



## Review Article

## Vasudhaiva Kutumbakam: The Role of India's Soft Power Amid the Covid Era

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Abstract	Manuscript Information
<p>As a new arena of diplomacy, Indian diplomats and foreign policymakers have begun to understand and develop India's diplomatic initiatives in the health sector. Emerging global health challenges encompass a spectrum of issues, ranging from infectious and non-communicable diseases (NCDs) to concerns such as bioterrorism, dual-use research, inadequate health system fortification, and pivotal social determinants of health, notably food security. India strategically leverages foreign aid as a diplomatic instrument, fostering enduring collaborations with numerous developing and underdeveloped nations. This paper will highlight how India grew its relationship with other countries with the help of soft power diplomacy and humanitarian aid programmes. This study scrutinizes India's health diplomacy amidst the global COVID-19 pandemic, contrasting it with the predominantly self-centered strategies adopted by Western nations. It elucidates India assuming a benevolent role akin to a "big brother" amidst the prevailing global crisis.</p>	<ul style="list-style-type: none"> <li>▪ <b>ISSN No:</b> 2583-7397</li> <li>▪ <b>Received:</b> 28-07-2024</li> <li>▪ <b>Accepted:</b> 05-09-2024</li> <li>▪ <b>Published:</b> 26-10-2024</li> <li>▪ <b>IJCRM:</b>3(5); 2024: 197-206</li> <li>▪ <b>©2024, All Rights Reserved</b></li> <li>▪ <b>Plagiarism Checked:</b> Yes</li> <li>▪ <b>Peer Review Process:</b> Yes</li> </ul>
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### INTRODUCTION

Countries and international organizations had to investigate ideas for reframing global politics and international policy formation in light of the rising number of crises and risks to human security. Numerous adversities have beset humanity, imprinting scars across various facets of existence. The pervasive trials of human rights and life, rapidly disseminated throughout the region, necessitate resolute and innovative interventions. The paradigm of security has transformed, transitioning from a macro-level focus on safeguarding nations and large-scale entities to a micro-level emphasis on the security of individuals and communities. Central to this shift is ensuring healthcare quality and

safeguarding life. Several countries and organizations throughout the world have considered health an important parameter in international affairs and foreign policy interests in recent years (Brown *et al.*, 2006). One of the most important, and often overlooked, major foreign policy concerns of recent times is health. Health is an important global issue that needs more conscious attention on the international political agenda. As a result, India uses health effects as a starting point and the definitive lens through which governments evaluate critical aspects of its international strategy and development objectives and how policy solutions could address them in this light (Pacífico Silva *et al.*, 2018). The worldwide COVID-19

pandemic has greatly increased the role of soft power diplomacy, or the capacity to persuade people via attractiveness rather than coercion. In the face of unparalleled global challenges, the ability to effectively persuade, demonstrate empathy, and engage in collaborative efforts has emerged as a critical factor in shaping international relations. During the epidemic, nations' cooperation and mutual trust were greatly enhanced by the application of soft power diplomacy. Nations might put their shared objectives and principles first, therefore overcoming geopolitical tensions and working together for the good of all. Diplomacy is demonstrated by the sharing of resources, cooperative research, and medical knowledge, which emphasizes the possibility of forming partnerships and collaborative responses. These endeavors not only expedited the advancement of vaccines and therapies but also streamlined the dissemination of healthcare resources to countries requiring assistance (Lee, 2021). A key component of soft power diplomacy during times of global turmoil has been the compassionate reaction of nations. The nations that rendered aid to other countries that were confronted with severe conditions exhibited their willingness to protect and assist vulnerable communities. One way to demonstrate benevolence and unity is to provide medical supplies, equipment, and staff as humanitarian assistance. The provision of this assistance not only resulted in the preservation of human lives but also served to bolster the standing and perception of the contributing nations, thereby augmenting their soft power reserves (Wu, 2017). The epidemic made digital platforms and technology more extensively used, which allowed nations to leverage them in their diplomatic endeavors. Digital diplomacy has been demonstrated to be a successful strategy for disseminating accurate information, refuting false information, and supporting public health agendas. Social media allows governments and other organizations to communicate timely information, exchange best practices, and engage with a worldwide audience, therefore increasing the influence of their soft power. Since the outbreak of the COVID-19 pandemic, the notion of Global Health Diplomacy (GHD) has gained traction. Many questions were raised by global North and South countries to address the threats posed by the pandemic on their health ecosystems, ranging from accessibility, cost, and infrastructure of healthcare facilities (Chattu *et al.*, 2023). Global Health Diplomacy, as described by Kickbusch, is a negotiation procedure with several levels and several actors to conserve and direct the world's health policy environment (Kickbusch *et al.*, 2007). Fauci, on the other hand, characterized it as "capturing the heart and soul of people in underdeveloped nations by providing them with medical equipment, experience, and manpower that can help those in most need" (Fauci, 2007). Fidler describes Global Health Diplomacy as "mechanisms of policy making in which governmental, non-governmental, and other authorities negotiate solutions for medical concerns, employ health concepts in policy-making, and negotiate strategies that can accomplish other political, economic, and social goals" (Fidler, 2009). The pandemic took the region by surprise. A deadly wave of COVID-19 has struck South Asian countries since December 2019 (Laryea-Adjei, 2021). The region's healthcare system is in

disarray. Countries are hesitant to engage in this extremely difficult scenario posed by the pandemic. It has exacerbated the nation's economic difficulties. COVID-19 was causing a fresh and devastating outbreak in South Asian countries (Kotcharin *et al.*, 2023). The area, which was home to over 2 billion people, now accounts for half of all new known infections worldwide. More than three new instances of COVID-19 were documented every second (Coronavirus: The First Three Months as It Happened, 2020). Mortality was also on the rise. Hospitals were overcrowded, there was a severe shortage of oxygen and other life-saving medical supplies, and frail health systems faced the danger of failing (Ravaghi *et al.*, 2022). In the hardest-hit nations, whole families are being wiped out by the virus. The sheer magnitude and speed of infection put a strain on the health systems in India, Nepal, Sri Lanka, and the Maldives, with Bangladesh, Pakistan, Bhutan, and Afghanistan experiencing similar devastation (Sarkar *et al.*, 2020). The virus's pace indeed outpaced the governments' abilities to cure patients and save lives. India has employed soft power diplomacy during the pandemic, drawing upon its abundant cultural heritage, which includes art, music, and yoga. Through the utilization of digital platforms, the Indian government and cultural institutions orchestrated virtual events, exhibitions, and performances to promote cultural exchanges and cultivate a sense of unity (Kapoor *et al.*, 2022). By using the strength and diversity of its culture, India has boosted its soft power influence and forged closer cultural links with the rest of the globe. During the current epidemic, India has also employed technological diplomacy as a key component of its attempts to increase its soft power impact. The strong IT industry and digital infrastructure in India have supported digital connection efforts and helped to close the digital gap and promote inclusiveness (Bajpai, 2021). New technologies, telemedicine platforms, and e-governance systems have made information and healthcare more accessible, especially in remote areas. By leveraging technology to the benefit of society, India has shown its digital prowess and established itself as a reliable participant in the global technological arena. A Sanskrit saying that means "the world is one family," *Vasudhaiva Kutumbakam* (Paleri, 2022), has come to represent a major concept directing India's soft power diplomacy in the face of the COVID-19 epidemic. The ancient Indian philosophy under examination reflects the idea that all people are related to one another and that it is their common duty to look after one another (Paleri, 2022). India has shown kindness and unity and increased its soft power impact globally by adopting *Vasudhaiva Kutumbakam* as a guiding concept in its diplomatic endeavors. India has embodied a humanitarian attitude by offering help and support to countries hit by the epidemic, therefore demonstrating the idea of *Vasudhaiva Kutumbakam*, which highlights the oneness of mankind. India promptly dispatched medical assistance in response to the crisis, which included essential supplies such as personal protective equipment (PPE), ventilators, and essential medications (Jain & Aseri, 2023). As evidence of its commitment to the welfare of foreign people, the country also sent medical staff and helped to repatriate foreigners who were stuck in India. The country has

established itself as a prominent figure in the worldwide arena of vaccine manufacturing and dissemination, having provided numerous doses to multiple nations (Shelley, 2021). India has endeavored to achieve fair and impartial distribution of vaccines globally, with a particular focus on developing countries, through endeavors such as the "Vaccine Maitri" (Vaccine Friendship) programme (Sharun & Dhama, 2021). India's decision to share its vaccine resources has not only resulted in saving lives but has also contributed to the enhancement of its soft power status by strengthening diplomatic ties and projecting a humanitarian image (Bhide, 2021). During the pandemic, India truly took on the task of providing vaccines and medical aid to several countries, living up to the words inscribed on the walls of the parliament. The presence and contributions of India at the G20, NAM Summit, and Global Vaccine Summit advanced this idea. In his remarks at the G20 summit 2020 held virtually in Riyadh, Saudi Arabia, India's Prime Minister, Shri Narendra Modi, expressed a similar viewpoint, stating, "India sees the world as a border-less economy with interconnected markets." (PM Modi's Remarks on the Second Day of the Virtual G20 Summit, 2020) Health diplomacy in India improves soft power projections. It helped establish itself as a country that cares about its neighbors. Keeping this in mind, the primary goal of this study is to explain and analyze India's vaccine diplomacy as a strategy for neighborhood-first policy in times of the COVID-19 pandemic. Did India's health-focused strategy prove beneficial and is it thought to be by the country's national objectives? At the international and regional levels, India's health diplomacy has influenced the flow of medical and humanitarian supplies. This article discusses how India has strengthened its connections with African, Latin American, and Southeast Asian countries through soft power diplomacy and humanitarian aid initiatives. Through soft power, India garnered enormous respect and credibility, demonstrating itself to be a caring and kind actor in third-world nations.

### COVID-19: Background and Global Scenario

One of the most catastrophic occurrences in the twenty-first century has been the outbreak of coronavirus disease 2019 (COVID-19) (NT, 2020). The acute respiratory disease coronavirus 2 (SARS-CoV-2) was initially identified in Wuhan, China (Mohan & Vinod, 2020). Given its profound impact on both human lives and economic assets, the World Health Organization (WHO) declared it a global public health emergency on January 28, 2020, followed by a pandemic declaration on March 11, 2020. By November 21, 2022, the COVID-19 pandemic had led to over 634.5 million cases and more than 6.6 million fatalities worldwide (Yiu *et al.*, 2021). In the absence of a vaccine, nearly every nation implemented various forms of social distancing measures, prioritizing internal affairs and imposing restrictions on international travel (Tang *et al.*, 2022). Consequently, the concept of global health diplomacy emerged as a cornerstone of major countries' foreign policies. Recognizing the severity of the situation, the United Nations categorized the COVID-19 outbreak as a security threat. United Nations Secretary-General Antonio Guterres underscored the

potential for heightened civil unrest and violence, which could impede efforts to combat the disease. (UN, 2020). Serious global health problems elicited swift responses from the G7 countries. This organization was unable to accomplish as much as predicted due to a rise in the number of patients diagnosed regularly, an increase in the number of fatalities, and a scarcity of effective vaccinations. Till then, mainly comprehensive public health restrictions such as social segregation, quarantine, distancing, and isolation aided in the fight against the pandemic (Mallah *et al.*, 2021). To safeguard the essential human rights of the public regarding health and security in the event of an outbreak of a virus, multi-pronged, multidimensional, and transnational measures and alliances are required, with a strong focus on completely disregarding political disagreements among nations. However, both large and small governments responded to the rapidly growing challenge with varying degrees of success or failure in crisis management. However, the shocking reality remains that democratic countries in Europe and America have grown less effective in combating the disease than their more controlled competitors (Brands & Gavin, 2020). The Pfizer BioNTech vaccine was licensed by the European Union, and immunizations began on December 27, 2020, in the USA (Fortner & Schumacher, 2021). On January 6, 2021, the Moderna vaccine, developed by the American company Moderna in collaboration with the United States National Institute of Allergy and Infectious Diseases (NIAID) and the Biomedical Advanced Research and Development Authority (BARDA), received approval from the U.S. Food and Drug Administration (FDA) for utilization (Fortner & Schumacher, 2021). India administered several vaccines, including Covishield, which is AstraZeneca's vaccine manufactured by the Serum Institute of India, Covaxin produced by Bharat Biotech Limited, Sputnik V imported by Dr Reddy's Lab from the Gamaleya Research Institute in Russia, CorBEVax manufactured by M/s Biological E, and Covovax manufactured by M/s Serum Institute of India (Bandre *et al.*, 2023). As of August 2022, Covishield and Covaxin have acquired market authorization with specific constraints, while other vaccines are allowed for limited use throughout the nation by the Central Drugs Standard Control Organisation (CDSCO), the National Regulator (Chavda *et al.*, 2022). At the zenith of the pandemic, it was evident that vaccinations were being distributed inequitably across Global North and Global South countries. Developed countries stored vaccines by placing pre-production orders with gainful pharmaceutical and biotechnology corporations and also vaccinated a considerable portion of their population, bringing the country back to normalcy (Mona, 2021). Nevertheless, a persistent source of concern in emerging and impoverished countries was the scarcity of vaccines as well as other important life-saving medical interventions and healthcare technologies. To underline the need for impartial vaccination, the WHO COVAX facility's motto is "No one can be protected unless every individual is protected." The same agency's purpose was to provide COVID-19 vaccinations to around 100 low- to medium-income countries (LMICs) that could not even afford the vaccines. The organization also raised 6.8 billion dollars to buy and distribute vaccines to member states by their population

sizes (Mullard, 2020). The misuse of intellectual property rights (IPR) amplified problems. The fact that 16 countries, representing approximately 14% of the global total, have pre-ordered well over 10 billion vaccine shots, or roughly 51% of the potential worldwide delivery of vaccine shots by mid-December 2020 (Singh *et al.*, 2022). In a report by WHO, it was found that, despite having just around 1% of all COVID-19 cases worldwide, countries such as Australia, Canada, and Japan had stockpiled over 1 billion vaccinations, and wealthy nations were expected to meet their vaccine needs in 2020–2021, while developing countries would not be able to accomplish this until 2023–2024 (WHO, 2020a). According to a BBC article (Wake, 2020), more than a quarter of the population in high-income countries (HICs) has received vaccination, contrasting starkly with a mere 0.2% of individuals in low-income countries who have been inoculated. Poverty, a dearth of resources and Human Resource Development, a lack of health infrastructure, and Trade-Related Aspects of Intellectual Property Rights (TRIPS) issues all play a role in the vaccination shortage, lack of availability, affordability, and equality.

### Indian Initiatives and Soft Power Diplomacy

Vaccine diplomacy in India at the national level: India's pandemic fortunes have been impeded by the domestic political cycle. The COVID death management had swept under the rug various internal crises that occurred during the initial wave of the pandemic, including that of the migrant exodus following the enactment of a nationwide lockdown and the subsequent devastating financial and societal effects. The death toll was anticipated to be significantly higher than in 2020, and India's pandemic aid organizations contributed to the country's strong pandemic governance rating as compared to developed countries such as the United States, which faced terrible human costs. All indicators point to the global economy rebounding considerably more quickly than anticipated. The "Vande Bharat Mission" was initiated by the Indian government to facilitate the safe return of Indian citizens who were stranded in different parts of the world (Bajpai & Wadhwa, 2020). The extensive evacuation endeavor, which was aided by an internet-based registration mechanism, demonstrated India's dedication to the well-being of its populace and received a commendation from global society. Vaccinations have played a critical role in the world's faster-than-expected recovery. Vaccines are without a doubt the most effective weapon in the world's fight against the COVID-19 pandemic. India has indeed been providing free vaccination doses to all populations, regardless of their economic status. The initial goal was to reach 940 million individuals who fall under the age category of 18 and up by December 2021 (Ganguly, 2020). The immunisation campaign began with the vaccination of all healthcare personnel. The initiative was later expanded to cover the vaccination of front-line employees, people over the age of 60, citizens over the age of 45, and, finally, citizens over the age of 18 (Bansal *et al.*, 2022). The Government of India acquired all vaccination doses and delivered them to state governments at no cost. India's local vaccine production skills have been used to serve the rest of the globe. Approximately 2199 million

individuals are reported to be fully immunized, which is greater than the whole population of Pakistan, Indonesia, and Brazil (Purohit *et al.*, 2022). India has set a global record by administering 25 million doses in a single day at its peak (One Billion Doses: India's Leadership in the World | NITI Aayog, 2021). Shri Narendra Modi, India's Prime Minister, spearheaded the tremendous effort, which encompassed both state and national governments, along with the corporate sector, down to the very last healthcare professional on the ground. India has been able to accomplish such milestones thanks to the efforts of frontline workers in over 70,000 immunization centers around the country (PM Addresses Doctors on National Doctors' Day, 2021). At the time of its implementation, the supposed digital divide was a popular criticism of India's immunization program, with the notion that remote areas would be excluded since the information and technology framework could only benefit the urban, educated class. The vaccine shots were distributed more widely in rural India than in urban India. India's initiatives to increase access to technology and communication have yielded results (Patel & Nowalk, 2010). CoWIN, India's self-designed digital platform, has changed the game. This enables any Indian citizen to conveniently and reliably schedule vaccination appointments, and it also provides digital vaccination certificates in real time. In comparison, India seems to have outperformed expectations, particularly its own. The pandemic aid rebuilt India's worldwide image as a country capable of exerting at least some control over the crisis, which was reinforced by assistance announcements and a new strategic aim of self-sufficiency in India. (Youngs, 2020). India at the international level: Joseph Nye's concept of soft power pertains to a country's capacity to exert influence over other nations through means of attraction rather than through force or coercion (Nye, 2002). The concept of a country's international image and supremacy is influenced by various factors, including but not limited to culture, values, education, and foreign policies. Amidst the COVID-19 pandemic, India tactically utilized its soft power assets to cultivate worldwide collaboration and unity. The present discourse delves into the soft power endeavors of India amidst the pandemic and scrutinizes its influence on its global reputation. India's humanitarian assistance and medical diplomacy have been identified as significant soft power initiatives. During the pandemic, India garnered the reputation of being the "pharmacy of the world" by increasing the output of generic medications and distributing them to more than 150 nations (Pant & Tirkey, 2021). The demonstration of solidarity by India has established its position as a dependable and accountable participant in the global arena, thereby garnering admiration and positive sentiment from countries grappling with the COVID-19 crisis. The Ministry of Ayurveda had proactively advocated for the use of Ayurvedic remedies and preventive measures, highlighting India's traditional knowledge as a valuable asset in the battle against COVID-19 (Rao *et al.*, 2022) because of which India's soft power endeavors have expanded beyond its proximate vicinity. It demonstrated active involvement in South-South collaboration by extending aid to nations situated in Africa, Latin America, and the Caribbean



(Gammage & Akinkugbe, 2020). The outreach endeavors of India were centered on disseminating knowledge, proficiency, and resources to augment healthcare capabilities in said regions. This strategy not only demonstrated India's dedication to worldwide progress but also enhanced its alliances and cultivated positive relationships among countries. The assessment of India's soft power endeavors during the pandemic can be evaluated through various metrics. Initially, it enhanced bilateral and multilateral connections, promoting amicable and reliable interactions among countries. India's aid to several nations has resulted in improved diplomatic relations and possible partnerships across multiple domains, as many countries have conveyed their appreciation for the support provided by India (Chavda *et al.*, 2022). Furthermore, it demonstrated India's scientific and technological prowess, specifically in the realm of vaccine development. India has emerged as a prominent producer of COVID-19 vaccines, providing doses to numerous nations through both the COVAX initiative and bilateral agreements. This development not only enhanced India's standing as a worldwide vaccine provider but also established it as a dependable collaborator in addressing forthcoming pandemics. The South Asian region exhibited a noteworthy demonstration of unity and collaboration via endeavors such as the COVID-19 Emergency Fund of the South Asian Association for Regional Cooperation (SAARC) and the Special Virtual Conclave of the Indian Ocean Rim Association (IORA) (Parida, 2020) which in turn strengthened India's position as a prominent figure in the region and enabled collaborative measures to address the pandemic, thereby augmenting its soft power in the surrounding areas. In his G-20 speech in 2020, Prime Minister Shri Narendra Modi stated that globalization should enhance the common interests of all humanity and be based on fairness, equality, and humanity. It should be a person-centered procedure. India has been an active participant in the development of a human-centered international system (Roche, 2020). It has collaborated with partner nations to share its development expertise. India has carried out humanitarian aid and disaster relief efforts from the Pacific to the Atlantic Ocean. It has aided in the development of international organizations with progressive, forward-thinking objectives, such as the International Solar Alliance and the Coalition for Disaster Resilient Infrastructure (Chakradeo, 2023). India doesn't exist in an ethical vacuum. It believes not just in "*Vasudhaiv Kutumbakam*" (the world is one) but also in the notion of "Nishkama Karma," or doing good to do good (Singh, 2021).

India-South Africa and TRIPS: The COVID-19 pandemic has served to highlight the crucial necessity for universal access to affordable medical therapies and vaccines on a global scale. The India-South Africa proposal to waive specific provisions of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement to facilitate wider accessibility to COVID-19 medical products was a significant point of contention during the pandemic. The tug of war between developed and underdeveloped countries ignited a worldwide discourse regarding the rights of intellectual property, the well-being of the general public, and the significance of global collaboration in

addressing the pandemic. The World Trade Organization (WTO) has established the TRIPS agreement, which serves as a framework for safeguarding intellectual property rights, encompassing patents on pharmaceutical products (Sundaram, 2015). The issuance of patents confers upon inventors or corporations the exclusive authority to establish pricing and regulate production. The current intellectual property framework presents obstacles to guaranteeing the cost-effective availability of crucial medical commodities such as vaccines, treatments, and diagnostic equipment during a worldwide health crisis like the COVID-19 pandemic. India and South Africa stated in their joint submission that the tentacle of the COVID-19 pandemic has been discovered to be extensive, impacting practically all World Trade Organization (WTO) Members (Singh *et al.*, 2022). As of October 2, 2020, no vaccine or drug adequately prevented or treated COVID-19. All member states of the World Trade Organisation were fighting to stop this pandemic and provide health services. Poor and developing countries were unevenly affected (Usher, 2020). India and South Africa also put forward their point to the TRIPS Council that "During the time of global health emergencies, all the member states of the WTO should work in coordination with each other to make sure that issues like patents, intellectual property rights, designs, copyrights, and the protection of Private Information shall not affect access to affordable and required medical and health supplies, like drugs, along with research, vaccine development, manufacturing, and distribution of medical supplies." (WTO, 2020) The scenario of the COVID-19 pandemic is identical, as the pandemic has affected all nations. Although during the time of the HIV pandemic, which affected the developing world unevenly more than the Global South and North, help has come in from wealthy European and North American nations. The objective was to streamline the process of creating and disseminating cost-effective generic iterations of vaccines, treatments, and diagnostic instruments, with a specific focus on nations in the developing world that possess restricted manufacturing capabilities. The initiative put forth by India and South Africa garnered backing from a multitude of civil society entities, public health specialists, and select governmental bodies. Many advocates underscored that the waiver constituted a transitory and specific intervention that sought to tackle the extraordinary circumstances brought about by the pandemic (*Civil Society to WTO Members: Support India and South Africa's Proposal for a Waiver from IP Protections for COVID-19 Medical Technologies*, 2020). Several authors emphasized the ethical and moral obligation to prioritize public health over commercial interests, especially in the context of a global crisis of significant magnitude. Although the waiver proposal garnered considerable backing, it encountered substantial resistance and impediments within the World Trade Organization. The negotiations between member states were characterized by conflicting perspectives and the difficulties of balancing public health objectives with economic factors (Singh *et al.*, 2022). The United States declared its endorsement for the relinquishment of intellectual property safeguards for COVID-19 vaccines in May 2021, following extensive contemplation, thereby indicating a significant

transformation in the worldwide dialogue (Mercurio, 2021). Subsequently, other nations, including the European Union, provided their support for this action (Thavarajah, 2021). In summary, this matter has been of utmost importance. The proposition to exempt specific TRIPS provisions was intended to improve the availability of reasonably priced medical commodities, particularly for underdeveloped nations. The global debate that ensued from the controversy shed light on the intricate and arduous task of reconciling divergent perspectives and interests within the framework of global health governance.

Vaccine Maitri: India is globally recognized as a prominent hub for vaccine manufacturing, accounting for approximately 60% of the worldwide vaccine supply (Kumraj *et al.*, 2022). Annually, the country demonstrates the capacity to produce over 300 million doses of coronavirus disease 2019 (COVID-19) vaccines (Koller *et al.*, 2021). This manufacturing prowess holds significant promise, particularly for third-world nations grappling with limited resources, as India's capability to produce cost-effective COVID-19 vaccines could alleviate the financial burdens associated with procuring expensive medications. Many Indian vaccine manufacturers have secured exclusive licensing agreements with international counterparts for the research and production of COVID-19 vaccines. Bharat Biotech, in collaboration with the Indian Council of Medical Research (ICMR) and the National Institute of Virology (NIV), pioneered Covaxin (BBV152), India's maiden indigenous attenuated COVID-19 vaccine (*COVAXIN - India's First Indigenous Covid-19 Vaccine | Bharat Biotech*, n.d.). Oversight of COVID-19 vaccine development in India falls under the purview of the Department of Biotechnology (DBT), with strategic guidance provided by the Biotechnology Industry Research Assistance Council (BIRAC) through the "Mission COVID Suraksha" initiative (Gupta *et al.*, 2023). This initiative aims to bolster the production, encompassing both preclinical and clinical development stages, of critical vaccine candidates while also fostering the creation of indigenous, cost-effective, and readily accessible vaccines. Through its Vaccine Maitri initiative, India has assumed a humanitarian stance, embarking on a swift distribution of COVID-19 vaccinations to neighboring countries and beyond shortly after commencing inoculation drives within its population. Aligned with its 'Neighbourhood First' policy, India prioritized immunization as a cornerstone of its diplomatic strategy, dispatching initial batches of Covaxin and Covishield vaccines to neighboring nations including Myanmar, Afghanistan, Bangladesh, Bhutan, Nepal, the Maldives, and Sri Lanka (Sarkar, 2021). Covishield, a vaccine developed in collaboration with AstraZeneca and Oxford University, was manufactured by the Serum Institute of India, while Covaxin was developed and produced domestically by Bharat Biotech (Bose, 2021). India's vaccine outreach extended to 95 nations worldwide, facilitated either through commercial transactions, grants, or participation in the COVAX initiative. Whereas the initial partners were neighboring nations, particularly Bhutan, which has experienced tremendous success with its vaccination campaign, the list also includes several Latin American and Caribbean countries, primarily Bolivia, Bahamas, Mexico,

Barbados, Dominican Republic, Dominica, El Salvador, Guyana, Nicaragua, Argentina, St Lucia, Antigua and Suriname, St Kitts and Nevis, Nicaragua, Guyana, Guatemala, Jamaica, Palau, Bahamas, Brazil, and Paraguay (MEA, 2021). Bhutan and the Maldives were the first two nations to get 150,000 and 100,000 vaccinations, respectively, on January 20, 2021, under Modi's 'Neighbourhood First' policy, which he launched at the start of his first term in 2014 (Singh *et al.*, 2022). On January 21, Nepal and Bangladesh received one million and two million vaccines, respectively (Khetrapal & Bhatia, 2024). Myanmar got 1.5 million vaccine doses on January 22, while Seychelles received 50,000 doses and Mauritius received 100,000 doses. India's geographical neighbors remain the nation's primary concern for vaccine provision, contributing approximately 35% of the country's total COVID-19 vaccine distribution globally (Pattanaik, 2021). On January 1, 2021, India supplied over 500,000 COVID-19 (Bhattacharjee, 2022) immunization shots to the war-torn country of Afghanistan. The Afghan government applauded India's immunization campaign as a "strong gesture of humanity and honest collaboration" (PTI, 2022). The 2 million doses of vaccines provided by India to Bangladesh were the largest single shipment of vaccines supplied by India to any nation so far, prompting the Bangladesh Health Minister to declare that India has always stood beside Bangladesh during both the 1971 Liberation Struggle and the pandemic (PTI, 2021). The Chinese company Sinovac Biotech was supposed to provide 110,000 free vaccinations to Bangladesh, but its refusal to contribute to the vaccine's research costs resulted in a stalemate (ANI, 2020). After a request made by Nepal's Foreign Minister during his January 15, 2021, tour to New Delhi, India's vaccination assistance arrived in Nepal within a week. The offer from India to Nepal comes at a time when relations between the two countries are strained due to a territorial dispute (Sajjanhar, 2021). India provided all the Covid-19 vaccine supplies free of charge. Many of these recipient nations are part of the purported 101 countries that have entered into commercial agreements with Indian manufacturers, including notable partners such as South Africa, Saudi Arabia, and the United Arab Emirates, among others (Pasricha, 2021). Furthermore, India initiated training programs for the neighboring countries to aid in their vaccination campaigns. Brazilian President Bolsonaro lauded Prime Minister Narendra Modi for the vaccine supply, likening the gesture to the mythical tale of Hanuman carrying the sacred 'Sanjeevani' (Sengupta, 2021).

**Table 1:** India's total export of COVID-19 vaccines (Region-Wise) till 15 June 2023

S. No.	Regional Groups of UN Member States	Total Supply (in lakh)
1.	Asia-Pacific States	831.855
2.	African States	423.442
3.	Eastern European States	7.25
4.	Latin American and Caribbean States	86.63
5.	Western European and other States	1658.478
6.	UN Peacekeepers	2.000
7.	UN Health worker	1.250
	<b>Total Supplies</b>	<b>3012.465</b>

Source: <https://www.mea.gov.in/vaccine-supply.html>

### The Way Ahead

India's vaccine diplomacy during the COVID-19 pandemic has greatly benefited humanity and improved India's international standing. India has shown its dedication to the values of compassion, solidarity, and universal healthcare access via its vaccine diplomacy efforts. India's contribution to the worldwide fight against the pandemic and its role as the "pharmacy of the world" have both helped relieve the suffering of millions of people throughout the world. India has helped alleviate vaccine shortages in several countries by producing millions of doses that have been sent to underdeveloped nations. This preemptive strategy helped resolve the vaccine shortage in places where availability and cost were key issues. India's vaccination diplomacy is crucial to humanity. India's generous immunization donations have saved lives, stemmed the virus's spread, and relieved healthcare systems. It prioritizes protecting the most vulnerable and ensuring no country lags in global immunization efforts. This aligns with *Vasudhaiva Kutumbakam*, an Indian philosophy that considers the world as one family and supports assisting the needy. India's vaccine diplomacy has also boosted its soft power and worldwide prestige. Many have praised the country's quick and effective pandemic response and generous immunizations. International health and humanitarian efforts have made India a trusted international actor. As a result, India's diplomatic relations and collaborations have improved. Science, technology, and inventiveness have characterized India's vaccine diplomacy. Covishield and Covaxin prove India's scientific prowess and pharmaceutical discovery and manufacture. This has demonstrated India to be a crucial partner in the worldwide fight against future health crises and raised faith in Indian immunizations. India's vaccination diplomacy has shaped South-South cooperation. Indian influence has risen, and it has strategic connections with Africa, Latin America, and the Caribbean. India has demonstrated its commitment to global health fairness and solidarity by giving free COVID-19 vaccines to several countries. India's global reputation as a responsible global citizen has been enhanced by this proactive outreach, which has also fortified diplomatic relations with recipient nations, including those with which commercial agreements have been established. In addition, delivering vaccinations to strategic countries like Brazil and Morocco has earned India's reputation as a trusted crisis partner. India's vaccine diplomacy has shown its ability to use soft power and boost its strategic goals abroad while helping fight COVID-19. India's vaccine diplomacy has shown humanitarian benefits and strengthened its worldwide standing. *Vasudhaiva Kutumbakam* has been demonstrated by India prioritizing equal immunization access and sharing resources with needy countries, lowering pandemic severity. Due to its humanitarian efforts and improved reputation, India has become a caring, responsible, and essential player in international health diplomacy. India's vaccine diplomacy has helped it become a COVID-19 leader. The country's proactive approach to vaccine distribution and diplomacy has not only enhanced its international standing but also contributed to its vision of achieving a developed and prosperous India by 2047, known as *Vikshit Bharat @2047* that is Prime Minister Shri Narendra

Modi's goal is to elevate India to the status of a global superpower upon the country's 100 years of independence.

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