ABSTRACT

The COVID-19 hit the world heartlessly. Throughout the worldwide lockdown was imposed, which is now considered as an economic lockdown. Since the World Health Organization (WHO) announced COVID-19 as a global pandemic on 11 March 2020, this involved the world in the development of vaccine breakthroughs. Until December 2020, many new vaccines have been rolling out for use, e.g., Pfizer, AstraZeneca, Moderna, COVAXIN, Sputnik V, and others. The vaccines were roll-out, the vaccine diplomacy came into vogue in the international scenario. However, there are many questions about the distribution and export of vaccines, which is considered one of the state’s soft power instruments to influence the relationship with other countries. Similarly, the purpose of this article is to trace India’s vaccine diplomacy and space in the new changing order from the perspective of soft power. Recently, the second wave of COVID-19 devastated India. Though, the study also explores the challenges and increasing role of China in South Asia. Vaccine diplomacy is an approach to the soft power theory in international relations. The case study and content analysis methods are applied here to explain the current vaccine diplomacy. The study finds that initially India strongly showed its vaccine diplomacy widely in its neighbourhood and other developing countries, but the second wave of COVID-19 weakened its position of not providing vaccines to its own home. To provide validity to an argument, vaccine diplomacy of India as a soft power instrument provides a framework for analyzing India’s role in the new world order.

Keywords: Coronavirus, COVID-19, Vaccine diplomacy, India, New Order, South Asia
1. INTRODUCTION

Diplomacy is regarded as a method that influences the state’s dialogue with other countries. It is used as an instrument to convince others through political dialogue. It was used during the world wars as the traditional dialogue mechanism. But modern diplomacy is using a soft and normative mechanism of political dialogue, which was coined by Joseph Nye as soft power. Public diplomacy is considered one of the effective tools to pursue foreign policy outcomes (Nye, 2008). Nye refers to three soft power resources of a country: culture, values, and policies. Soft power has always promoted the role of a country in its bilateral or multilateral negotiations. Soft power is applied through public diplomacy such as the use of development policy, humanitarian aid, and others. Now, vaccine diplomacy is being used as one of those tactics to attract and influence other countries.

The novel coronavirus is a contagious virus which was first identified in Wuhan, China, in December 2019 (WHO, 2020a). The coronavirus spread the COVID-19 disease in China and other countries. On 30 January 2020, WHO announced COVID-19 a ‘Public Health Emergency of International Concern (PHEIC)’ (Maxmen, 2021). Later, WHO declared it a global pandemic on 11 March 2020 (WHO, 2020b). The Coronavirus is also a highly spreadable and transmissible virus that is transmitted from one human to another through the mouth and nose. Due to high contamination, the virus causes cough in the chest and affects the lungs of the human body. In addition, its symptoms are almost similar to those of pneumonia disease. During the past year, human-to-human transmission occurred in two phases and created huge challenges due to mutation. In many places, double and triple mutants of the coronavirus have been seen.

After the announcement of COVID-19 as the pandemic, almost all countries around the world imposed nationwide lockdowns. Later, this has critically affected the world’s economy and lifestyle. The COVID-19 has been “turned into a slayer, not only for the developing economy but also for the developed one” (Bharti, 2020). It has badly affected vulnerable and disadvantaged groups of people in developing countries. For example, India experienced labour migration from city to village due to a severe lockdown. Abhijit Banerjee and Easter Duflo referred to COVID-19 as ‘permanently hobbled’ (Banerjee and Duflo, 2020).

2. LITERATURE REVIEW

2.1. CONCEPT OF VACCINE DIPLOMACY

Vaccine diplomacy is an instrument of foreign policy aiming at influencing other countries to pursue outcomes by sending them the vaccine. In a book Preventing the Next Pandemic: Diplomacy in a Time of Anti-science (2021) Peter Hotez mentioned that “we can – and must – rely on vaccine diplomacy to address this new world order in disease and global health”. Next, he added that vaccine diplomacy could help to prevent this infectious disease and promote peace. Previously, the world successfully fought and tackled polio due to the invention of oral polio vaccine by Dr. Albert Sabin. His oral polio vaccine also helped to strengthen US diplomacy at the peak of the Cold War (Hotez, 2021). Now, the same effort is also needed for vaccine diplomacy to tackle COVID-19. In addition, vaccine partnerships can bridge the
gap between people living in both rich and poor countries. Vaccine diplomacy has favoured peace and healthy cooperation among countries.

The COVID-19 pandemic again brings discussion on vaccine diplomacy. This is a golden time for many countries to play a prominent role by sending vaccines to other countries and to earn goodwill. A country uses this type of diplomacy through the flex of its soft power. It also provides an opportunity to influence diplomatic relations for achieving foreign policy goals for the national interest. Vaccine diplomacy is going to be very beneficial to poor or low-income countries because it brings competition among vaccine distributor countries, e.g., India and China are competing to help many least developed countries (The Graduate Institute Geneva, 2021). The term ‘vaccine diplomacy’ is widely used by the media and occurs in debate in the context of global vaccine distribution. Generally, vaccine diplomacy begins with foreign aid and loans by nations. This diplomacy also endorses ‘achieving efficient and fair distributions of COVID-19 vaccines across the world’. But another term of ‘vaccine nationalism’ is used to criticize the developed West for ‘hoarding vaccines for their own people’ (Frazier, 2021).

Similarly, Biyani and Graham referred to vaccine diplomacy as ‘altruistic intentions to distribute vaccines to other nations’, which is ‘largely driven by a desire to advance national interests and to act as the backbone of global public health’. New Delhi announced its vaccine diplomacy and named it the ‘Vaccine Friendship’ (Biyani & Graham, 2021). COVID-19 has brought a new discussion on soft power as EU, India, China, Russia, the UK and the US using the vaccine diplomacy. This has shaped the new world order after vaccine rollout around the world. However, vaccine diplomacy filled the geopolitical gaps in the health concern and signalled a sense togetherness of all the countries. Vaccine diplomacy talks about the supply of vaccines, and discourse is more centered on the availability of free vaccines to developing and poor countries. The role of rich countries is widely criticized by developing countries and academia. For example, Canada ordered five times more than it needed to vaccinate its people. The United States and other rich countries did almost the same. The director-general of the WHO, Tedros Adhanom Ghebreyesus, warned them and added that ‘the world is on the brink of a catastrophic moral failure’ (WHO, 2021).

In her article ‘COVID-19 Pandemic and India’s Regional Diplomacy, Pattanaik argued that India’s vaccine capacity makes it the ‘Pharmacy of the World’. It was focused mainly on India’s health diplomacy and its concern for neighbouring countries under the “First Policy”. She called it India’s regional diplomacy to mend its relationship with neighbouring countries. In recent decades, South Asia’s security dynamics has become complex and is an ‘implication for India’s stability and security. India does not want to be a ‘regional policeman’ and is looking for a greater role in a new regional order ‘concurred with external powers’. India produces 67% of the medicines that are exported to developing countries. Now, COVID-19 is a real examination of India’s vaccine diplomacy. India plays a significant role in the world pharmacy sector and provides the non-profit Medicines Patent Pool (MPP) to lower and middle-income countries. The key to India’s regional diplomacy is humanitarian aid, medical support, and financial aid to neighbouring countries (Pattanaik, 2021, p. 92–107). Her article was primarily related to regional diplomacy and China’s growing influence in South Asia was overlooked.

Meanwhile, WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance, jointly formed the COVID-19 Vaccines Global Access Facility
(COVAX) to accelerate the development of COVID vaccines and the procurement of shots for equitable distribution in the world (Gavi, 2020). In this concern, the Serum Institute of India (SII), in collaboration with AstraZeneca and the University of Oxford, was appointed as the main supplier of the COVAX facility (Cohen and Kupferschmidt, 2021). Similarly, India earned wide applause from the global media. India’s vaccine diplomacy was appreciated and other rich countries’ vaccine nationalism was criticised. Meanwhile, India was devasted by the adverse impact of the second wave of the COVID-19 pandemic. Now, India needed to halt its vaccine diplomacy. Before the second wave of COVID-19 India sold 35.7 million doses of vaccines to other countries. If India could have halted commercialization of vaccines earlier, it could have minimised deceased in the country during second wave of COVID-19. The moral question has been raised but India has also fulfilled the moral obligation. India’s vaccine diplomacy can be divided into three parts: 1) Vaccine diplomacy with India’s neighbourhood, 2) Vaccine diplomacy with African Countries, and 3) Vaccine diplomacy with small island nations (Iwanek, 2021).

Iwanek assumed the four ‘ultimate modest results of India’s vaccine diplomacy’: 1) India earned the image of global health policymaker, 2) New Delhi practised the diplomatic first step towards a vaccine and provided the largest donation to its neighbourhood, Africa, South America and various island nations, 3) India can get political benefits in ‘support for the reform of the United Nations’ 4) India can produce the world’s cheapest vaccine, which has already been demonstrated by the Serum Institute of India. It has earned grounds for an international health alliance so New Delhi can supply affordable vaccines to the world and, especially, it can provide easy access for poor countries (Iwanek, 2021).

3. METHODOLOGY

The case study method will provide an analysis of particular problems such as the economic and social effects of COVID-19 on society. It helps to explore the current political context of the COVID-19 as a real situation. The case study method has two very different applications: 1) it provides an analysis of an individual case like India’s vaccine role in the South Asian region and other parts of the world; 2) case study method helps to investigate the ‘cases consisting of entire political systems’ (Korey, 2005). The qualitative research method is employed to understand the social, economic, and political phenomena and conditions imposed by COVID-19. The content analysis provides a meaning of the reading of the primary and secondary data so one can draw a realistic conclusion of the research (Bengtsson, 2016, pp. 8–10).

The subject of research includes India’s vaccine diplomacy and its implication for international relations. It also focuses on the role perceived by the receiver countries and the position of international leaders. This study covers vaccine diplomacy and uses implications for foreign policy carried out by ministers, government officials, and diplomats. Furthermore, the topic also included the challenges posed by other actors to India’s position in a new order. The main objective of this article is to analyse the available literature on India’s vaccine diplomacy and its real position. To prove an argument, the study includes primary data such as press releases from government officials, foreign ministry press briefs, statements from the foreign minister and other government officials, reports, and official websites. Secondary data incorporate articles, pieces of literature, magazines, reports, papers by Think Tanks, newspaper clips.
4. RESULTS AND DISCUSSION

4.1. INDIA’S VACCINE DIPLOMACY AND ITS ROLE IN NEW ORDER

The term ‘new order’ denotes the ‘new world order’ that is generally considered the new empirical timeline of history and dramatically changing world political thoughts. This is an ideological notion of governments and their role as balancing power in international relations. World politics characterize crafting as the role of countries in maintaining order and equally imposing liberal values. There are several classifications of ‘order’ and Ramond Aron suggested fivefold classifications: (1) arrangements of reality, (2) relations between parts, (3) conditions of good life, (4) minimum conditions for existence, and (5) order as one of the minimum conditions for co-existence (Aron, 1966; Srivastava & Sharma, 2017, p. 20–21). India’s role in the ‘new order’ is defined by its size, population, military capability (second-largest military), technological manpower resources, and space missions. India is perceived as a significant player in the conduct of peace operations in response to conflict management and resolution of both regional and international levels (Nambiar, 2006, pp. 11–15). India is the largest pharmaceutical producing country in the world and has the potential to produce vaccines at a mass level to save the world from the common challenges imposed by COVID-19.

Frequently, China and India considered rising economy and playing a significant role in the new order. In the past decade, India changed its image, and now its emerging economic status is perceived on a global level. Its foreign policy has an adaptive nature that can adopt the strategy as per the requirement of the changing world order (Bava, 2007, p. 2). In this concern, there would be a new world order ready to shape after the COVID-19 pandemic, and India is ready to play a major role. According to Narendra Modi, the Prime Minister of India ‘after the pandemic, a new world order is about to take shape and India has a big role to play in the emerging new world order’ (NDTV, 2021). Indian diplomacy plays an active role in Africa, Central Asia, and Southeast Asia due to rapid economic growth (Grant, 2008, p. 1).

So, India’s vaccine diplomacy can be seen in these five classifications of ‘order’ to support and contribute to saving the world from COVID-19. In this scenario, India has emerged as one of the leading suppliers of the vaccine during this global pandemic. In the past two decades, India has become a hub of the pharmaceutical industry by making affordable and quality medicines and it has gained a wide reputation as the ‘pharmacy of the world’ (Dhar, 2021). The world’s 60% of vaccines were being produced in India even before this pandemic (Kugiel, 2021; Sharun and Sharma 2021). Similarly, India has the largest capacity for the manufacturing of vaccines and medicines. Day by day, India is growing more like the world’s largest manufacturer and can make low-cost vaccines, so it is considered a hope for the world, especially for poor countries. Even the WHO Director-General Ghebreyesus appreciated India’s vaccine efforts against COVID-19. He mentioned that India was the largest vaccine producer, so both WHO and India could work together to ensure effective and protected vaccines to help the most vulnerable in the world (Business Today, 2021). The Canadian Prime Minister Justin Trudeau, the former US President Donald Trump, the French President Emmanuel Macron, and others also praised India’s vaccine diplomacy.

Furthermore, the Director-General of International Vaccine Institute dr Jerome Kim expressed that “About 70% of the vaccines used around the world for extended immunization programmes are made in India”. The United Nations Secretary-General Antonio Guterres
termed India’s vaccine capacity as the “best asset” the world has today (India TV, 2021). India has two major producers, Serum Institute of India (SII) and Bharat Biotech followed by other manufacturers. AstraZeneca, an SII partner, is currently producing a major share of the COVID-19 vaccines. India has already produced large-scale vaccines for diphtheria, pertussis, tetanus (DPT), tuberculosis, and measles. But Nayak emphasized the diplomatic challenges about “balancing the strategic underpinnings of the vaccines assistance it received” (Bose, 2021, p. 2).

4.2. CHALLENGES OF VACCINE MAITRI PROGRAMME

In January 2021, India launched the Vaccine Maitri (Vaccine Friendship) programme to supply domestically manufactured vaccines to developing countries and the least developed countries. It is considered India’s vaccine diplomacy. (Surie, 2021). India’s Serum Institute partnered with Oxford University-AstraZeneca, the world’s largest vaccine producer. India’s Bharat Biotech produces Covaxin, which is a purely Indian vaccine. Meanwhile, Johnson and Johnson have started large production in India. The most interesting thing is that India’s vaccine can be stored between 2 and 8 degrees Celsius in a refrigerator. But other vaccines like Pfizer and Moderna need a sub-zero temperature, which is very tough in tropical countries. Likewise, Indian support is also very important to boost worldwide immunization programmes especially in poor countries or low-income countries under COVAX.

As of 28 May 2021, India had supplied a total of 666.6 lakh (66.3 million) doses of COVID-19 vaccines to 95 countries. Under the COVAX partnership, India contributed with 19.8 million doses supply to more than almost 43 countries (MEA, India, 2021). Initially, India provided vaccines to its neighbouring countries under the neighbourhood first policy of the Government of India, which is also called ‘Neighbourly Vaccine Diplomacy’. Under this policy, India provided vaccine doses to Bangladesh (3.3 million until 2 April 2021), Nepal (1.1 million), Bhutan (550 thousand on 28 March 2021), Maldives (200 thousand on 21 March 2021), Sri Lanka (500 thousand on 28 January 2021), Myanmar (1.7 million on 11 February 2021) and Afghanistan (500 thousand on 7 February 2021). Many leaders expressed gratitude that vaccines made in India helped them to save lives and prevent transmission. For example, Nepal’s Premier, Mr. Oli, thanked Prime Minister Narendra Modi and the Indian people for the ‘generous’ supply of the vaccine at a ‘critical time’ (Bhattacherjee, 2021).

Likewise, Myanmar’s State Counsellor Daw Aung San Suu Kyi, in her New Year address, mentioned that there was wide appreciation in her country for India’s willingness to provide Covid-19 vaccines (Sen, 2021). India also provided a training course in administering the COVID-19 vaccine to Bangladesh, Bhutan, Maldives, Mongolia, Myanmar, Nepal, Bahrain, Brazil, Mauritius, Morocco, Oman, Seychelles, and Sri Lanka (Sen, 2021). Therefore, India’s vaccine diplomacy widely heightened India’s global profile. India provided vaccines to almost 45 countries of the world including Asia, Africa, the Caribbean and Europe under the vaccine Maitri. It also contributed to COVAX alliances. The Vaccine Maitri is being carried out with the grant assistance of the Ministry of External Affairs of India.

Now, India’s soft power is recognized as a global leader in vaccines. The WHO director-general praised Prime Minister Narendra Modi for “supporting vaccine equity”. More than 60 countries started vaccination of their health workers and other priority groups under the commitment of India to COVAX (India Today, 2020). India’s vaccine supplies to
neighbouring countries are considered an improvement of its bilateral relationship because it was not so healthy in recent years. India’s support to fight against COVID-19 is widely recognized even by its Western partners. The USA planned with its Quad members, Australia and Japan, to join the hand with India in the Quad summit held on 12 March 2021. An effort was made toward the immediate availability of vaccines to the world by providing capacity and raw material support to India. India would also start production of Quad-led vaccine initiative as Johnson & Johnson’s vaccine.

In April 2021, the second wave of COVID-19 was devastating due to a double mutant coronavirus, and this new variant was named by WHO as B.1.61 (Delta variant of coronavirus). Since April 2021, India has seen a surge of new infections, more than 300,000 new cases and almost 5,000 deaths per day. Initially, India supported various countries of the world, but after this catastrophe of a second wave surge, experts criticized that India could not control the pandemic domestically and the lack of preparedness revealed its defeat against the virus. Now, the second wave outbreak seems out of control and India itself is seeking oxygen and vaccines. A shortage of raw materials slowed the production of vaccines. The chief executive of SII, Adar Poonawala, pointed out that the US did not ‘release shipments of critical raw materials’ so manufacturing went slow in the last two months (Bhuma & Chris, 2021). In favour of India’s vaccine diplomacy, the French President Macron states in India-EU virtual summit that “India does not need lectures on vaccine supplies” and EU leaders also highlighted the importance of India’s vaccine supplies (The Statesman, 2021).

Before the second wave, India was dominating in vaccine diplomacy in its neighbourhood and other regions of the world. Now, China has offered its vaccine to India’s neighbours and is influencing other regions by growing its presence. Heya Shah argued that India’s vaccine diplomacy has a very rare opportunity to compete with China, as it has already backed Pakistan and now it is increasing its influence day by day in Myanmar, Nepal, Bangladesh, and Sri Lanka (Shah, 2021). In January 2021, India launched its national vaccine programme and the vaccination drive for all adults was started in May. India has now become the first country to report more than 400 thousand fresh cases in a single day and more than 3000 deaths due to a shortage of oxygen and beds in hospitals (BBC, 2021). Similarly, India also needs to show vaccine nationalism for its people, which can also help in the manufacturing of vaccines and global vaccination programmes.

After the second wave India finally told the world that it had begun the largest COVID-19 vaccination drive in India. As India started a national vaccine drive in January and after six months it has started mass vaccination of its people. According to a news report, 90% of vaccination slots have been reserved by people (Dasgupta, 2021). So far, India has used more than 570 million doses of vaccines. India has approved three major vaccines: Covishield, Covaxin, and Sputnik V. The Indian government aims at completing the vaccination of all Indians by the end of 2021 (BBC, 2021).

4.3. COMPETITION IN VACCINE DIPLOMACY BETWEEN CHINA AND INDIA

The high-level QUAD summit already agreed to finance, distribute, and manufacture vaccines. As QUAD is now focused to limit the Chinese activities, its vaccine diplomacy is considered as a counter to Chinese vaccine diplomacy. Meanwhile, China is also struggling for equal outreach in terms of infrastructure and investment projects. So, India has a strong ground due to its extensive pharmaceutical industry to counter China. After the second
wave, India needs more progress in vaccine diplomacy and has to play a crucial role. Indian manufacturers combined can produce 5 billion doses per year. So far, China has developed four vaccines: Sinovac, Sinopharm, CanSino, and Anhui Zhifei Longcom. But the Chinese production capacity is still unclear. The Chinese state media reported that they could produce up to 2 billion doses by 2021. However, China has referred to its vaccine diplomacy as ‘global public good’. But China also endorsed vaccine production outside the country, such as the ‘United Arab Emirates and Serbia pledged to manufacture Sinopharm’ and Indonesia and Brazil already started producing it. In addition, India repeatedly updated information on its vaccine distribution, but China has not provided coherent and transparent information on distribution (Rajagopal, 2021, Blablová, 2021, & Frazier, 2021).

However, Chinese vaccine diplomacy started a competition among countries and imposed challenges on India. In April 2021, India supplied COVID-19 vaccines to more than 80 countries of the world including the United Nations peacekeepers. The Indian Foreign Minister S. Jaishankar mentioned that ‘Vaccine Maitri raised India’s standing and generated great international goodwill.’ However, this kind of diplomacy allowed ‘China and India’ to burnish their soft power to show their technological capacity. But the recent strategic rivalry between these countries has undergone paradox due to a border conflict (Frazier, 2021). But recent cartographic diplomacy created high tension in the neighbourhood of India when it launched a new map including Aksai Chin and Pak Occupied Kashmir (POK). Nepal also responded that its territory was included in the new political map of India. Later cartographic diplomacy was followed by Pakistan, China, and Nepal. Due to this, China got an opportunistic situation to influence Pakistan (which already has a close tie with China) and Nepal. Meanwhile, India was devastated by the second wave of COVOD-19, so it became an opportunity to influence neighbourhood countries by giving them vaccines. Biyani and Graham highlighted that ‘the country is leveraging its strong vaccine manufacturing capacity to revitalize its global position and repair strained ties with its neighbours in South Asia while countering China’s growing influence in the region’ (Aryal, 2021, p. 5; Aryal & Bharti, 2021; Biyani & Graham, 2021).

The COVID-19 pandemic already shocked the world and complete lockdown is considered to be locking the local economies. It has also affected global supply chains that need to be rewired. Generally, it has hit many sectors. Electronics and auto sectors were hit hardest of them. China is fulfilling the newer supply chain gap. However, trade tension between China and the United States already started manifesting as manufacturing is now shifting to India. The World Bank report also indicated that India’s recovery is possible after the fiscal year of 2022 (Deshpande & Tandon, 2020). The 15th G20 Summit took place in a virtual mode in November last year, and members look to India as a “compelling, credible, and trustworthy major power”. The Summit recognized India’s ability to manage political-economic challenges and believed in an improved collaborative approach in the context of climate change, medical diplomacy, and technological innovations. India consistently stands with an international community in respect of-established rules, norms, and principles of multilateralism. New Delhi already favoured multilateralism through the spirit of deepened cooperation, credible mutual trust, rule of law, and equality. India has the capability of producing up to 1.5 billion doses of vaccines per year and it is committed to play an important role in the production of the ‘Covishiled’ AstraZeneca vaccine. Therefore, India is considered a potential and capable country that can play a key role in the global recovery process after COVID-19 (Bhattacharya, 2021).
5. CONCLUSIONS

However, India is facing challenges from both its rival partner China and the scarcity of essential raw materials. India also needs to tackle the second wave and it needs mass-level vaccination for its citizen. Despite several challenges, India would continue its vaccine manufacturing and vaccine diplomacy. Now, the US president Joe Biden has assured that the USA would like to restart the supply of raw materials to India. The global fight against Covid-19 also appeared to bridge the gap between the global north and global south. But it also revealed a lack of preparation in the world. India is the fastest-growing economy that is considered a hope for poor countries. Developed countries are hoarding vaccines and experiencing major criticism from developing and the least developed countries. India has the potential to cope with the second wave and revive its vaccine diplomacy. India needs mutual support and cooperation from developed and developing countries. India has always been in the favor of humanity first, so there is a need for unity and mutual partnership to fight against COVID-19. India is continuing its vaccine diplomacy for the well-being of the world, and its diplomacy is not only in favour of itself but also of the other countries. Without cooperation of India, the fight against COVID-19 can last longer.

Vaccine diplomacy has been seen as the real competition between China and India. Mostly, these two countries supplied COVID-19 vaccines to their neighbourhood. Cartography diplomacy is a crucial challenge for India. The second wave also shook the confidence of India. China supplied its vaccines to Sri Lanka, Bangladesh, Myanmar, the Maldives, Afghanistan (currently), and Nepal. Pakistan was not on the list of recipients of India’s vaccine diplomacy as both countries have not resolved their bilateral issues. China provided Pakistan with the essential needs to prevent COVID-19. China and India have mainly targeted developing countries for their vaccine diplomacy. Many institutions of developed countries, as for example the European Medicines Agency (EMA) has not yet approved vaccines from both countries. The lack of authorization from the developed countries also made them reach the developing countries.

Furthermore, the second wave harshly hit India and its vaccine diplomacy was paused. China took over the lead from India in its vaccine diplomacy. Now, India is almost over the impact of the second wave of COVID-19. Now, once again, there is economic growth in the country in the last quarter of this year just after the second wave. There are also many people unemployed owing to the COVID-19 lockdown, so India needs to resume its vaccine diplomacy, and mass production can minimize the pressure of providing jobs. The country has skilled pharmacists. India has a unique capacity of its workforce that can help to combat COVID-19 in developing countries. There is the following policy recommendation: 1) there is a need to improve the relationship with neighbouring countries to minimise impacts of cartography politics and Taliban’s takeover of Afghanistan; the politics of South Asia has already challenged the regional peace and stability; 2) India needs to reframe its neighbourhood-first policy because China’s spreading steps already created regional turbulence in South Asia; 3) India’s domestic health services have failed during the second wave, so it is necessary to focus on its domestic requirements and at least some vaccines and medical nationalism are required; 4) India’s pharmaceutical industries are already showing their strength to the world, so there is a need for immediate facilitation transformation to mass vaccine production and the infrastructure needed to meet it.
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