anne-Fleur Karssing**: Which COVID-19 vaccine procurement strategy did the Netherlands pursue and how can this strategy be explained by characteristics of the joint EU strategy and Member States characteristics, and then in particular ties with the pharmaceutical industry.

*00:34:35 --> 00:34:36*

**48** **Interviewee**: Okay, wow, yeah.

*00:34:37 --> 00:34:42*

**49** **Anne-Fleur Karssing**: I'll stop recording, by the way.

# Appendix I: Interview 2

***Outlined interview questions Interview 2:***

1. Kunt u me in het algemeen wat meer toelichten over wat u denkt dat het doel was van Oxford om de gesprekken via Halix met de Nederlandse overheid aan te gaan aan het begin van de Coronacrisis?

2. Wat zijn volgens u de voornaamste motieven geweest van de Nederlandse overheid om het gesprek aan te gaan met Halix? *Denkt u dat ook een bepaald economisch motief een rol heeft gespeeld?*

3. In maart 2020 verklaarde de Nederlandse minister van Volksgezondheid, Van Rijn, dat hij bereid is om op individueel niveau deals te sluiten met pharmaceutische bedrijven buiten een eventuele EU-alliantie om [als reactie op de Amerikaanse poging om CureVac te kopen]. In hoeverre vindt u het feit dat er gesprekken hebben plaatsgevonden tussen de Nederlandse overheid en Halix aan het begin van de Coronacrisis kloppend bij deze uitspraak?

4. Naar het schijnt heeft een contactpersoon van Oxford University contact opgenomen met Pieter Omtzigt om via hem contact te leggen met Mark Rutte. Waarom denkt u dat dit contact verzoek via Omtzigt gegaan is?

5. Niet veel later gaf Halix blijk dat investering niet meer nodig was, waardoor de gesprekken op niets uitliepen. Wat zijn volgens u de voornaamste redenen dat de gesprekken tussen Halix en de Nederlandse overheid zijn spaak gelopen?
   Snelheid; op het moment dat de de investering er al was was het niet meer interessant voor Oxford.

6. Er wordt gesproken dat de Nederlandse overheid de investeringszaak met Oxford had moeten bespreken en niet met Halix. Wat denkt u dat de gevolgen hadden kunnen zijn als de overheid met Oxford gesproken had?

7. Er wordt aangevoerd dat zowel een woordvoerder van AstraZeneca als Pieter Omtzigt niet wilden reageren over de geruchten over de mislukte deal. Waarom denkt u dat ze weigerden te reageren, en wat vindt u daarvan?

8. Ook werd er aan het begin van de crisis bekend gemaakt dat de Nederlandse premier Mark Rutte meerdere gesprekken voerde met Janssen Pharmaceutical in Leiden, als onderdeel van farmaceutisch bedrijf Johnson & Johnson, met als doel de opschaling van vaccins te bespreken. Verwacht u dat er hier dezelfde soort gesprekken gevoerd zijn als tussen de Nederlandse overheid en Halix?

**9.** Wat vindt u van de mate van transparantie waarmee de Nederlandse overheid gecommuniceerd heeft over de gesprekken met Janssen en Halix?

**10.** Hugo de Jonge ontkende later, na het ontvangen van vragen over het onderwerp in de Tweede Kamer, dat zowel de gesprekken met Janssen als Halix investeringsgesprekken waren maar slechts 'verkennende gesprekken', omdat Nederland toen al besloten had dat het mee zou doen op internationaal niveau. Ook ontkende hij dat er een contactverzoek vanuit Oxford en Halix gedaan zouden zijn aan de Nederlandse overheid. Wat vindt u van deze uitspraken?

**11.** Na de aankondiging van de Inclusieve Vaccin Alliantie waar Nederland deel van uitmaakte, verklaarde Hugo de Jonge dat de Alliantie is ontstaan vanwege de connecties van de deelnemende landen met de paramedische industrie. In hoeverre vindt u dat de eerdere gesprekken tussen de Nederlandse overheid met Janssen en Halix hebben bijgedragen aan de Nederlandse rol in de Inclusieve Vaccine Alliantie?

**12.** Niet veel later na het ontstaan van de Alliantie kondigde de Commissie haar joint vaccine strategie aan, waar Nederland aan deelnam. Wat denkt u dat de voornaamste motieven voor Nederland zijn dat Nederland hieraan meedeed?

**13.** In januari 2021 kondigde AstraZeneca aan dat het problemen had met de levering aan de EU vanwege problemen met de productiecapaciteit in de EU. Niet veel later werd bekend dat AstraZeneca wel degelijk vaccins produceerde in Leiden (Halix), mogelijk gemaakt door de investering van de UK. Denkt u dat, in het geval dat Nederland wel geslaagd was in het maken van afspraken met Halix, het uit zou hebben gemaakt voor de levering van vaccins aan Europa, en dat Nederland de vaccins eerder zou hebben gekregen?

**14.** Waarom denkt u dat AstraZeneca het feit dat de Nederlandse productielocatie Halix vaccines produceerde voor het VK-geheim heeft gehouden?

**15.** Na de Inclusieve Vaccine Alliantie kwam de joint EU-strategie van de Commissie. Wat vindt u van de mate van openheid rondom de gesloten deals tussen de Commissie en de zes pharmaceutisce bedrijven ten opzichte van de productielocaties van de bedrijven, de hoeveelheden vaccines en prijzen per vaccine dosis? En waarom denkt u dat dit het geval is?

**16.** Vindt u dat Nederland meer had kunnen doen om Coronavaccins te bemachtigen in een vroeger stadium van de crisis? Zo ja, wat dan?

***Literal transcription Interview 2 (Dutch language, for translated version see below): Decision-making process of the Dutch government regarding Halix***
***22-8-2022***

*00:00:03 --> 00:00:06*

**1** **Interviewee**: Ja.

*00:00:26 --> 00:00:36*

**2** **Anne-Fleur Karssing**: Ja. Als het goed is, gaat het nu goed. Nou, Ik heb een aantal vragen over. Nou ja, voornamelijk de deal of, nouja, de gesprekken tussen Halix en de Nederlandse overheid aan het begin van de coronapandemie. Ehm, hier heb ik ook wat specifiekere vragen over, maar ook wat algemenere vragen die, nouja, aan het einde van het interview zal ik ook nog even kort wat vertellen over de precieze onderzoeksvraag die ik heb.

*00:00:37 --> 00:00:48*

**3** **Interviewee**: Ja en de vraag is dus een beetje, het kan best zijn dat ik bij een paar dingen moet zeggen van ja dat weet ik nu echt niet meer dat moet ik terugzoeken in mijn aantekeningen. Want het is natuurlijk ook anderhalf jaar geleden. En ik ben inmiddels zes onderwerpen verder, dus uhm, ja. Dus dat is voor mij echt al heel lang geleden.

*00:00:49 --> 00:00:55*

**4** **Anne-Fleur Karssing**: Ja, nee, dat begrijp ik helemaal dus nou, we kijken wel gewoon hoe ver we dan komen. Oké nou mijn eerste vraag, ehm, kun je me In het algemeen wat meer toelichten, ehm, over wat het doel was van Oxford University om in gesprek te gaan met de Nederlandse overheid aan het begin van de coronacrisis nouja via Halix dan, maar ja.

*00:00:56 --> 00:01:48*

**5** **Interviewee**: Uhm, even nadenken. Ja, dat kan ik en, maar ehm, ik zou haast zeggen dat je daar ook dan, en ehm, ik weet niet wie je allemaal zelf verder nog spreekt, maar dan zou je kunnen kijken of je ook met Oxford zelf kunt spreken. Euhm, maar zoals ik het me herinner in ieder geval, Euhm, was de Oxford die hadden. Die hadden al heel vroeg een coronavaccin in ontwikkeling en waren daar al heel veel verder mee dan heel veel andere partijen. Ehm, en, maar die waren op zoek naar financiering en vooral de financiering was nog niet eens het allergrootste probleem, maar ze waren op zoek naar plekken waar ze konden opschalen.

*00:01:53 --> 00:01:54*

**6** **Anne-Fleur Karssing**: Okay.

*00:01:54 --> 00:02:28*

**7** **Interviewee**: En, ehm, dat, ehm, Halix die heeft, ja, Ik weet niet eens hoe dat apparaat heet, maar, ehm die hebben daar mogelijkheden toe om om vaccine productie op te

schalen. En, ehm, dat was dus de bedoeling dat ze zochten iemand, ze zochten daar de financiering voor om dat opschalen te kunnen doen Ehm, ja en een plek. En omdat Halix één van de weinige plekken in Europa was daar het zou kunnen. Euh, maar ja, was dat de reden om bij, euh de Nederlandse overheid uiteindelijk aan te kloppen.

*00:02:29 --> 00:02:36*

**8** **Anne-Fleur Karssing**: Ja. Oh, dat is Helder. Ja, want ik vond het ja, het is best wel een complex verhaal inderdaad.

*00:02:36 --> 00:02:38*

**9** **Interviewee**: Ja.

*00:02:38 --> 00:02:50*

**10** **Anne-Fleur Karssing**: maar dit verheldert wel het een en ander. En wat denk je wat dan? Nou ja, goed Halix klopte bij de Nederlandse overheid aan. Waarom denk je dat de Nederlandse overheid in gesprek wilde gaan. Waarom ze daarvoor openstonden?

*00:02:50 --> 00:03:04*

**11** **Interviewee**: Ja, uiteindelijk was het dus eigenlijk best wel moeilijk om daar, eh, om daar een voet tussen de deur te krijgen, want dat is. Euhm, ik denk dat ik daar niet over gepubliceerd heb, ik zit even te denken. Het was Pieter Omtzigt.

*00:03:04 --> 00:03:05*

**12** **Anne-Fleur Karssing**: Ja?

*00:03:06 --> 00:04:27*

**13** **Interviewee**: Die, eh, jawel, dat is wel, dat heeft wel In de media gestaan. Pieter Omtzigt die ehm euh, die is in het torentje geweest om daarover te praten. Maar in de eerste instantie kreeg Halix eigenlijk nergens reactie op en kreeg heel moeilijk contact. Eh, en toen hebben ze dat via Omtzigt geprobeerd, en toen hebben ze volgens mij een dag later, of een paar dagen later, is er wel, ehm, een team van de Nederlandse overheid bij Halix geweest, maar uiteindelijk was het heel moeilijk om concreet mensen te spreken te krijgen. Als ik, eh, als ik het me goed herinner. Ehm en Omtzigt, er is een band en ik heb euh gezworen op alles wat me lief is. Maar misschien is het wel ergens. Die heeft in de Volkskrant gestaan. Eh, en die hebben het uiteindelijk, euh. Die hebben het uiteindelijk, euh, op hun site aangepast. Maar er is een band tussen Pieter Omtzigt en euh, en euh, Oxford. Ja, ja, een band ja. Pieter Omtzigt kent iemand die weer iemand kent, euh, en die bij Oxford, die mensen bij Oxford kent. En euhm, en op die manier is dat contact ontstaan. Euhm, dus het is ergens een beetje gek dat Omtzigt dat ja, wat heeft hij ermee te maken als Kamerlid. Ja hij kon het aan Rutte doorgeven maar dat is dus de reden.

*00:04:27 --> 00:04:28*

**14** **Anne-Fleur Karssing**: Ja.

*00:04:29 --> 00:04:57*

**15** **Interviewee**: Euhm, maar als je de mensen van Oxford mag geloven. Ik heb daar een aantal bronnen gesproken. Als je de mensen van Oxford mag geloven, kregen ze ergens bij de Britse eigenlijk wel heel snel voeten aan de grond. En kwamen daar direct ja enorme, euh, investeringen los en daardoor was het niet meer nodig om nog bij Nederland aan te kloppen. En wat is Nederland eigenlijk te laat.

*00:04:57 --> 00:04:58*

**16** **Anne-Fleur Karssing**: Ja.

*00:05:01 --> 00:05:08*

**17** **Interviewee**: Maar, ja, ik weet niet, ik ben vergeten wat je vraag ook alweer was. Die vond ik moeilijk te beantwoorden, dat weet ik nog. Maar ik weet niet of, hoe stelde je je vraag ook alweer?

*00:05:09 --> 00:05:25*

**18** **Anne-Fleur Karssing**: Ja nee, maar dit is precies wel het antwoord. Ehm, nou. Wat ik begrepen had was dat, nouja he, de Nederlandse overheid wel gesprekken voerde en vanuit meer een internationaal, ja, verband, maar eigenlijk was het dus heel lastig om contact te krijgen met Nederlandse overheid.

*00:05:26 --> 00:06:13*

**19** **Interviewee**: Ja, Het was heel lastig om contact te krijgen met de Nederlandse overheid. Misschien ook wel, omdat de Nederlandse overheid al vrij snel had afgesproken in Europees verband. Om het, eh, gezamenlijk te regelen, eh, dus dat kan een reden geweest zijn, weet ik niet zeker, maar, eh, maar het kan natuurlijk redelijk geweest zijn dat Nederland de boot af heeft gehouden. En er was, en dat weet ik wel zeker dat dat, euh, ja, dat dat een reden is. Eh, het was natuurlijk gewoon, het was in de begindagen van de coronacrisis er waren 100 dingen te doen tegelijkertijd. En ja, dan is, eh, is het vaccin misschien het allereerste waar je aan denkt. Omdat dat eerder een oplossing voor de wat langere termijn is terwijl er op korte termijn natuurlijk er ook een heel veel problemen lagen.

*00:06:13 --> 00:06:20*

**20** **Anne-Fleur Karssing**: Ja en het is natuurlijk wel achteraf te zeggen nou ja, de vaccins waren de uitleg, eh, uitweg, maar dat wist men toen ook nog niet.

*00:06:20 --> 00:07:07*

**21** **Interviewee**: Ja, hoewel, hoewel dat wel vanaf, vanaf vroeg. Want dan kun je de persconferenties Ursula van der Leyen bijvoorbeeld er wel bij pakken. Er werd al vanaf heel vroeg gezegd van de vaccines, de vaccine is waarschijnlijk de enige uitweg. Dus ja, eh, ja dat, dat had, Nederland misschien wel kunnen weten. Eh, maar dan nog steeds, ja er liggen natuurlijk 1000 urgente dingen op het bordje van, eh, van Rutte, van eh, van VWS, van noem het allemaal maar op. Dus ik kan me op zich dat wel voorstellen dat je daardoor iets mist. Alleen wat je wel duidelijk zag, en in de vergelijking, want als je dan

toch een vergelijking maakt, euh, was dat Groot-Brittannië dat veel eerder door had. En dat Groot-Brittannië echt al heel snel een enorme financiering op poten heeft gezet.

*00:07:07 --> 00:07:10*

**22** **Interviewee**: Ik zit nog te denken, er is een, ehm, een student in eh Londen geweest. Die heeft ook, eh, die heeft ook, eh, Wet Openbaarheid Bestuur, eh, achter de onderzoeken gedaan in Groot-Brittannië. En Ik denk dat zij ze ***geanonimiseerd*** heet, maar ik kan haar naam nog wel even opzoeken.

*00:07:24 --> 00:07:26*

**23** **Anne-Fleur Karssing**: Ja, als je dat zou willen doen.

*00:07:26 --> 00:07:28*

**24** **Interviewee**: Ja want ik denk dat dat wel een hele interessante spreker voor je is. Eh, en die is ook nog wel bereid om, eh, om dat te doen. Want ik denk dat bij veel mijn bronnen dat dat wat lastiger wordt, zeker die in Oxford. Want die, ja, die wilde eigenlijk helemaal niet dat bekend werd dat ik met ze gesproken heb. Ehm. Maar, ehm, maar zij zal dat zeker wel willen denk ik.

*00:07:47 --> 00:07:52*

**25** **Anne-Fleur Karssing**: Ja graag, als je wil.

*00:07:53 --> 00:08:02*

**26** **Interviewee**: Ja, ik zoek haar naam even op en zal ik, ik hoop vandaag, nog naar je doorsturen.

*00:08:03 --> 00:08:34*

**27** **Anne-Fleur Karssing**: Ja dus eigenlijk als Nederland er eerder bij was geweest, had het wellicht anders voor ons kunnen uitpakken. Euhm dan maken we ook het bruggetje naar eventjes een jaar later naar de leveringsproblemen van AstraZeneca. Euhm, je hebt er ook een artikel over geschreven natuurlijk. Dat, nou ja, dat heb ik wel degelijk die, ehm, die vaccins produceerde en ze ook door leverde naar het Verenigd Koninkrijk, terwijl dat eerst natuurlijk hoog en laag, nou ja, ontkend werd.

*00:08:35 --> 00:08:38*

**28** **Interviewee**: Ja, ja.

*00:08:38 --> 00:08:45*

**29** **Anne-Fleur Karssing**: Had dit ook, had dit Nederlands kunnen zijn denk je? Als het ze wel gelukt was om een deal te sluiten.

*00:08:45 --> -> 10:29*

**30** **Interviewee**: Ja ik denk dat, ik, weet je, je kunt daar heel veel op afdingen. Maar ik denk dat Nederland, als Nederland had gedaan wat Groot-Brittannië heeft gedaan, dan had dat, dan was dat Nederlands geweest. Groot-Brittannië heeft gewoon de afspraak gemaakt,

euh, ik moet dit even goed zeggen want, wat ik zei, het is lang geleden, maar Groot-Brittannië, zoals ik me herinner, heeft Groot-Brittannië de afspraak gemaakt, eh, wij investeren in die fabriek, maar dan heeft die fabriek in principe Brits, dus dan zijn de vaccins die uit dat uit die fabriek komen gaan in eerste instantie naar ons, omdat wij die investering hebben gedaan. Die afspraak had Nederland denk ik ook kunnen maken. Daar moet je wel de kanttekening bij maken dat op het moment dat Nederland dat binnen de Europese context, dus binnen de EU-context, had gedaan, dan euh, dan had je, eh, dan was het heel moeilijk geweest om te zeggen, alle vaccins die daar uitkomen zijn voor ons om het om. Euhm, om het doodeenvoudige feit dat, ja, je hebt met zijn allen afgesproken in de EU, euh, we doen dit tegelijkertijd, we verdelen het eerlijk over alle landen en, ehm, dan kun je een Alliance aangegaan samen. En dat kun je, dat had je op dit dossier kunnen doen, maar dat krijg je binnen de Europese Unie altijd weer een keer terug op je bordje. Er komt altijd een moment dat je de goodwill van andere landen nodig hebt. En dat zij net op het moment dat het jou verkeerd uitkomt zullen zeggen van, jaaaa, maar toen jij die van vaccins had, toen gaf je ook geen thuis, dus nu helpen we jou ook niet. Dus, eh, het was wel voor Nederland in die Europese context veel lastiger geworden om, om ditzelfde te doen.

*00:10:29 --> 00:11:08*

**31** **Interviewee**: Ehm, van de andere kant hadden we dan in ieder geval al een aantal vaccines gehad. Je had ze ook kunnen verdelen over Europa en dan hadden we ook in ieder geval meer vaccins gehad dan dat we nu in eerste instantie hadden. Want we hadden er natuurlijk heel weinig en in ieder geval veel later pas dan Groot- Brittannië. Ik ben toevallig nu het boek van Tim de Winter aan het lezen, euh, onze oud-correspondent in Londen. Eh, die al een vaccin, eh, die al twee keer gevaccineerd was op het moment dat zijn ouders in Nederland, die aanmerkelijk ouder zijn uiteraard, Eh, nog helemaal geen vaccinatie hadden gekregen.

*00:11:09 --> 00:11:13*

**32** **Anne-Fleur Karssing**: Uit de Halix fabriek dan waarschijnlijk ook? .

*00:11:13 --> 00:11:39*

**33** **Interviewee**: Ja ja, het zou zomaar kunnen, dat weet je niet zeker. Het is wel dat het AstraZeneca vaccine heeft uiteindelijk natuurlijk een heel slechte naam gekregen in Nederland. Omdat het een veel mindere werking had dan, eh, andere vaccins. Eh, dus ja, uiteindelijk wilde de mensen al niet eens met het AstraZeneca vaccin, en wilde iedereen, eh, Pfizer en eh, en Moderna, eh. Maar goed dat wisten we toen vooraf nog niet dat dat zo zou gebeuren.

*00:11:40 --> 00:11:41*

**34** **Anne-Fleur Karssing**: Sorry, kun je de laatste nog een keer herhalen?

*00:11:42 --> 00:11:52*

**35** **Interviewee**: Nou dat wisten we natuurlijk vooraf niet, dat Pfizer en Moderna zoveel beter zouden werken dan, eh, AstraZeneca.

*00:11:53 --> 00:11:58*

**36** **Anne-Fleur Karssing**: Um, nee omdat het natuurlijk ook een van de eerste vaccins al was die ver was in de ontwikkeling. Um.

*00:11:58 --> 00:11:59*

**37** **Interviewee**: Ja.

*00:12:00 --> 00:12:24*

**38** **Anne-Fleur Karssing**: Euh, ik zit even te kijken hoor sorry, even door mijn lijstje. Eh, ja. Zoals je net al even voor de even ter verduidelijking wat je net ook al zei, ehm, de voornaamste redenen dat de gesprekken tussen nou ja, Halix dan en Nederlandse overheid spaak zijn gelopen was omdat, er al een investering was vanuit het Verenigd Koninkrijk in de productielocatie.

*00:12:24 --> 00:13:07*

**39** **Interviewee**: Ja dat heeft echt denk ik met snelheid te maken. Op het moment dat die investering van het Verenigd Koninkrijk en er was, was het gewoon niet meer interessant voor Nederland om nog, het was gewoon niet meer interessant voor Oxford om nog een Nederlandse investering te krijgen. Er is een, er is een kort moment geweest dat zij overal investeringen zochten en nog dit konden krijgen. Toen kon Nederland inspringen. Ehm, maar toen eenmaal Groot-Brittannië op die boot zat en, eh, en ja had besloten, wij gaan hier, eh, een enorme som geld, eh, enorme som geld in steken, nou ja, toen was het te laat. Want daar die lijntjes tussen Oxford en Groot-Brittannië zijn natuurlijk wel weer zo kort dat je daar dan niet meer tussen komt.

*00:13:07 --> 00:13:26*

**40** **Anne-Fleur Karssing**: Nee. En later, ik heb ook de Jonge's kamerbrieven allemaal doorgelezen, en later kwam de Jonge er nog wel op terug dat het nooit een, nou ja, officieel investering gesprek was geweest. Ehm, wat vind je daarvan dat hij dat zegt?

*00:13:27 --> 00:14:40*

**41** **Interviewee**: Ja dat was vanaf het begin. Denk ik de, ehm, ehm, de redenering vanuit, eh, vanuit het kabinet. Ehm, ja. Dat ie dat zegt is denk ik heel politiek, en, ehm, kijk hij heeft, hij heeft gelijk dat er nooit een officieel investeringsgesprek is geweest. Maar dat is niet de vraag, de vraag is, had er een officieel investeringsgesprek kunnen zijn, en ik denk dat dat er had kunnen zijn ja op het moment dat ze sneller hadden gereageerd. Ehm, maar op het moment dat wij dit publiceerde, of eigenlijk al voordat wij dit publiceerde, op het moment dat we het voorlegde bij, ehm, bij het ministerie van Algemene Zaken, dus bij Rutte eigenlijk, eh bij het ministerie van VWS, toen kwam er direct een enorm defensieve reactie. Eh, van ja dit is nooit zo geweest en dit is allemaal, eh, ja dit is, dit is, eh, euh je blaast iets op dat nooit concreet is geweest, en sterker nog in eerste instantie, werd vanuit Algemene Zaken gezegd we hebben die aanbieding nooit gehad, we hebben nooit met iemand gesproken.

*00:14:40 --> 00:15:25*

**42** **Interviewee**: Toen duurde het heel lang voordat ik erachter kwam dat het Pieter Omtzigt was met wie ze gesproken hebben. Dus dan klopt het formeel als zij dan zeggen van ja we hebben met niemand van Halix of van AstraZeneca gesproken, dan klopt dat formeel, want dat hebben ze ook niet. Maar ze hebben wel met iemand gesproken die namens hen, ehm, Pieter Omtzigt in ieder geval, die namens hen met die aanbieding kwam. En ehm, wat ze bij Oxford zeiden is, op het moment dat, op het moment dat Rutte zelf op dat moment de handschoen had gepakt, als hij had, eh, dus na dat gesprek met Pieter Omtzigt direct had gebeld, dan hadden we een heel ander gesprek gehad dan als er een paar ambtenaren van Halix vier dagen late, of ehm, een paar ambtenaren van VWS, vier dagen later bij Halix staan. Eh, want ja ambtenaren maken toch minder indruk dan de premier zelf uiteraard.

*00:15:25 --> 00:15:27*

**43** **Anne-Fleur Karssing**: Ja dat hij er zelf gaat zitten, ja.

*00:15:27 --> 00:15:39*

**44** **Interviewee**: Ja. Ja dus, dat is denk ik ook een deel van de verklaring, dat het toen heel moeilijk werd om dat voor elkaar te krijgen.

*00:15:39 --> 00:15:47*

**45** **Anne-Fleur Karssing**: Ja want, ehm, in dezelfde periode, of misschien iets eerder is Mark Rutte wel bij Janssen gaan zitten voor de opschaling van die vaccins.

*00:15:48 --> 00:15:52*

**46** **Interviewee**: Oh dat weet ik niet, ehm, dat zou zomaar kunnen, maar dat ben ik vergeten in ieder geval.

*00:15:53 --> 00:16:09*

**47** **Anne-Fleur Karssing**: Oh nee, dat maakt niet uit, maar meer van dat vond ik zelf al bijzonder toen ik ernaar keek is dat, het dus wel moeilijk was om, he, met Mark Rutte in gesprek te raken met AstraZeneca, maar, ja, bij Janssen zat Rutte wel aan tafel zelf. En ook in de dezelfde periode.

*00:16:10 --> 00:16:14*

**48** **Interviewee**: Ik heb ook het idee, maar ik weet het niet zeker of dat waar is, dat Halix helemaal niet zo op de radar stond. Dat wij niet doorhadden dat wij die productiefaciliteit hadden op dat moment.

*00:16:15 --> 00:16:23*

**49** **Anne-Fleur Karssing**: Nee. Ja, bij Janssen was dat wel duidelijker.

*00:16:23 --> 00:16:36*

**50** **Interviewee**: Ja. Ik denk ook dat je heel moeilijk binnenkomt bij, eh, bij Halix. Eh, maar dat zou eh, dat zou eh, dat zou wel een plek zijn bij eh, ja. Daar zijn mensen die

hiervan echt van de hoed van de rand weten. Alleen, ik kreeg toen destijds echt niemand van dat bedrijf te spreken.

*00:16:40 --> 00:16:43*

**51** **Anne-Fleur Karssing**: Hoe komt dat denk je dat ze zo gesloten zijn daarover.

*00:16:43 --> 00:17:27*

**52** **Interviewee**: Ja dat is denk ik überhaupt de farmaceutische industrie, die is altijd heel gesloten. Ehm, daar weet ik zelf niet heel veel van. Maar ik heb toen wel met een aantal anderen gesproken, eh, hoe heet die, die journalist ook alweer, van, nou ja ik ben zijn naam even kwijt. Kan ik ook nog even opzoeken. Eh, ik heb met een aantal anderen gesproken die lang de farmaceutische industrie hebben gevolgd, en ja, die zijn dat totaal gewend dat je daar eigenlijk niemand te spreken krijgt. Ehm, dus ja, die hebben daar gewoon, dus die zien daar gewoon het belang niet zo van in waarschijnlijk om op dat moment aan de bel te trekken. Um, en, ehm, heb je ***geanonimiseerd*** ook al gesproken of niet? Of ga je die nog spreken? Dat zou je ook kunnen proberen.

*00:17:28 --> 00:17:35*

**53** **Anne-Fleur Karssing**: Nee nog niet, wat is haar naam? <intermezzo over spellen naam>

*00:17:36 --> 00:17:56*

**54** **Interviewee**: En zij, eh, is um, ***geanonimiseerd***. Ehm, en ehm, ze is is, ehm, ja, ze is, ze is, tegelijkertijd ook microbioloog denk ik, en zij heeft een column hierover geschreven. Twee dagen voordat ik mijn artikel publiceerde, schreef zij een column.

*00:17:56 --> 00:17:57*

**55** **Anne-Fleur Karssing**: Oh ja.

*00:17:58 --> 00:17:59*

**56** **Interviewee**: Waarin een heleboel van de informatie al stond, waar ik toen stevig van baalde. Want ik had natuurlijk contact met haar, en, ja, als columnist is het gewoon wat makkelijker om dingen op te schrijven. Dan hoef je niet aan alle journalistieke regeltjes te voldoen dan als journalist.

*00:18:08 --> 00:18:10*

**57** **Anne-Fleur Karssing**: Nee, dan is het een column.

*00:18:14 --> 00:18:49*

**58** **Interviewee**: Dus ik baalde daar toen wel van, maar goed, maar nu inmiddels, eh, no hard feelings daarover. Eh, tegelijkertijd heeft ze me ook nog geholpen want zij heeft wel veel contacten in die wereld. Dus je zou haar nog eens kunnen proberen te bellen. Ik kan haar wel even een appje sturen om te vragen of ik haar nummer mag geven, ik weet niet of ze dat oké vindt. En anders haar Twitter, sowieso op Twitter zou je haar een bericht kunnen sturen. Of, ehm, volgens mij staat onderaan haar column ook altijd

haar mailadres als ik het goed zeg. Dat weet ik niet helemaal zeker, maar ik denk het wel.

*00:18:49 --> 00:18:50*

**59** **Anne-Fleur Karssing**: Ja.

*00:18:50 --> 00:18:54*

**60** **Interviewee**: Euhm, dus dan zou je op die manier in contact kunnen komen. Maar ik zal haar ook even een appje sturen met de vraag of ze dat oké vindt als ik dat naar je stuur.

*00:19:02 --> 00:19:03*

**61** **Anne-Fleur Karssing**: Ja super, dank je wel. Want de farmaceutische industrie is ook de andere tak van het onderzoek, dus dat zou zeker helpen.

*00:19:03 --> 00:19:34*

**62** **Interviewee**: Ja, dan zoek ik ook nog even, als jij het bijhoudt, want dan moet ik je dus ***geanonimiseerd***, ehm, ik had net in het begin al iets genoemd, oh ja, ***geanonimiseerd***. En, ehm, dan vraag ik ook nog even aan die journalist. Die journalist die veel weet van de farmaceutische industrie. Ik ben zijn naam even kwijt. Maar eh, als je journalist follow the money erbij tikt dan eh, dan weet ik het wel weer.

*00:19:34 --> 00:19:36*

**63** **Anne-Fleur Karssing**: Ja dit zegt mij ook wel wat.

*00:19:36 --> 00:19:43*

**64** **Interviewee**: Ja, dit zijn drie mensen die je misschien wel, eh, zou moeten spreken.

*00:19:44 --> 00:19:47*

**65** **Anne-Fleur Karssing**: Ja. Ja, dat zijn goede tips. Ik heb het opgeschreven, dus ik zal ze straks naar je mailen. Ehm, ja, ga ik doen.

*00:19:52 --> 00:19:56*

**66** **Interviewee**: Heb je nog meer vragen?

*00:19:57 --> 00:20:09*

**67** **Anne-Fleur Karssing**: Ja, ehm, we gaan een beetje van hot naar her. Ik hoop niet dat je dat erg vindt. Dit heb ik al gevraagd. Euhm, nou we hebben het net ook al even gehad over de geslotenheid van de farmaceutische industrie, ehm, maar ik had ook begrepen dat jullie ook Pieter Omtzigt om een reactie hadden gevraagd, en dat daar ook geen gehoor aan werd gegeven. Ehm, wat vind je daarvan? .

*00:20:30 --> 00:21:01*

**68** **Interviewee**: Ja maar die zat op dat moment overspannen thuis he. Eh, dus eh. Die was denk ik net, ja een dag of vijf zes daarvoor, er was een incident met Omtzigt geweest. Ja, ehm, op de dagen zelf was ik er echt enorm mee bezig, maar nu moet ik echt even terughalen wat het ook alweer was. Ohja, het was het functie-elders incident. Ja dat was toen denk ik net een paar dagen daarvoor, of een week daarvoor of zo geweest.

*00:21:01 --> 00:21:02*

**69** **Anne-Fleur Karssing**: Ja.

*00:21:03 --> 00:21:32*

**70** **Interviewee**: Eeh, en hij zat overspannen thuis. En ik heb hem ook echt niet kunnen bereiken. Ik weet wel dat van de Volkskrant die hebben er toen ook over geschreven, Frank Hendriks, die heeft hem volgens mij wel gesproken in diezelfde tijd. Maar ik heb hem niet, eh, ik heb hem niet zelf gesproken. Ik heb wel mensen in zijn directe omgeving gesproken hierover. Eh, maar hem zelf, wel op andere momenten hoor, maar niet ehm, maar niet eh rond die tijd.

*00:21:32 --> 00:21:39*

**71** **Anne-Fleur Karssing**: Nee. Nee, maar dat is ook goed om te weten, want wat is dan de reden dat iemand niet reageert, dat is, ja. Gezondheid is daar ook gewoon een belangrijk onderdeel van.

*00:21:40 --> 00:21:44*

**72** **Interviewee**: Ja, ja. Ja op dat moment was dat echt eh was dat de reden.

*00:21:45 --> 00:21:46*

**73** **Anne-Fleur Karssing**: Ja, ehm.

*00:21:46 --> 00:22:09*

**74** **Interviewee**: En het is ook ergens, als je, want hij had zich ziekgemeld bij de kamer, eh, zelfs als ie het zou willen, eh, is het natuurlijk ergens ook een gek figuur als je, eh, niet meer in de kamer komt maar wel overal in de media verschijnt, dan krijg je natuurlijk heel snel, eh, ja, is die man wel echt ziek en waarom gaat ie niet gewoon naar zijn werk.

*00:22:08 --> 00:22:09*

**75** **Anne-Fleur Karssing**: Ja scheve gezichten ook.

*00:22:09 --> 00:22:14*

**76** **Interviewee**: Ja, zeker. Dus ik snapte dat op zich wel. Dat 'ie dat niet wilde op dat moment.

*00:22:14 --> 00:23:07*

**77** **Anne-Fleur Karssing**: Ja. Uhm, nou, we gaan weer even terug in de tijd, euhm, begin van de Coronacrisis. Euhm, gesprekken zijn net geweest met Halix. Maar eigenlijk daarvoor al was, toen nog minister van Rijn, beantwoordde Kamervragen, ehm, over, nouja ik weet niet of je dat meegekregen hebt, het stukje van CureVac. Dat, ehm, Donald Trump eigenlijk CureVac probeerde te kopen. Um, nouja, ook in de kamer werden daar vragen over gesteld over in hoeverre Nederland dan bereid was om die vaccins te kopen. En toen zei van Rijn: Nouja mocht het, eh, ja, mocht de kans zich voordoen, dan ben ik wel bereid om dit te gaan doen. Dus ik wil wel vaccins kopen buiten een eventuele vaccin-alliantie.

*00:23:07 --> 00:23:09*

**78** **Interviewee**: Oké, heb ik niet meegekregen, dat wist ik niet.

*00:23:09 --> 00:23:29*

**79** **Anne-Fleur Karssing**: Nouja daarom geef ik ook een stukje context mee. Nou mijn vraag eigenlijk hierachter, even ter bevestiging. Nou we hebben het natuurlijk net gehad over Janssen dan, maar ook met Halix. Vind je dit, vind je die gesprekken passend bij de uitspraak die van Rijn gedaan heeft.

*00:23:30 --> 00:23:56*

**80** **Interviewee**: Nou als ik dit destijds wel had meegekregen had ik het meegenomen in mijn artikel. Ehm, dus nee, het is uiteraard, het is uiteraard opmerkelijk. Euh, ook omdat, als ik het me goed herinner, euh, er die tijd, zeg maar toen ik het verhaal al had gemaakt, dat de reactie ook wel was van ja, maar we doen dit niet alleen, we doen dit in een Europese context. Wij zijn hier niet verantwoordelijk voor, euh dus dat was.

*00:23:57 --> 00:23:59*

**81** **Anne-Fleur Karssing**: Ja dat was inderdaad mijn volgende vraag.

*00:24:00 --> 00:24:02*

**82** **Interviewee**: Dus ja, dat is uiteraard met elkaar in tegenspraak.

*00:24:08 --> 00:24:31*

**83** **Anne-Fleur Karssing**: Ja dat vond ik erg opmerkelijk inderdaad, dat het elkaar zo tegensprak. Want later heeft ook Hugo de Jonge ook op verschillende artikelen gereageerd en ook gezegd van ja, he, we hadden al afspraken gemaakt op Europees niveau. Terwijl er eigenlijk al twee maanden van tevoren, eh, nog gezegd werd van nee, wij willen dit ook individueel doen. Dus eh, dus vandaar de vraag.

*00:24:34 --> 00:25:21*

**84** **Interviewee**: Ja, eh, ja, ja, dat is echt opmerkelijk ja. Maar ja, het past wel, maar ik weet niet of dat nou, dat is meer een persoonlijke opvatting dan, eh, vanuit mij professionele rol, maar het past wel in het, in het opportunisme natuurlijk dat er de hele coronacrisis wel over het overheidsbeleid heen heeft gehangen. Eh, ja, er zit, ja, hoe zullen we dat nou eens uitdrukken? Ehm, ehm, uh. Hier zal wel een minister die,

ehm, ja, eeeeehm, de juiste argumenten bij elkaar zocht om zijn eigen beleid te verdedigen. De argumenten die hem niet uitkwamen wist 'ie altijd wel onderuit te komen. Maar dat is wat ik zei, het is meer een persoonlijke opvatting dan dat, ehm, het vanuit mijn rol als journalist komt. Maar ik vind het een totale impasse.

*00:25:21 --> 00:25:45*

**85** **Anne-Fleur Karssing**: Ja ik moet ook zeggen, even vanuit mijn persoonlijke opvatting dan, wat ik erg interessant vond na, nouja he, al die teksten van kamerbrieven, updates, dat soort dingen van Hugo de Jonge. Je ziet echt zeg maar een tegenspraak. Dus waar hij op het begin iets zegt, hij valt zichzelf eigenlijk aan. Ehm, op verschillende vlakken en dat is wel echt heel bijzonder.

*00:25:46 --> 00:25:48*

**86** **Interviewee**: Ja nee, dat, ja. Die neiging heeft ie.

*00:25:48 --> 00:26:45*

**87** **Anne-Fleur Karssing**: Ik hoop ook vooral dat er nog na mij nog meer mensen zijn die dit gaan onderzoeken want meer hierover gaan, want ja, ik vind wel dat dit dingen zijn die mensen moeten weten. Het is vrij bijzonder. Ehm. Even terug, euhm naar, nouja, voordat de EU haar strategie, haar eigen vaccin aankoop strategie publiceerde. Kwam de, ja, ik weet even niet wat het in het Nederlands is, Joint Vaccine Alliance, of de Inclusive Vaccine Alliance in beeld. Waar ook Nederland deel van uitmaakte. Ehm, nouja. En eigenlijk vrij snel nadat die alliantie gevormd was, dus dat was begin juni, en echt na 10 dagen was de eerste deal met AstraZeneca al gesloten. Waaruit Hugo de Jonge later terugblikte dat Nederland daarbij een belangrijke rol gespeeld heeft in de gesprekken met AstraZeneca vanuit het Negotiation Team.

*00:26:45 --> 00:26:46*

**88** **Interviewee**: Ja, ja.

*00:26:46 --> 00:27:10*

**89** **Anne-Fleur Karssing**: Ehm, in hoeverre denk je dat de eerdere gesprekken tussen Nederland, en nouja, weer Halix, euhm, ook een deel uitmaakte van, nouja toch wel die Alliantie. Oh daar moet ik ook nog even bij zeggen trouwens, sorry, dat de Jonge ook gezegd heeft dat, ehm, nouja de landen van de alliantie bij elkaar gezocht zijn door hun rol, hun connecties tot de farmaceutische industrie

*00:27:11 --> 00:27:27*

**90** **Interviewee**: Ja. Ja, nou ik had vooral het idee dat, eh, maar, dit kan ik niet hard maken, maar in de chronologie krijg je het idee dat Nederland die kans met Halix miste, eh, ooh. Ik krijg een wisselgesprek die ik op moet nemen, Vind je het goed als ik zo weer in bel?

*00:27:33 --> 00:27:34*

**91** **Anne-Fleur Karssing**: Ja.

*00:27:34 --> 00:27:37*

92 **Interviewee**: Oké, spreek ik je zo verder!.

*00:27:39 --> 00:28:18*

93 **Interviewee**: Ja! Ehm. Je krijgt in de chronologie het idee, en ook als je dan de kamerbrieven erbij pakt, dat men doorhad: 'hé er zijn andere landen al heel hard bezig'. Dat zou rond Halix geweest kunnen zijn. Er zijn andere landen al heel hard bezig. Dat zegt de Jonge ook op een bepaald moment. Eh, en wij moeten dat ook doen want anders missen we de boot. Maar het kan zijn dat Halix een soort wake-up call is geweest. Eeh, van ja nu moeten we echt aan de slag. Maar zeker weten doe ik dat niet. Alleen in de chronologie zou het wel kloppen.

*00:28:19 --> 00:28:18*

94 **Anne-Fleur Karssing**: En ook vooral omdat, ik weet niet of jullie dat wel ingezien hebben, maar, ook als je kijkt naar de correspondentie over hoe die Alliance ontstaan is. Daar kon ik vrij weinig over vinden in ieder geval. Er zijn wel bepaalde e-mails, maar alles is zwart gemaakt .

*00:28:49 --> 00:29:36*

95 **Interviewee**: Ja. Oh ja. Dat was met Duitsland, Frankrijk en Italië als ik het goed zeg. Waarbij het opmerkelijk is dat België daar dan niet in zit terwijl België zo onderhand de grootste farmaceutische industrie in Europa heeft. Maar ehm, als ze daarop uitgekozen zijn, dan had België daar betrokken bij moeten worden. Maar goed wij kijken natuurlijk als Nederlanders, tot mijn eigen irritatie, altijd enorm neer op België. Dus eh, misschien, et, is dat een reden om ze er niet bij te betrekken. Maar ja, dat zou je wel verwachten qua grootte van de industrie. Want uiteindelijk is een groot deel van onze vaccins ook in België geproduceerd. Ja AstraZeneca eh, had een productielocatie net ten zuiden van Brussel, bij eh, Charleroi denk ik. En ehm, en Pfizer heeft een hele grote locatie in Puurs. Dus dat zijn twee belangrijke plekken waar die vaccins zijn gemaakt.

*00:29:37 --> 00:29:40*

96 **Anne-Fleur Karssing**: Ja dat is dan wel bijzonder dat België er dan niet bij zit .

*00:29:40 --> 00:29:41*

97 **Interviewee**: Ja toch?

*00:29:43 --> 00:29:46*

98 **Anne-Fleur Karssing**: Nouja, ik ben benieuwd hoe ze daarover na hebben gedacht.

*00:29:46 --> 00:30:13*

99 **Interviewee**: Ja, ja toch? Uiteindelijk is daar, want daar was grote irritatie over bij de Europese Commissie, dat Nederland daar zo'n voortrekkersrol wilde hebben. En eh, de Commissie heeft dat uiteindelijk overgenomen. En ja, Nederland, Hugo de Jonge,

deed zijn uiterste best om dat, om dat beeld te scheppen dat de Commissie alleen mar zo succesvol kon werken dankzij het voorwerk van de alliantie. Maar ik weet niet of dat nou helemaal klopt.

*00:30:15 --> 00:30:22*

**100** **Anne-Fleur Karssing**: Nee? Kun je dat wat toelichten?

*00:30:25 --> 0:31:28.*

**101** **Interviewee**: Nee ja, laat ik het anders zeggen, daar bij de Europese Commissie beleefde ze dat anders. Dus, ehm, vanuit Den Haag was de spin, want ik denk dat dat het wel was, was de spin dat de contracten al helemaal af waren, dat de Europese Commissie er op het allerlaatste moment bij betrokken werd. Ehm, en dat die de handtekeningen hebben gezet. Terwijl, als je het aan de Commissie ambtenaren vraagt, die zeggen ja het duurde niet voor niets nog zo lang, want het duurde nog best lang nadat, eh, de Alliantie, nou, je mag het van Nederland niet zeggen, ontbonden was. Maar eigenlijk was ie ontbonden. Toen duurde het nog best lang voordat er concreet, eh, een contract op tafel kwam. Ik denk dat zelfs augustus is geworden als ik het goed zeg. En volgens Commissie ambtenaren op de achtergrond, eh, dus die zullen dat niet publiekelijk zeggen, maar die zeiden destijds van ja er moest toen nog zoveel aan die contracten gebeuren. Dat was nog helemaal niet in kannen en kruiken op dat moment.

*00:31:26 --> 00:31:48*

**102** **Anne-Fleur Karssing**: Terwijl Nederland het net deed lijken alsof het er allemaal al lag en dat het gewoon een kwestie was van overnemen. Want dat viel mij ook nog op toen ik bezig was met die kamerbrieven is dat de Jonge schetst dat, eh, dat zij, dat de Alliantie samenwerkt, vooral in de eerste kamerbrieven na de Alliantie, dat de Alliantie samenwerkt met de Commissie om, ehm, ja, om vaccins aan te kopen in plaats van overname.

*00:31:48 --> 00:32:26*

**103** **Interviewee**: Ja. De allereerste bekendmaking van de Alliantie, daar stond helemaal niet over de Commissie. Daar was de Alliantie gewoon een zelfstandig bestaand instrument. En toen zijn er een heleboel landen erg kwaad geworden. Van ja, wat is dit nou, waarom regelen we dit niet Europees? Dus de landen die er niet bij betrokken waren. En op dat moment heeft de Alliantie, om het smerige woord maar te zeggen, de keutel ingetrokken. En eh, en hebben ze gedacht ja we moeten dit toch maar Europees doen want dit gaat niet goed zo. En toen is de Commissie pas in beeld gekomen.

*00:32:27 --> 00:33:13*

**104** **Anne-Fleur Karssing**: Nouja wat ik ook wel had, een deel van die strategie was, er was een Steering Committee en een Joint Negotiation Team, ehm, die onderhandelde namens alle lidstaten. Nou, daar zaten zeven, ja, zeven mensen in als het ware, waarvan vier van de Alliantie, en drie andere landen. En, ehm, waardoor je hem ook om zou kunnen draaien en zou kunnen zeggen nou er zijn zeven landen die namens de

Commissie hebben onderhandeld. Wat vind je daarvan? Dat dat door zeven landen gebeurd is? .

*00:33:14 --> 00:33:18*

**105** **Interviewee**: Oef, ik weet niet wat ik daarvan vind. Daar zat Nederland geloof ik bij he, ja. Ja, eh, weet ik niet, weet ik niet zo goed. Eh. Nee ik heb dat niet meer scherp genoeg. Ik kan me dat nog wel herinneren die discussie destijds maar ik heb dat echt niet meer scherp genoeg.

*00:33:28 --> 00:33:51*

**106** **Anne-Fleur Karssing**: Nee dat is helder. Ehm, ehm. Nou ik weet niet hoor of je daarop kan antwoorden, maar, dat vroeg ik me nog wel af, ehm, ondanks dat het dan zogenaamd volgens Nederland in kannen en kruiken was, wat denk je dat het voornaamste motief is geweest voor Nederland om alsnog deel te nemen aan de Europese strategie, in plaats van, eh, ja.

*00:33:52 --> 00:35:31*

**107** **Interviewee**: Ja dat is denk ik dat wat ik daarstraks zei, dat het denk ik in Europa bijna onmogelijk is dat op het moment dat alle landen, nouja, een heel groot deel van de landen beslist, eh, het is beter als we dit gezamenlijk gaan doen, waar ook natuurlijk best wel iets voor te zeggen is, ehm, dan wordt het wel heel moeilijk om voor als Nederland te zegen van wij gaan het alleen doen en wij gaan eerder, eeh, eerder vaccins voor onszelf regelen, eh, dan voor de rest er zit, een, ook een risico aan. Stel dat Nederland dit alleen had gedaan, en ze waren later geweest dan de rest van Europa, eh, dan was natuurlijk Nederland te klein geweest. Je neemt dan echt een enorm risico, je moet wel echt heel zeker weten dat jij eerder vaccins voor jezelf kan regelen, eh, als je, als je dit alleen, zelfstanding wil gaan doen, ehm dus dat lijkt mij een, ehm, reden. En, ehm, het tweede is, stel dat je het wel redt, stel dat je het wel, ehm, eerder regelt dan de rest, nou dan heb je ook een probleem als je je eigen land al volledig gevaccineerd hebt, terwijl, eh, de bejaarden in Polen nog moeten wachten. Ehm, dat zou natuurlijk ook een heel slecht figuur slaan. En Groot-Brittannië kon dat doen omdat zij uit de EU zijn gestapt en voor hen was dat juist het bewijs. Kijk, buiten de EU zijn we sterker dan binnen de EU. Ehm, maar Nederland had dat onmogelijk kunnen doen op die manier denk ik. Dat was publicitair altijd mislukt, dus ik denk dat dat een reden is om het dan gewoon, om het, ja, om dan mee te gaan in de Europese strategie.

*00:35:34 --> 00:35:48*

**108** **Anne-Fleur Karssing**: Ja. En toch kwam er, nadat dan duidelijk werd dat er wel degelijk AstraZeneca vaccins in Nederland geproduceerd werden, Wel een hoop kritiek op het feit dat Nederland niet eerder al die vaccin deals had gesloten.

*00:35:49 --> 00:36:30*

**109** **Interviewee**: Ja maar ook als je, als je deelneemt aan die Europese strategie, die toen nog niet bestond he, op het moment dat eh, op het moment dat Nederland die kans kreeg, was er nog geen Europese strategie. Dus dan hadden we dat wellicht, misschien

nog kunnen doen. Hoewel ik dan ook denk hoor dat daar echt wel een publicitair risico aan is. Maar ook als je dan mee had gedaan dan had je tien miljoen vaccins voor Europa kunnen garanderen. Dat is misschien binnen Europese context een druppel op een gloeiende plaat, maar het was in ieder geval iets geweest. En nu had je niks. Dus ja, eh, ik weet niet of ik kritiek dan heel, eh.

*00:36:39 --> 00:36:40*

110 **Anne-Fleur Karssing**: Kritiek is dan misschien ook niet helemaal het juiste woord.

*00:36:40 --> 00:37:19*

111 **Interviewee**: Ik probeer ook, nouja, er was ook kritiek. Dus jawel, dat is wel het goede woord. Maar ik weet niet of ik. Het is ook makkelijk praten natuurlijk want als je achteraf. Ja als ik alle kansen die ik achteraf in mijn leven heb gehad, als ik het mezelf altijd kwalijk neem dat ik ze niet heb benut, dan is het ook wel makkelijk, want ja, achteraf weet je veel beter waar je kansen lagen dan dat je vooraf deed. Dus het ook gekund dat ze er tien miljoen in hadden geïnvesteerd terwijl het dan tien weggegooide miljoenen waren geweest. Maar ja dan, ja, dat was toen de reden om erover te publiceren, dat was tien miljoen geweest, dat is nog geen euro per Nederlander, ja, met dat soort bedragen zou je de risico's wel kunnen nemen natuurlijk.

*00:37:20 --> 00:37:23*

112 **Anne-Fleur Karssing**: Ja, zeker als het om dat soort relatief kleine bedragen gaat.

*00:37:23 --> 00:37:24*

113 **Interviewee**: Ja. Ja precies.

*00:37:26 --> 00:37:55*

114 **Anne-Fleur Karssing**: Nee helder. Dan heb ik nog een kleine vraag. Uhm, ook weer eventjes richting ehm, ja, het Verenigd Koninkrijk en Halix, en het feit dat deze, nouja, misschien is het weer door, hem, nouja, de hele secrecy rondom de farmaceutische industrie. Maar waarom je denkt dat AstraZeneca haar productielocaties verder geheim heeft gehouden.

*00:37:57 --> 00:38:10*

115 **Interviewee**: Ehm, dat hebben ze niet. Nee, volgens mij niet, want eh, er is een kaartje op een gegeven moment geweest. Er is die productielocatie in België die ik zei, in Finessen.

*00:38:11 --> 00:38:13*

116 **Anne-Fleur Karssing**: Oh in Puurs? Oh nee wacht dat was Pfizer.

*00:38:13 --> 00:38:54*

117 **Interviewee**: Ja dat was Pfizer inderdaad. Finessen met een S, eh, S-E-N-E-S-S. Ehm, daar staat een productielocatie. En we hebben op een gegeven moment ook een kaartje

gezien van, maar die waren wel door de Europese Commissie bekend gemaakt denk ik, maar we hebben een kaartje gezien van ehm, Groot-Brittannië twee locaties, eh, en verder weet ik het even niet meer. Maar hoe dan ook was er een lijstje en dat stond dan ook in het contract. En dat contract is dan ook op een bepaald moment geopenbaard. Eh, daar stond een lijstje met, met productielocaties, ehm, ehm, in het Europese contract was dat weggelakt.

*00:38:54 --> 00:38:56*

**118** **Anne-Fleur Karssing**: Ja.

*00:38:57 --> 00:39:12*

**119** **Interviewee**: Maar er was volgens mij een fout gemaakt of zo, ik moet het even terug halen. Maar er was een fout gemaakt, het was niet goed weggelakt waardoor mensen het toch konden zien. En anders stond het in ieder geval ook in het Britse contract. Daar stonden ook een aantal productielocaties in dus zover ik weet was dat niet geheim.

*00:39:13 --> 00:39:16*

**120** **Anne-Fleur Karssing**: Ja en er stond volgens mij ook een verkeerde naam in, toch?

*00:39:16 --> 00:39:17*

**121** **Interviewee**: Oh, dat zou kunnen, maar dat weet ik even niet meer.

*00:39:21 --> 00:39:41*

**122** **Anne-Fleur Karssing**: Nee helder. Dan heb ik nog een algemene wat meer afsluitende vraag. Ehm, nouja, he, wat je zegt, achteraf is het altijd makkelijker om bepaalde keuzes te evalueren. Maar vind je dus, los van, het hele, rondom AstraZeneca, dat Nederland meer had kunnen doen om op een vroeg stadium vaccins te bemachtigen?

*00:39:43 --> 00:39:52*

**123** **Interviewee**: Eh, ik denk niet, eh, los van deze casus? Ik heb geen andere voorbeelden gezien dan deze casus. Waar dat zo was. Dus eh, dan had Nederland, eh, hier heeft Nederland een kans gemist denk ik. Ehm, maar nee, verder, verder weet ik dat, weet ik dat echt niet.

*00:40:08 --> 00:40:09*

**124** **Anne-Fleur Karssing**: Nee, oké. Dit waren mijn vragen in ieder geval.

*00:40:10 --> 00:40:12*

**125** **Interviewee**: Oké, heel goed.

*00:40:13 --> 00:40:15*

**126** **Anne-Fleur Karssing**: Heb je nog vragen voor mij?

*00:40:22 --> 00:40:27*

**127** **Interviewee**: Nou, je zei voor die tijd dat je nog iets wilde zeggen over je onderzoek, afsluitend. Maar ik weet niet meer wat dat. Ik zou het wel leuk vinden om het uiteindelijk te zien het resultaat.

*00:40:28 --> 00:40:30*

**128** **Anne-Fleur Karssing**: Ja dat kan. Het hele onderzoek bedoel je denk ik dan he?

*00:40:30 --> 00:40:33*

**129** **Interviewee**: Eh, ja, zeker, ja. Als dat zou kunnen heel graag. Ehm, en ehm, nee ja verder heb ik eigenlijk geen, ehm, vragen, ehm ik ben benieuwd.

*00:40:44 --> 00:40:50*

**130** **Anne-Fleur Karssing**: Dan eh, ga ik in ieder geval even de recording stopzetten en dal ik ook nog even kort wat vertellen als je het leuk vindt over mijn onderzoek verder.

*00:40:51 --> 00:40:52*

**131** **Interviewee**: Ja, zeker.

***Translated transcription to English Interview 2:***

*00:00:03 --> 00:00:06*

1 **Interviewee**: Yes.

*00:00:26 --> 00:00:36*

2 **Anne-Fleur Karssing**: Yes. It should all go right now. Well, I have some questions about. Well, primarily the deal, or, well, the conversations between Halix and the Dutch government at the start of the corona pandemic. Ehm, I have also some more specific questions about this, but also more general questions, which, well, at the end of the interview I will also tell something shortly about the exact research questions I have.

*00:00:37 --> 00:00:48*

3 **Interviewee**: Yes, and the question is a bit, I can be that for some things I have to say, yes I don't know that anymore and I have to look it up in my notes. Because of course it is one and a half years ago. And currently I am six topics further, so, ehm, yes. For me that is really a long time ago already.

*00:00:49 --> 00:00:55*

4 **Anne-Fleur Karssing**: Yes, no, I understand that completely so, we will just see how far we will get. Okay, so my first question, ehm, can you elucidate to me in general, ehm, about what the main purpose of Oxford University was to get in touch with the Dutch Government at the start of the corona crisis, or well, via Halix, but yeah.

*00:00:56 --> 00:01:48*

5 **Interviewee**: Ehm, let me think. Well, I can do that and, but ehm, I would almost say that you would need to, and ehm, I don't know what other people you will speak, but you could see if you could get in touch with Oxford themselves. Ehm, but as I can remember, ehm, was that Oxford they had. They had very soon a corona vaccine in development and were a lot further with this compared to other parties. Ehm, and, but they were searching for financing and especially financing was not the biggest issue, but they were looking for places where they could scale up.

*00:01:53 --> 00:01:54*

6 **Anne-Fleur Karssing**: Okay.

*00:01:54 --> 00:02:28*

7 **Interviewee**: And, ehm, that, ehm, Halix they have, yes, I do not even know how that machines is called, but ehm, they have their possibilities to scale up vaccine production. And, ehm, it was meant that they were searching someone, they were searching the financing to be able to scale this up. Ehm, yes and a place. And because Halix was one of the few places in Europe where this would be possible. Ehm, but yes, that was the reason to, ehm, get in touch with the Dutch government.

*00:02:29 --> 00:02:36*

8 **Anne-Fleur Karssing**: Yes. Oh, that is clear. Yes, because I found it yes, quite a complex story indeed.

*00:02:36 --> 00:02:38*

9 **Interviewee**: Yes.

*00:02:38 --> 00:02:50*

10 **Anne-Fleur Karssing**: But this makes some things clear. And what do you think? Well, Helix got in touch with the Dutch government. Why would you think that the Dutch government would talk with them? Why were they open to this?

*00:02:50 --> 00:03:04*

11 **Interviewee**: Yes, eventually it was quite hard to get there, ehm, to get a foot in the door there, because that is. Ehm, I do not think that I have published about that, I am thinking about it. It was Pieter Omtzigt,

*00:03:04 --> 00:03:05*

12 **Anne-Fleur Karssing**: Yes?

*00:03:06 --> 00:04:27*

13 **Interviewee**: That, ehm, yes, that is, that is said in the media. Pieter Omtzigt he, ehm, ehm, has been in 't Torentje to talk about that. But in first instance, Halix did not get a reaction on anything and getting in touch was very complicated. Ehm, and then they have tried that via Omtzigt, and about a day later they have, or a few days later, there has been, ehm, a team from the Dutch government at Halix, but eventually it was very hard to talk to people concretely. If I, ehm, if I remember correctly. Ehm and Omtzigt, there is a bond and I have, ehm, sworn on everything that I love. But maybe it is somewhere. This is published in the Volkskrant. Ehm, and they have eventually, ehm. They have eventually, ehm, amended their website. But there is a bond between Pieter Omtzigt and ehm, and ehm, Oxford. Yes, yes a bond, yes. Pieter Omtzigt knows someone, who knows someone, ehm, and at Oxford, that knows people at Oxford. And ehm, in that way they got in touch. Ehm, so it is a bit strange that Omtzigt, yes, what does he have with this as a member of the house of representatives. Yes, he could pass it on to Rutte but that is the reason.

*00:04:27 --> 00:04:28*

14 **Anne-Fleur Karssing**: Yes.

*00:04:29 --> 00:04:57*

15 **Interviewee**: Ehm, but if you may believe the people at Oxford. I have spoken to some sources there. If you may believe the people at Oxford, they got somewhere at the British a foothold very quick. And there came directly, yes, enormous, ehm, investments and because of that they did not need the Dutch anymore. So actually, the Netherlands was too late.

*00:04:57 --> 00:04:58*

16 **Anne-Fleur Karssing**: Yes.

*00:05:01 --> 00:05:08*

17 **Interviewee**: But yes, I do not know, I actually forgot what your question was. I found it hard to answer it, I recall that. But I do know if, how did you ask this question again?

*00:05:09 --> 00:05:25*

18 **Anne-Fleur Karssing**: Yes, no, but this is exactly the answer. Ehm, well. What I understood was that, well, the Dutch government had talks from a more international, yes, context, but eventually it was very hard to get in touch with the Dutch government.

*00:05:26 --> 00:06:13*

19 **Interviewee**: Yes, it was very hard to get in touch with the Dutch Government. But maybe also because the Dutch government already quite soon agreed to meet in European context. In order to, ehm, arrange it together, ehm, so that could have been a reason, I am not sure, but ehm, but, it could of course been reasonable that the Netherlands played hard to get. And there was, and I am sure about that, ehm, yes, that is the reason. Ehm, of course it was, it was in the early days of the corona crisis that there were 100 things to do at the same time. And yes, then is, ehm, then the vaccine is maybe not the first thing you think about. Because that is more a solution for the long term whereas on the short term there were of course also a lot of problems.

*00:06:13 --> 00:06:20*

20 **Anne-Fleur Karssing**: Yes, and one can say in hindsight, well, the vaccines were the explanation, ehm, the way out, but people did not know that at the time.

*00:06:20 --> 00:07:07*

21 **Interviewee**: Yes, although, although that from, from early on. Because for that you could have a look at the press conferences from Ursula van der Leyen. Early onwards they said that vaccines, vaccines would probably be the only way out. So yes, ehm, yes that, that had, the Netherlands could have known. Ehm, but then still, there are of course 100 more urgent cases for, ehm, for Rutte, for eh, for VWS (ministry of Health, Welfare and Sports), from you name it. So I can imagine that something is missed because of that. Only what you could clearly see, and in the comparison, because if you would make the comparison, ehm, was that Great Britain was aware of that way earlier. And that Great Britain very quickly arranged a large financing.

*00:07:07 --> 00:07:10*

22 **Interviewee**: I was thinking, there is this, ehm, a student in, ehm, London. She also did, ehm, she also did, request under the freedom of information act, ehm, behind the

studies in Great Britain. And I think that she's called ***anonymised***, but I can look up her name.

*00:07:24 --> 00:07:26*

**23** **Anne-Fleur Karssing**: Yes, if you would like to do that.

*00:07:26 --> 00:07:28*

**24** **Interviewee**: Yes because I think that she is quite an interesting speaker for you. Ehm, and she is willing to, ehm, to do that. Because I think that from my informants that will be harder, especially the ones in Oxford. Because they, yes, they did not want it to get disclosed that they have spoken with me. Ehm. But, ehm, but she is willing to do that I think.

*00:07:47 --> 00:07:52*

**25** **Anne-Fleur Karssing**: Yes please, if you would like to.

*00:07:53 --> 00:08:02*

**26** **Interviewee**: Yes, I will look up her name and will, I hope today, send it to you.

*00:08:03 --> 00:08:34*

**27** **Anne-Fleur Karssing**: Yes, so actually if the Netherlands would have been quicker, it could have turned out different for us. Ehm, then we go to a year later with the delivery issues from AstraZeneca. Eh, you have of course also written an article about this. That, well, I do have that, ehm, they produced vaccines and delivered them to the United Kingdom, whereas they firmly, well, denied that.

*00:08:35 --> 00:08:38*

**28** **Interviewee**: Yes, yes.

*00:08:38 --> 00:08:45*

**29** **Anne-Fleur Karssing**: Could this have been the Dutch in your view? If they did manage to secure a deal.

*00:08:45 --> -> 10:29*

**30** **Interviewee**: Yes I think that, you know, you can haggle a lot on that. But I believe that the Netherlands, and if the Netherlands did what the United Kingdom has done, then it, it would have been the Netherlands. Great Britain just made the arrangement that, ehm, I have to say this correct because, as I said, this is a long time ago, but Great Britain, as I remember, Great Britain has made the arrangement, ehm, we invest in the factory, but what comes out of this factory is in principle British, so then are the vaccines that come out of that factory, go to us in first instance, because we made the investment. I think that the Netherlands could have made that arrangement as well. You have to note there that at that moment the Netherlands would in the European context, so in the European context, would do that, then ehm, then you had, ehm, then it would have been hard to say, all vaccines that come out of there are ours. Ehm,

because of simple fact that, yes, you have agreed in the EU, ehm, we do this simultaneously, we divide it amongst the countries fairly and, ehm, then you can start an alliance together. And then you can, you could have done that for this case, but then in the European Union it would always backfire. There will always be a time that you need the goodwill from other countries. And then when it will turn out wrong for you they will say, yesssss, but when you have the vaccines, you also did not reply, so we will not help you out now. So, ehm, it was for the Netherlands in the European context way more complicated to, to do the same.

*00:10:29 --> 00:11:08*

**31** **Interviewee**: Ehm, from another perspective, we would have had some vaccines then. You could also have divided them over Europe and then we would have had more vaccines than we had now in first instance. Because we had very few of them and certainly way later than Great Britain. By chance I am now reading the book of Tim de Winter, ehm, our former correspondent in London. Ehm, who already, ehm, already was vaccinated twice at the point in time that his parents in the Netherlands, who are significantly older or course, ehm, did not get any vaccination at all.

*00:11:09 --> 00:11:13*

**32** **Anne-Fleur Karssing**: From the Halix factory then probably?

*00:11:13 --> 00:11:39*

**33** **Interviewee**: Yes, yes, that could very well be, you do not know it for sure. It is of course that eventually AstraZeneca got a very bad reputation in the Netherlands. Because it had a lesser effect compared to, ehm, other vaccines. Ehm, so yes, eventually all the people did not even want the AstraZeneca vaccine, and everybody wanted, ehm, Pfizer and ehm, and Moderna, ehm, But well, we did not know that that would happen upfront.

*00:11:40 --> 00:11:41*

**34** **Anne-Fleur Karssing**: Sorry, could you repeat the last thing you said?

*00:11:42 --> 00:11:52*

**35** **Interviewee**: Well we did not know it upfront, that Pfizer and Moderna would work so much better compared to, eh, AstraZeneca.

*00:11:53 --> 00:11:58*

**36** **Anne-Fleur Karssing**: Ehm, nee, because it of course was one of the first vaccines that was far in the development. Ehm.

*00:11:58 --> 00:11:59*

**37** **Interviewee**: Yes.

*00:12:00 --> 00:12:24*

38 **Anne-Fleur Karssing**: Ehm, I am just looking sorry, at my list. Ehm, yes. Like you just said for clarification, ehm, the primary reason that the conversations between, well, Halix and the Dutch government have gone wrong was because there already was done an investment in a production location by the United Kingdom?

*00:12:24 --> 00:13:07*

39 **Interviewee**: Yes, I think that really has to do with speed. At the point in time that the investment in the United Kingdom was concluded and there was, it just was not interesting for the Netherlands anymore to, it just was not interesting anymore for Oxford to get a Dutch investment. There was a, there was a short moment when they were looking for investment and where to get them. This was when the Netherlands could come in. Ehm, at the point that Great Britain joined and, ehm, and yes decided, we will contribute, ehm, a lot of money, ehm, a lot of money in this, well, then it was too late. Because the connection between Oxford and Great Britain is so short that you cannot get in between them anymore.

*00:13:07 --> 00:13:26*

40 **Anne-Fleur Karssing**: No. And later, I have also read all de Jonge's letters to the house of representatives, and later de Jonge said that there has never been an, well, official talk about investments. Ehm, what do you think about that he says that?

*00:13:27 --> 00:14:40*

41 **Interviewee**: Yes, that was from the start. I think the, ehm, ehm, reasoning from, ehm, the cabinet. Ehm yes. That he says that is very political, and, ehm, look he is, he is true that there has never been an official talk about investments. But that is not the question, the question is, would it been possible that an official talk about investments took place, and I think that that could have taken place if they would have reacted quicker. Ehm, but at the moment that we published this, or even before we published it, at the moment we presented is, ehm, to the ministry of General Affairs, so in fact at Rutte, ehm, at the ministry of VWS (Health, Welfare and Sports), they came with a very defensive reply. Ehm, so like, yes this has never been like this and this is all, eh, yes this is, this is, ehm, you magnify something that has never been concrete, and even in first instance, they responded from General Affairs that they never got this offer, they even never spoke with anyone.

*00:14:40 --> 00:15:25*

42 **Interviewee**: Then it took me a long time before I figured out that they spoke with Pieter Omtzigt. So then it is formally correct that they say like, yes we haven't spoken with anyone from Halix or AstraZeneca, that is then formally correct, because they have not. But they have spoken with someone who on their behalf, ehm, Pieter Omtzigt at least, who came with the offer on their behalf. And ehm, what they said at Oxford, in the case that, in the case that Rutte would have taken initiative, if he had, ehm, so after the conversations with Pieter Omtzigt had called, then we would have a completely different conversation than when a few official from Halix four days later, or ehm, a few official from VWS (Health, Welfare and Sports), four days later went to

Halix. Ehm, because yes, officials are less impressive than the prime minister of course.

*00:15:25 --> 00:15:27*

**43** **Anne-Fleur Karssing**: Yes, if he would go there himself, yes.

*00:15:27 --> 00:15:39*

**44** **Interviewee**: Yes. Yes, so that is also a part of the explanation, that it became very hard to get that done.

*00:15:39 --> 00:15:47*

**45** **Anne-Fleur Karssing**: Yes because, ehm, in the same period, or maybe a bit earlier, Mark Rutte also went to Janssen to talk about scaling up the vaccines.

*00:15:48 --> 00:15:52*

**46** **Interviewee**: Oh, I do not know that, ehm, but that could be, but at least I have forgotten that.

*00:15:53 --> 00:16:09*

**47** **Anne-Fleur Karssing**: Oh no, that does not matter, but more like I found that special when I was looking at it, so it was hard to, he, talk with Mark Rutte at AstraZeneca, but, yes, at Janssen Rutte was joining in the conversations. And also, in the same period.

*00:16:10 --> 00:16:14*

**48** **Interviewee**: I also have the idea, but I do not know for sure if that is true, that Halix was not really on the radar. That we did not know that we had that production facility at that time.

*00:16:15 --> 00:16:23*

**49** **Anne-Fleur Karssing**: No. Yes, for Janssen that was clearer.

*00:16:23 --> 00:16:36*

**50** **Interviewee**: Yes. I also think that it is very hard to get into, ehm, Halix. Ehm, but that would be, ehm, that would, ehm, that would be a place at, ehm, yes. There are people that know the details. Only, at that point in time I could not get in touch with anyone from that company.

*00:16:40 --> 00:16:43*

**51** **Anne-Fleur Karssing**: Why do you think that they are so secretive about that?

*00:16:43 --> 00:17:27*

**52** **Interviewee**: Yes that is I think the pharmaceutical industry in general, there are always very secretive. Ehm, I do not know a lot about that. But back then I have

spoken to some others, ehm, how is she called, that journalist from, well, I forgot his name. I can look that one up for you as well. Ehm, I have spoken with a few others who followed the pharmaceutical industry, and yes, they are totally used to that you do not get to speak anyone there. Ehm, so yes, they just, they just do not really see the point of addressing this. Ehm, and, ehm, did you speak to ***anonymised,*** yet or not? Or are you going to speak to here? You could try that as well.

*00:17:28 --> 00:17:35*

**53** **Anne-Fleur Karssing**: No, not yet. What is here name? <interlude about the name>.

*00:17:36 --> 00:17:56*

**54** **Interviewee**: And she, ehm, is, ehm, ***anonymised***. Ehm, and, ehm, she is, ehm, yes, she is, she is also microbiologist I suppose, and she wrote a column about this. Two days before I published my article, she wrote a column.

*00:17:56 --> 00:17:57*

**55** **Anne-Fleur Karssing**: Oh yes.

*00:17:58 --> 00:17:59*

**56** **Interviewee**: In which a lot of information was presented, of which I really bummed at the time. Because I was of course in touch with her, and, yes, as a columnist it is a little easier to write things down. You then do not have to comply with journalistic rules like as a journalist.

*00:18:08 --> 00:18:10*

**57** **Anne-Fleur Karssing**: No, then it is a column.

*00:18:14 --> 00:18:49*

**58** **Interviewee**: So I was pretty bummed about that, but okay, but now, ehm, no hard feelings about it. Ehm, at the same time she also helped me out because she has a lot of contacts in this world. So you could try to call her. I will send her a text to ask if I can give you her number, I do not know if she is okay with that. And otherwise, her Twitter, definitely on Twitter you could send here a message. Or, ehm, I believe that at the bottom of her column her e-mail address is given, if I am not mistaken. I am not entirely sure, but I do believe so.

*00:18:49 --> 00:18:50*

**59** **Anne-Fleur Karssing**: Yes.

*00:18:50 --> 00:18:54*

**60** **Interviewee**: Ehm, so you could get in touch in that way. But I will also text here with the question if she thinks it is okay if I send it to you.

*00:19:02 --> 00:19:03*

**61** **Anne-Fleur Karssing**: Yes super, thank you. Because the pharmaceutical industry is also part of the research, so that would truly help.

*00:19:03 --> 00:19:34*

**62** **Interviewee**: Yes, so I will look it up, if you keep track, because I have to send you ***anonymised***, ehm, I said something in the start already, oh yes, ***anonymised***, student from London. And, ehm, then I will also ask this journalist. This journalist that knows a lot about the pharmaceutical industry. I forgot his name. But, ehm, if you write down journalist Follow the Money, ehm, then I will know again.

*00:19:34 --> 00:19:36*

**63** **Anne-Fleur Karssing**: Yes that rings a bell.

*00:19:36 --> 00:19:43*

**64** **Interviewee**: Yes, these are three persons that you maybe well, ehm, have to speak.

*00:19:44 --> 00:19:47*

**65** **Anne-Fleur Karssing**: Yes. Yes, those are good tips. I wrote it down, so I will e-mail you. Ehm, yes, I will do that.

*00:19:52 --> 00:19:56*

**66** **Interviewee**: Do you have more questions?

*00:19:57 --> 00:20:09*

**67** **Anne-Fleur Karssing**: Yes, ehm, we go a bit random. I hope you do not mind. This I have already asked. Ehm, so we already talked about the closedness of the pharmaceutical industry, ehm, but I also learned that you have asked Pieter Omtzigt for a response, but he did not comply to that. Ehm, what do you think about that?

*00:20:30 --> 00:21:01*

**68** **Interviewee**: Yes, but he was at home with a burn out at that point in time. Ehm, so, ehm. He was just, yes a day or five or six before, there was an incident with Omtzigt. Yes, ehm, during these days I was really into this, but now I have to get it back. Oh yeah, it was the 'functie-elsewhere'-incident. Yes that was only a few days before that, or a week before that.

*00:21:01 --> 00:21:02*

**69** **Anne-Fleur Karssing**: Yes.

*00:21:03 --> 00:21:32*

**70** **Interviewee**: Ehm, and he was at home with a burn-out. And I could not get in touch with him. I do know that the Volkskrant did also write about that, Frank Hendriks, he had spoken to him at the same time. But I have not, ehm, I have not spoken to him myself. I did speak to people around him about this. Ehm, but himself, at other moments I did, but not, ehm, but not at that point in time.

*00:21:32 --> 00:21:39*

**71** **Anne-Fleur Karssing**: No. No, but that is also good to know, because what is the reason that someone does not reply, that is, yes. Health is an import part of that.

*00:21:40 --> 00:21:44*

**72** **Interviewee**: Yes, yes, at that point in time that really was, ehm, was the reason.

*00:21:45 --> 00:21:46*

**73** **Anne-Fleur Karssing**: Yes, ehm.

*00:21:46 --> 00:22:09*

**74** **Interviewee**: And also it is, if you, because he called in sick in the house of representatives, ehm, so even if he would have liked, ehm, it is of course also strange if you, ehm, do not show up in the house but you show up in the media everywhere, then you will get, ehm, yes, is that guy really sick and why does he now show up at his work.

*00:22:08 --> 00:22:09*

**75** **Anne-Fleur Karssing**: yes, that would be strange.

*00:22:09 --> 00:22:14*

**76** **Interviewee**: Yes, sure. So I understand it. That he did not want that at that point in time.

*00:22:14 --> 00:23:07*

**77** **Anne-Fleur Karssing**: Yes. Ehm, well, we will go back in time again, ehm, start of the corona crisis. Ehm, the conversations with Halix have just been. But actually, already before that, former minister van Rijn, answered questions from the house, ehm, about, well, I do not know if you know that, the part about CureVac. That, ehm, Donald Trump tried to buy CureVac. Ehm, well, also in the house questions were asked about how far the Netherlands was willing to go to buy these vaccines. And van Rijn then said: well will it, ehm, will the chance be there, I am willing to do this. So I want to buy vaccines outsides of a potential alliance.

*00:23:07 --> 00:23:09*

**78** **Interviewee**: Okay, I was not aware of that, I did not know that.

*00:23:09 --> 00:23:29*

**79** **Anne-Fleur Karssing**: Well that is why I provide you with some context. Well my questions about this, is actually for confirmation. Well, we have talked about Janssen, but also with Halix. Do you think, do you think these conversations are matching with the statements from van Rijn?

*00:23:30 --> 00:23:56*

**80** **Interviewee**: Well, If I had known this at the time, I would have used it in my article. Ehm, so no, it is of course, it is of course remarkable. Ehm, also because, if I remember correctly, ehm, at that time, let's say when I already made the story, that the reply was like well, but we do not do this alone, we do this in an European context. We are not responsible for this, ehm, so that was.

*00:23:57 --> 00:23:59*

**81** **Anne-Fleur Karssing**: Yes that was indeed my next question.

*00:24:00 --> 00:24:02*

**82** **Interviewee**: So yes, that is of course in conflict with each other.

*00:24:08 --> 00:24:31*

**83** **Anne-Fleur Karssing**: Yes I found that very remarkable indeed, that is was so conflicting. Because later also Hugo de Jonge replied to multiple articles and said like yes, hey, we had already made appointments at the European level. Whereas only two months earlier, ehm, they said like no, we want to do this individually. So ehm, because of that this question.

*00:24:34 --> 00:25:21*

**84** **Interviewee**: Yes, ehm, yes, yes, that is really remarkable yes. But yes, it fits, but I do not that if that, that is more a personal opinion than, ehm, from my professional role, but it fits in the, in the opportunism of course that during the whole corona crises was around the policy of the government. Ehm, yes, there is, yes, how will we call that? Ehm, ehm, ehm. There was a minister here that, ehm, yes, ehm, looked for the right arguments in order to defend his policy. So he knew how to evade arguments that did not suit him. But that is what I said, it is more a personal opinion, than that it comes from my role as a journalist. But I find it a total deadlock.

*00:25:21 --> 00:25:45*

**85** **Anne-Fleur Karssing**: Yes I have to say, just from my personal opinion, that what I found very interesting, well hey, all these texts from the letters to the house, updates, these kind of things from Hugo de Jonge. You really see like the contradictions. So where in the beginning he says something, he latter attacks himself. Ehm, on different areas and that is really remarkable.

*00:25:46 --> 00:25:48*

**86** **Interviewee**: Yes no, that, yes. He tends to do that.

*00:25:48 --> 00:26:45*

**87** **Anne-Fleur Karssing**: I truly hope that after me there are more people that will study this because, because yes, I find that these are things that people need to know. It is quite remarkable. Ehm. A bit back, ehm to, well, before the EU her strategy, published her own vaccine procurement strategy. Came the, yes, I do not know what it

is in Dutch, Joint Vaccine Alliance, or the Inclusive Vaccine Alliance in the picture. In which the Netherlands also took place. Ehm, well. And actually, quite soon after the alliance was formed, so that was early June, and really like 10 days later the deal with AstraZeneca was closed. Later, Hugo de Jonge reflected that the Netherlands had an important role in this in the talks with AstraZeneca from the Negotiation Team.

*00:26:45 --> 00:26:46*

**88** **Interviewee**: Yes, yes.

*00:26:46 --> 00:27:10*

**89** **Anne-Fleur Karssing**: Ehm, to what extent do you think that the earlier talks between the Netherlands, and well, again Halix, also were part of the, well of the Alliance. Oh I have to add to that, actually, sorry, that de Jonge also said that, ehm, well the countries of the alliance were searched together because of their role, their connections to the pharmaceutical industry.

*00:27:11 --> 00:27:27*

**90** **Interviewee**: Yes. Yes, well I had the idea that, ehm, but I cannot prove this, but in chronological order you get the idea that the Netherlands missed that chance with Halix, eh, eh. I get another phone call which I have to take. Is it okay for you if I call you back?

*00:27:33 --> 00:27:34*

**91** **Anne-Fleur Karssing**: Yes.

*00:27:34 --> 00:27:37*

**92** **Interviewee**: Okay, we will speak each other in a bit!

*00:27:39 --> 00:28:18*

**93** **Interviewee**: Yes! Ehm. From the chronological order you get the idea, and also if you look to the letters to the house, that they knew: 'hey, other countries are already working hard on this'. That could have been because of Halix. There are other countries already working hard. De Jonge also says that at some point. Ehm, and we also have to do this because otherwise we miss out. But it could be that Halix has been a sort of wake-up call. Ehm, so like yes we really have to get to action now. But I do not know that for sure. But it does fit the chronology.

*00:28:19 --> 00:28:18*

**94** **Anne-Fleur Karssing**: And especially because, I don't know if you have seen this, but, also if you look to the correspondence about how the alliance was formed. I could find very little about that. There are some e-mails, but everything is blacked out.

*00:28:49 --> 00:29:36*

**95** **Interviewee**: Yes. Oh yes. That was with Germany, France and Italy if I am not mistaken. In which it is remarkable that Belgium is not in there, whereas Belgium has

the largest pharmaceutical industry of Europe. But ehm, if they were selected based on that, Belgium should have been in there. But we as the Dutch look, to my own irritation, down on the Belgians. So ehm, maybe, ehm, that is the reason that they were not involved. But yes, you would expect that based on the size of the industry. Because eventually a big part of our vaccines is produced in Belgium. Yes AstraZeneca, ehm, had a production location just to the south of Brussel, close to ehm, Charleroi I suppose. And ehm, and Pfizer has a large location in Puurs. So these are two important places where the vaccines are produced.

*00:29:37 --> 00:29:40*

**96** **Anne-Fleur Karssing**: Yes that makes it remarkable that Belgium is not in there.

*00:29:40 --> 00:29:41*

**97** **Interviewee**: Yes right?

*00:29:43 --> 00:29:46*

**98** **Anne-Fleur Karssing**: Well, I am actually curious how they thought about this.

*00:29:46 --> 00:30:13*

**99** **Interviewee**: Yes, yes right? Eventually there is, because there was a lot of irritation about that at the European Commission, that the Netherlands wanted to have such a pioneering role. And eh, the Commission eventually took that over. And yes, the Netherlands, Hugo de Jonge, did his utmost best to, to create the image that the Commission could only work so successful because of the work of the Alliance. But I do not know if that is true.

*00:30:15 --> 00:30:22*

**100** **Anne-Fleur Karssing**: No? Can you explain that a bit more?

*00:30:25 --> 0:31:28.*

**101** **Interviewee**: No yes, let me say this different, there at the European Commission they experience this differently. So, ehm, from The Hague was the twist, because I think it was that, was the twist that the contracts were completely finished. That the European Commission joined in the latest stage. Ehm, and that they only had to sign it. Whereas, if you ask it to the officials of the Commission, they say that it took so long for a reason, because it took quite long after, ehm, the Alliance, well, you may not say this from the Netherlands, was disbanded. But actually, it was disbanded. Then it took quite some time before there concretely, ehm, came a contract. I think that even was August if I say this correct. And according to the Commission officials on the background, ehm, so they will not say this publicly, but they said at the time like yes there still had to be so much done about the contracts. That was totally not arranged yet at that time.

*00:31:26 --> 00:31:48*

**102** **Anne-Fleur Karssing**: Whereas the Netherlands made it seem like everything was there already and it just was a matter of taking it over. Because that got my attention when I was busy with the letters to the house, that de Jonge says that, ehm, that they, that the Alliance works together, especially in the first letters to the house after the Alliance, that the Alliance works together with the Commission to, ehm, yes, to procure the vaccines instead of taking it over.

*00:31:48 --> 00:32:26*

**103** **Interviewee**: Yes. The very first announcement of the Alliance, said nothing about the Commission. There was the Alliance just an independent organisation. And then a lot of countries became very mad. So like, what is this, why do we not arrange this on the European level? So the countries that were not involved. And at that point in time the Alliance, to use the dirty word, 'pulled the droppings back in'. And ehm, and they though we have to arrange this at the European level because this will turn out bad. And then the Commission came in the picture.

*00:32:27 --> 00:33:13*

**104** **Anne-Fleur Karssing**: Well what I also had, a part of the strategy was, there was a Steering Committee and a Joint Negotiation Team, ehm, that negotiated on behalf of all Member States. Well, there were seven, yes, seven people so to say, of which four of the Alliance, and three others. And, ehm, from which you can also turn it around and say well there are seven countries that negotiated on behalf of the Commission. What do you think about that? That this was done by seven countries?

*00:33:14 --> 00:33:18*

**105** **Interviewee**: Oef, I do not know what I think about that. The Netherlands was in there I believe, yes. Yes, ehm, I do not know it really. Ehm. I do not have this sharp on my mind anymore. I can remember that the discussion that time, but I do not have this sharp on my mind anymore.

*00:33:28 --> 00:33:51*

**106** **Anne-Fleur Karssing**: No that is clear. Ehm, ehm. Well I do not know if you can answer to that, but, I wondered if, ehm, despite the Netherlands said that everything was arranged, what would be the primary motive for the Netherlands to still join the European strategy, instead of, ehm, yes.

*00:33:52 --> 00:35:31*

**107** **Interviewee**: Yes I think that is what I have just said, that I think that within Europe it is almost impossible that when all countries, well, a big part of the countries decided, ehm, it is better to do this together, there is something to be said for that, ehm, then it becomes very hard for the Netherlands to say we will do this alone and we will first, ehm, first arrange vaccines for ourselves, ehm, and then for the rest, there is also, ehm, a risk to that. Suppose the Netherlands did it alone, and they were later than the rest of Europe, ehm, the Dutch would have been angry. You take an enormous risk, you have to be very sure that that you can arrange vaccines for yourself earlier, ehm, if you, if you will do this alone, independently, ehm, so that seems like a, ehm reason

to me. And, ehm, the second is, suppose that you manage to arrange it, suppose that you, ehm, arrange it earlier than the rest, well then you also have an issue when your own country is fully vaccinated, whereas, ehm, the elderly in Poland still have to wait. Ehm, and that would also create a very bad image. And Great Britain could do this because they left the EU and for them this was evidence. Look, outside of the EU we are stronger than within the EU. Ehm, but the Netherlands could impossibly do that in that way I believe. From a publicity viewpoint that had always failed, so I think that was the reason to just, to, yes, just join the European Strategy.

*00:35:34 --> 00:35:48*

**108** **Anne-Fleur Karssing**: Yes. And still there was, after if became clear that there were actually AstraZeneca vaccines were produced in the Netherlands, a lot of complaints that the Netherlands did not close these vaccine deals earlier.

*00:35:49 --> 00:36:30*

**109** **Interviewee**: Yes but also if you, if you join the European strategy, which was not there yet, at the point in time that ehm, at the point in time that the Netherlands got that change, there was no European strategy yet. So then maybe could have, maybe could have done that. Although I think that there is truly a risk from a publicity point of view. But even if you had joined then, then you could maybe have guaranteed 10 million vaccines for Europe. That is maybe little in the European context, but it would have been something. And now you had nothing. So yes, I do not know if I think that criticism is then very, ehm.

*00:36:39 --> 00:36:40*

**110** **Anne-Fleur Karssing**: Criticism is then maybe not the correct word.

*00:36:40 --> 00:37:19*

**111** **Interviewee**: I try to, well, there also was criticism. So yes, that is the correct word. But I do not know if I. It is of course easy to talk about it because it is in hindsight. Yes if I used all the chances in my life which came in hindsight, if I blame myself for not using them, that is also easy, because yes, in hindsight you know where better where your chances are than upfront. So it could also been that if they invested 10 million in this, that it would have been 10 wasted millions. But yes then, yes, that was the reason back then to publish about it, that would have been 10 million, that is not even a euro per Dutch citizen, yes, with these amounts you could take the risks of course.

*00:37:20 --> 00:37:23*

**112** **Anne-Fleur Karssing**: Yes, especially when it is such small amounts.

*00:37:23 --> 00:37:24*

**113** **Interviewee**: Yes. Yes exactly.

*00:37:26 --> 00:37:55*

**114** **Anne-Fleur Karssing**: No clear. Then I still have a small question. Ehm, back again to the, ehm, yes, the United Kingdom and Halix, and the fact that this, ehm, maybe it is again because of, ehm, well, the whole secrecy about the pharmaceutical industry. But why do you think that AstraZeneca kept their production locations secret?

*00:37:57 --> 00:38:10*

**115** **Interviewee**: Ehm, they did not do that. No, according to me they did not, because ehm, there has been a map at some time. There is a production location in Belgium which I said, in Finessen.

*00:38:11 --> 00:38:13*

**116** **Anne-Fleur Karssing**: Oh in Puurs? Oh no, that was Pfizer.

*00:38:13 --> 00:38:54*

**117** **Interviewee**: Yes that was Pfizer indeed. Finessen with an S, eh, S-E-N-E-S-S. Ehm, there is production location. And at some point, we have seen a map with, but these were revealed by the European Commission I believe, but we have seen a map with, ehm, Great Britain two locations, ehm, and the rest I do not know anymore. But anyway there was a list and that was also mentioned in the contract. And that contract is at some point also revealed. Ehm, in there was a list with, with production locations, ehm, ehm, in the European contract it was blacked out.

*00:38:54 --> 00:38:56*

**118** **Anne-Fleur Karssing**: Yes.

*00:38:57 --> 00:39:12*

**119** **Interviewee**: But I believe that there was made a mistake or something, I have to recall it. But there has been a mistake, it was not blacked out correctly which made that people could still see it. And otherwise, something was said about it in the British contract. In there were also some production locations and as far as I know that was not a secret.

*00:39:13 --> 00:39:16*

**120** **Anne-Fleur Karssing**: Yes and I believe there was also an incorrect name in, right?

*00:39:16 --> 00:39:17*

**121** **Interviewee**: Oh, that could be, but I do not know that anymore.

*00:39:21 --> 00:39:41*

**122** **Anne-Fleur Karssing**: No clear. Then I have a general and more closing of question. Ehm, so, he, what you say, in hindsight it is always easier to evaluate some choices. But what do think about, apart from, the whole, about AstraZeneca, that the Netherlands could have done more in an earlier stage to get the vaccines?

*00:39:43 --> 00:39:52*

**123** **Interviewee**: Ehm, I do not think so, ehm, apart from this case? I have not seen any other examples apart from this case. Where it was like this. So eh, in that case the Netherlands, ehm, here the Netherlands missed a chance. Ehm, but no, further, further than that, I do not really know.

*00:40:08 --> 00:40:09*

**124** **Anne-Fleur Karssing**: No, okay. That were my questions at least.

*00:40:10 --> 00:40:12*

**125** **Interviewee**: Okay, very good.

*00:40:13 --> 00:40:15*

**126** **Anne-Fleur Karssing**: Do you have any more questions for me?

*00:40:22 --> 00:40:27*

**127** **Interviewee**: Well, earlier you said that you wanted to say something about your research, to wrap up. But I do not know anymore what. I would like it to eventually see the result.

*00:40:28 --> 00:40:30*

**128** **Anne-Fleur Karssing**: Yes that is possible. The whole research you mean then I suppose?

*00:40:30 --> 00:40:33*

**129** **Interviewee**: Ehm, yes, sure, yes. If that would be possible, please. Ehm, and ehm, no yes I do not have any further, ehm, questions, ehm, I am curious.

*00:40:44 --> 00:40:50*

**130** **Anne-Fleur Karssing**: Then ehm, I will just stop the recording and then I will tell you something about my research if you like.

*00:40:51 --> 00:40:52*

**131** **Interviewee**: Yes, sure.