

Chapter 14

COVID-19 Vaccine Diplomacy: Tracking the Chinese, Indian and Russian Global Pathways and Undertones



David Chikodzi and Godwell Nhamo

Abstract Vaccine diplomacy is a subject of medical diplomacy that has been used for some time. Recently, it has been widely used to address the coronavirus disease 2019 (COVID-19). As global health challenges, particularly pandemics, bite, many countries with the necessary capacity leverage their advancement in developed vaccines to gain diplomatic mileage. However, there has been observed limited documentation of vaccine diplomacy outside the USA and the European Union. Through the tracking of proclamations by the Chinese, Indian and Russian authorities and associated authentic sources, this paper investigates the extent to which COVID-19 vaccine diplomacy took root in the focus countries up to 22 April 2021. Geographical Information Systems (GIS) tools were applied to present the spatial dimensions of COVID-19 vaccine diplomacy. Findings show that several initiatives to deploy COVID-19 vaccines developed in China, India, and Russia took place worldwide. Among the vaccines deployed were China's CoronaVac and Sinopharm, India's Covishield and Russia's Sputnik V. However, the vaccine diplomacy was not free of incidences as debates on efficacy, effectiveness, and safety played out. While acknowledging that COVID-19 vaccine diplomacy from the study countries was solid, the paper recommends that vaccine recipient countries remain open-minded regarding the ultimate purpose of the seemingly 'ethical' and global solidarity drive, making COVID-19 a genuinely global public good.

Keywords COVID-19 · Vaccine diplomacy · Developing countries · Geopolitics

D. Chikodzi (✉) · G. Nhamo
Exxaro Chair in Climate and Sustainability Transitions, Institute for Corporate Citizenship,
University of South Africa, Pretoria, South Africa

14.1 Introduction

The notion of vaccine diplomacy or cooperation between and among nations has been addressed over the years, with Hotez (2010, 2014a, 2014b, 2017, 2021) being one of the leading authorities in this space. Vaccine diplomacy includes the use of vaccines as a public diplomacy tool. The discourse around vaccine diplomacy and medical diplomacy at large centres on the use of vaccines to improve a country's image and improve relations between and among countries and other key and influential actors of interest. Following the COVID-19 pandemic in March 2020, the concept of pandemic diplomacy also emerged (Dodds et al., 2020).

As the world continues to battle with COVID-19, there has been a visible movement in the spaces of vaccine diplomacy, with China, India and Russia among the key actors (Saha & Chakrabarti, 2021). This has been taking place against the odds of vaccine nationalism and regionalism, as highlighted earlier (Hotez, 2021). As of 5 December 2021, data from the Johns Hopkins University dashboard revealed that (Johns Hopkins University, 2021) from the global total of about 265.44 million infections, India had 34.63 million, compared to Russia, which had about 9.63 million infections, while China had about 111,671 COVID-19 infections. As for deaths, India had sadly lost 470,900 lives out of the global total of about 5.25 million. Russia followed with 275,824 deaths, and China had 4849 deaths. These figures remain a challenge, as one death is one too many. Given the gloomy global picture regarding both COVID-19 infections and deaths, it is inevitable that vaccines be shared widely across the globe. However, in analysing the geopolitics of COVID-19 diplomacy, one needs to engender the understanding that human and viral agencies remain entangled (Chan et al., 2020).

Given the preceding, this chapter locates itself in the space of COVID-19 vaccine diplomacy. The chapter restricts its focus to three countries: China, India and Russia. These countries were selected because they are the only BRICS countries that successfully developed vaccines. The research question raised is: what form does the COVID-19 vaccine diplomacy from China, India and Russia take, and which countries were early targets? To address the set question, the objective to map the extent and nature of COVID-19 vaccine diplomacy from China, India and Russia is stipulated. The following section presents the literature informing COVID-19 vaccine diplomacy.

14.2 Literature Review

Hotez (2010) discusses the concept of peacebuilding through vaccine diplomacy. The author's argument centres on the United States of America (USA) President Barack Obama's visit to Indonesia, where he sought to establish scientific ties. The oral polio vaccine is mentioned as an example of vaccine diplomacy that has promoted peace in times of crisis, including breaking down ideological differences

between and among countries and regions. Cooperation in vaccines research and development (R&D) was viewed as presenting the potential for promoting foreign relations between the USA and Islamic nations. Hotez (2010) further observes that when the USA and Soviet Union entered a protracted Cold War after the 1957 Sputnik launch, the two countries agreed on scientific and medical collaboration, leading to the development of the oral polio vaccine (Hotez, 2014a). The polio vaccine eventually eradicated polio globally by 2008, apart from in a few Islamic states, including Pakistan (Shakeel et al., 2019). Vaccine diplomacy may not be the panacea for growing tensions between some nations but remains a vehicle for promoting joint humanitarian efforts (Hotez, 2017).

Hotez (2014a) reveals that vaccine diplomacy relies on the use or delivery of vaccines presenting innovative opportunities for countries to propel their broader foreign policies and diplomatic ties. The USA used this effectively to penetrate Latin America (Hotez, 2014b). However, central to vaccine diplomacy is its potential as a humanitarian intervention, and in the case of the COVID-19 pandemic, the drive to have vaccines as a global public good through the eradication of vaccine nationalism (Nhamo et al., 2021). Hotez (2014a) further acknowledges that from 2000, vaccines became key integral elements in assisting the attainment of the Millennium Development Goals (MDGs). As such, following the launch of the Global Alliance for Vaccines and Immunisations (GAVI), the Vaccines Alliance, many low and middle-income countries gained access to much-needed vaccines. Vaccine diplomacy also involves critical stakeholders, including the World Health Organisation (WHO), the Bill and Melinda Gates Foundation and manufacturing companies (Shakeel et al., 2019).

Shakeel et al. (2019) identify vaccine diplomacy as one of the missing elements toward polio eradication in Pakistan. The available statistics show polio cases increased from 198 in 2011 to 306 in 2014 (Ibid.). Although efforts remain in place to eradicate polio, 16 cases were confirmed in 2016 and 8 more in 2018. To eradicate polio in the country, vaccine diplomacy that involves coordinating multiple actors and areas of leadership, advocacy, policy and global governance is needed. Aspects to be addressed include, among others, the following (Shakeel et al., 2019: 4):

- Increasing national access to and ensuring the safety of the vaccine supply chain
- Improving water and sanitation in affected areas
- Enhancing environmental surveillance
- Mobilising community and religious leaders
- Assisting Internally Displaced Persons
- Effective vaccine health promotion and communication activities

The highlighted elements remain relevant even under the COVID-19 pandemic. However, as indicated earlier, vaccine diplomacy may not be separated from commerce and business (Cohen, 2020). Large volumes of COVID-19 and other vaccines are traded across the globe. Although there have been initial ‘donations’ moving forward into the future, where COVID-19 vaccines require annual boosting, the vaccine trade will take centre stage (de Paula, 2021). From the onset, in May 2020,

China made it clear to the WHO that its vaccines were a global public good, and this was followed up by the country joining the COVID-19 Vaccines Global Access (COVAX) Facility in October 2020 (Cohen, 2020). COVAX is an initiative spearheaded by the WHO, Coalition for Epidemic Preparedness Innovations (CEPI), and GAVI, the Vaccine Alliance, to ensure that 92 low and middle-income countries get safe and effective vaccines (Nhamo et al., 2021).

With the talk surrounding COVID-19 vaccine passports having grown so much, diplomatic ties remain challenged, including the possibilities of certain countries accepting certain vaccines compared to others. Given the ongoing tensions between the USA and China, there was an instance where China would only accept those vaccinated with vaccines developed by its companies into its borders (Davidson, 2021). This triggered retaliation, and other countries and business entities with close ties to the USA insisted that their residents get COVID-19 vaccines developed from the USA and Europe (Nardelli & Dendribnou, 2021). Hence, sandwiched between vaccine diplomacy are undertones regarding the best vaccine and from which country or region such vaccines originate. Inevitably, there are social and ethical dilemmas associated with vaccine diplomacy (Vanderslott & Marks, 2020). Other undertones include whether there has been full disclosure of vaccine safety and efficacy data. Undertones cover the cost of the vaccines and associated infrastructure to administer the vaccines, as well as endorsement regimes across the world, which include the WHO and significant national regulatory authorisations such as the U.S. Food and Drug Administration (FDA) and European Medical Agency (EMA).

Shameem and Mohammed (2020) argue that the development of the COVID-19 pandemic vaccines has emerged as a global vaccine competition. In their view, the key competitors were China, Germany, India, Russia, the United Kingdom, and the USA. These countries host COVID-19 development companies that are state-backed and stand-alone private entities. Under President Donald Trump's regime ('Operation Warp Speed'), many private companies involved in COVID-19 vaccines development and deployment received state financial aid. These companies included Pfizer, Johnson & Johnson (J&J), and Moderna (Dyer, 2020; Roubein, 2020). The Oxford-AstraZeneca COVID-19 vaccine initiative also got solid financial backing from the United Kingdom government (Safi, 2021). Companies whose majority stake is owned by governments include those from China (CanSino, Sinovac and Sinopharm), India (the Serum Institute of India, Indian Council of Medical Research, the National Institute of Virology, and Bharat Biotech) and Russia (Gamaleya Research Institute). Hence, COVID-19 vaccine diplomacy is embedded within the influence of governments as key players.

The following section deals with the methodological underpinnings of this chapter. The chapter mainly draws from event study, document and critical discourse analysis, and the application of the Geographical Information Systems (GIS) used for mapping.

14.3 Materials and Methods

The focus countries of this study are presented in Fig. 14.1. To generate and analyse data, the paper utilised the mixed methods approach that included textual analysis, which was used by Chen (2020), who looked at China's vaccine gambit. Document and critical discourse analysis, a method widely applied by Nhamo et al. (2021) and Nhamo et al. (2021), who looked at COVID-19 vaccines development discord in the BRICS forum, as well as COVID-19 vaccines and treatments nationalism, was also applied. The primary methods were supplemented by elements borrowed from event studies and announcements, drawing from work by Giorgino et al. (2017) and Hayward (2018). Some of the key events and announcements tracked were government proclamations of their plans to join the COVAX, announcements on COVID-19 vaccines donations and missions that accompanied the consignments. In addition, weekly, the COVID-19 Vaccine Tracker website (<https://covid19.trackvaccines.org/vaccines/>) was checked for new proclamations in terms of vaccine authorisations by national jurisdictions. Responses by other countries to the COVID-19 vaccine diplomacy endeavours from the study countries, especially the USA's criticisms of China (Dodds et al., 2020), were also part of the events informing this work.

To map the spread of the COVID-19 vaccine diplomacy spatially, GIS was employed as widely used by Nhamo et al. (2020) in researching the cost of COVID-19 on the global tourism industry. The period covered by this article is marked by the outbreak of COVID-19 as reported by China on 31 December 2019, up to 22 April 2021. The cut-off date was established so that the authors could manage the write-up within the space where there are volumes of new information on COVID-19 diplomacy, presenting a moving target. Since there are several COVID-19 vaccines and vaccine candidates from the focus countries, there was a need to identify which ones to track in the COVID-19 vaccine diplomacy drive. To this end, the vaccines that had been authorised and widely used were identified (Table 14.1).

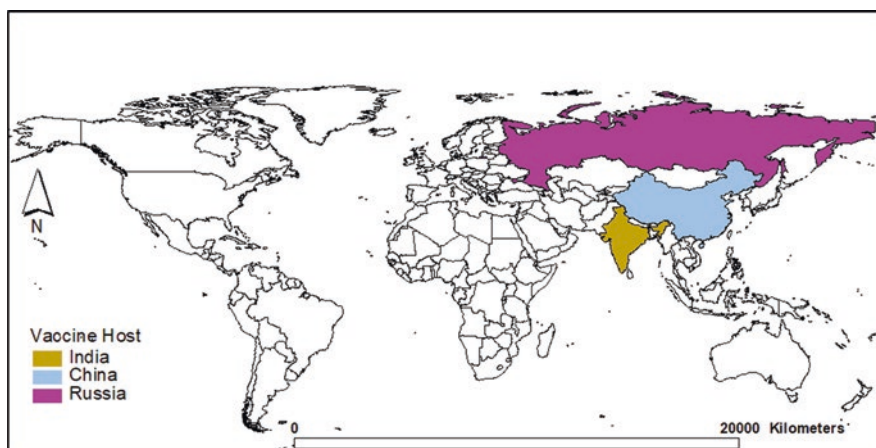


Fig. 14.1 Location of the study area. (Source: Authors)

Table 14.1 COVID-19 vaccines developed and deployed from the focus countries

Country	Vaccine	Manufacturer/Company
China	Ad5 CoronaVac Sinopharm	CanSino Biologics and Institute of Biology at the country's Academy of Military Medical Sciences Sinovac Biotech Sinopharm in partnership with China National Biotec Group
India	Covishield Covaxin	Serum Institute of India, in partnership with AstraZeneca and Oxford University Indian Council of Medical Research, the National Institute of Virology, and Bharat Biotech
Russia	Sputnik V	Gamaleya Research Institute, part of Russia's Ministry of Health

Source: Authors, based on Nhamo et al. (2021)

One may then ask: how were the focus countries selected? This was done purposefully after reviewing existing literature, with the insights from the other work done by the authors that pointed to the need to focus exclusively on COVID-19 vaccine diplomacy. Furthermore, unlike many COVID-19 vaccine R&D and deployments with private companies with a more significant say, initiatives from China, India, and Russia are heavily government-backed. This makes the subject of COVID-19 vaccine diplomacy interesting to readers. The following section presents and discusses the results of the study.

14.4 Presentation and Discussion of Results

This section details the emerging critical findings through data presentation and discussions. The section is divided into three sub-sections focusing on each of the three countries under deliberation. Overall, it emerged that Russia's Sputnik V vaccine had gained the most authorisation.¹ From national regulatory jurisdictions as of 22 April 2021, with 62 authorisations. This was followed by China's Sinopharm, which had 35 authorisations, and India's Covishield, with 33 authorisations. Further details regarding these and other tracked vaccines are presented in the following sub-sections.

14.4.1 COVID-19 Vaccine Diplomacy from China

With continued global pressure following the outbreak of COVID-19 in Wuhan in December 2019, China remains in the spotlight regarding how it presents itself nationally and abroad (Chen, 2020). Suspicion abounds, especially after President

¹This term is taken to collectively refer to emergency use authorisations, formal approvals and other forms authorising the marketing of the COVID-19 vaccines in a particular country.

Trump embarked on an anti-China and diplomatic offensive, rebranding COVID-19 as the coronavirus (Heisbourg, 2020), with the backing of other countries, including Australia and Japan. Kobierecka and Kobierecki (2021) argue that after China managed to control the COVID-19 outbreak at home, the country went on a ‘coronavirus diplomacy’ offensive. This form of diplomacy mainly focused on helping other countries that were and are still struggling with COVID-19 infections and deaths due to shortages in medical equipment and medical staff. The vaccine diplomacy spread of the identified Chinese COVID-19 vaccines is shown in Fig. 14.2.

Of the four Chinese COVID-19 vaccines, namely Sinopharm, Sinopharm (Wuhan), Sinovac and CanSino, the Sinopharm vaccine had gained regulatory authorisations in 35 countries as of 22 April 2021. This was followed by Sinovac’s vaccine that had been authorised in 22 countries, with CanSino and Sinopharm (Wuhan) vaccines having gained authorisation in five and two countries, respectively.

Against mistrust and noise regarding the Chinese COVID-19 vaccines, the United Arab Emirates (UAE) and Bahrain became the pioneers in granting emergency use authorisation of the Sinopharm vaccine (Cyranoski, 2020; Cohen, 2020). This move significantly boosted China’s plans to roll out a number of its vaccines globally. The Sinopharm vaccine was authorised for use in the UAE on 9 December 2020, with Bahrain doing likewise 4 days later on 13 December 2020 (Cyranoski, 2020). The main concern regarding the Sinopharm COVID-19 vaccine was the lack of publicly accessible data on safety and efficacy. However, Sinopharm reported an 86% efficacy in the two-dose vaccine, which included testing 31,000 people in the UAE. As a state-owned company, Sinopharm can produce billions of doses that could be used worldwide. At that time, the Chinese state-run media outlets were reporting orders of the Sinopharm vaccine from over 100 countries while the vaccine was undergoing Phase 3 clinical trials in Egypt, Jordan and Argentina.

In what Cohen et al. (2020) terms ‘China’s vaccine gambit’, the author observes that China’s global campaign to test and promote its vaccine candidates were aimed at winning friends and cutting deals, given that the COVID-19 pandemic had its

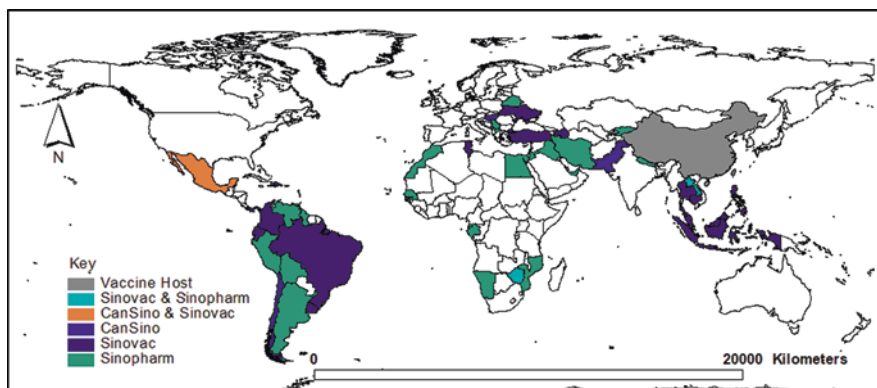


Fig. 14.2 Chinese COVID-19 vaccines diplomacy map. (Source: Authors, data from COVID-19 Vaccine Tracker (2021))

roots in Wuhan, China. From 2 July 2020 to 13 October 2020, four Chinese vaccine candidates (two from Sinopharm working with China National Biotech Group and one from Sinovac and CanSino) were under trial in 14 countries.² Cohen et al. (2020) notes the navigation by China of toxic politics in Brazil to have the country declared as one of the vaccine trial sites as a significant diplomatic victory for China. However, while the Chinese COVID-19 vaccines global move can be accepted at face value as a global public good endeavour, the broader strategic goal is to attain hegemonic influence in the bio-economy and leverage public relations and other commercial engagements in the coming decades. For example, China's move into the UAE is associated with the desire to enhance public relations. With the UAE and other collaborating countries having large Muslim populations, such a move was likely to boost perceptions of China's treatment of Uyghur Muslims in the Xinjiang province. Limiting enemies after the COVID-19 pandemic remains on the radar for China (Nhamo, 2021). Cohen et al. (2020) further observes that building goodwill was necessary for promoting China's Belt and Road Initiative (BRI), an idea supported by Rudolf (2021). The BRI is a colossal infrastructure investment programme that spreads over 100 countries and is focused on increasing trade.

Serbia is one of the countries that received COVID-19 assistance from China. After declaring a state of emergency on 15 March 2020, the Serbian President sought help from the European Union (EU), which did not come, and ended up linking up with China (Šantić & Antić, 2020). The first COVID-19 Chinese mission to Serbia included a planeload of humanitarian aid containing supplies, critical medical equipment, and six of China's most eminent epidemiologists. This was just 6 days after the Serbian President had proclaimed a COVID-19 pandemic. Emanating from the publicity of the Chinese assistance to Serbia, the European Commission announced a COVID-19 package for Serbia on 26 March 2020, which included immediate financial aid of €15 million to be used for the transport and purchase of emergency medical equipment and supplies abroad. China could not outdo the European Commission. All this confirms earlier arguments on geopolitical tensions surrounding COVID-19 vaccines diplomacy.

On 21 April 2021, the Chinese Foreign Ministry spokesperson was quoted extending a COVID-19 helping hand to India. This was after the USA had allegedly banned exports of COVID-19 vaccine materials, impacting India's production capacity (O'Connor, 2021). The pledge for assistance was coming against a background of fatal border disputes between the two countries in 2020 (Nhamo, 2021). The hard decision by the USA to ban COVID-19 vaccine material exports came after strong collaboration with India to fight the pandemic under the QUAD initiative in March 2020 (Kutty & Basrur, 2021). The QUAD initiative is discussed further in the following sub-section.

China's COVID-19 vaccine diplomacy has not been free of adverse incidences. Following the death of a trial participant in Brazil, the country suspended the

²These countries included Bahrain, Argentina, Brazil, Chile, Egypt, Indonesia, Jordan, Mexico, Morocco, Pakistan, Peru, Russia, Turkey, and the UAE.

Sinovac trial of its CoronaVac vaccine on 9 November 2020 (Cohen, 2020). In a rare undiplomatic Facebook post, Brazilian President Jair Bolsonaro indicated that the vaccine was dangerous, yet the participant's cause of death was later confirmed as emanating from another drug overdose. The Brazilian President had not backed the Sinovac trial initiated by his opponent, the governor of São Paulo. However, in a diplomatic and public relations coup, China signed an agreement with the São Paulo state to supply 46 million vaccines of the CoronaVac at US\$90 million. The agreed price was ten times less compared to the Pfizer-BioNTech and Moderna mRNA vaccines originating from the USA and Germany, which were gaining rapid global recognition. There are many more testimonies regarding China's COVID-19 diplomatic move, but the space limits further elaboration.

14.4.2 COVID-19 Vaccine Diplomacy from India

The diplomatic vaccine spread of the two Indian COVID-19 vaccines under study is shown in Fig. 14.3. From a recent publication by Nhamo et al. (2021), initial moves by India in science and COVID-19 diplomacy are highlighted. Saha and Chakrabarti (2021) take the storyline further. The authors view India as the South Asian hegemon. As the COVID-19 vaccine diplomacy took root, India had to look after its immediate neighbours forming part of the Indian sub-continent, namely Bangladesh and Pakistan. As early as May 2020, The Indian Navy Ship Kesari sailed off to deliver essential food supplies and medicines, including hydroxychloroquine, to countries that included Mauritius, Madagascar, Seychelles and Comoros. Other COVID-19-related medical supplies were airlifted to Sri Lanka. India pledged ten million COVID-19 vaccine doses for distribution to its immediate neighbours, including Afghanistan, Bhutan, Bangladesh, Nepal, Sri Lanka, the Maldives, Mauritius, the Seychelles and Myanmar. Indian COVID-19 vaccine diplomacy also

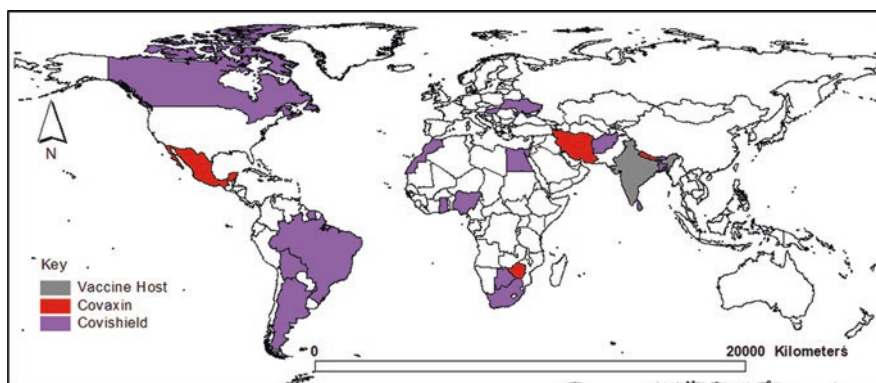


Fig. 14.3 Indian COVID-19 vaccines diplomacy map. (Source: Authors, data from COVID-19 Vaccine Tracker (2021))

featured strongly when it partnered with South Africa to present a proposal to waive specific provisions of the Trade-Related Aspects of Intellectual Property Rights agreement for the prevention, containment and treatment of COVID-19 at the World Trade Organization (Chattu et al., 2021; Nhamo, 2021).

This paper considers two COVID-19 vaccines from India, namely Covishield and Covaxin. The Serum Institute of India's Covishield had been authorised in 33 countries by the data cut-off date for this work. Although Covaxin had not made comparable penetration, it had received authorisations in five other countries excluding India, which included Iran (the Islamic Republic of), Mauritius, Mexico, Nepal and Zimbabwe. Covaxin remains controversial as India's regulatory body authorised it before Phase III results. In a way, the deployment of the vaccine to other countries can be viewed as continued trials under Phase III clinical trials that are not monitored as such. India's COVID-19 vaccine diplomacy for the Covishield reached as far as Canada. Although South Africa was among the countries that received the Covishield early, having bought 1.5 million doses, it had to cancel the planned use of the vaccine as it was discovered to be less effective against the South African COVID-19 variant, the 501.V2 or B.1.351 (Fihlani, 2021). The initial one million doses had to be sold to the African Union, with the outstanding order of half a million doses refunded by the Serum Institute of India.

India's COVID-19 vaccines diplomacy was further elevated through the resuscitation of the Quadrilateral Security Dialogue (QUAD) that involves Australia, India, Japan, and the USA, which is at times alleged to be a kind of Asian North Treaty Atlantic Organisation (Kutty & Basrur, 2021). Although a COVID-19 vaccines development and deployment programme found space in the QUAD, the QUAD had an abortive start in 2007 in its efforts to counter the rise of Chinese influence globally and in Asia. However, China was not mentioned in the inaugural joint statement following the 12 March 2021 QUAD Summit. A statement released by The White House (2021) after the March Summit provides a glimpse of what QUAD strives for. Here is what the heads of governments involved highlighted:

We bring diverse perspectives and are united in a shared vision for the free and open Indo-Pacific. We strive for a free, open, inclusive, healthy region anchored by democratic values and unconstrained by coercion. We recall that our joint efforts toward this positive vision arose from an international tragedy, the tsunami of 2004. Today, the global devastation wrought by COVID-19, the threat of climate change, and security challenges facing the region summon us with a renewed purpose (The White House, 2021 online).

The White House statement elaborates on matters surrounding their diplomatic engagements and cooperation regarding COVID-19 within the QUAD set-up. The QUAD pledged to join forces, resulting in the expansion of the production of safe, affordable and effective vaccines (The White House, 2021). This would be done to promote equitable access and quicken economic recovery through partnerships with the WHO and COVAX. The mentioning of the WHO and COVAX was critical for the USA after former President Trump had pulled out of the WHO (Hotez, 2021) and withheld support of up to US\$500 million (Cohen et al., 2020). The QUAD initiative pledged one billion COVID-19 doses for the Asian-Pacific region (Asian News, 2021). The roles and responsibilities in the deal included India being in

charge of the production, the USA providing the needed technology, Japan getting involved in the financing and Australia being responsible for the logistics.

Unfortunately, while India's COVID-19 vaccine diplomacy grew, the country entered a terrible second wave from February to April 2021 (Beaumont, 2021). Among the reasons provided for this second wave is the failure by the government in COVID-19 surveillance, as there had been severe underreporting in January and February. With over 1.3 billion people, India reported a first wave peak of about 100,000 cases per day, that later dropped to 10,000 cases daily. Many believed the country was indeed out of the COVID-19 woods (Biswas, 2021). Pandey and Nazmi (2021) believe that huge religious gatherings, the reopening of most public places and crowded election rallies could have resulted in the surge from the second wave. A new 'double mutant' COVID-19 variant was also reported on 25 March 2021. On Sunday, 18 April 2021, the country reported more than 270,000 daily cases and 1600 deaths; these were new records. Should things continue unchecked, India was expected to hit about 2300 deaths daily by the first week of June 2021 (Biswas, 2021). The projections were likely to become true as on 22 April 2021, the daily infections rose to 314,835, the highest ever recorded since the pandemic outbreak in December 2019 (Pearce et al., 2021). The daily death rate stood at 2104.

Other matters that arose from Indian-based Covishield doses were that they were near their expiry date. The Africa Centre for Disease Control and Prevention – Africa CDC (2021) was forced to make a statement on the donated doses on 21 April 2021. The Africa CDC indicated that it had to seek clarity on the remaining 925,000 Covishield doses it had received in mid-March 2021 for 13 African Union member states. While all recipient countries were informed of the 13 April 2021 expiry date, several member states had not used all the doses by that time. In an unprecedented move, The Serum Institute of India had to formally write to the African CDC approving the 'shelf-life extension' of the donated vaccines to 13 July 2021. This move left more questions than answers associated with COVID-19 vaccines diplomacy. Under normal circumstances, these vaccines were supposed to be discarded, primarily based on national vaccine public health laws and protocols. It was, therefore, not surprising when Malawi and South Sudan indicated they were to destroy the expired vaccines (Oduor, 2021). Malawi received 102,000 doses, of which 16,400 had not been used by the original expiry date, while South Sudan had 60,000 doses it intended to discard.

14.4.3 COVID-19 Vaccine Diplomacy from Russia

Russia's Sputnik V COVID-19 vaccine is one of the vaccines that this paper focuses on. This vaccine was announced in August 2020, less than 6 months after the WHO declared COVID-19 a global pandemic on 11 March 2020. However, President Vladimir Putin's government approving emergency use even before a Phase III clinical trial (Baraniuk, 2021) caused widespread resentment. Approving the two-dose regime Sputnik V before a Phase III trial meant that there remained a black

hole of uncertainty in terms of both efficacy and safety matters (Nhamo et al., 2021). This meant that the country had to go on an overdrive of its vaccine diplomacy, including promising reduced and affordable pricing of less than US\$10 per dose. The Sputnik V diplomacy got a boost when Phase III results were published in a reputable medical journal, showing efficacy of 91.6% (Jones & Roy, 2021). The R&D, as well as the deployment and marketing of the Sputnik V, is supported financially by the Russian Direct Investment Fund (RDIF), the country's sovereign wealth fund. With over a dozen manufacturing companies across ten national jurisdictions, the RDIF indicated it was capable of manufacturing up to 1.4 billion doses. The Sputnik V diplomatic spread is shown in Fig. 14.4, clearly pointing to a double victory – on the one hand, the science victory, and on the other, the political victory. By 22 April 2021, the Sputnik V vaccine had gained regulatory authorisations in 62 countries worldwide.

Of the tripartite countries under investigation, Russia is the only one in the intersection, having managed to collaborate with both China and India in COVID-19 vaccine development and deployment. However, while soft Russian diplomacy surrounding COVID-19 persisted, it also brought challenges to some countries such as Serbia. Šantić and Antić (2020) argue that Serbia remained placed in the China–Russia–EU triangle. As a country seeking to join the EU, but with strong historical links to Russia and recent emerging economic ties with China, Serbia had to embark on mutually beneficial COVID-19 diplomacy. In the first week of April 2020, Russia dispatched 12 plane loads on a mission to Serbia with COVID-19 relief that included disinfection specialists, ventilators, medical equipment and teams. Similar supplies were sent to Italy. However, the Italian media raised concerns and campaigned to have the Russian aid scrutinised (Dodds et al., 2020). Russia also faced strong opposition to having its Sputnik V vaccine registered by the European Medical Agency (Jones & Roy, 2021). Lastly, while Russia enjoyed good relations with the USA under President Trump's administration, its tensions with President Biden's

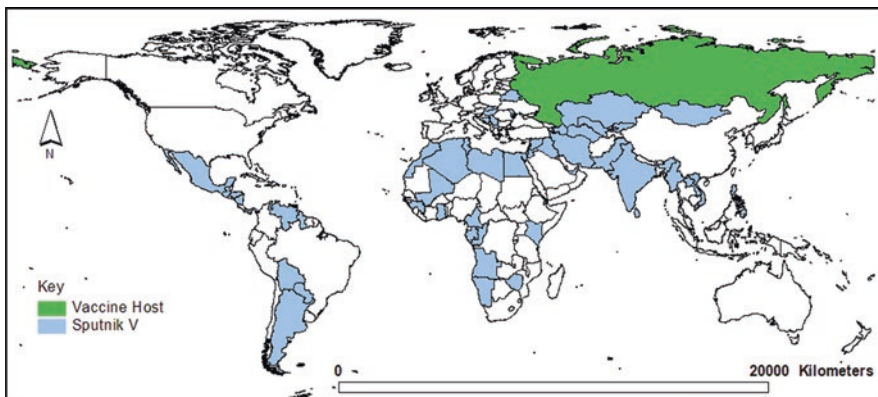


Fig. 14.4 Russian COVID-19 vaccines diplomacy map. (Source: Source: Authors, data from COVID-19 Vaccine Tracker (2021))

administration run high. This emanates from the contested 2016 USA elections in which Russia stood accused of meddling in favour of Trump's party (Abrams, 2018.). It remains to be seen if the Biden administration will reconsider and promote Sputnik V or any other Russian COVID-19 vaccine, for that matter.

14.5 Conclusions

As of 22 April 2021, there were about 102 countries involved in the COVID-19 vaccine diplomacy. From this list, three were the COVID-19 vaccine host countries that are the focus of this paper, namely China, India and Russia. This implies that 99 countries were targeted as part of spreading COVID-19 vaccine diplomacy involving the six vaccines outlined in the methodology chapter (four from China, two from India and one from Russia). Several countries were recipients of vaccines from two of the three host nations, with some 'benefitting' from all three vaccine host countries. Several European countries also got involved in the equation, including Belarus, Bosnia and Herzegovina, Hungary, Montenegro, North Macedonia, Turkey, Serbia and Slovakia.

However, it became clear that while India embarked on a solid COVID-19 vaccine diplomacy pathway, it backfired as many of its citizens were caught up in a nasty second wave that started in February 2021 and looked to be peaking in April 2021. Its COVID-19 vaccines ran out, particularly the Covishield, with some blaming the USA for banning COVID-19 vaccines raw materials. On 22 April 2021, India set a new world record on infections, having reported over 300,000 daily cases. Deaths were also very high, averaging over 2000 daily. Overall, India's vaccine diplomacy did not play out as intended.

Both China and Russia had to be aggressive in their COVID-19 vaccine diplomacy as their vaccines faced a global backlash following opaque R&D and national authorisations. Both countries authorised some of their vaccines only after Phase II clinical trials, leaving a vast black hole in the efficacy tested under Phase III. The only Russian vaccine considered in the paper, Sputnik V, only got global acceptance when its Phase III clinical results were published in the *Lancet* journal. This resulted in considerable uptake by countries, leading to 62 recorded national regulatory authorisations by 22 April 2021. China also had to embark on aggressive COVID-19 vaccine diplomacy as the source of the COVID-19. Countries including the USA, Australia and Japan were at the forefront in demanding accountability from China. To leverage its COVID-19 vaccine diplomacy, China also joined the COVAX initiative, a partnership between the WHO and GAVI, the Vaccine Alliance aimed at providing subsidised COVID-19 vaccines to 92 low and middle-income countries. China further declared that its vaccines would be global public goods and supplied at reduced prices. However, there remained a considerable chance that some countries could not resist Chinese vaccines as they feared a potential backlash from the global superpower. Overall, China's vaccine witnessed considerable uptake, whether

the host countries were ‘forced’ by circumstances or not, remains another research for the future.

In the process of COVID-19 vaccine diplomacy, the tripartite focus countries also had to collaborate. China networked with Russia, while Russia networked with India. Given the tensions, especially between India and China, India ended up joining a resuscitated QUAD, although China extended a hand to assist during the second Indian wave. The QUAD is a grouping that includes Australia, India, Japan and Japan and was initially conceptualised in 2007 after the Indian Tsunami. However, while acknowledging the incredible work associated with COVID-19 vaccine diplomacy, there is a need for targeted countries to undertake due diligence in terms of unveiling the motives behind these so-called noble acts. The literature is clear that such health diplomacy adventures are intertwined with other exterior motives, including future economic and political gains. It is also important to note that other aspects are associated with global health diplomacy apart from vaccine diplomacy, including access to medicines/treatments, air pollution, migration and health, trade, intellectual property rights and health.

It emerges that the objective, strategies and tactics employed by China, India and Russia in vaccine diplomacy differ and rarely intersect. In most cases, their strategies are competitive and, at times, confrontational (especially in China and India). However, compared to other forms of competition, such as that related to the control of resources, vaccine diplomacy, to a large extent, delivers more benefits than risks to the targeted countries. It offers recipient countries opportunities to diversify their sources of vaccines since none of the three countries demands exclusive supply to them. The risks to vaccine recipient countries will only emerge should competition among these vaccine producers escalate to the level where recipients have to choose whom to cooperate with.

References

- Abrams, A. (2018). *Here’s what we know so far about Russia’s 2016 meddling*. Retrieved from <https://time.com/5565991/russia-influence-2016-election/>. Accessed 22 Apr 2021.
- Africa CDC (Africa Centres for Disease Control and Prevention). (2021). *Statement on donation and distribution of Oxford-AstraZeneca COVID-19 vaccine through AVATT*. Retrieved from <https://africacdc.org/news-item/statement-on-donation-and-distribution-of-oxford-astrazeneca-covid-19-vaccine-through-avatt/>. Accessed 23 Apr 2021.
- Asian News. (2021). *QUAD Summit pledges 1 billion doses of anti-Covid vaccine for Asia-Pacific*. Retrieved from <http://asianews.it/news-en/QUAD-Summit-pledges-1-billion-doses-of-anti-Covid-vaccine-for-Asia-Pacific-52595.html>. Accessed 22 Apr 2021.
- Baraniuk, C. (2021). Covid-19: What do we know about Sputnik V and other Russian vaccines? *The British Medical Journal*, 372, n743. <https://doi.org/10.1136/bmj.n743>
- Beaumont, P. (2021). *Covid-19: India’s response to second wave is warning to other countries*. Retrieved from <https://www.theguardian.com/world/2021/apr/22/covid-19-india-response-to-second-wave-is-warning-to-other-countries>. Accessed 22 Apr 2021.
- Biswas, S. (2021). *Covid-19: How India failed to prevent a deadly second wave*. <https://www.bbc.com/news/world-asia-india-56771766>. Accessed 22 Apr 2021.

- Chan, K. W., Gentile, M., Kinossian, N., Oakes, T., & Young, Y. (2020). "More-than-viral" Eurasian geographies of the covid-19 pandemic: Interconnections, inequalities, and geopolitics. *Eurasian Geography and Economics*, 61(4–5), 343–361. <https://doi.org/10.1080/15387216.2020.184041>
- Chattu, V. K., Pooransingh, S., & Allahverdipour, H. (2021). Global health diplomacy at the intersection of trade and health in the COVID-19 era. *Health Promotion Perspectives*, 11(1), 1–4. <https://doi.org/10.34172/hpp.2021.01>
- Chen, X. (2020). Spaces of care and resistance in China: Public engagement during the COVID-19 outbreak. *Eurasian Geography and Economics*, 61(4–5), 435–447. <https://doi.org/10.1080/15387216.2020.1762690>
- Cohen, J. (2020). China's vaccine gambit. *Science*, 370(6522), 1263–1267. <https://doi.org/10.1126/science.370.6522.1263>
- Cohen, Z., Hansler, J., Atwood, K., Salama, V., & Murray, S. (2020). *Trump administration begins formal withdrawal from World Health Organization*. Retrieved from <https://edition.cnn.com/2020/07/07/politics/us-withdrawing-world-health-organization/index.html>. Accessed 22 Apr 2021.
- COVID-19 Vaccine Tracker. (2021). *COVID-19 vaccine tracker*. Retrieved from <https://covid19.trackvaccines.org/vaccines/>. Accessed 22 Apr 2021.
- Cyranoski, D. (2020). Arab nations first to approve Chinese COVID vaccine. *Nature*, 588, 548.
- Davidson, H. (2021). *China to only allow foreign visitors who have had Chinese-made vaccine*. Retrieved from <https://www.theguardian.com/world/2021/mar/17/china-to-allow-foreign-visitors-who-have-had-chinese-made-vaccine>. Accessed 22 Apr 2021.
- de Paula, N. (2021). Planetary health diplomacy: A call to action. *The Lancet*, 5, e8–e9.
- Dodds, K., Broto, V. C., Detterbeck, K., Jones, J., Mamadouh, V., Ramutsindela, M., Varsanyi, M., Wachsmuth, D., & Woon, C. Y. (2020). The COVID-19 pandemic: Territorial, political and governance dimensions of the crisis. *Territory, Politics, Governance*, 8(3), 289–298. <https://doi.org/10.1080/21622671.2020.1771022>
- Dyer, O. (2020). Covid-19: Trump sought to buy vaccine developer exclusively for U.S., say German officials. *BMJ*, 368, m1100. <https://doi.org/10.1136/bmj.m1100>
- Fihlani, P. (2021). *South Africa in shock after AstraZeneca vaccine rollout halted*. Retrieved from <https://www.bbc.com/news/world-africa-55999678>. Accessed 22 Apr 2021.
- Giorgino, M. C., Supino, E., & Barnabè, F. (2017). Corporate disclosure, materiality, and integrated report: An event study analysis. *Sustainability*, 9, 2182. <https://doi.org/10.3390/su9122182>
- Hayward, R. (2018). Foreign exchange speculation: An event study. *International Journal of Financial Studies*, 6, 22. <https://doi.org/10.3390/ijfs6010022>
- Heisbourg, F. (2020). From Wuhan to the world: How the pandemic will reshape geopolitics. *Survival*, 62(3), 7–24. <https://doi.org/10.1080/00396338.2020.1763608>
- Hotez, P. J. (2010). Peace through vaccine diplomacy. *Science*, 327, 1301–1302. <https://doi.org/10.1126/science.1189028>
- Hotez, P. J. (2014a). "Vaccine diplomacy": Historical perspectives and future directions. *PLoS Neglected Tropical Diseases*, 8(6), e2808. <https://doi.org/10.1371/journal.pntd.0002808>
- Hotez, P. J. (2014b). The NTDs and vaccine diplomacy in Latin America: Opportunities for United States Foreign Policy. *PLoS Neglected Tropical Diseases*, 8(9), e2922. <https://doi.org/10.1371/journal.pntd.0002922>
- Hotez, P. J. (2017). Russian-United States vaccine science diplomacy: Preserving the legacy. *PLoS Neglected Tropical Diseases*, 11(5), e0005320. <https://doi.org/10.1371/journal.pntd.0005320>
- Hotez, P. (2021). COVID-19 and the rise of anti-science. *Expert Review of Vaccines*, 20, 227. <https://doi.org/10.1080/14760584.2021.1889799>
- Johns Hopkins University. (2021). *COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*. Retrieved from <https://coronavirus.jhu.edu/map.html>. Accessed 5 Dec 2021.
- Jones, I., & Roy, P. (2021). Sputnik V COVID-19 vaccine candidate appears safe and effective. *The Lancet*, 642, 642–643. [https://doi.org/10.1016/S0140-6736\(21\)00191-4](https://doi.org/10.1016/S0140-6736(21)00191-4)

- Kobierecka, A., & Kobierecki, M. M. (2021). Coronavirus diplomacy: Chinese medical assistance and its diplomatic implications. *International Politics*, 58, 937. <https://doi.org/10.1057/s41311-020-00273-1>
- Kutty, S. N., & Basrur, R. (2021). *The quad: What it is – And what it is not*. Retrieved from <https://thediplomat.com/2021/03/the-quad-what-it-is-and-what-it-is-not/>. Accessed 22 Apr 2021.
- Nardelli, A., & Dendribnou, V. (2021). *E.U. vaccine certificate could open door to Russian, Chinese shots*. Retrieved from <https://www.bloomberg.com/news/articles/2021-03-09/eu-vaccine-certificate-could-open-door-to-russian-chinese-shots>. Accessed 22 Apr 2021.
- Nhamo, G. (2021). COVID-19 vaccines development discord: A focus on the BRICS and implications for Africa's access and affordability matters. *Politikon*, 48, 278. <https://doi.org/10.1080/002589346.2021.1913797>
- Nhamo, G., Dube, K., & Chikodzi, D. (2020). *Counting the cost of COVID-19 on the global tourism industry*. Springer Nature. <https://doi.org/10.1007/978-3-030-56231-1>
- Nhamo, G., Chikodzi, D., Kunene, H. P., & Mashula, N. (2021). *COVID-19 vaccines and treatment nationalism: Challenges for low-income countries and the attainment of the SDGs*. <https://doi.org/10.1080/17441692.2020.1860249>
- O'Connor, T. (2021). *China 'ready' to help India fight COVID-19 crisis amid U.S. vaccine materials ban*. Retrieved from <https://www.newsweek.com/china-ready-help-india-fight-covid-19-crisis-amid-us-vaccine-materials-ban-1585839>. Accessed 23 Apr 2021.
- Oduor, M. (2021). *South Sudan joins Malawi in destroying thousands of expired Covid jabs*. Retrieved from <https://www.africanews.com/2021/04/19/south-sudan-joins-malawi-in-destroying-thousands-of-expired-covid-jabs/>. Accessed 23 Apr 2021.
- Pandey, V., & Nazmi, S. (2021). *Covid-19 in India: Why second coronavirus wave is devastating*. Retrieved from <https://www.bbc.com/news/world-asia-india-56811315>. Accessed 22 Apr 2021.
- Pearce, N., Kottasová, I., & Jeong, S. (2021). *The latest on the coronavirus pandemic and vaccines*. Retrieved from <https://edition.cnn.com/world/live-news/coronavirus-pandemic-vaccine-updates-04-22-21/index.html?form=MY01SV&OCID=MY01SV>. Accessed 22 Apr 2021.
- Roubein, R. (2020). *Trump administration invests \$472M more in Moderna vaccine candidate*. Retrieved from <https://www.msn.com/en-us/news/us/trump-administration-invests-472m-more-in-moderna-vaccine-candidate/ar-BB17cVB5?li=BBnbcA1>. Retrieved 25 Apr 2021.
- Safi, M. (2021). *Oxford/AstraZeneca Covid vaccine research 'was 97% publicly funded'*. Retrieved from <https://www.theguardian.com/science/2021/apr/15/oxfordastrazeneca-covid-vaccine-research-was-97-publicly-funded>. Accessed 25 Apr 2021.
- Saha, S., & Chakrabarti, S. (2021). The non-traditional security threat of COVID-19 in South Asia: An analysis of the Indian and Chinese leverage in health diplomacy. *South Asian Survey*, 28(1), 111–132. <https://doi.org/10.1177/0971523121998027>
- Šantić, D., & Antić, M. (2020). Serbia in the time of COVID-19: Between “corona diplomacy”, tough measures and migration management. *Eurasian Geography and Economics*, 61(4–5), 546–558. <https://doi.org/10.1080/15387216.2020.1780457>
- Shakeel, S. I., Brown, M., Sethi, S., & Mackey, T. K. (2019). *Achieving the end game: employing “vaccine diplomacy” to eradicate polio in Pakistan*, 19, 79. <https://doi.org/10.1186/s12889-019-6393-1>
- Shameem, C. C., & Mohammed, A. I. (2020). The global vaccine competitions: An overview of COVID-19. *European Journal of Molecular & Clinical Medicine*, 7(10), 3882–3898.
- The White House. (2021). *Quad Leaders' Joint Statement: “The Spirit of the Quad”*. Retrieved from <https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/12/quad-leaders-joint-statement-the-spirit-of-the-quad/>. Accessed 22 Apr 2021.
- Vanderslott, S., & Marks, T. (2020). Health diplomacy across borders: The case of yellow fever and COVID-19. *Journal of Travel Medicine*, 27(5), 1–3. <https://doi.org/10.1093/jtm/taaa112>