



THE NEW REGIONAL RACE OF VACCINE DIPLOMACY AND THE OPPORTUNITY FOR BANGLADESH

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Abstract: ‘The Coronavirus Vaccine’, one of the world’s most coveted commodities, has become the new currency for international diplomacy. While the western world has resorted to staunch Vaccine Nationalism to preserve enough vaccines for their population, in the east, the race is for giving them away. India and China came forward in aid of the developing and poor nations while the rich western countries have been scooping up the world’s supplies. However, observers and scholars indicate that there is always an underlying race of regional supremacy behind this soft power diplomacy of the regional powers. Initially, India took the lead. Since March 2021, the intensity of the COVID situation in India turned the tide and offered China and Russia the opportunity to steer the world’s vaccine diplomacy. Recently, the USA, UK, Canada, Japan and a few other western countries have also come up with donations through the COVAX initiative. Bangladesh, an aspiring middle-income economy, is struck by COVID-19. The evolving situation is a litmus test for Bangladesh’s diplomatic skills, and the Bangladesh government is dealing with sheer pragmatism in striking a balance with all regional and extra-regional actors. Bangladesh is making vigorous efforts to explore all possible sources for the procurement of COVID-19 vaccines. However, Bangladesh should also emphasize local production as well as the development of its local vaccines. Strong and relentless diplomatic persuasion should continue to acquire enough vaccines from the manufacturing countries and organizations, while constantly hammering to secure the promised ones from different sources.

Keywords: *Vaccine Nationalism; Vaccine Diplomacy; Vaccine Leaders; Health Silk Road; Vaccine Maitri.*

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INTRODUCTION

“The pandemic is a stark reminder that our fates are interconnected and that no one is secured until everyone is secured.”

~Hon’ble Prime Minister Sheikh Hasina (*Ministry of Foreign Affairs, 2020*)

According to the Global Health Institute of Duke University, developed countries like Canada, the USA, and the UK, with only 16 per cent of the world's population, have secured 60 per cent of global vaccine supplies for themselves (*Tbaroor, 2021*). While the westerners are struggling to accumulate the vaccination doses, in the east, the race is for giving them away. ‘The Coronavirus Vaccine’, one of the world’s most coveted commodities, has now become the new currency for international diplomacy. Nations possessing means of vaccine production and larger stocks are capitalizing on it for expanding their influence in their respective regions and beyond. Thus, over the last year, the Sino-Indian conflict for regional supremacy has evolved into a scramble to send COVID-19 vaccine doses across the world (*Safi, 2021*). Leaving aside their border skirmishes and high-altitude standoffs, they have found a new diplomatic battleground called ‘Vaccine Diplomacy’ (*Gilani, 2021*).

Both these Asian giants have stepped into this battleground left by the westerners and got a chance to bolster their global image and showcase their soft power. They came forward at a time when the rich western countries have been scooping up the world’s supplies and the poorer countries have been trying desperately to get their own. It was a disparity that, according to the World Health Organization (WHO), had put the world “on the brink of a catastrophic moral failure.” On the contrary, when most of the South Asian countries, with limited healthcare facilities, were eager to get whatever was offered, these donors came forward not only for the sake of humanity but also to strike a favourable balance in the regional and extra-regional diplomacy (*Mashal & Yee, 2021*).

Initially, with the unmatched prowess of manufacturing vaccines, India took the lead in this diplomatic race leaving behind China and Russia. Except for Pakistan, India had sent vaccines to all the South Asian countries through donations and exports. Since March 2021, with the evolution of the Delta variant, there was an enormous rise in the rate of detection and deaths putting India in an unimaginable difficulty. This situation created opportunities for China and Russia to snap up the steering of world vaccine diplomacy and to control the vaccine supplies across the world. China grabbed the initiative to supply to around 90 countries, while Russia planned to support around 70 countries. Moreover, Russia appears to be both an ally and a competitor of China in this regard, although both of them despise their endeavours to be termed as ‘Vaccine Diplomacy’.

After a long absence, followed by widespread criticisms, the USA and UK also came up with their donations through the COVAX initiative. Oxford-

AstraZeneca of India, Russia's Sputnik V, China's Sinopharm and Sinovac, and USA's Moderna and Pfizer are considered to be the most widely circulated vaccines and extensively used tools for diplomacy. Of late, although not directly involved in the diplomatic race, developed countries like Japan, Canada, Germany and a few other European countries have also come forward to promote vaccine donations.

This is how global politics is unpredictable and challenging to assess with its frequent twists and turns. Bangladesh, an aspiring middle-income economy of South Asia is hit hard by COVID-19 and is walking on a diplomatic tightrope to maintain a balance with all regional and extra-regional actors. The question that underlies the complex gamut of world vaccine diplomacy and the fierce diplomatic race among the regional powers is: How should Bangladesh position itself and act in a way to reap maximum benefit, not only in terms of acquiring vaccines for its huge population, but also to find a way out for post-pandemic economic recovery. Against this backdrop, this paper attempts to illustrate the concept of vaccine nationalism and vaccine diplomacy vis-à-vis vaccine empathy; and discuss the regional race of vaccine diplomacy with an emphasis on the stake for Bangladesh in it. It has been developed through qualitative research methodology. Content analyses have been carried out both on primary and secondary sources to collect firsthand data and to get well-researched findings respectively.

The subject under study being a current issue with evolving perspectives and rapidly changing scenarios, it is challenging to define a purview and timeframe of the study. Nevertheless, the current date has been considered as the timeline for collecting various related statistics and consideration of the fresh perspectives and latest available data has been provided as far as possible. While discussing the regional vaccine diplomacy and the role of regional actors, the focus of the paper has been kept limited mostly to the South and East Asian region.

‘VACCINE DIPLOMACY’ TURNS INTO A GEOPOLITICAL RACE

Amidst the rising death toll arising from COVID-19 pandemic, ‘Vaccine Diplomacy’ is turning into a key component of geopolitics. Several countries including China, Russia, and India, have intensely indulged in vaccine diplomacy. Opposed to the unequal distribution of vaccines across the globe (widely known as ‘Vaccine Apartheid’), this new diplomatic tool ought to have a substantial impact on regional and international politics (*Chainferber, 2021*). Nations have used their ability to procure, produce and distribute vaccines as a measure of state power, both domestically and internationally (*Chatterjee, et al., 2021*).

Having the US non-responsive and India caught in peril, Moscow and Beijing set out to fill the vacuum through bilateral accords. India's inability to provide the promised vaccines to its neighbours, at a time of their critical need, forced them to desperately look for alternative sources. Under the 'Global Public Good' pledge, China stepped up with its activities to ensure that Chinese-made vaccines are available in developing and least-developed countries at an affordable price. This diplomacy is intended to complement China's deep pocket diplomacy in India's neighbourhood. To expand and solidify its regional leadership position, China also launched a new platform called 'China-South Asia Platform for COVID-19 Consultation, Cooperation, and Post-Pandemic Economic Recovery'. Interestingly, Middle Eastern countries, wealthy enough to afford the costlier Pfizer and Moderna vaccines, have also opted to 'balance' their purchases of AstraZeneca doses by placing orders from China and Russia (*Chowdhury, 2021*).

It is noteworthy that recently Sino-Indian chemistry became critical over India's joining the 'Quad' (Quadrilateral Security Dialogue), considered to be the US-led anti-China alliance to check China's growing influence in the Asia-Pacific. Yet the US initially gave a cold shoulder to India's struggle against the COVID-19 surge due to its purchase of S-400 missiles from Russia. However, when China sprang with its vaccine diplomacy, Quad members and their affiliates started backing India to strike a balance against China.

THE CONSTRUCT OF THE IDEA OF VACCINE NATIONALISM AND VACCINE DIPLOMACY

Conceptualization of the Ideas

'Vaccine Nationalism versus Vaccine Diplomacy' is a widely discussed and debated contemporary topic. Both these ideas, bounded by different kinds of interests, somehow stand opposite to each other, while complementing each other. Generally, one is about securing the well-being of own population with topmost priority and at any cost, while the other one is driven by different motivations (ethical, diplomatic, transactional, or a mix) to share vaccines, subsidize the price or even waive patent protections for other countries.

'Vaccine Nationalism' occurs when governments sign agreements with pharmaceutical manufacturers to amass sufficient number of vaccines for their populations while preventing their export to other countries. Increasing emphasis on public health as an issue of national security has compelled the governments to consider the availability of vaccines as a top priority. Fear of not having enough supplies led the western governments to impose export restrictions while liberalizing imports of crucial medical supplies. This resulted in shortages of vaccine and emergency medical supplies in developing countries (*Hafner, et al., 2020*).

The changing US-China relationship has further complicated the dynamics of vaccine nationalism while the epicenters of the pandemic formed among the high-income and major emerging economies. As a result, COVID-19 vaccine R&D has prompted a fierce geopolitical race between powerful countries (Zhou, 2021). Out of uncertainty about which particular vaccine would end up being suitable and approved, countries like Canada, the UK, and the US ordered doses from several candidate vaccines, in enough number to vaccinate their entire population over four to six times (Garnier, 2021). By February 2021, the US had secured 800 million doses of at least six vaccines in development, with an option to buy about one billion more (Khan, 2021). However, Canada topped the list, pre-ordering vaccine doses sufficient to vaccinate its population for nine times, while the UK had over six times of the total need of its population (Khan & Dhama, 2021).

‘Vaccine Nationalism’ can be defined as ‘the act of a nation, with the means of production and procurement of vaccines, to accumulate the number of doses outnumbering its population’. Besides instigating an unhealthy race between the west and the east for pioneering the vaccine development, it also generated severe consequences by driving up the vaccine price and related materials and, at the same time, paved the way for ‘Vaccine Diplomacy’. On the other hand, countries pursuing ‘Vaccine Diplomacy’ had their different diplomatic target populations with varying levels and degrees of favour depending upon bilateral ties and interests. Pakistan is the recipient of the first and largest donation from China, while Bangladesh received the same from India. The US also prioritized Canada and Mexico for its supplies favouring the proximate neighbours over distant needs. A classic victim of Vaccine Nationalism is Ukraine which, deserted by European allies and with complicated relations with Russia, had to ultimately turn to China for emergency vaccines (Standish, 2021).

Rich countries will get access to coronavirus vaccines earlier than others

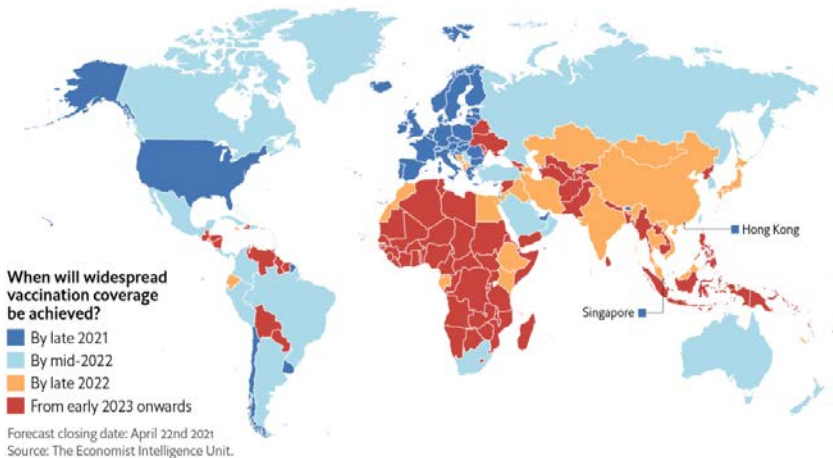


Figure 1: Access to COVID-19 Vaccination (Economist Intelligence Unit, 2021)

Phases of Vaccine Nationalism

In expert opinion, the challenge is to explore the possibility of vaccine nationalism-vaccine diplomacy synthesis to yield a response that surrounds situational ethics and relative gains. Generally, ‘Vaccine Nationalism’ has acquired a negative connotation representing a grasping and greedy approach while remaining indifferent to others’ sufferings and needs (*Grosden, 2021*). However, the idea can be conceived in three reinforcing but distinct phases: firstly, predatory vaccine nationalism, commandeering and hoarding of vaccines exclusively for own populations even by disrupting global supply chains and conserving the patent. This led to the next phase of ‘benign vaccine nationalism’, when the governments resorting to vaccine nationalism continue to prioritize their populations’ access to vaccines while adopting a restrained approach to provide vaccine doses to the immediate neighbourhood. The third phase yields an ‘ultra-vaccine diplomacy’ focusing on the global vaccine needs, waiving intellectual property and supporting poorer nations in capacity building (*Ovwusu-Antwi, 2021*).

Concerns about Vaccine Nationalism

Tedros Adhanom Ghebreyesus, the Director-General of World Health Organization (WHO) depreciated Vaccine Nationalism by saying, “We need to prevent vaccine nationalism. Whilst there is a wish amongst leaders to protect their people first, the response to this pandemic has to be collective” (*Khan, 2021*). The race for developing vaccines within the shortest possible time can also be attributed to the nationalist tendencies of vaccine-producing countries like the US, Russia and China. While some of these countries are involved in vaccine diplomacy in their targeted regions and with specific countries, the manufacturing companies are focused on profiteering (*Hossain, 2021*). Thus, millions of people from the least developed nations, who neither has means nor has an alliance with a vaccine leader, have been prey to both vaccine nationalism and vaccine diplomacy.

The artificial crises resulted from ‘Vaccine Nationalism’ exposed a few distressful developments: firstly, a new divide between the Global North and Global South; secondly, powerful vaccine developing and manufacturing countries are the key actors in both vaccine nationalism and vaccine diplomacy; and thirdly, the dominance of the market mechanism indicating the profit-seeking and interest-centric attitudes of vaccine manufacturers. Moreover, a rising trend of private sector involvement in the vaccine sector cannot also go unnoticed (*Hossain, 2021*).

At the 75th session of the UN General Assembly (UNGA 75) in 2020, Hon’ble Prime Minister Sheikh Hasina urged the world, “It is imperative to treat the vaccine as a ‘global public good’. We need to ensure the timely availability of this vaccine to all countries at the same time. If we are provided with the

technical know-how and patents, the pharmaceutical industry of Bangladesh can go for vaccine production in mass-scale” (*Ministry of Foreign Affairs, 2020*).

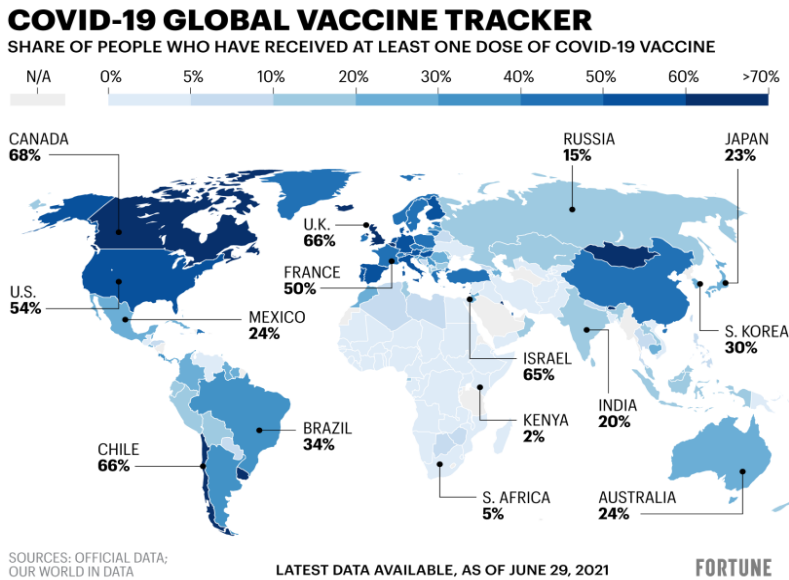


Figure 2: Rate of Vaccination around the World (Fry & Rapp, 2021)

Vaccine Empathy – Ensuring Equitable Distribution of the COVID-19 Vaccines Globally

Although safe and effective COVID-19 vaccines were developed in a record time, the virus has spread faster than the global distribution of vaccines. The vast majority of the vaccines have been administered in high- and upper-middle-income countries, which if distributed equitably, could cover all health workers and older people globally. The global failure to share vaccines equitably has already taken its toll on some of the poorest parts of the world. According to WHO, there are enough doses of vaccines globally to drive down transmission and worldwide equitable distribution is the best hope for taming the coronavirus pandemic and securing a global economic recovery. The WHO Strategy to Achieve Global COVID-19 Vaccination by mid-2022 outlines the roadmap to achieve a target of vaccinating 40% of the population of every country by the end of this year, and 70% by the middle of next year (*World Health Organization, 2021*).

The Access to COVID-19 Tools (ACT) Accelerator is a ground-breaking global collaboration launched in April 2020 to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. COVAX is one of three pillars of the ACT Accelerator, co-led by the Coalition for

Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccines and Immunizations (GAVI) and the World Health Organization (WHO), alongside key delivery partner UNICEF. Its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world. Coordinated by GAVI, the Vaccine Alliance, CEPI and the WHO, COVAX aims to achieve this by acting as a platform that will support the research, development and manufacturing of a wide range of COVID-19 vaccine candidates, and negotiate their pricing. All participating countries, regardless of income levels, will have equal access to these vaccines once they are developed. The initial aim is set to have 2 billion doses available by the end of 2021, which should be enough to protect high risk and vulnerable people, as well as frontline healthcare workers (*Berkeley, 2020*).

INDIA'S VACCINE DIPLOMACY

Pursuing the Dream of Global Leadership

India, with its formidable vaccine manufacturing capacity and license to produce Covishield of Oxford-AstraZeneca has donated nearly 60 million doses to her diplomatic target audiences with the crates bearing the message 'Gift from the people and government of India' (*Mashal & Yee, 2021*). India is trying to make good use of its vaccine diplomacy to earn recognition as a global leader. Indian Prime Minister Narendra Modi tweeted, "We are all together in the fight against this pandemic. India is committed to sharing resources, experiences, and knowledge for global good" (*Tharoor, 2021*).

India started preparing the ground, even before COVID-19 vaccines were developed, by supplying test kits as well as emergency medicines and pharmaceutical products to around 100 countries. It quietly started pursuing 'Vaccine Diplomacy' at a time when global cooperation in this area was minimal and WHO's initiatives were yet to take off. Under the 'Vaccine Maitri' (Vaccine Friendship) campaign, it had shipped millions of doses of Covishield to some 60 countries including most of her neighbours like Afghanistan, Bangladesh, Bhutan, Sri Lanka, the Maldives, Myanmar and Nepal. India also sent its vaccines to Seychelles, Cambodia, Mongolia, the Caribbean and African countries as well as to the richer countries like UK and Canada (*Tharoor, 2021*).

Between September 2020 and February 2021, there was a sharp decline in COVID-19 cases in India, while her two COVID vaccine manufacturers, Serum Institute of India (SII) and Bharat Biotech were producing four million doses a day. But by the end of January 2021, India was able to administer only 0.5 doses per day to its population. Thus, piling up of the excess vaccine doses, some of which were about to expire, provided India with the leverage to pursue her vaccine diplomacy (*Chaudhury, 2021*). In the face of vaccine nationalism in the West, the Indian government took over the leadership role by donating vaccines

to its neighbours and exporting even to distant countries like Brazil and Morocco.

New Diplomatic Weapon against China

In mid-January 2021, as India announced a donation of 10 to 20 million vaccine doses to its neighbours, a headline splashed on their national TV channel: "Some Spread Disease, Some Offer Cure". Being the largest global producer of vaccines, India utilized this soft power as a diplomatic tool to overshadow China's economic and geopolitical dominance in the neighbourhood and beyond. The 'Vaccine Maitri' campaign has allowed it certain diplomatic leverage, after years of watching China make political gains by wooing its neighbours with big pocket offers, that India struggled to match due to its layered bureaucracy and a weaker economy. One of India's largest donations had been to Nepal, where India's relationship plummeted to new lows in recent months with the country increasingly falling under China's politico-strategic influence (*Mashal & Yee, 2021*). India also sent vaccines to Afghanistan, Sri Lanka, where both India and China are vying for a foothold, has received doses from both countries (*Gilani, 2021*). However, Bangladesh received the largest amount of whatever India sent abroad as gifts and exports.

When the US could not extend vaccine support to the rest of the world because of its government policy driven by domestic requirements, India had taken a different stance despite having the second-highest number of COVID-19 cases. "Acting East. Acting fast," said S. Jaishankar, India's Minister for External Affairs, announcing the arrival of 1.5 million doses in Myanmar, a closer ally to China (*Mashal & Yee, 2021*). India had donated 6.47 million doses to Southeast Asian countries, including 100,000 doses to Cambodia, known to be China's most reliable ally in the East. It also supplied vaccines to Mongolia and the Philippines (*Gilani, 2021*) within the Chinese sphere of influence (*Wishnick, 2021*).

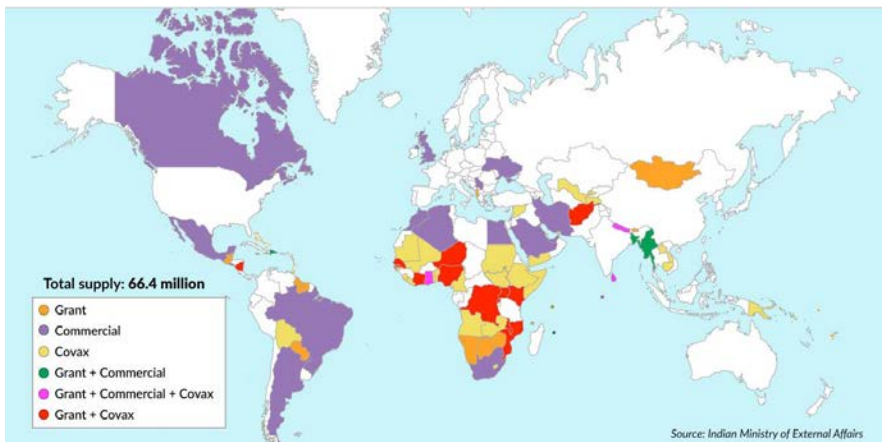


Figure 3: Destinations of Indian Vaccines till March 2021(*Kapoor, 2021*)

According to Shashi Tharoor, India overshadowed China as a provider of affordable and accessible vaccines to the Global South. Opposed to the controversy over China's secrecy in releasing data about its vaccines, India organized visits for foreign ambassadors at its pharmaceutical factories in Pune and Hyderabad (Tharoor, 2021). The SII also pledged 200 million doses to COVAX, when China pledged only 10 million. According to the latest statistics published on the Indian Ministry of External Affairs website, India has dispatched a total of 94.5418 million vaccines all across the world, including 12.727 as donation, 54.7358 million as export, and 27.079 million as contribution to the COVAX. The state of Indian vaccine supplies to its neighbourhood is as follows:

Table 1: *Indian Vaccine Supplies to East and South-East Asia (Updated on 12 December 2021) (Ministry of External Affairs, India, 2021)*

Country	Amount of Vaccine (million)			
	Donation	Export	COVAX	Total
Bangladesh	3.300	15.0008	3.5000	21.8008
Myanmar	2.700	2.0000	-	4.7000
Nepal	1.112	2.0000	2.6455	5.7575
Bhutan	0.550	-	-	0.5500
Maldives	0.200	0.1000	0.0120	0.3120
Sri Lanka	0.500	0.5000	0.2640	1.2640
Afghanistan	0.500	-	0.4680	0.9680
Mongolia	0.15	-	-	0.150
Cambodia	-	-	0.324	0.324

Criticisms against India's Vaccine Diplomacy

"Modi's vaccine diplomacy is all about leveraging our progress in science and pharma and its priority is the neighbourhood," boasted former Indian diplomat Veena Sikri (Bhaumik, 2021). By mid-April 2021, India had dispatched several million doses of Covishield vaccines as gifts, exports and contributions to COVAX. But in the same month the second wave of the virus hit India very hard compelling her to withhold all exports. Its failure to anticipate the devastation of the second wave and prepare accordingly caused collateral damage to the neighbours like Bangladesh, Nepal, Maldives and Sri Lanka, who relied heavily on Indian vaccines. Consequently, the goodwill India had initially generated with 'Vaccine Maitri' swiftly evaporated. Experts think that ignoring warnings of the second wave, a premature declaration of victory over the pandemic and gross complacency on the vaccine availability were some of the reasons for such a disaster. Ironically, India too had to find alternative sources of vaccines from other countries, with External Affairs Minister Jaishankar himself making a five-day visit to the US (Chandra, 2021).

While initially many Indian analysts claimed that the donation of vaccines to foreign countries was India's diplomatic triumph and display of soft power, later

many also complained that this generosity had deprived millions of Indians of their rightful vaccine doses costing many Indian lives. The country lagged behind its target of immunizing 300 million people by August 2021 amidst the mounting concerns about the emergence of new COVID-19 variants that may not respond to existing vaccines (*Tharoor, 2021*). “I don’t spite our Covid-19 vaccine diplomacy, but where is my vaccine?” a distinguished Indian Citizen Twitted from his account. “Why can’t the world’s pharmacy provide vaccines to its citizens?” (*Safi, 2021*)

The changed scenario led to an outpouring of criticisms against India, and China had swiftly seized the opportunity of offering India’s neighbours supplies of vaccines. China’s Sinopharm vaccines made its way to Nepal, Bangladesh, Sri Lanka and the Maldives, with the supplies being a mix of donations and commercial sales. It is yet another instance of the dragon swiftly stepping into a vacuum left by the lumbering elephant (*Chandra, 2021*). Some analysts also say that the impact of Indian vaccine diplomacy will be short-lived unless New Delhi follows this with more substantive measures like investments, development aid and strategic tie-ups (*Bhanmik, 2021*).

CHINA’S VACCINE DIPLOMACY

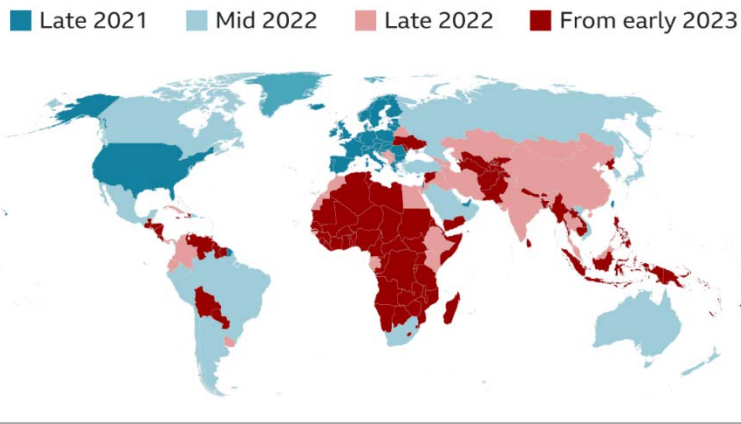
Health Silk Road

In May 2020, at the height of the COVID-19 pandemic, Chinese President Xi Jinping declared that his country would soon provide safe and effective vaccines as a ‘global public good’, especially to the developing world (*Heydarian, 2021*). In a June 2020 White Paper on COVID-19, the Chinese government outlined its aim to develop a ‘global public health’ system that will benefit all of humanity, a goal patterned on the ‘community of common destiny’ long espoused by Xi Jinping as China’s overall global governance objective. For China, providing vaccines to other countries is a key component of its efforts to reshape the pandemic’s narrative to be remembered for the ‘Health Silk Road’, not the rumour of its role in the pandemic’s origin and spread (*Wishnick, 2021*). However, the Chinese government opposes the term ‘vaccine diplomacy’, arguing that any responsible great power must distribute essential goods at a time of crisis (*Ioannou, 2021*).

A report by the Economist Intelligence Unit (EIU) predicted that most developing countries will not be able to inoculate their citizens until early 2022 and in some of the countries, vaccination coverage may not be possible until 2023 (*Economist Daily Chart, 2021*). The vaccine inequality mostly affected poorer countries, which paved the way for China to strengthen its image and influence as a multilateral power and the frontrunner of the global South. Vaccine diplomacy brought an opportunity to solidify China’s footprint in Latin America, South East Asia and Africa, where the western powers failed to execute a timely response. To build its position as a global leader in the fight

against the pandemic, the Chinese government promoted the concept of Health Silk Road, an extension of the Belt and Road Initiative (BRI) (*The Warsaw Institute Review*, 2021). After the initial success in delivering COVID-19 test kits and protective equipment, China took on the task of developing vaccines. Trials of Chinese vaccines were launched in 18 countries in Asia, Africa and Latin America, making Indonesia a major hub for Chinese clinical trials. Chinese officials also declared the BRI member states to be a top priority for the provision of vaccines, both free and subsidized (*Heydarian*, 2021).

When will countries be fully covered?



Source: The Economist Intelligence Unit, 27 Jan 2021



Figure 4: Vaccine Coverage Projection (Hegarty, 2021)

Vaccine road trip

With few COVID-19 cases at home, Chinese vaccinemakers have had to test the worth of their candidates abroad. Four are in efficacy trials in 14 countries.

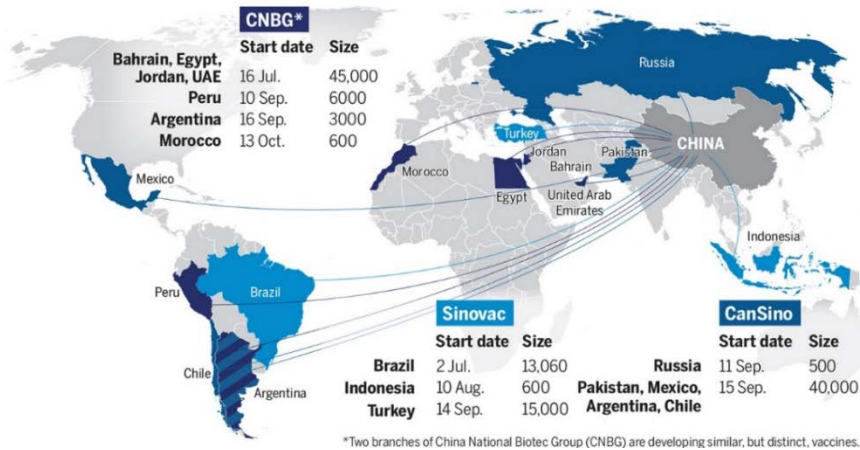


Figure 5: Trial of Chinese vaccines in different countries (Cohen, 2020)

Chinese Diplomatic Drive in South and East Asia

According to the latest (14 August 2021) statistics provided by the ‘China COVID-19 Vaccine Tracker’, China has sold a total of 1.58 billion doses and donated 120 million, among which a total of 1.28 billion doses have been delivered (*Bridge, 2021*). Pakistan, China’s all-weather ally, was the first destination of its donation (*Albert, 2021*). In the rest of South Asia, however, China had often clashed with Indian vaccines, as long as India could pacify her neighbourhood with its more reliable Oxford-AstraZeneca jabs. The scenario changed drastically when India backed off her promised vaccine deliveries.

Table 2: *Chinese Vaccine Supply to East and South Asia (Updated on 12 December 2021) (Bridge, 2021)*

Country	Name of Vaccines	Number of Vaccines (million)		
		Export	Donation	Total
Afghanistan	Sinopharm	-	0.700	0.700
Bangladesh	Sinopharm, Sinovac	35.895	5.600	41.495
Bhutan	Sinopharm	0.050	-	0.050
Cambodia	Sinopharm, Sinovac	28.500	8.303	36.803
Indonesia	Sinopharm, Sinovac	244.679	1.000	245.679
Lao	Sinopharm	-	7.202	7.202
Maldives	Sinopharm	-	0.218	0.218
Malaysia	Cansino, Sinovac, Sinopharm	8.400	2.500	10.900
Mongolia	Sinopharm	1.200	0.300	1.500
Myanmar	Sinopharm, Sinovac	33.700	8.900	42.600
Nepal	Sinopharm, Sinovac	10.000	3.800	13.800
Pakistan	Sinopharm, Sinovac, Cansino	81.730	3.700	85.430
Philippines	Sinovac	55.000	3.000	58.000
Sri Lanka	Sinopharm	23.000	3.000	26.000
Thailand	Sinopharm, Sinovac	26.500	2.600	29.100
Vietnam	Sinopharm	36.200	1.500	37.700

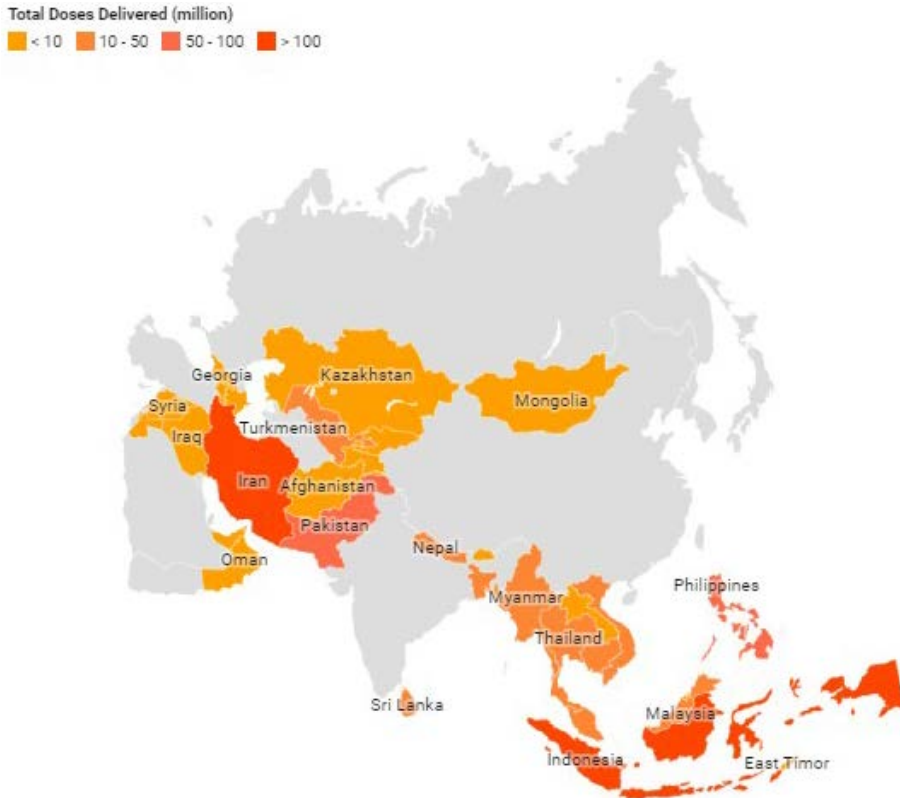


Figure 6: Chinese Vaccine Destination in Asia (Bridge, 2021)

China has donated 10 million vaccine doses to developing nations through the COVAX initiative and sent 53.44% (322 million, out of 602.5 million) of its overseas supply to the Asia Pacific region (Bridge, 2021). China has also created a ‘Storage Platform’ named ‘Emergency Vaccination Storage Facility for COVID-19 for South Asia’ and a cooperation platform named ‘China-South Asia Platform for COVID-19 Consultation, Cooperation, and Post-Pandemic Economic Recovery’ to face any COVID like disaster. Alongside Bangladesh; Afghanistan, Nepal, Pakistan and Sri Lanka have joined these China-led regional initiatives (Iqbal & Begum, 2021). According to Professor Yanzhong Huang, Director of the Center for Global Health Studies at the US-based Seton Hall University, China aims to soften the stand of these countries on territorial and maritime disputes and to cement economic ties to facilitate the BRI. It has come as an opportunity for Beijing not only to project its soft power but also to showcase its technological prowess (Gilani, 2021).

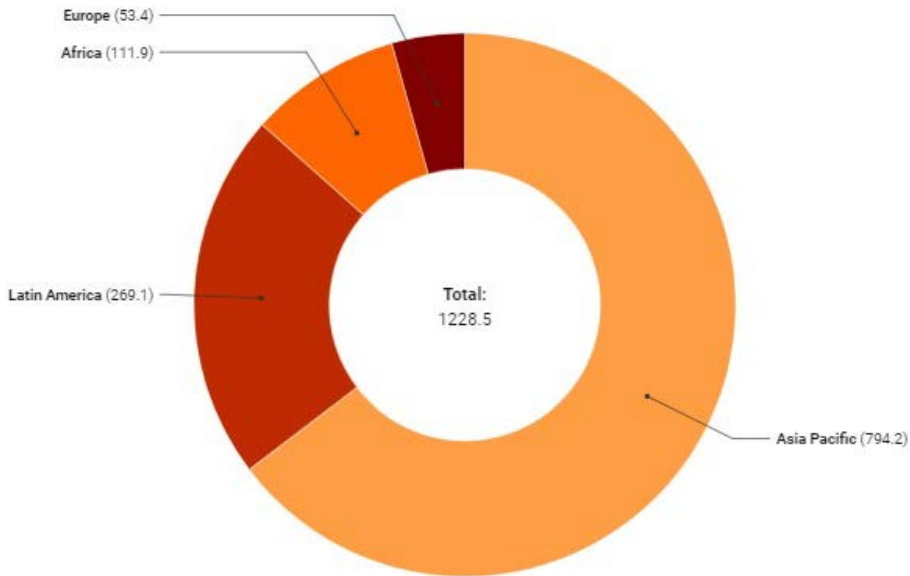


Figure 7: Chinese Vaccine Delivery by Geographical Regions (in millions) (Bridge, 2021)

Sino-Indian Diplomatic Duel

The suspension of India's Vaccine Maitri initiative had hindered vaccination programs across much of South Asia and provided China with an opportunity to play again in India's backyard. China first provided Pakistan, India's arch-rival neighbour, then supplied vaccines to Bangladesh, Sri Lanka, and Nepal, first as grants and later commercially; which has a deep strategic subtext. It targets to befriend India's traditional allies in South Asia basing on its 'Five Principles of Peaceful Coexistence' (*Ministry of Foreign Affairs, People's Republic of China, 2014*). China's well-coordinated vaccine diplomacy, coupled with increasing economic engagement with India's neighbours, has provided it with a counterweight to Indian influence in South Asia. India tried to lead the South Asian nations in fighting the pandemic under the umbrella of the South Asian Association for Regional Cooperation (SAARC) and conducted a virtual summit in March 2020. However, China has initiated a separate platform for COVID-19 consultation, cooperation, and post-pandemic economic recovery involving the SAARC countries (*Palma, 2021*). India views China's 'Health Silk Road' as an extension of the BRI encircling India through its neighbourhoods (*Banerji, 2021*). Similarly, China fears India's involvement in the Quad to curb its influence in the Indo-Pacific Ocean and South China seas. The Quad also pledged to respond to COVID-19 and held the first Quad Plus meeting that included representatives from New Zealand, South Korea and Vietnam (*The White House Statement, 2021*).

Skepticisms about Chinese Vaccine Diplomacy

There are skepticisms about the distribution, effectiveness and pricing of Chinese vaccines. International criticisms focused on the lack of transparency over their clinical trial results. Sinovac's efficacy rate varied in trials from 50.4% in Brazil to over 80% in Turkey (*Dou & Mahtani, 2021*), whereas its competitor Russian Sputnik V enjoys above 90% efficacy rate (*Heydarian, 2021*). State-owned Sinopharm has self-reported a 79% efficacy rate, while both vaccines have been criticized for the lack of transparent data about its efficacy and research methods. Chinese vaccines are mostly delivered to friendly developing countries, which enjoy close geopolitical and economic ties with China. Hence, in the future, China's vaccine diplomacy is likely to be challenged by the availability of Western vaccines to these developing nations through COVAX (*The Warsaw Institute Review, 2021*).

RUSSIA'S VACCINE DIPLOMACY

Russia, with a definite agenda for vaccine diplomacy, named its vaccine Sputnik V, commemorating the October 1957 satellite launch that changed global perceptions of Soviet military and space power. Russia also maintains strategic partnerships and cooperation with China in vaccine production and agreed upon locally producing each other's Sputnik and CanSino vaccines respectively. However, the apparent Sino-Russian harmony belies a mutual competition in the Central, East and South Asian vaccine markets (*Wishnick, 2021*).

Sputnik V had been the first COVID-19 vaccine to be registered for use in any nation. Initially, it became controversial since the Russian government authorized its use even before the early-stage trial results were published. Later in February 2021, phase III trial results suggested its 91.6% efficacy at preventing symptomatic COVID-19 infection and 100% efficacy against severe infection. But it is yet to receive approval from the European Medicines Agency (EMA) or the WHO, which is crucial for its widespread distribution to the lower-income nations through the COVAX initiative. Whereas both Sinovac and Sinopharm vaccines have got WHO's approval for emergency use (*Nogrady, 2021*).

Despite the lack of approval, several countries including South Korea and India are already manufacturing Sputnik V (*Stronski, 2021*). It is also gaining increasing acceptance in Europe. Both Germany and France have discussed the joint production of Sputnik V with Russia despite the heightened tensions with Moscow following the imprisonment of opposition leader Alexey Navalny and Russia's recent troop build-up near Ukraine (*Leigh, 2021*). However, Russia is also facing criticisms for failing the timely delivery of promised vaccines due to similar causes as in the case of India (*BBC Monitoring, 2021*).

Both China and Russia deny exploiting diplomatic gains from vaccine exports and donations. Guo Weimin, a Chinese political spokesperson recognized the concept of ‘Vaccine Diplomacy’ to be "extremely narrow-minded," (Smith, 2021) while President Xi Jinping vowed to make it a ‘global public good’ (Zhou, 2020). Similarly, Kremlin spokesperson Dmitry Peskov said, “Russia believes in producing as many doses as possible to reach it among all countries to stop the pandemic.” However, experts say that both of their strategy of distributing vaccines is aimed at strengthening diplomatic relationships and expanding their influence (Smith, 2021).

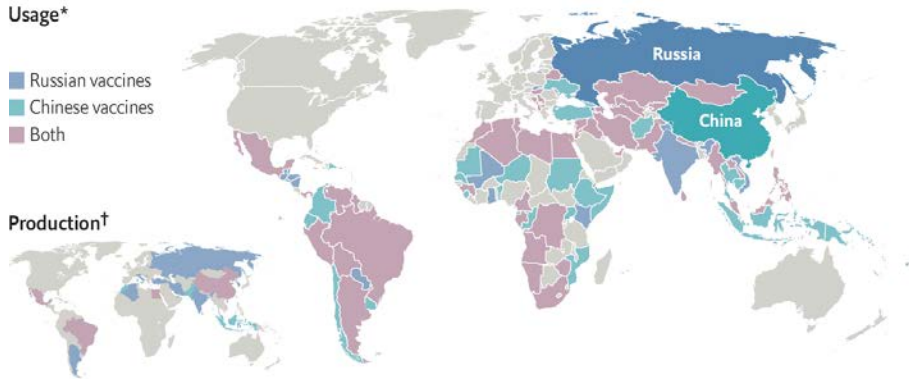
Strategic shots

Russian and Chinese vaccines, at April 22nd 2021

Usage*

■ Russian vaccines
■ Chinese vaccines
■ Both

Production†



Source: Economist Intelligence Unit

*Countries using or planning to use

†Countries producing or planning to produce

The Economist

Figure 8: Recipient of Chinese and Russian Vaccines
(Economist Intelligence Unit_B, 2021)

US ABSENCE AS A GLOBAL LEADER

For China and Russia, the American disarray in the handling of COVID-19 and challenges faced by European countries have provided an opportunity to prove their superiority in response to the pandemic, while distracting from their domestic problems (Wisniewski, 2021). Thomas Shannon, the former US undersecretary of state for political affairs criticized Trump's decision to step back from the international COVID-19 response which might be instrumental in losing the credibility to other countries (Smith, 2021). Many analysts think that the COVID-19 pandemic is a turning point when the US lost its unrivalled monopoly over technology and global leadership. While China is trying its best to fill up the void, it will surely strive to meet its geopolitical interest through soft power diplomacy (Gilani, 2021). China's bilateral agreements with many countries to sell and donate her vaccines could provide a commercial foothold

for its pharmaceutical industries in the regions dominated by the US (*Safi, 2021*).

Of late, the Biden administration has reversed its predecessor's 'America First' approach by restoring assistance to the WHO, as well as doubling down on its commitment to support the UN's COVAX scheme, which aims to provide up to 2 billion doses to the poorest nations. With China firmly in sight, the US-led Quad has recently announced a new initiative for joint production of up to 1 billion doses of vaccine in India intended to fulfil the needs of the Southeast Asian nations (*Devraj, et al., 2021*). The US has also declared an initial \$2 billion obligation of a total planned \$4 billion to GAVI, the Vaccine Alliance to support the COVAX Advance Market Commitment (AMC), making the US the largest donor for equitable global COVID-19 vaccine access (*Anwar, 2021*).

OPPORTUNITY FOR BANGLADESH

Prime Minister Sheikh Hasina drew global attention in the special UNGA session in September 2020 by placing a three-point proposal to encounter the challenges of COVID-19. The proposal included: ensuring universal and equitable access to quality COVID-19 vaccines, transferring technology to developing countries to manufacture vaccines locally, and providing them with financial assistance to face challenges in the wake of the pandemic. Bangladesh repeatedly asserted in the global forums that the COVID vaccine is a global public good and urged the vaccine leaders to help the country produce vaccines locally (*Hossain, 2021*).

State of Vaccination in Bangladesh

According to the latest report (12 December 2021) of Bloomberg Vaccine Tracker, with 2.2% of the world population Bangladesh possesses 1.5% of the world's vaccine supplies. In Bangladesh, the latest vaccination rate is 3,676,028 doses per day, which includes 3,162,278 people getting their first shot. At this pace, by the end of 2021, 75% of the population is likely to receive at least one dose. (*Bloomberg Vaccine Tracker, 2021*).

Acquisition of COVID-19 Vaccines by Bangladesh

Till 12 December 2021, Bangladesh received a total of 25.94562 million doses of vaccines; of which, 11.94562 million are donations and rest 14 million are imported. Detailed distribution of these vaccines are appended in the tables below:

Table 3: Sources of Vaccines for Bangladesh (Updated on 12 December 2021) (Dhaka Tribune_A, 2021; Ministry of External Affairs, India, 2021; Wikipedia, 2021)

Country	Name of Vaccine	Amount of Vaccine (million)			
		Donation	Import	COVAX	Total
China	Sinopharm, Sinovac, Cansino	5.6000	35.8950	-	41.4950
India	AstraZeneca	3.3000	15.0008	3.5000	21.8008
Japan	AstraZeneca	1.6428	-	1.4150	3.0578
US	Moderna, Pfizer	-	-	16.8000	16.8000
Total					83.1536

Bangladesh's Diplomatic Endeavors and Opportunities

In July 2020, Bangladesh Medical Research Council (BMRC) approved Sinovac for Phase III trial at International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B). However, Bangladesh later decided to cancel it when Sinovac asked to co-fund the domestic trials (Mabboob, 2021).

Amidst the issues like passing the Indian Citizenship Amendment Act 2019, the deadlock over Teesta river's water sharing and unavailability of expected support for Rohingya repatriation, India's initial support to Bangladesh with the provision of AstraZeneca vaccines was a major diplomatic breakthrough. Bangladesh was the first country to receive vaccines from India's 'Vaccine Maitri' program. On 5 November 2020, a tripartite agreement was signed between the government of Bangladesh, the SII and Beximco Pharma of Bangladesh to procure 30 million doses of AstraZeneca vaccine from SII at \$4 per dose (Molla, 2021). Bangladesh paid India for 15 million doses in advance (Tayeb, 2021), while receiving a total of 10.3 million AstraZeneca vaccines (both as gifts and imports) till February 2021.

Since March 2021, due to the COVID-19 surge in India, it halted its vaccine exports, while Bangladesh was supposed to receive 5 million doses per month as per the contract agreement (Antara, 2021). Consequently, since 16 April 2021, Bangladesh had to suspend any new inoculation by AstraZeneca vaccine (Prothom Alo Desk, 2021) leaving 1.3 million people in an uncertain situation

about their second dose (*Akram, 2021*). In a desperate attempt, Dr. A. K. Abdul Momen, Foreign Minister of Bangladesh, even called Indian External Affairs Minister S. Jaishankar requesting vaccine doses as gift, as its export was prohibited by India at that time (*Bhuiyan, 2021*). On 22 May 2021, Dr. Momen urged the UK to provide Bangladesh with 1.6 million doses of the AstraZeneca vaccine to complete the second dose of the leftovers (*Chandra, 2021*). Dhaka also requested Washington to immediately send two million doses of the AstraZeneca vaccines from their stock (*Dhaka Tribune_B, 2021*).

India's decision of halting export of vaccines came as a big blow for Bangladesh since the country solely relied on vaccines from SII. It started looking for alternative sources with Russia and China and joined the China-led forum for Covid-19 Consultation, Cooperation, and Post-Pandemic Economic Recovery (*Daily Star Editorial, 2021*). It authorized the emergency use of the Russian Sputnik V vaccine on 27 April (*BSS, Dhaka, 2021*) and approved Russia's proposal to locally produce the vaccine (*Kamruzzaman_A, 2021*).

Meanwhile, in May 2021, Bangladesh signed a non-disclosure agreement with China to procure 15 million doses of Sinopharm vaccines to be delivered 5 million per month from June to August. Bangladesh also proposed to co-produce Sinovac locally (*Tribune Report_A, 2021*). On 12 May, China delivered a gift of 0.5 million doses followed by a warning from Chinese Ambassador Li Jimming that bilateral ties would be damaged if Bangladesh joined the Quad alliance, presumably an anti-Beijing club. Earlier, on 27 April, China's Defence Minister General Wei Feng visited Bangladesh, after two weeks of the visit by Indian Chief of Army Staff (*UNB Dhaka_A, 2021*), and called for enhanced military cooperation to prevent external powers from setting up a 'military alliance in South Asia' (*UNB Dhaka_B, 2021*).

On 27 May, Bangladesh authorized the emergency use of Pfizer–BioNTech COVID-19 vaccine (*bdnews24, 2021*) and on 6 June, Sinovac was also approved (*Tribune Desk_C, 2021*). In May and July, Bangladesh received a total of 5.84562 million doses of Pfizer, Moderna and AstraZeneca vaccines under COVAX initiative (*Tribune Desk_B, 2021*). Reportedly, under COVAX facility, till November 2021 Bangladesh received a total of 16.8 million Pfizer-BioNTech Covid-19 vaccines from US, 1.4150 million AstraZeneka from Japan and 3.5 million AstraZeneka from India (Table-3).

The World Bank has already provided \$500 million to Bangladesh to procure vaccines and another \$1.5 billion loan to rebuild the post-corona economy. The World Bank also pledged to extend financial support of more than \$2.0 billion to 17 countries, including Bangladesh, for the purchase of vaccines (*Iqbal & Begum, 2021*). Meanwhile, an agreement of co-producing the Sinopharm vaccine locally with Incepta Pharmaceuticals Limited is also underway (*UNB Dhaka_C, 2021*). In late November 2021, a local pharmaceutical company Globe Biotech Limited received ethical permission from the Bangladesh Medical Research

Council (BMRC) to begin human trials of Bangavax, a single-dose Covid-19 vaccine (*Tribune Report_E, 2021*).

CONCLUSION

A global population of approximately 7.8 billion (with 84% from the developing and least developed nations) will require around 15 billion doses of COVID-19 vaccines to ensure vaccine coverage for the entire world (*Chowdhury, 2021*). It will likely leave the field of ‘Vaccine Diplomacy’ open to the vaccine leaders for a prolonged period ahead. The pandemic also ravaged the economies of most of the countries leaving the poor even poorer. Rich countries in the west may find here an opportunity to shore up their leadership image through the conduct of ‘Post-pandemic Economic Recovery Diplomacy’. It is worth noting that China has already initiated this diplomacy in South Asia through ‘China-South Asia Platform for COVID-19 Consultation, Cooperation, and Post-pandemic Economic Recovery’. By joining this forum along with four other South Asian countries, Bangladesh has demonstrated diplomatic prudence and perceptive decision-making capacity. However, it is important to observe the reactions and possible measures likely to be undertaken by other regional actors in this regard.

The evolving situation is an acid test for Bangladesh’s diplomatic skills to assess whether Dhaka is dealing with outstanding pragmatism and a proactive approach in walking on a tightrope between New Delhi, its immediate and most important neighbour, and Beijing, its biggest investment partner and now a major source of vaccines. Meanwhile, India also ramped up its support to Bangladesh by supplying hundreds of tons of liquid medical oxygen (*Tribune Desk_E, 2021*). Bangladesh continues to explore all possible sources for the procurement of COVID-19 vaccines. With its large population size, it is inevitably a lucrative market for vaccine manufacturers both for sale and localized production. Bangladesh has already initiated a Memorandum of Understanding (MoU) for localized production of the Sinopharm vaccine (*Star Digital Report_C, 2021*). Of late, Bangladesh also signed an agreement with Russia to manufacture Sputnik V vaccine in Bangladesh on a co-production arrangement (*Dhaka Tribune_B, 2021*). It will be in the interest of Bangladesh to contact other potential manufacturers of vaccines that might be both feasible and promising in terms of cost, transportation and storage. Strong diplomatic persuasion should be exercised to procure vaccines with the help of Gavi, UNICEF, WHO, Pan American Health Organization (PAHO), CEPI and World Bank etc., while constantly hammering to secure the pledged/promised number of vaccines from different sources. Lastly and most importantly, special emphasis should be placed upon the indigenous development of vaccines which will not only make Bangladesh self-reliant in vaccine production but will also bring down the expenditures of vaccines that are imported currently.

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