India’s Vaccine Diplomacy and Changing Geopolitics in the Global South

S.S. Nisayuru Ariyawardana

Abstract

Vaccine diplomacy has developed new dynamics of geopolitics between the world’s superpowers as a result of global COVID-19 pandemic vaccination. This study contributes to the existing body of literature on geopolitics in the global South while focusing on changing aspects of geopolitics resulting in India’s vaccine diplomacy. It primarily determines the geopolitical agendas behind vaccine diplomatic practices of India, which is used as tool of soft power to influence the internal affairs of the countries in the global South. As a result, this study reveals the emerging dynamics of geopolitics which resulted in India’s vaccine diplomacy in the means of COVID-19 cooperation, including South Asia, driven by the power competition between the world’s superpowers such as the USA, the USSR and China. The study’s data and information are based on a mixed method which is secondary qualitative and quantitative facts that were gleaned via archival research. These findings discovered that India’s ‘Neighborhood First’ vaccine policy has extended to South Asian countries while ranging its vaccine cooperation towards the developed and developing nations in the global South and beyond, under the ‘Vaccine Maitri’ program. Behind these vaccine campaigns, India is engaged in a geopolitical struggle over the global South against the USA, the USSR and China in place of its geopolitical agenda with the hopes of authenticating the solitary authority as the regional power beyond Asia. India’s ultimate goal of regional supremacy has now given rise to a geopolitical conflict as world superpowers have launched their vaccine diplomatic campaigns against India in the global South. These tensions that underlie India’s vaccine diplomacy are currently driving significant changes in regional geopolitics in the global South.

Keywords: India, Regional Geopolitics, South Asia, the Global South, Vaccine Diplomacy

This article is published under the Creative Commons CC-BY-ND License (https://creativecommons.org/licenses/by-nd/4.0/). This license permits to use, distribute, and reproduce the contents of the publication for commercial and non-commercial purposes, provided that the original work is properly cited and is not changed anyway.
INTRODUCTION

By the end of August 2021, the COVID-19 pandemic overtook the world, causing over 215 million sicknesses and 14.9 million (range 13.3 million to 16.6 million) deaths (WHO, 2022). Consequently, international health authorities have begun developing vaccines to combat this deadly virus to reach a global commitment. As a result of this process, China, the United States of America (USA), the United Socialist Soviet Republic (USSR), and India have emerged as major participants in the manufacture and distribution of vaccines around the world attaining their foreign policy objectives (Balasubramanian, 2021). In light of this, “Vaccine Diplomacy” has emerged as a new phenomenon that can be employed as a tool of soft power to promote the states’ national interest in the global geopolitical arena. It has now become a key form of global health diplomacy as well as a symbol of goodwill and camaraderie between nations at present.

India initiated its vaccine diplomacy with its immediate neighbors in early 2021 under the policy of ‘Neighborhood First,’ validating its position in South Asia as the region’s ‘net security provider’, and later extending that policy as ‘Vaccine Maitri’ beyond Asia to bolster India’s geopolitical power as the ‘pharmacy of the world’ (Ministry of External Affairs, Government of India, 2021). Afghanistan, Bangladesh, Bhutan, the Maldives, Mauritius, Myanmar, Nepal, Seychelles, and Sri Lanka are provided vaccine productions by the Indian government on request under the ‘Neighborhood First’ policy. In addition, India’s vaccine diplomacy extends its donations to allies in the global South where South-East Asian and Caribbean countries, providing 6 million doses of vaccine as aids and 29.4 million doses as commercial exports to countries such as South Africa, Egypt, Algeria and Brazil (Yang, 2021) under the ‘Vaccine Maitri’ program. As a result of these donations and commercial deals, India’s geostrategic scope in modern geopolitics could be enlarged. Further, India has pursued a partnership program with the aforementioned countries through vaccine transfers, which the Indian Government has been advocating since the early 1950’s. The most fundamental principle of this initiative is to establish ‘demand driven’ development corporation programmes that are governed by India’s development aspirations.

Moreover, the Indian Government vaccine distribution campaign has been criticized as a form of ‘Vaccine Nationalism’ (Bollyky and Bown, 2020) which is based on ‘My country first’ approach. ‘Vaccine nationalism’ is the refusal or even consideration of sharing COVID-19 vaccines or related knowledge with any populations other than one’s own, while other nations have found a middle ground between domestic population demands and regional or global diplomatic objectives.
through the use of ‘Vaccine Diplomacy.’ To boost their influence locally or worldwide, some countries shared vaccines bilaterally based on this latter notion, while others participated in multilateral sharing procedures supported by international organizations (Halabi and Rutschman, 2021). As a result, this study is based on the concept of ‘Vaccine Diplomacy’, which is used by India as a tool of preserving international relations while authenticating its legitimacy in the global South. Without international cooperation, nations may compete with one another in auctions, raising the cost of vaccinations and related supplies. Even in some wealthy nations, there will initially be a shortage of effective vaccines; nevertheless, low and middle-income nations will experience the most pain.

With the second wave of the pandemic hitting India in April 2021, India was yelled by the neighbouring countries for purchasing vaccines; nonetheless, India failed to meet the demand and supply shortfalls for the vaccine in the Indo-Pacific region. This anarchic condition provides an opportunity for China and USSR to exert their vaccine diplomacy as a geostrategic instrument to attain soft power in the Indo-Pacific region. By December 2020, China had launched the first worldwide immunization campaign, and 52.8% (4.14 billion) of the world’s population had received at least one dose of the COVID-19 vaccine (or 7.3 billion doses as of November 18, 2021). China administers 2.4 billion doses, followed by India (1.2 billion) and the USA (0.5 billion). Immunization campaigns supported by the world’s superpowers, such as the USA, China, and USSR, exacerbated power struggles within the global South. India may be able to surpass the governments of the USA, USSR, and China in terms of vaccine programs in the global South thanks to these significant geopolitical struggles that are driving the competition to supply vaccines.

The topic of this study may lead this research to investigate the emerging geopolitical ramifications of the global South behind India’s vaccine diplomacy, which is seeking geopolitical influence in ‘Indian spheres of influence’ beyond the Indian Ocean Region (IOR) challenging the vaccine campaigns of USA, China and USSR. This study will address the significant gaps of current practices of India’s vaccine diplomacy tactics, which will be considered by other regional powers in their power competition focused on the global South. The significance and effectiveness of vaccine diplomacy in expanding regional politics and national interests beyond the region will be discussed as a result of this study’s findings. In terms of power distribution, this study may also contribute to the empirical literature of diplomacy by introducing vaccine diplomacy as a tool of employing soft power towards other countries and regions.
India’s vaccine diplomacy may expand its regional geopolitical agendas in the means of vaccine cooperation towards the global South surpassing the world’s superpowers, sparking a regional vaccine competition. Therefore, this study is mainly focused on the behaviour of India to authenticate its geopolitical power as a regional power through vaccine diplomacy in the global South. Consequently, the major research objective of this article is to investigate the new dynamics of contemporary geopolitics, left behind by India’s vaccine diplomacy across the subjective region. The following intentions were the main focus of this investigation within the aforementioned context:

✓ To look into India’s vaccine diplomatic framework towards the South Asia and the beyond.
✓ To track the geographical expansion of India’s vaccine diplomatic procedures at the present.
✓ To reveal the geopolitical initiatives left behind by India’s vaccine diplomacy towards the global South.
✓ To investigate the new dynamics which resulted in India’s geopolitical initiatives left behind by its vaccine programs.

The major research problem of this study is intended to investigate the emerging dynamics of regional geopolitics resulted in India’s vaccine diplomacy in the global South while achieving the study’s objectives. Consequently, this study will be carried out to identify two research questions, which are as follows, in order to answer the major research problem:

RQ. 1: What the areas covered by India’s vaccine diplomacy in the global South?

RQ. 2: What are the new dynamics of regional geopolitics in the global South that have been emerged as a result of India’s vaccine diplomacy against the world’s superpowers?

The above-mentioned research question no. 1 will investigate the countries and the regions mainly focused by India’s vaccine diplomacy to leverage its soft power behind the ‘Neighborhood First’ and ‘Vaccine Maitri’ policies. In research question no. 2, it will examine the responses of the world’s superpowers towards the emerging geopolitical shifts in the global South which resulted in the rise of the two concepts of ‘Neighborhood First’ and ‘Vaccine Maitri’. Therefore, this research problem is significant to understand the emerging geopolitical dynamics left behind by India’s ‘Vaccine Diplomacy’ to pronounce its legitimacy through soft power against world’s superpowers in the subjective region. The data and information derived from addressing the above major problem will be used to guide the debate in the discussion of this study.
LITERATURE REVIEW

The theoretical background of this study will reveal two basic concepts that have been based on the current study. They are ‘Diplomacy’ and ‘Vaccine Diplomacy’. This review is derived by the key conceptual term of “Diplomacy” that can be simply defined as a strategy of influencing the decisions and behaviors of other governments and individuals through dialogues, negotiations and other means (Freeman and Marks 2021). Consequently, empirical review of literature of this study investigates the history of diplomacy and the nature of its practice as well as the conceptual background of vaccine diplomacy as a newly derived concept of modern diplomacy.

The history of ‘Diplomacy’ is traced back to the beginning of mankind. However, there has not been a documented date or an era of the origin of diplomacy. As evaluated by scholars the origin of diplomacy can be roughly dated back to the 5th century where diplomacy was adopted by the states to practice. At the early-stage diplomacy functioned as an act of conducting negotiations between two persons, but it has since evolved into a larger process involving two or more states in order to sustain international relations. According to Harold Nicolson (1977), the term ‘diploma’ arose in several places of the world and has been assigned various meanings by various countries. In this context, the Greek word ‘diploma’ meant ‘folded in two’ whereas the ancient Romans used it to denote travel documents. Furthermore, the term ‘diplomacy’ has been given a variety of connotations, including ‘policy’ and ‘negotiations’. Despite these arguments, Harold Nicolson, an English diplomat, defined diplomacy as “neither the invention nor the pastime of some particular political system, but is an essential element in any reasonable relation between man and man and between nation and nation” (Nicolson, 1977 as cited in Anon, 2011).

According to Henry Kissinger (1995), ‘Modern Diplomacy’ has found and become more advanced with changes which occurred in the foundation of ‘The Peace of Westphalia’ in 1648. Since then, the first modern diplomacy in Central Europe has constructed a new world order based on state sovereignty. For example, “France under Cardinal Richelieu introduced the modern approach to international relations, based on the nation-state and motivated by national interest as its ultimate purpose” (Kissinger, 1995).

There are four functions of diplomacy. The first function is “representing a state’s interests and conducting negotiations or discussions designed to identify common interests as well as areas of disagreement between the parties, for the purpose of achieving the state’s goals and avoiding conflict”. As the second function it is stated that “the gathering of information and subsequent identification and evaluation of the receiving state’s foreign policy goals”. The third function is identified as “expansion of political,
economic, and cultural ties between two countries” and “the gathering of information and subsequent identification and evaluation of the receiving state’s foreign policy goals” has been introduced as the fourth function of diplomacy by Amery (Anon, 2011).

‘Diplomacy’ can be performed in several phases based on its purposes and the nature of its relationships. In recent years, 'Medical Diplomacy' has evolved into ‘Global Health Diplomacy’, owing to a growing recognition that an increasing number of health issues, as well as their broad political, social, and economic implications, have transcended national borders and necessitate action on global forces that influence citizens' health (Kickbusch et al. 2007). According to Katz et al. (2011), global health diplomacy can be divided into three different groups based on its interaction around international public health issues as follows,

1) Core diplomacy: “formal negotiations between and among nations”;
2) Multi-stakeholder diplomacy: “negotiations between or among nations and other actors, not necessarily intended to lead to binding agreements”;
3) Informal diplomacy: “interactions between international public health actors and their counterparts in the field, including host country officials, nongovernmental organizations, private-sector companies, and the public”.

Based on the above theoretical background, this study focuses on the concept of ‘Vaccine Diplomacy’ which has been bolstered in the modern world by the COVID-19 global pandemic. Vaccine diplomacy is a type of global health diplomacy that involves the use or supply of vaccinations, whereas vaccine science diplomacy is a unique combination of global health and science. Both present novel chances to enhance US foreign policy and diplomatic relations with adversarial countries and vaccine scientific diplomacy could also pave the way for the development and testing of some cutting-edge vaccinations for neglected diseases (Hotez, 2014). Further, vaccine diplomacy is used to allude to the use of vaccination to improve international relations while influencing internal political affairs of other countries. Vaccine diplomacy refers to the collaborative creation of life-saving vaccines and related technologies as a part of global health diplomacy and science diplomacy (Katz et al., 2011).

The COVID-19 pandemic, which was declared by the World Health Organization (WHO) on March 11, 2020, has resulted in significant material and human losses. There have been an estimated 110 million sick people and 2.42 million deaths worldwide, respectively. Until the vaccine was produced, almost every nation had put in place various social segregation strategies, turning inward and closing its land boundaries. As a result, the idea of Global Health
Diplomacy (GHD) has become a major pillar of countries' foreign policy strategies (Singh et al., 2022).

Moreover, Like Hotez (2001, 2010, 2014) and Shakeel et al. (2019) have defined vaccine diplomacy as a subset of global health diplomacy “that promotes the use and delivery of vaccines to achieve larger global health goals and shared foreign policy objectives”. Their discussion of vaccine diplomacy focused on the multilateral WHO-led polio eradication programme in Pakistan from 2016 to 2017, which involved multiple actors including the Pakistani Ministry of Health, Regulations, and Coordination, as well as donors and technical partners such as the US CDC, World Bank, UK Department for International Development (DFID), and Japan International Cooperation Agency (JICA) (Lee, 2021).

Further, the two concepts of Geopolitics and Vaccine Diplomacy show a mutual relationship since the most powerful countries has launched their geopolitical agendas behind vaccine diplomacy. Pratt and Levin (2021) describe that the concept of vaccine diplomacy will shape the new geopolitical order. As they emphasise that only a small number of countries produce vaccines for the coronavirus while the rest of the world is depending on their productions for immunization. This scenario leads to a new geopolitical arrangement in the world. As a result, USSR and China have initiated to supply vaccines as a part of exchange of their foreign policy concessions while the Western countries are focused on their own domestic vaccine programs in a background which the USA has declared its intention to donate its vaccines for hard-hit countries especially India (Pratt and Levin, 2021).

There are now more opportunities for several nations, including Cuba, China, the USA, and India, to lead in global health. Although it still played a significant role in the foreign affairs of the great powers or nations, health diplomacy now plays a crucial role in the current global health problem. The GHD has become an essential component of Indian foreign policy in general and the "Neighbourhood First" policy in particular because of India's status as a hub for the pharmaceutical industry and goals for regional and global leadership. Through its binding or non-binding instruments that are upheld by institutions of global governance, the GHD, as an interdisciplinary concept, connects the fields of health and international relations and answers the concerns of global health security (Chattu, 2017 as cited in Singh et al., 2022).

According to The Kathmandu Post (dated on June 28, 2022) India’s ‘Neighbourhood First’ policy can be seen as a manifestation of Modi’s Government attached to its vision to sustain the concept of the world as one family. According to this vision, vaccine diplomacy and development
assistance based on mutual respect and equal partnership are considered as the most important pillars of India’s ‘Neighbourhood First’ policy at present. Under this policy, Afghanistan (INR 1.4680 million), Bangladesh (INR 22.5928 Million), Bhutan (INR 0.55 Million), Maldives (INR 0.312 Million), Nepal (INR 9.49 Million), and Sri Lanka (INR 1.2640 Million) are benefitted as South Asian countries while South Africa and Latin American countries are assisted through the ‘Vaccine Maitri’ program which is an extension of the ‘Neighbourhood First’ policy towards the global South (Srivastava, 2022).

These two vaccine initiatives have evolved into geopolitical instruments left behind as humanitarian relief to sustain the ties that India has kept with the majority of other countries as part of COVID cooperation. For instance, the geopolitical relationship that India has had with Sri Lanka since the past has now evolved into a post-COVID partnership, according to External Affairs Minister S. Jaishankar (2021). As the minister said, “We are now looking at post-COVID cooperation and I carry back with me Sri Lanka’s interest in accessing vaccines from India.”

However, vaccine diplomacy implemented by India, China and the USA has currently been threatened by new ‘Vaccine Nationalism’. Vaccine nationalism occurs when governments get into arrangements with pharmaceutical companies to give vaccines to their own populations before they are available to other countries (Hotez and Narayan, 2021). As a result, vaccine nationalism is also known as “my country first” approach in which countries compete with one another to raise the pricing of vaccines and related materials despite global immunization commitments (Bollyky and Bown, 2020). Hence, this paper will analyze new dynamics which have emerged in the geopolitics of vaccinations in the global South that have evolved as a result of India’s vaccine diplomacy, based on the theoretical and conceptual foundation outlined above.

RESEARCH METHODOLOGY

The archival research methodology which is used in this study will provide an analysis of the problem which will be subjected to the debate in this research. The printed sources that can be accessible online served as the basis for this study. The data and information gathered through the archival research were analyzed by using a mixed method in the discussion. It helps to explore the current geopolitical context of the COVID-19 vaccine diplomacy in reality.

The secondary data and information were collected via electronic archival research in this study. The most recent data published in annual reports, fact sheets, meetings, and conference papers that are pertinent to the subjective area and government press
releases, media briefings, publications, and especially the annual reports published by the Indian Ministry of External Affairs (MEA) are primarily based on this study to examine the formal diplomatic relations conducted between India and other the countries in the global South. The MEA provided official quantitative data evaluated under India’s ‘Vaccine Maitri’ Programme. As Indian vaccine diplomacy largely concentrated on the global South, the quantity that they are currently supplying for 95 nations in South Asia, Southeast Asia, the Middle East, Africa, and South America was helpful in determining the scope of this study. In order to acquire qualitative data and information, this research continued to refer to the sources such as journals, recent research articles, newspaper articles published by the Indian government and other recognized organizations and institutions such as the WHO. These printed materials were crucial in introducing the current practice of ‘Neighborhood First’ and ‘Vaccine Maitri’ vaccination campaigns that India launched in order to provide vaccines to the South Asian nations and the developing/ least developed nations in the global South which is regarded as India's vaccination diplomacy (Surie, 2021 as cited in Bharti et al., 2021). Additionally, the journals, recent research publications, and newspaper articles were helpful in understanding the geopolitical goals that underlie this vaccine diplomacy in day today politics. It also directed this study to disclose the diplomatic competencies between India and the other superpowers as a tool of expanding their foreign policies at regional and global levels.

Secondary qualitative data and information gathered with relevant to the behaviour of India in the context of geopolitics in the global South were subjected to analysis in this study by using Qualitative Content Analysis. This analysis was helpful to determine and identify the new dynamics of the global South which emerged behind India’s geopolitical agenda leveraged through its vaccine diplomacy. On this background, the data and information extracted through this archival research are used to address the main research problem leading this study towards the conclusion.

**DISCUSSION AND FINDINGS**

This section will discuss the findings of this research, which look into the regional geopolitical dynamics that have evolved behind India's vaccine diplomatic practices in South Asia and beyond. In this regard, the study found that India’s "Neighbourhood First" and "Vaccine Maitri" policies have had significant impacts on the geopolitical landscape in the global South.

The COVID-19 Vaccines Global Access Facility (COVAX) was introduced by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI), and the Vaccine Alliance, in order to
increase the development of COVID-19 vaccines and the acquisition of doses for equal distribution throughout the world (Gavi, 2020 as cited in Bharti et al., 2021). As a result, the Serum Institute of India (SII), in collaboration with AstraZeneca and the University of Oxford, was appointed as the major supplier of the COVAX facility (Cohen and Kupferschmidt, 2021 as cited in Bharti et al., 2021). On this background, the first stage of India’s vaccine diplomacy, known as ‘Neighbourhood First’ was launched in South Asia and as the second stage, it was extended as ‘Vaccine Maitri’ towards East-Asia, the Caribbean countries and Africa covering the global South. Most countries in these regions are the primary beneficiaries of these bilateral and multilateral agreements and donations. However, the motivation underlying these two programs is vaccine diplomacy, which is part of India’s geopolitical aspirations to become the regional power and the superpower in South Asia and the global South (Yang, 2021). As a result, India is struggling against the geopolitical matrix of China and Pakistan to maximize its power by aligning with the USA and other similar allies in the global South using vaccine diplomacy as a strategy (Dar, 2017) which sustains India’s foreign policy in the future.

In the process of COVID-19 vaccine delivery, India has prioritized its immediate neighbour states in order to achieve the ‘Neighbourhood First’ policy implemented in early 2021. South Asian countries initially received about 19,542,000 vaccines under this scheme (MEA, 2021). Table 1 shows the regional distribution of the vaccines produced by India under the policy of ‘Neighbourhood First’ launched towards South Asia.

Table 1. Regional Vaccine distribution under ‘Neighbourhood First’ Policy by 2022

<table>
<thead>
<tr>
<th>Country</th>
<th>Grant Quantity</th>
<th>Commercial Quantity</th>
<th>COVAX Quantity</th>
<th>Total Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>33</td>
<td>150.008</td>
<td>42.92</td>
<td>225.928</td>
</tr>
<tr>
<td>Myanmar</td>
<td>37</td>
<td>175</td>
<td></td>
<td>212</td>
</tr>
<tr>
<td>Nepal</td>
<td>11.12</td>
<td>20</td>
<td>63.87</td>
<td>94.99</td>
</tr>
<tr>
<td>Bhutan</td>
<td>5.5</td>
<td></td>
<td></td>
<td>5.5</td>
</tr>
<tr>
<td>Pakistan</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Maldives</td>
<td>2</td>
<td>1</td>
<td>0.12</td>
<td>3.12</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Seychelles</td>
<td>0.5</td>
<td></td>
<td></td>
<td>0.5</td>
</tr>
</tbody>
</table>

Source: Ministry of External Affairs, Government of India, 2022
Table 1 indicates that Pakistan, which is highlighted, has not benefited from India’s ‘Neighbourhood First’ policy as a result of the two countries’ nuclear competition (India and Pakistan). This rivalry could be a detrimental to Indian regional power authority in the future as China has cultivated vaccine diplomatic relations with Pakistan as a strategic partnership to encounter India. In light of this, China initially donated 500,000 doses of Sinopharm to Pakistan at the beginning (Biswas, 2021). Because Pakistan is an immediate neighbour of India, China’s vaccine diplomatic affairs maintained with Pakistan may be sustained by Indo-Pakistan rivalry in the future. India should therefore extend its hand of friendship through its vaccine diplomacy towards Pakistan in order to reduce the risks China may pose in the future. In these circumstances, China stands to gain from the rivalry between India and Pakistan using its vaccine diplomacy as a geopolitical approach to challenge India’s role as a regional power in South Asia as an initial step. In this manner, India’s primary goal of extending its power politics towards the South Asian region was initiated behind its vaccine diplomacy under the ‘Neighbourhood First’ policy excluding Pakistan due to the long-standing rivalry and traditional animosity between the two nations that led to the Indo-Pakistan War. However, India’s primary geopolitical ambition of being the regional power in South Asia is reinforced by the close coalition built up with regional countries introducing the ‘Neighborhood First’ policy through vaccine diplomacy.

India introduced the ‘Vaccine Maitri’ program in January 2021 to provide locally produced vaccines to developing and least developed nations heightening its global profile as the secondary step of India’s geopolitical agenda. India had given 95 countries a total of 666.6 lakh (66.3 million) doses of COVID-19 vaccines as of May 28, 2021. India donated 19.8 million doses to the COVAX partnership, which distributed to more than 43 countries (MEA, 2021). Due to concerns over Chinese meddling in South Asia, India began to expand its vaccine diplomacy beyond South Asian neighbouring countries towards the world mainly focusing on the global South. This might be bolstered by India’s soft power, which would authenticate its status as the “Pharmacy of the World” since India is a home for half a dozen major vaccine makers for polio, meningitis, pneumonia, rotavirus, BCG, measles, mumps and rubella, among other diseases (Chakraborty and Agoramoorthy, 2020 as cited in Sing et al., 2022).

Moreover, India expanded its vaccine donations towards the Caribbean region in February 2021 distributing 570,000 vaccines to fifteen countries, owing to the presence of substantial Indian diaspora in these countries. In addition, India donated 6 million doses of vaccines and commercially exported 29.4 million doses to the giant
economies such as Brazil, Algeria, South Africa, and Egypt (Yang, 2021). These donations and commercial exports could reinforce the geopolitical influence of India beyond the South Asian region as a result of its vaccine diplomacy. It is believed that diplomacy is a method of influencing nations and countries through dialogue and it serves as a tool to pursue political discourse. During the World Wars, diplomacy was also used as a customary dialogue tool. Following these measures, India employs vaccine diplomatic procedures to adopt a soft and normative geopolitical discourse mechanism with the countries in the global South at present against the threats of the world’s superpowers in the future. Further, the giant economies such as Brazil, USA and South Africa that have been backed by Indian immunization will be strengthening India in the future when it comes to dealing with Chinese political pressure. This could be another potential goal of India’s geopolitics led behind by its vaccine diplomacy at the moment.

China, and India are pursuing conflictive goals towards the global South that need to be accomplished through their own vaccine diplomacies as regional powers that evolved from the same region. In this case, India is concentrating on its objective to be the regional power overtaking Chinese dominance in the global South, including South Asia, while China is seeking to become the world’s superpower, overtaking India’s dominance in South Asia and the global South. As a result, Chinese interest is more focused on global ambition across the developing countries in the global South through vaccine diplomacy whereas India’s ambition is more regional. Chinese vaccine diplomacy is mainly acknowledged by the global South, which is made up of relatively large developing countries in the world, since China’s vaccine diplomacy is more focused on exporting jobs, technology, and supply chains through the Belt and Road Initiative (Yang, 2021). On this background, India continues to expand its regional aim of becoming a regional power by promoting its national interests towards the global South where China is employed. However, at that point, these two goals are conflictive in the context of regional supremacy towards the global South. Under these circumstances, India has to make a substantial effort to protect its geopolitical power in the global South to achieve its ultimate goal as a regional power through India’s vaccine diplomacy.

According to the records published by the Ministry of External Affairs (MEA), the Government of India, COVAX vaccine facilities were supplied to nearly 100 countries in the global South by the end of 2021 with the collaboration of the Serum Institute of Technology (MEA, 2022). According to these data, India's vaccine diplomacy is shown a substantial expansion in the global South. Even before the
pandemic, geopolitical competition was a prevailing prism for seeing world geopolitics from the standpoint of the global South. The distance between global and local geopolitics has shortened as a result of conflict between the West, China, and Russia. The coronavirus pandemic has intensified this pattern and confirmed the global South as a critical site for geopolitical conflict, where debt relief and vaccine diplomacy have politicized health regulations (Balfour et al., 2022). On this background, India’s involvement as a regional power in the global South may intensify the geopolitical rivalry between the world’s superpowers focusing on the region.

The Indo-Pacific region’s superpower struggle is fueled by economic expansion, seaborne trade, and imported energy, particularly between China and India (Congressional Research Service, 2018). However, in the light of the current economic hurdles posed by the COVID-19 pandemic, vaccine diplomacy has become a means of power distribution for both countries. As a result, the COVID-19 vaccine has now become a ‘public good’ for China and India in the Asian-Pacific region which demonstrates their global and regional power. In this context, India, the USA, and China have developed a competition centered on Asian, African, and Caribbean markets in order to grip the majority of countries in the global South through vaccine diplomacies at present. The maps below (Figure 1), shows the expansion of vaccine competition created by the major vaccine producers in the world including India.

Figure 1. Geographical expansion of major Vaccine productions in the world

The New York Times, 28 June 2022
As the one of sole authorized manufacturers of Oxford-Astra Zeneca under the COVAX facility, India exhibits a significant expansion as it has reached approximately 100 nations (MEA, 2022) in the global South, as shown in figure 1. Additionally, when compared to other maps that are relevant to the remaining major vaccine producers, such as Sinopharm, Moderna, and Pfizer, which are all produced in the USA, China and the USSR exhibit a considerably less pronounced expansion in the global South. Therefore, it is evident that India holds a prominent position in vaccine diplomacy in the global South, creating a vaccine competition and rivalry with the USA, China, and USSR behind the implementation of their respective geopolitical agendas throughout the region. Additionally, due to this geopolitical rivalry between the superpowers, as represented by the red circled areas in figure 1 above, India is not assisted by any immunization production launched by the USA, USSR and China with the fears of Indian expansion in the global South.

In July 2020, China hosted the first SAARC virtual summit excluding India from the discussions regarding the pandemic of South Asia. China engaged in multiple virtual discussions with South Asian nations with the goal of advancing tighter collaboration in the effort against the COVID-19 pandemic. China took the initiative to host those debates against India at this summit (Attanayake and Haiqi, 2021).

This shows China’s growing interest in South Asia and its desire to counter Indian dominance in the region through its foreign policy. On this background, “Chines Health Silk Route” affiliated with Belt and Road Initiative (BRI) would boost the geopolitical and economic influence of China in South Asia appears to be a soft power behind Chinese vaccine diplomacy at present.

Moreover, “the public sector distribution capacity will need to be increased by two to three times in order to reach the goal for the first phase of the COVID vaccination effort. The problem of increasing this capacity is not the only one. The existing supply chain’s gaps present an equally difficult problem. The Electronic Vaccine Intelligence Network (eVIN), a real-time supply chain management system, has helped India to manage its vaccine program better over time. By August 2020, 32 states and union territories had adopted it, and it will be helpful during the campaign to vaccinate against COVID. However, the most recent audit of the vaccine supply chain, carried out by the Indian health ministry in 2017–18, reveals that bottlenecks continue to exist” (Shahidi and Rampal, 2022). This situation may have shown weaknesses of India’s vaccine supply and distribution to its neighbours as well as India’s limitations in its ability to continue supplying vaccines to South Asia in the future. As a result, the majority of South Asian nations are urged to look for alternative vaccine suppliers to meet their immunization needs.
This gave China the chance to use Chinese vaccine diplomacy to solidify its position as the dominant player in the global South, where India was permitted (Figure 2). India has therefore had to compete with China to maintain its monopoly on vaccine markets in the global South to achieve their goal as the regional power in the global South beyond Asia. Figure 2 and table 2 below show the global distribution of vaccine manufacturing status led by China and India to attain their ultimate geopolitical goals towards the global South and the world.

Further, China’s vaccine diplomacy seeks to outpace India in the region, which has demonstrated geopolitical fault points in South Asia. This scenario paves the way for China to gain from Indo-Pakistan rivalry at present, employing vaccine diplomacy with Pakistan as a strategic approach to encompass its geopolitical power in South Asia against India (Sing et al., 2022).

According to the "Vaccine Maitri" policy, which raises concerns about the USA and the USSR pursuing geopolitical agendas against the global South in an effort to become the world’s superpower, table 2 demonstrates India’s vaccine diplomacy expanded towards the global South (as indicated in green color) and the rest of the regions in the world. This condition may disturb Indian expansion through its vaccine diplomacy creating a rivalry with the aforementioned major powers in addition to China.
Table 2. Global Vaccine distribution under ‘Vaccine Maitri’ Policy by 2022 Supplies so far (In lakhs)
(As on 22 June 2022 at 1530 hrs)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Country</th>
<th>Grant Quantity</th>
<th>Commercial Quantity</th>
<th>COVAX Quantity</th>
<th>Total Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asia</td>
<td>29.5</td>
<td>276</td>
<td>51</td>
<td>356.5</td>
</tr>
<tr>
<td>2</td>
<td>Africa</td>
<td>09</td>
<td>100</td>
<td>287</td>
<td>396</td>
</tr>
<tr>
<td>3</td>
<td>Europe</td>
<td>0.7</td>
<td>924</td>
<td>0</td>
<td>924.7</td>
</tr>
<tr>
<td>4</td>
<td>North America</td>
<td>4</td>
<td>27</td>
<td>1.35</td>
<td>32.35</td>
</tr>
<tr>
<td>5</td>
<td>South America (Latin America)</td>
<td>6</td>
<td>51</td>
<td>0</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: Ministry of External Affairs, Government of India, 2022

According to above data and information (Table 2), ‘Vaccine Maitri’ can be introduced as a programme that was implemented to launch India’s aspirations of developmental growth across the continents and sub-continents through a “post development” theoretical lens that reflects the western and northern hegemony in the rest of the world. This initiative continues to advance India’s geopolitical goals in its rapid expansion across subcontinents in the global South towards international development through soft power using vaccine diplomacy against western and northern hegemony. Therefore, through "Vaccine Maitri," India is currently disclosing its clandestine development plans in the global South (Basu and Mukherjee, 2022).

The opposition parties in Sri Lanka, Bangladesh, and Nepal have pushed their respective countries toward China and USA vaccine production due to South Asia’s over-dependence on India for the vaccinations provided through these two immunization programs, "Neighborhood First" and "Vaccine Maitri" (Bose, 2021). These domestic conflicts inside South Asia’s bordering nations may give outsiders, particularly China, USA and USSR the opportunity to carry out their foreign policies behind their respective vaccine diplomatic agendas against India in order to further their geopolitical objectives in the region.

According to the above facts, it is clear that India is leveraging its scientific and medical capabilities to strengthen its geopolitical position in the Asian region and beyond in the global South. In this context, the behaviour of India exhibits that Indian interest to establish its geopolitical power in the global South through vaccine diplomacy to react to the challenges posed by the superpowers. In this process, China might act as a significant impediment to India’s ascension to regional supremacy through vaccine diplomacy.
as a rising power from the same region. To accomplish the India’s goal of regional supremacy in the global South by using its vaccine diplomacy, India should reduce the above-mentioned gaps while encountering the challenges experienced at present.

CONCLUSION

India’s ‘Neighbourhood First’ policy, almost 19,542,000 immunizations have been distributed to South Asia focusing its immediate neighbors that are Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, and Sri Lanka (Bose, 2021). Further, India’s vaccine diplomacy known as the ‘Vaccine Maitri’ policy which has been expanded beyond South Asia, is focused on developing and least developed nations in the global South while bolstering investments. India’s ‘Vaccine Maitri’ policy is operated in major economies such as Brazil, Algeria, South Africa, and Egypt including donations and commercial exports to endorse its geopolitical power beyond the developing nations to exert control over Chinese influence by forging relationships with the nations in the global South on an economic level. These two concepts could be considered as India’s major principles of geostrategic initiatives to legitimize its geopolitical influence using vaccine diplomacy as a tool of soft power which leverage the global South while justifying its geopolitical dominance in the region. Both of these policies reveal India’s national interest in expanding its geopolitical power beyond South Asia overtaking world superpowers to establish India’s regional supremacy in the global South by using COVID-19 vaccine distribution as a diplomatic tactic.

Moreover, India continues to maintain its authority in vaccine manufacturing and distribution in South Asia to sustain its solitary power in the respective region. Nonetheless, the rivalry between India and Pakistan will obstruct India’s ambition left behind the vaccine diplomacy creating a vaccine competition in the region between superpowers such as China, USSR and USA. Rival viewpoints of the opposition parties of regional governments in South Asia may increase the gaps in India’s vaccine diplomacy, pushing the member states to seek alternative vaccine providers. India has also posed a challenge for the "post development" theory, against the western and northern hegemonies in the rest of the world gripping the global South, through soft power enforced by vaccine diplomacy. This geopolitical expansion of India that restricts the western and northern expansion in the global South has led region to a cold war between regional powers and superpowers at the present. Therefore, these findings will be crucial in determining current roadblocks to India’s ultimate ambition over regional supremacy left behind by its vaccine diplomacy.

Furthermore, the results of this study may provide an approach to
understand the gaps, threats and new dynamics emerged in the global South behind the ‘Neighbourhood First’ policy and the ‘Vaccine Maitri’ policy in the context of modern geopolitics. Consequently, this research could pave the way for future investigations into the political campaign underlying vaccine diplomacies implemented by regional powers and superpowers at the present. Eventually, this research might provide a platform to study India’s geopolitical future amidst the East-West power struggle behind COVID-19 vaccine diplomacy in future studies.

References


s/20180420_R45194_3d4bf676130e76924f5e6ad2e54d3a78e2200a9.pdf


Pratt, S. F. (2021). "Vaccine will shape the New Geopolitical order".


