

India's Strategic Health Diplomacy Amidst the Global Pandemic: An In-depth Exploration of Humanitarian and Geopolitical Dynamics

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Abstract

The COVID-19 pandemic, one of the most consequential global health emergencies of the twenty-first century, has redefined the relationship between health and international politics. This study offers an in-depth examination of India's strategic health diplomacy during the pandemic, situating it within broader debates on global health governance, soft power, and humanitarian engagement. India's unique position as the world's leading producer of generic pharmaceuticals and vaccines enabled it to assume a dual role—both as a domestic responder and as a transnational health actor. Central to this transformation was the Vaccine Maitri initiative, through which India supplied COVID-19 vaccines to over 90 countries across the Global South. By combining qualitative and quantitative analyses of government policy documents, multilateral agreements, and secondary literature, the study demonstrates that India's health diplomacy served as both a humanitarian gesture and a strategic foreign policy instrument. It reveals how health cooperation became a vehicle for advancing India's global visibility, strengthening South-South partnerships, and promoting equitable vaccine access. The paper argues that India's approach exemplifies the convergence of altruism and geopolitical strategy in contemporary health diplomacy, underscoring how emerging powers can recalibrate international norms of global health solidarity. Ultimately, the analysis contributes to the evolving discourse on health as a dimension of national security and international cooperation, positioning India as a pivotal actor in shaping the post-pandemic architecture of global health governance.

Keywords: Global Health Diplomacy, India's Health Policy, COVID-19 Pandemic Response, Vaccine Maitri Initiative, Pharmaceutical Industry, International Relations, Geopolitical Strategy, Humanitarian Aid, Vaccine Distribution, Soft Power Diplomacy, TRIPS Waiver Advocacy

1. Introduction

The onset of the COVID-19 pandemic in late 2019 marked a defining rupture in the international system, disrupting global governance, economic stability, and transnational health cooperation. As the virus proliferated across borders, it exposed structural asymmetries in global health preparedness and revealed the geopolitical significance of medical resources. Within this context, **India emerged as a critical actor**, leveraging its extensive pharmaceutical infrastructure and manufacturing capacity to redefine the contours of health diplomacy (**Katz et al., 2011**). Historically recognized as the “pharmacy of the world,” India has long supplied affordable vaccines and essential medicines to developing nations, reinforcing its image as both a humanitarian partner and an industrial power. The COVID-19 crisis magnified this role, offering an unprecedented opportunity for India to operationalize health as an instrument of diplomacy and soft power. Through initiatives such as the *Vaccine Maitri* programme, India projected its global responsibility by supplying millions of vaccine doses to countries across Asia, Africa, Latin America, and the Caribbean (**Kickbusch, Nikogosian, and Kazatchkine, 2020**).

This paper situates India’s pandemic response within the broader framework of **global health diplomacy**, understood as the intersection of health, foreign policy, and international cooperation. As articulated by Kickbusch and colleagues, health diplomacy represents a paradigm shift in world politics, wherein health interventions transcend humanitarianism to become instruments of strategic influence and global legitimacy (**Kickbusch et al., 2020**). In India’s case, health diplomacy was not merely reactive but strategically constructed to align with its foreign policy doctrines—*Neighborhood First*, *Act East*, and *Vasudhaiva Kutumbakam*—all emphasizing global solidarity and mutual interdependence (**Bhaumik, 2021**). The pandemic also accentuated the **dual imperatives** of India’s approach: managing domestic exigencies while engaging globally through humanitarian aid, vaccine diplomacy, and intellectual property advocacy. India’s leadership in advocating for a temporary waiver of the *Trade-Related Aspects of Intellectual Property Rights (TRIPS)* at the World Trade Organization (WTO) further exemplified its commitment to equitable vaccine access (**Chakraborty and Singh, 2021**). This stance not only reflected ethical responsibility but also positioned India as a spokesperson for the Global South in debates concerning intellectual property and health equity (**Singh and Chattu, 2021**).

Methodologically, the study employs an interdisciplinary framework integrating **policy analysis**, **case study comparison**, and **content analysis** of government communications and multilateral records. Through this framework, it explores the interplay between humanitarianism, national interest, and geopolitical competition. In doing so, the paper argues that India’s strategic health diplomacy during the COVID-19 pandemic represents a **transformative moment** in the reconfiguration of international health governance. It demonstrates how emerging powers can utilize global crises to extend diplomatic capital, shape normative frameworks, and influence the post-pandemic world order (**Mac-Seing et al., 2023**). Thus, India’s engagement in health diplomacy during COVID-19 was not an isolated act of benevolence but part of a calculated diplomatic continuum. It reflected a new phase in India’s international relations—one where **health, technology, and humanitarian assistance converge** to strengthen national image, foster global trust, and redefine multilateralism in the twenty-first century.

2. Historical Context of India's Health Diplomacy

India's emergence as a central actor in global health diplomacy is not a recent phenomenon; rather, it is the culmination of a sustained historical trajectory linking public health development with foreign policy objectives. Since independence in 1947, India's leadership has recognized that health—like education and economic development—constitutes a vital pillar of state legitimacy and international reputation (**Katz et al., 2011**). The founding of key institutions such as the **All India Institute of Medical Sciences (AIIMS)** in 1956 and the **Indian Council of Medical Research (ICMR)** institutionalized India's domestic health infrastructure while simultaneously laying the groundwork for its engagement in international health cooperation. During the Cold War, India's foreign policy under Prime Minister Jawaharlal Nehru embraced the principles of **non-alignment and South-South solidarity**, promoting development-oriented diplomacy as a moral and political alternative to bloc politics. Health became a diplomatic idiom through which India expressed its commitment to postcolonial cooperation. Within the **Non-Aligned Movement (NAM)** and the **World Health Organization (WHO)**, India consistently emphasized health equity and the right to access affordable medicines as intrinsic components of development (**Kickbusch, Nikogosian, and Kazatchkine, 2020**). From the 1970s onward, the **Indian pharmaceutical revolution** marked a turning point in the globalization of affordable healthcare. The enactment of the **Indian Patents Act (1970)**, which permitted process patents but not product patents, enabled the domestic industry to manufacture generic versions of essential medicines at a fraction of global prices. This shift positioned India as the “pharmacy of the developing world,” a reputation that would become central to its global identity (**Bhaumik, 2021**). By the 1990s, companies such as **Cipla** and the **Serum Institute of India** had become pivotal suppliers of antiretroviral and vaccine formulations to Africa and Asia, aligning commerce with humanitarian diplomacy.

The global response to the **HIV/AIDS epidemic** in the early 2000s offered a vivid example of how India's pharmaceutical capacity translated into diplomatic capital. Indian generic producers supplied life-saving antiretroviral drugs to sub-Saharan Africa, dramatically reducing mortality rates and reshaping global perceptions of India as a benevolent innovator rather than a passive participant (Singh and Chattu, 2021, pp. 281–287). These efforts dovetailed with India's advocacy for equitable access to medicines at the WTO and within the **Doha Declaration on TRIPS and Public Health (2001)**, further embedding health within its moral foreign policy ethos (**Chakraborty and Singh, 2021**). India's growing pharmaceutical clout also facilitated its entry into global vaccine markets. The **Serum Institute of India**, founded in 1966, evolved into the world's largest vaccine manufacturer by volume, producing over 1.5 billion doses annually by the 2010s. This manufacturing prowess, coupled with cost-effectiveness and compliance with WHO standards, empowered India to act as a **strategic partner in multilateral health initiatives**, including the **Global Polio Eradication Initiative** and **GAVI—the Vaccine Alliance** (**MacSeing et al., 2023**). At the same time, India began exporting its traditional medical systems—**Ayurveda, Yoga, and Siddha**—as elements of cultural diplomacy. The establishment of the **Ministry of AYUSH** in 2014 formalized the integration of traditional knowledge into global health frameworks. This policy not only diversified India's health diplomacy but also reinforced its soft power by promoting indigenous models of holistic well-being.

By the eve of the COVID-19 pandemic, India had already established a diversified health diplomacy profile—spanning pharmaceutical trade, humanitarian aid, and multilateral engagement. Its

involvement in **United Nations peacekeeping health contingents**, disaster relief in Nepal (2015), and medical outreach missions in Africa under the **Pan-African e-Network Project** demonstrated a comprehensive blend of altruism, strategic interest, and reputation-building (**Gupta, 2021**). In this historical continuum, the pandemic did not so much create a new paradigm as it **accelerated and magnified India's pre-existing trajectory**. The groundwork laid through decades of institution-building, advocacy for equitable access, and South-South cooperation provided India with both the credibility and the infrastructure to emerge as a decisive leader during the global health crisis. Thus, India's health diplomacy during COVID-19 represents the logical culmination of a strategic tradition that fuses moral leadership with pragmatic statecraft.

3. India's Response to the COVID-19 Pandemic

The COVID-19 pandemic presented an unparalleled test of national resilience and global solidarity. For India, it was both a domestic health emergency and a strategic opportunity to demonstrate leadership in global health governance. From the earliest phases of the crisis in early 2020, India pursued a **multi-tiered approach**—combining stringent domestic containment measures, rapid vaccine innovation, and proactive international engagement (**Mac-Seing et al.**).

3.1. Domestic Measures and Vaccine Innovation

At the domestic level, India imposed one of the world's most comprehensive lockdowns in March 2020, balancing epidemiological containment with economic exigencies. The government prioritized the expansion of healthcare infrastructure through the **PM-CARES Fund**, the establishment of COVID care centres, and the scaling of diagnostic capacities across all states. Central to India's domestic response was the **development of indigenous vaccines**, notably *Covaxin*—a collaboration between **Bharat Biotech** and the **Indian Council of Medical Research (ICMR)**—and *Covishield*, manufactured by the **Serum Institute of India** under license from Oxford-AstraZeneca (**Bhaumik, 2021**). These scientific achievements demonstrated India's ability to mobilize public-private partnerships for rapid biomedical innovation. Gupta (2021, pp. 235–243) notes that such collaborations represented an evolution of India's developmental model—integrating private sector efficiency with state-led coordination in health policy. By late 2021, India had administered over **two billion doses**, an unprecedented feat that underscored both logistical capacity and institutional robustness (**Ministry of Health and Family Welfare [MOHFW], 2025**).

3.2. International Outreach and Vaccine Diplomacy

Parallel to domestic management, India launched the **Vaccine Maitri (Vaccine Friendship)** initiative in January 2021, representing the most ambitious health diplomacy campaign in its history. Under this programme, India exported or donated more than **229.7 lakh vaccine doses** to nearly **90 countries** across Asia, Africa, and Latin America (**Ministry of External Affairs [MEA], 2021**). This initiative embodied a dual character: a humanitarian expression of solidarity and a calculated projection of soft power (**Kapoor and Ravi, 2021**).

India's vaccine diplomacy was particularly directed toward its immediate neighbourhood under the **"Neighborhood First" policy**, reaffirming partnerships with Bangladesh, Bhutan, Nepal, the Maldives, and Myanmar. In South Asia, this strategy reinforced India's image as a **reliable regional first responder** while simultaneously counterbalancing China's parallel health diplomacy campaigns (Rajagopalan, 2021). Beyond South Asia, vaccine donations to African nations and the Caribbean strengthened India's profile as a Global South advocate and bolstered its leadership in **South-South cooperation** (Singh and Chattu, 2021).

3.3. Ethical Diplomacy and the TRIPS Waiver Advocacy

India's advocacy at the **World Trade Organization** (WTO) for a temporary waiver of specific provisions under the *Trade-Related Aspects of Intellectual Property Rights (TRIPS)* Agreement marked a defining moment in its global health leadership (Chakraborty and Singh, 2021, pp. 35–42). Co-sponsored with South Africa, this proposal sought to enable developing countries to manufacture COVID-19 vaccines and therapeutics without intellectual property constraints. The move reframed global debates on health equity by prioritizing **human life over commercial interest**, drawing wide support from international organizations such as **Médecins Sans Frontières** (MSF, 2021, pp. 3–8) and the **Coalition for Epidemic Preparedness Innovations** (CEPI, 2023).

This diplomatic effort revealed the **ethical underpinnings of India's foreign policy**, grounded in the Gandhian-Nehruvian tradition of universalism yet adapted to the 21st-century politics of access and innovation. **Hotez (2024)** terms such approaches "vaccine science diplomacy," where scientific collaboration and moral advocacy converge to construct global public goods.

3.4. Balancing Domestic and International Imperatives

Despite international acclaim, India's global engagement was not devoid of domestic controversy. The catastrophic second wave in mid-2021 exposed vulnerabilities in oxygen supply chains and public health delivery, prompting criticism over the continuation of vaccine exports during domestic shortages. The **temporary suspension** of exports in April 2021 reflected the complex trade-off between **global commitments and national exigencies** (MOHFW, 2021). **Bhattacharya and Sharma (2021)** describe this phase as a test of "ethical equilibrium," where the moral logic of global solidarity clashed with the imperatives of domestic welfare. Nevertheless, India resumed vaccine exports by late 2021 under restructured protocols, reaffirming its long-term commitment to equitable distribution and rebuilding credibility as a responsible health partner (Joshi et al., 2025, p. 1564709).

3.5. Strategic Multilateral Partnerships

India's pandemic response also re-energized its participation in multilateral health mechanisms. The **Quad Vaccine Partnership**—a coalition of India, the U.S., Japan, and Australia—sought to scale vaccine production and distribution in the Indo-Pacific, enhancing India's strategic relevance in regional health security (Kapoor and Ravi, 2021). Simultaneously, cooperation with **WHO**, **GAVI**, and **CEPI** consolidated India's position within global health governance frameworks. These alliances reflected a

pragmatic understanding that **collaborative multilateralism** amplifies national influence while reinforcing global solidarity.

3.6. Synthesis: A Strategic-Humanitarian Dualism

India's pandemic response thus encapsulated the duality of **strategic altruism**—a blend of humanitarian outreach and geopolitical calculation. On one hand, it advanced global equity through affordable vaccine access; on the other, it asserted India's identity as an indispensable global power shaping the future of health governance. This dual strategy illustrates what **El Kheir-Mataria et al. (2024)** identify as the “new geopolitics of health,” where crisis response mechanisms simultaneously express empathy and strategic influence.

4. Vaccine Diplomacy and the Humanitarian–Geopolitical Interplay

4.1. Vaccine Diplomacy: The Synthesis of Humanitarianism and Strategy

India's *Vaccine Maitri* initiative constitutes one of the most ambitious exercises in health diplomacy in contemporary history. Launched in January 2021, the program operationalized India's pharmaceutical capacity as a vehicle for humanitarian assistance while simultaneously advancing its geopolitical objectives (**Kapoor and Ravi, 2021**). Through the donation, commercial supply, and co-production of vaccines, India sought to position itself as a **moral and strategic leader** in global pandemic response, exemplifying what **Kickbusch, Nikogosian, and Kazatchkine (2020)** conceptualize as the *governance turn* in global health diplomacy—where states mobilize health resources to shape international order.

By February 2021, India had supplied approximately **229.7 lakh doses** to various nations, of which **64.7 lakh** were grants and **165 lakh** were commercial exports (Ministry of External Affairs [MEA], 2021, pp. 6–12). This extensive outreach reinforced India's image as a dependable partner and first responder, particularly in the Global South. In countries such as **Bangladesh, Nepal, Bhutan, and the Maldives**, the vaccine shipments were not merely technical interventions but acts of diplomatic symbolism that communicated solidarity, partnership, and shared vulnerability (**Royal Government of Bhutan, 2021; Ministry of Health and Family Welfare [MOHFW], 2021, .**

4.2. Humanitarian Logic and South-South Cooperation

At the humanitarian level, *Vaccine Maitri* represented an institutionalization of India's long-standing commitment to **South-South cooperation**—a framework of mutual development assistance rooted in postcolonial solidarity (**Singh and Chattu, 2021**). The initiative extended India's earlier tradition of providing essential medicines and vaccines to developing countries at subsidized costs, aligning moral aspiration with developmental diplomacy.

India's donations to African nations under the **COVAX alliance** and the **African Vaccine Acquisition Task Team (AVATT)** demonstrated this ethical dimension. The government's contribution of over **10 million doses** to African states and one million doses to the United Nations for peacekeeping health workers embodied its vision of "*One Earth, One Health*," reaffirmed at the 76th World Health Assembly (**Ministry of Health and Family Welfare [MOHFW], (2025)**).

This commitment to collective well-being paralleled what Hotez (2024, p. e12404) terms *vaccine science diplomacy*—a process by which biomedical innovation becomes a conduit for transnational cooperation and shared security. In this context, India's vaccine diplomacy transcended transactional aid; it redefined **health as a moral instrument of diplomacy**, reshaping global expectations of how emerging powers contribute to international order.

4.3. Geopolitical Instrumentalization of Health Diplomacy

Simultaneously, *Vaccine Maitri* functioned as a **strategic counterweight** to the vaccine diplomacy pursued by other major powers. China's "Health Silk Road" initiative and Western-led vaccine alliances reflected a competitive environment where vaccines were leveraged as instruments of influence. Within this matrix, India's diplomatic interventions sought to construct an alternative model grounded in accessibility, affordability, and transparency (**Rajagopalan, 2021**). By providing vaccines to its South Asian neighbours ahead of China, India not only mitigated Beijing's expanding influence in the region but also asserted normative leadership in global health governance. **El Kheir-Mataria et al. (2024)** describe such diplomatic postures as *geo-health strategies*—policies wherein states use health assistance as a soft-power mechanism to reconfigure regional hierarchies. For India, vaccine diplomacy became a **geopolitical equalizer**, balancing humanitarian outreach with a carefully calibrated assertion of strategic autonomy.

4.4. Ethical Ambivalence and the Question of Domestic Priorities

However, India's vaccine diplomacy also encountered criticism for its **ethical ambivalence**. During the devastating second wave of COVID-19 in mid-2021, the continuation of vaccine exports was viewed domestically as a policy miscalculation that compromised national health security (**Bhattacharya and Sharma, 2021**). The subsequent temporary suspension of exports reflected the tension between global responsibility and domestic obligation—a dilemma inherent in what **Katz et al. (2011)** describe as *dual-level health diplomacy*, where state actors operate simultaneously within domestic and global imperatives. This episode revealed that the legitimacy of global humanitarian initiatives depends on a **sustainable domestic foundation**. India's recalibration of the *Vaccine Maitri* initiative post-August 2021, under revised guidelines prioritizing internal supply stabilization, demonstrated adaptive governance rather than strategic retreat (MOHFW, 2021, pp. 5–12).

4.5. Bilateral Reinforcement and Regional Diplomacy

The success of *Vaccine Maitri* also reinforced India's **bilateral partnerships** and **regional goodwill**. In **Bhutan**, India's early vaccine support enabled the country to vaccinate nearly **93% of its adult population** within two weeks—a feat that Prime Minister Lotay Tshering publicly attributed to

India's solidarity (**Royal Government of Bhutan, 2021**). In **Nepal**, India supplied one million doses alongside medical equipment such as 30,000 oxygen concentrators and 2,000 ventilators (**Ministry of External Affairs [MEA], 2021**). Similarly, in **Bangladesh**, 3.3 million vaccine doses and essential medical supplies bolstered Dhaka's pandemic response and deepened bilateral trust (**Rahman and Hasan, 2022**). These case studies illustrate that vaccine diplomacy served not only as a means of crisis management but also as a **diplomatic technology of relationship-building**. The convergence of humanitarian logic and foreign policy pragmatism in these interactions reaffirmed India's identity as a **responsible regional stakeholder** and a **champion of equitable health access**.

4.6. Theoretical Implications: Soft Power and Strategic Altruism

India's vaccine diplomacy exemplifies the theoretical construct of **strategic altruism**, wherein humanitarian policies are deployed in pursuit of legitimate international influence. This form of diplomacy aligns with Joseph Nye's conception of *soft power*—the ability to shape global outcomes through attraction and credibility rather than coercion. In India's case, the moral resonance of its actions amplified its diplomatic visibility, allowing it to contest established hierarchies in global health governance without resorting to overt competition (**Kapoor and Ravi, 2021, pp. 1–15; Joshi et al., 2025**). Moreover, the Indian model underscores a shift from state-centric health governance to a **polycentric paradigm**, wherein governmental, private, and civil-society actors collaborate in delivering transnational health goods. This transition mirrors Mac-Seing et al.'s (2023, pp. 1–18) framework of *inclusive health governance*, positioning India as both a producer and a norm entrepreneur in the post-pandemic world order.

Ultimately, the *Vaccine Maitri* initiative stands as a paradigmatic example of how **humanitarian diplomacy and strategic statecraft** can intersect within a single policy framework. It advanced India's identity as a benevolent power while strengthening its geopolitical foothold in Asia, Africa, and beyond. More broadly, it redefined the practice of global health diplomacy in the twenty-first century—where states derive legitimacy not merely from military or economic capabilities, but from their capacity to protect and sustain human life on a global scale.

5. Case Studies in India's Health Diplomacy

India's strategic health diplomacy during the COVID-19 pandemic can be best understood through its bilateral engagements with neighbouring states, where public health aid functioned simultaneously as a humanitarian necessity and as a mechanism for regional stability. The following case studies—Bhutan, Nepal, and Bangladesh—illustrate the operationalization of *Vaccine Maitri* as a tool of diplomacy grounded in both moral responsibility and pragmatic statecraft.

5.1. Case Study 1: India–Bhutan Collaboration — Humanitarian Solidarity and Symbolic Diplomacy

Bhutan's experience during the pandemic epitomizes the deep-rooted trust and cooperative ethos that underpins Indo-Bhutanese relations. When India dispatched the first consignment of **150,000 doses** of the AstraZeneca vaccine to Bhutan in January 2021, it became the **first country to receive vaccine aid** under the *Vaccine Maitri* initiative (**Royal Government of Bhutan, 2021**). A second shipment of **400,000**

doses followed in March 2021, enabling Bhutan to launch one of the world's fastest national vaccination drives. Within two weeks of initiating its campaign, Bhutan successfully inoculated **93% of its adult population**, a feat made possible primarily through India's timely assistance (**Wangchuk, 2021**). This remarkable success story demonstrated the **transformative potential of bilateral health diplomacy**, where immediate humanitarian aid translated into profound diplomatic goodwill.

India's approach toward Bhutan represents a model of *micro-level humanitarian diplomacy*, characterized by responsiveness, symbolic trust, and the absence of conditionalities. The partnership also reinforced India's reputation as a **regional first responder**, aligning with its *Neighborhood First* doctrine and its emphasis on sustainable, cooperative security in South Asia (**Kapoor and Ravi, 2021**). This case underscores that vaccine diplomacy, when grounded in credibility and cultural affinity, can serve as a potent instrument of soft power—amplifying both moral legitimacy and strategic presence.

5.2 Case Study 2: India–Nepal Cooperation :- Health Diplomacy amid Political Complexity

The second case, India's assistance to Nepal, reveals the complex interplay between **humanitarian necessity and political sensitivity** in bilateral relations. Amid a severe wave of infections in early 2021, India extended comprehensive support to Nepal under *Vaccine Maitri*. Approximately **one million vaccine doses** were supplied, alongside **30,000 oxygen concentrators, 2,000 ventilators, and large consignments of PPE and testing kits** (Ministry of External Affairs [MEA], 2021; Ministry of Health and Family Welfare [MOHFW], 2021). This aid played a crucial role in stabilizing Nepal's fragile healthcare system, which was under immense strain due to shortages in critical medical infrastructure. According to **Gautam and Thapa (2021)**, India's intervention not only improved Nepal's pandemic response but also **revitalized diplomatic relations** that had been strained by border and political disputes in preceding years. The Nepal case exemplifies the **reconciliation potential of health diplomacy**, wherein public health collaboration can rebuild bilateral trust even amidst geopolitical frictions. This aligns with **Katz et al.'s (2011)** observation that global health diplomacy can function as "a bridge of engagement" in otherwise tense political contexts. Furthermore, India's health assistance reaffirmed its commitment to **South-South solidarity** and regional security, consistent with its broader strategy of promoting stability in its immediate neighbourhood through developmental diplomacy.

5.3. Case Study 3: India–Bangladesh Partnership — Vaccine Diplomacy and Regional Leadership

The third case highlights India's comprehensive medical aid to **Bangladesh**, an essential partner in its eastern neighbourhood. Under *Vaccine Maitri*, India supplied **3.3 million doses** of the AstraZeneca COVID-19 vaccine to Bangladesh—**2 million as a gift and 1.3 million through commercial agreements** (MEA, 2021). India also provided critical medical equipment and oxygen concentrators, complementing Bangladesh's national pandemic strategy. **Rahman and Hasan (2022)** emphasize that India's assistance significantly **accelerated Bangladesh's vaccination coverage** during the critical early months of 2021, enabling Dhaka to initiate large-scale inoculation programs ahead of regional counterparts. The initiative reinforced bilateral cooperation and deepened political trust between the two nations, already intertwined through historical, linguistic, and cultural affinities.

However, India's export suspension during the second wave temporarily disrupted Bangladesh's supply chain, exposing the vulnerabilities inherent in **bilateral dependency on single-source vaccine diplomacy** (Bhattacharya and Sharma, 2021). Nevertheless, India's subsequent resumption of exports and medical assistance under revised guidelines restored confidence and reaffirmed its commitment to regional health security (Joshi et al., 2025)

In strategic terms, the Bangladesh case illustrates how **vaccine diplomacy reinforces regional leadership** by blending humanitarian intervention with long-term foreign policy goals. It also demonstrates India's capacity to manage complex interdependencies through adaptive governance, transforming crisis response into a sustained partnership model.

5.4. Synthesis: Regional Diplomacy and Health Governance

Taken together, these case studies illustrate that India's health diplomacy was both **context-sensitive and strategically layered**. Each engagement showcased a balance between **ethical obligation and diplomatic calculation**, grounded in the principle of *Vasudhaiva Kutumbakam*—"the world is one family."

In Bhutan, health aid reinforced **trust-based diplomacy**; in Nepal, it functioned as **reconciliatory diplomacy**; and in Bangladesh, it exemplified **leadership diplomacy**. This tripartite framework demonstrates how India's health interventions during COVID-19 expanded the scope of regional governance, integrating health cooperation into the architecture of South Asian geopolitics. As Rajagopalan (2021) observes, India's post-pandemic regional engagement marks a strategic shift from conventional bilateralism to **functional multilateralism**, where health, development, and diplomacy converge to construct a resilient and interdependent neighbourhood order.

6. Expansion of India's Health Diplomacy and Global Health Governance

India's health diplomacy in the post-pandemic era has evolved beyond immediate crisis management to encompass a **comprehensive, institutionally embedded global health agenda**. This expansion is visible across three interrelated domains: (1) the alignment of health diplomacy with multilateral governance under India's G20 Presidency, (2) the integration of traditional and modern healthcare systems within international cooperation frameworks, and (3) the advancement of digital health infrastructure as a tool of global collaboration and domestic inclusivity.

6.1. Health Diplomacy under India's G20 Presidency

India's **G20 Presidency (2023)** marked a pivotal moment in its global health engagement, reflecting a shift from bilateral assistance to multilateral agenda-setting. Health was identified as a top-tier policy priority, alongside climate resilience and digital transformation. Within this context, India advanced three key thematic pillars: **Health Emergencies Prevention and Response, One Health, and Anti-Microbial Resistance (AMR)** (Ministry of Health and Family Welfare [MOHFW], 2025). These themes reflect India's recognition of the interconnectedness of human, animal, and environmental health systems—a conceptual expansion beyond traditional biomedical paradigms. The **One Health** framework,

in particular, exemplifies what **Kickbusch, Nikogosian, and Kazatchkine (2020)** identify as *integrative health governance*, linking domestic policy design to transnational ecological security.

At the 76th **World Health Assembly (2023)**, Union Health Minister Dr. Mansukh Mandaviya articulated India's global vision through the initiatives "**Heal in India**" and "**Heal by India**", grounded in the philosophical ethos of *Vasudhaiva Kutumbakam*—the world as one family. These initiatives aimed to enhance international collaboration in pharmaceutical manufacturing, telemedicine, and medical education while ensuring equitable access to vaccines, diagnostics, and therapeutics. The vision resonated with the principles of *strategic altruism*, wherein humanitarian commitments reinforce geopolitical influence (**Joshi et al., 2025**). India's G20 leadership also emphasized the establishment of **Global Health Digital Commons**, designed to facilitate the sharing of health data and digital innovations among developing nations. This initiative drew inspiration from India's domestic **Ayushman Bharat Digital Mission (ABDM)**, an integrative digital ecosystem enabling seamless access to healthcare records and interoperability between stakeholders (**National Health Authority [NHA], 2023**).

Such digital frameworks demonstrate India's potential to redefine global health governance by leveraging technology for inclusivity—a critical innovation in addressing the inequities exposed during the COVID-19 pandemic (**Mac-Seing et al., 2023**).

6.2. Integration of Traditional and Modern Healthcare

An equally significant dimension of India's health diplomacy has been its **integration of traditional medicine systems**, notably Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH), within the global public health discourse. Through the establishment of the **Ministry of AYUSH (2014)** and its international collaborations, India has promoted a pluralistic model of healthcare rooted in preventive, holistic, and wellness-oriented approaches.

The **global demand for AYUSH treatments** surged during the pandemic, as populations sought complementary therapies for immunity and stress management. India responded by institutionalizing AYUSH collaborations with more than thirty countries, including Sri Lanka, Japan, and the United States. The **World Health Organization–Global Centre for Traditional Medicine (WHO–GCTM)**, inaugurated in Jamnagar, India in 2022, symbolized this growing global acceptance. This initiative mirrors what **Katz et al. (2011)** term *knowledge diplomacy*, wherein the transnational exchange of indigenous knowledge systems functions as a soft-power resource in global governance. The integration of AYUSH systems within India's G20 health agenda represents not merely cultural promotion but a strategic assertion of epistemic diversity in global health policy. By linking ancient practices to contemporary research, India has positioned itself as a **bridge between tradition and modernity**, reinforcing its identity as a civilizational knowledge hub and health innovator (**Kapoor and Ravi, 2021**).

6.3. Digital Health and Institutional Innovation

The post-pandemic period witnessed the acceleration of **digital health diplomacy** as a frontier of India's global influence. The **Ayushman Bharat Digital Mission (ABDM)**, launched in 2021, represents one of the largest public digital health infrastructures in the world, integrating over 200 million health IDs

and more than 100,000 healthcare facilities by 2024 (**National Health Authority [NHA], 2023**). Domestically, ABDM enhances access, transparency, and accountability in healthcare delivery. Internationally, it serves as a model for **digital cooperation**, aligning with global initiatives like the **World Bank's Global Digital Health Partnership**. **CEPI (2023)** identifies India's digital health initiatives as critical in regional vaccine logistics, facilitating the tracking of production, distribution, and delivery through interoperable platforms. This digital transformation reflects the emergence of **technological multilateralism**, wherein states leverage digital ecosystems to construct shared health infrastructures across borders. India's model—low-cost, scalable, and open-access—represents a **normative alternative** to proprietary, high-cost digital systems dominant in Western contexts.

Rajagopalan (2021) notes that such digital innovations enable India to position itself as a “**developmental innovator**”, shaping global health norms through inclusive technological diplomacy. In doing so, India not only expands its soft power but also institutionalizes its leadership in health governance through normative and infrastructural means.

6.4. Pharmaceutical Cooperation and Global Equity

India's pharmaceutical leadership remains the backbone of its health diplomacy. During and after the pandemic, India expanded its **pharmaceutical cooperation agreements** with the **United States, Japan, the United Kingdom, and the European Union**, emphasizing equitable access to essential medicines and the localization of vaccine production under the **Quad Vaccine Partnership (Kapoor and Ravi, 2021)**. This global outreach has been underpinned by India's continued advocacy for **TRIPS flexibilities** and **open-licensing frameworks** to enhance affordability in the Global South (Chakraborty and Singh, 2021, pp. 35–42). The sustained support from **Médecins Sans Frontières (MSF) (2021)** and **World Trade Organization (WTO 2020)** for India's position reflects the broad moral consensus it has built around health equity. As **El Kheir-Mataria et al. (2024)** argue, the post-pandemic phase has ushered in a *geoeconomic reconfiguration* of global health governance—where states like India combine production capacity, diplomatic credibility, and ethical leadership to influence international regulatory norms. India's pharmaceutical diplomacy thus continues to serve as the linchpin of its comprehensive global health engagement.

6.5. Synthesis: From Health Assistance to Health Governance

Collectively, these developments signify a paradigmatic shift in India's role—from a **provider of health assistance** to a **shaper of global health governance**. Through its G20 Presidency, digital infrastructure, and integration of traditional knowledge systems, India has redefined the scope of health diplomacy to encompass sustainability, inclusivity, and epistemic pluralism. This evolution resonates with **Mac-Seing et al.'s (2023)** conception of *polycentric health governance*, wherein multiple nodes of authority—states, international organizations, and epistemic communities—cooperate in producing global public goods. India's initiatives exemplify this model, positioning it as both a **moral entrepreneur** and a **systemic reformer** in the architecture of global health governance.

7 Conclusion: Health Diplomacy as a Pillar of India's Global Leadership

The COVID-19 pandemic, unprecedented in its scale and complexity, served as a global stress test for both domestic governance and international cooperation. For India, the crisis provided a crucible through which its long-standing traditions of humanitarian engagement, pharmaceutical innovation, and multilateral activism coalesced into a coherent framework of **strategic health diplomacy**. This study has demonstrated that India's response—anchored in the *Vaccine Maitri* initiative, intellectual-property advocacy, and digital health innovation—has transcended the narrow boundaries of pandemic management to redefine its global identity as a **normative and structural actor** in international health governance (Katz et al., 2011, Kickbusch, Nikogosian & Kazatchkine, 2020). Historically, India's trajectory from post-independence institution-building to twenty-first-century pharmaceutical leadership laid the foundations for this evolution. The pandemic simply magnified an existing diplomatic ethos grounded in *South-South cooperation*, equitable access, and moral universalism (Bhaumik, 2021, pp. 15–18). What emerged was not an episodic act of benevolence but a **systemic expression of statecraft**, combining humanitarian intent with strategic calculation. India's ability to integrate domestic health reforms—such as the Ayushman Bharat Digital Mission—and external engagements under the G20 Presidency illustrates how national capability can reinforce global responsibility (National Health Authority [NHA], 2023; MOHFW, 2025).

At the conceptual level, India's health diplomacy reflects the phenomenon of **strategic altruism**: the deployment of humanitarian policies as instruments of constructive influence. Through *Vaccine Maitri*, India operationalized Joseph Nye's notion of *soft power*, demonstrating that empathy and credibility can yield geopolitical dividends equal to or surpassing those derived from military or economic might (Kapoor & Ravi, 2021, pp. 1–15). Its leadership in proposing the **TRIPS waiver** at the WTO—supported by South Africa and endorsed by global civil-society actors such as Médecins Sans Frontières—further underscored its role as a **moral entrepreneur** advocating for equitable access to global public goods (Chakraborty & Singh, 2021; MSF, 2021). Empirically, the case studies of **Bhutan**, **Nepal**, and **Bangladesh** revealed how health assistance can function as a multidimensional diplomatic instrument. In Bhutan, vaccine support embodied trust-based diplomacy; in Nepal, it facilitated political reconciliation; and in Bangladesh, it reinforced regional leadership and interdependence. These engagements illustrate the **relational depth of India's diplomacy**, in which cultural proximity and pragmatic cooperation converge to produce durable regional stability (Royal Government of Bhutan, 2021; MEA, 2021; Rahman & Hasan, 2022). In the broader context of global governance, India's initiatives during and after the pandemic demonstrate a transition from **health assistance to health architecture-building**. Through the institutionalization of *One Health* frameworks, promotion of digital health ecosystems, and advocacy for equitable pharmaceutical access, India has positioned itself as both a **knowledge producer** and a **policy shaper** in the emerging polycentric order (Mac-Seing et al., 2023; El Kheir-Mataria et al., 2024). This transformation reaffirms Kickbusch's thesis that twenty-first-century diplomacy must be understood through the lens of health, sustainability, and human security.

Ultimately, India's strategic health diplomacy represents a synthesis of **moral purpose and realpolitik**—a demonstration that compassion and national interest need not exist in opposition. The integration of traditional medicine, digital innovation, and global solidarity within its diplomatic repertoire

illustrates a new model of leadership for the Global South: pragmatic, inclusive, and normatively grounded. As the world confronts future health crises, the Indian experience underscores that the legitimacy of great powers will increasingly depend on their ability to produce **global public goods** that sustain life, equity, and dignity. In this respect, India's trajectory from the "pharmacy of the world" to the **architect of global health governance** marks a historic evolution—from a provider of aid to a **custodian of collective well-being**.

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