



Ear to Asia podcasts

Title: India's soft power push with vaccine diplomacy

Description: India is the world's largest donor of COVID-19 vaccines despite having the world's second highest caseload of coronavirus. What are India's motivations for this bold move? Will India have enough vaccines for its 1.3+ billion people, and what does India's apparent generosity say about the vaccine nationalism of the west? Political scientist Dr Pradeep Taneja and health policy researcher Dr Azad Bali join presenter Ali Moore to examine India's vaccine diplomacy. An Asia Institute podcast.

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Ali Moore:

Hello, I'm Ali Moore. This is Ear to Asia.

Azad Bali:

There is some sense of competition between India and China with regards to this global outreach with vaccines, but I think India has a stronger track record in this space of manufacturing vaccines at a larger scale and that are affordably priced.

Pradeep Taneja:

The supporters of Prime Minister Modi, of which there are many, are quite proud for India to supply vaccines to other countries but others have been critical of both the roll out of the vaccination program at home, and of this big-noting of the Modi government to try and tell the world that India is the pharmacy to the rest of the world.

Ali Moore:

In this episode, home and away, India's vaccine rollout on the world stage.

Ear to Asia is the podcast from Asia Institute, the Asia research specialist at the University of Melbourne. Like every other country across the globe, India is locked in a public health battle with Corona virus, but India has also become a major exporter of COVID 19 vaccines and notably, the world's largest donor to other developing countries. From mid January to mid February this year, India shipped over 16 million doses to 20 countries mainly in South Asia, but also in Africa and the Americas. More than a third of these exports have been in the form of gifts. Vaccine Maitri, Hindi for vaccine friendship is the name given to India as large-scale giveaway of vaccine doses, driven by a combination of humanitarian and diplomatic intentions. While at the same time, issuing a soft power pushback against similar moves by China.

Ali Moore:

But what risks does vaccine diplomacy carry for India, with the second highest caseload globally of Corona virus within its own borders, are critics at home right to question the wisdom of shipping vaccines overseas? Or, is there real value in using pharmaceuticals for geostrategic advantage? And



how did India become such a big vaccine and drug supplier to the rest of the world? Joining us to discuss these issues, are political scientists, Dr. Pradeep Taneja of the university of Melbourne's School of social and political sciences and health Policy researcher, Dr. Azad Bali at the school of politics and international relations and the Crawford school of public policy at Australian national university. They joined us via zoom. Welcome back Bali and welcome back Pradeep.

Pradeep Taneja:

Hi Ali.

Azad Bali:

Thanks Ali. Good to be here.

Ali Moore:

Before we get to the issue at hand, vaccine diplomacy, if we can just touch on how India itself is faring in this pandemic. It's actually reported a gradual decline in COVID-19 cases in more recent times and there's been a bit of speculation around about whether the pandemic might be starting to burn itself out in India. Bali, What's your understanding of how India is travelling?

Azad Bali:

If you recollect India's initial response to the lockdown was very strict. Early last year, the government imposed a nationwide lockdown with very little fore warning to its citizens, and life was upended by this decision and the lockdowns through entrenched social and economic fall plans into sharper relief. However, a year since the lockdown we've seen, normalcy has largely returned in India. You don't see government leaders sort of cautioning citizens to wear masks or practise social distancing. The entire tone of the messaging has changed. So generally speaking, I would argue that there's a sense of normalcy and an attitude that everything is okay and prevalent in the community. I'm sure you do have pockets of elites and well-informed citizens that have protected themselves and continue to shelter in place, but this is a very small proportion.

So if I put these numbers in context, as the third week of February, India has had about 11 million cases so far and 150,000 people have died after contracting the virus. But the 11 million cases accounts for about 10% of the global total, this headline number, however needs to be adjusted for the size of India's population. And once we do that, India has cases per million of cases per capita, or the death rate per capita are relatively low. In their country reports, about 10,000 of cases a day and this is a far cry from the peak of the pandemic in September last year, when India was reporting 80 to 100 thousand cases per day. They will report public hospitals being overwhelmed, private hospitals refusing to treat patients. So India has come a long way since the peak of the pandemic in September. Just this week, we've begun to see a small uptake in infections in two States in India. That's the state of Kerala and Maharashtra, but this is too early to tell if it's just a one-off event or the beginning of a more serious wave of infections.

Ali Moore:

Pradeep. What's your sense? Do you think that even though there has been a decline in numbers and India appears to be doing better than the height of the pandemic, do you think the sense of normalcy is justified?



Pradeep Taneja:

I think the sense of normalcy that Bali's talking about is largely a function of COVID fatigue, because of 14,000 cases recorded on the 21st of February in India is still fairly high. But I think people have kind of become tired of one year, almost a year of lockdown and strict sort of social distancing, so a lot of people have returned to work, People are going shopping. In fact, there's been a nearly a three month long protest by farmers in India, where you have had thousands of people assembling at various points around New Delhi. So, there is a bit of element of fatigue, but it's kind of a mixed picture. On the one hand, there is a sense of normalcy, but at the same time, there is a risk that unless people took those precautions, they could be another wave with infections, particularly in some of the States like Maharashtra and Kerala.

Ali Moore:

And of course, India has also started vaccinating. Bali, how ambitious is the Indian vaccination programme?

Azad Bali:

The Indian vaccination programme is very ambitious. In December of last year, India, perhaps for the first time in its health policy history or public policy history, actually released a vaccine implementation plan. It's really ambitious. They endeavour to vaccinate 300 million citizens by August this year, just sort of similar to what other countries, India has triaged its population into cohorts. So, the first cohort are 30 million frontline workers. These includes our medical personnel and police officials. The second cohort are those above the age of 50 who have co-morbidities. And after these 300 million individuals so are vaccinated, the vaccines will be available to the public. So right now, it's begun its vaccination programme in January and 11 million doses of the vaccine have been administered. There is insufficient data that's publicly available on the number of people that have been vaccinated and those that have received the first dose or multiple doses of the vaccine.

Ali Moore:

Bali, you talk about the vaccine, but in fact, there are two vaccines out there that, that India has one's home grown and one is the AstraZeneca vaccine.

Azad Bali:

Yes, that's right. So the first one is the AstraZeneca vaccine, which received regulatory approval earlier on and this is manufactured by the Serum India Institute at the SII in Poona. It is the world's largest manufacturer of vaccines and it has a capacity to produce 700 million doses annually. The second vaccine is covaxin, India's indigenous vaccine, which has been produced by a company called Bharat Biotech, which also received regulatory approval late last year. This company has a relatively smaller capacity of vaccine production, and it currently can produce about 200 million doses, but all companies within India and around the world are trying to boost the vaccine manufacturing capacity.

Ali Moore:

I know of course, neither of you and myself included, we're not medical experts, but generally speaking, and in terms of the conversation around this domestic vaccine, Pradeep, Covaxin, how



much do we know about its efficacy and its safety, because I do know that the stage three trial results are not published yet, even though it has been approved for emergency use.

Pradeep Taneja:

Yeah, both the AstraZeneca vaccine, which in India is known as Covishield and Covaxin in developed by Bharat biotech. Both of these vaccines were approved for emergency use by the regulatory authority in India. The Covaxin, it has gone through various trials, but the data for the third trial have still not been published, not been released and in fact, the government, when the approval was granted, it said that the emergency use of this vaccine would be part of the phase three trials. So in a way, there is some sort of hesitation both amongst the people and the medical professional I think about Covaxin, but it's a little bit like the vaccines from China and Russia, which have had similar issues that their data have not been shared by the developers with quality journals or those vaccines have not been approved yet at the international level, but it's being administered. And so far we haven't received any reports of any bad reactions or side effects. So it seems to be working.

Ali Moore:

And what's the public messaging around the vaccination programme and in terms of public campaigns to get people to take it up.

Azad Bali:

So there is limited public information campaigns for vaccination that are underway right now, and this is something that will need to be done and need to be done quite urgently because if you look at India's past efforts of vaccination, where they have been able to vaccinate a large proportion of the population relatively quickly, was with the global polio virus, which India managed to eradicate in 2011 and the key part of this is in India's efforts to erase the incidence of polio was aggressive public information campaigns, which were layered with continuous political messaging, civil society, actors, and leaders playing a role, Bollywood celebrities, sports people, continuously reminding people about the importance of vaccination and getting vaccinated. And we see that largely absent this time around.

Ali Moore:

And if they're going to reach their target of 300 million by August, do you see that as being vital?

Azad Bali:

I see that being vital, especially because you see some of the preliminary reports that are coming out, that only one in 10 people have gone back for the second dose of the vaccine. It's really important to build that trust as well as get the message out in the community, that even though the virus may not be as virulent, future strains might be, and which is why you really have to get vaccinated.

Pradeep Taneja:

In fact if I can come in on that, I think Bali right there hasn't been as much advertising, using celebrities to advertise in the vaccination programme. There has been some on television networks, but there is also an interesting message. Every time I call people in India using this normal



telephone, First, I had to listen to a message from the government about the vaccination programme in Hindi. You cannot really get through a person without listening to a message about vaccination.

Ali Moore:

Pradeep, do you see it though, as vital to success given the ambitious nature of that programme?

Pradeep Taneja:

I think it will have to be, but fortunately in India, there is no significant religious objections to the vaccines. As long as governments can say that there is no animal products, the vaccines are safe and they are consistent with the people's religious beliefs, unlike in the United States or in Australia, for example, there is no strong movement against vaccines in India so there is no significant anti-vaccine movement in India, for example, and that I think is going to be a positive in this case.

Ali Moore:

I guess Pradeep, the point the Bali was making that in fact, the Serum Institute is the world's largest manufacturer of vaccines. If we look at where India sits in the global world of pharma, they have a very well-established position, don't they?

Pradeep Taneja:

India indeed does. India is believed to be the producer of nearly 60% of all vaccines in the world, not the coronavirus, but vaccines in general. And many countries, particularly developing countries, rely very heavily on imports of vaccines from India. So for example, I was just looking at data for 2018 and in 2018, the top three countries, importing the vaccines from India, including Nigeria, Indonesia, and in fact, Pakistan. So, you know, even Pakistan spend nearly \$30 million in 2018 buying vaccines from India. So, India has been a reliable supplier of cost-effective vaccines for various kinds of conditions, to many developing countries around the world.

Ali Moore:

It also supplies a very large chunk of generic drugs globally. Bali, how did India get to be ... well I suppose if we use the label that India likes to use pharmacy to the world?

Azad Bali:

Yeah. So you have seen that phrase being used around a lot with the past few months and India's pharmaceutical journey can be traced back to the 1970s. In 1970, India introduced the patent act, which essentially provided for a relatively weak patent regime, where only the process of manufacturing was protected and the actual product that was produced was not necessarily offered patent protection. And the patent lasts only for seven years. So this in turn allowed many companies to reverse engineer pharmaceutical products and develop alternate processes without violating the regulatory and legislative instruments in place that govern the sector. The patent act of 1970, largely created incentives for pharmaceutical companies to innovate only on the process of manufacturing drugs rather than to produce new drugs or invest in research and development. And this was layered with a sort of institutional environment, which imposed a lot of constraints on collaboration with global pharmaceutical companies, which the confluence of both these sort of stymied research and development in the Indian pharmaceutical sector. This, however, began to change in the early 1990s when India began its economic liberalisation reforms. In the 1990s, you saw Indian pharmaceutical



companies sort of compete with the global pharma companies to produce generic drugs, and this was further fueled when India had to implement the trade-related aspects of intellectual property rights of the WTO, so TRIPS, and this came into effect in 2005.

This change in 2005, changed the incentives for Indian pharmaceutical companies, which now focus their energies away from sort of process innovation to coming up with new products, partnering with global pharmaceutical companies, investing in new drug treatments and as well biosimilars. So you've seen a real increase in research and development post 2005 in India, and you see many Indian companies partnering with global pharmaceutical companies to either do contract research and development, as well as sort of jointly produced many pharmaceutical products.

Ali Moore:

Pradeep, how much credit can the Indian government take for the position that India now holds in the global pharma industry?

Pradeep Taneja:

Initially after independence, Indian government did invest in pharmaceuticals production largely because it was a very poor country. India also was not very open to international trade and therefore Indian government did develop pharmaceuticals in public sector, pharmaceuticals companies, but lately over the last 30 years or so, much of the growth in India's pharmaceutical industry has come from the private sector. Private sector, working on its own or working in collaboration with international pharmaceuticals companies. So for example, one of India's largest pharmaceuticals company was a company called Ranbaxy and Ranbaxy in fact was so successful that it was taken over by a Japanese company. On the other hand government's involvement I think is largely at the moment, limit it to supporting innovation, creating a policy framework and providing some financial incentives to companies, but government is largely out of the business of producing pharmaceuticals.

Ali Moore:

Let's look at the issue we started looking at, which was India's vaccine diplomacy. Pradeep, How many countries is India providing vaccines to? And what sort of a scale are we talking about?

Pradeep Taneja:

There's over two dozen countries which have so far, by the middle February, received vaccines from India. India began its own vaccination programme on the 16th of January, but then within days, India sent consignments of vaccines to Bhutan and Maldives and later on Bangladesh and Nepal also became the key recipients of Indian made vaccine. So at the moment, there are about a couple of dozen countries that are receiving vaccines from India. Some of them have only received donations of vaccines. In other words, vaccines, which have been sent to them by Indian government for free, and others have a combination of donations and purchases. Countries like Morocco, for example, who have received some donations, but largely they're paying for those vaccines.

Ali Moore:

Because if we look Pradeep at the agreement to produce the AstraZeneca vaccine, part of that agreement is that I think it's 50% of what's produced in India must be used for vulnerable populations, either in India or in other countries.



Pradeep Taneja:

Indeed. I mean, the Covishield vaccine, the AstraZeneca vaccine which is being produced by the Serum Institute of India is being produced under licence. So, obviously, India is one of several places where this vaccine is being produced. And as part of the licencing condition, often there are requirements that while part of the output will be used for domestic use, their manufacturing facility will also be used for export of vaccines out of India. And I think bulk of it is going to go to the WHO organised Covax scheme. Covax scheme, as you know, is a very large scheme in total there's about \$18 billion US dollars have been committed to supply nearly 2 billion doses of vaccines, mainly to the developing and low and middle income countries. And India is part of the Covax programme. And so is China. And therefore, I think these vaccines from India from the Serum Institute are also going to be part of the Covax scheme.

Ali Moore:

You're listening to Ear to Asia from Asia Institute at the university of Melbourne, and just a reminder to listeners about Asia institutes online publication on Asia and it's societies, politics and cultures. It's called the Melbourne Asia review. It's free to read and it's open access@melbourneasiareview.edu.au. You'll find articles by some of our regular Ear to Asia guests and by many others. Plus you can catch recent episodes of Ear to Asia at the Melbourne Asia review website, which again, you can find@melbourneasiareview.edu.au. I'm Ali Moore and I'm joined by health policy expert, Dr.Azad Bali of AMU and by political scientists, Dr. Pradeep Taneja at the university of Melbourne. We're talking about India's efforts at vaccine diplomacy and its soft power implications. Bali, when we look at the specific countries that are being targeted for vaccine diplomacy for donated vaccines, is it very much India's neighbourhood first policy?

Azad Bali:

Not too sure if it's the policy is largely driven by a concerted effort to help those within the region at the outset. But having said so, I'm a bit more circumspect with India's global outreach for vaccines. Yes, India has played and does play a pivotal role in the global supply of vaccines but I guess the point I'm trying to make is that the numbers of vaccines that it is sending across are far too small to play a meaningful role in the respective countries' vaccination drives. The situation can rapidly change within India, as well as with the efficacy of the vaccine against most virulent strains of the virus, so a hundred thousand odd doses to El Salvador or 2 million doses to Bangladesh will not go a very long way in completing the vaccination drives in these countries.

Ali Moore:

What do I take from that Bali? Is it that you believe that their vaccine diplomacy is aimed at looking good, if not necessarily having a very big impact on the ground?

Azad Bali:

I think so, because if you think about it in 16 million doses that have been shipped internationally, and of course they will continue to increase and increase at a much faster pace in the coming months, but I don't see this playing a larger role. I think it's more aimed at Mr. Modi and the government's efforts to utilise diplomatic opportunities that the pandemic has presented to allow Mr. Modi to demonstrate leadership, both within the region, as well as at a global stage. And we also have to keep in mind the context in which India is sending out these vaccines. The entire discourse around the pandemic has been extremely vituperative, and one only needs to look at the United



States, for instance, where centre straight relations are constrained, or even for that matter Australia where there's continual bickering across national and state borders. So it is in this context of this sort of acrimonious discourse where India's relatively small gestures of sending around 16 million vaccines are amplified.

Ali Moore:

Pradeep, let me ask you, do you think that's a fair assessment?

Pradeep Taneja:

I think in India's vaccine exports, whether they are donations or whether they're sold to other countries, can play an important part, particularly in India's neighbourhood. So when India sent the first shipment of vaccines to Bhutan and Maldives, the foreign minister of India tweeted that this was part of India's efforts to supply vaccines, to "neighbouring and key partner countries". So that's the phrase, but it is consistent with India's "neighbourhood first" policy. And I think India would not be able to meet the total needs of vaccines of countries like Bangladesh, certainly. It could perhaps meet the needs of Maldives or Bhutan, but I think it can supply because it is a major producer of vaccines and it certainly would enhance India's image – India's you know so-called soft power. If India is able to amp up its production of vaccines and supply those vaccines to neighbouring countries.

Ali Moore:

So would you argue that it's equally humanitarian as it is strategic?

Pradeep Taneja:

It's a little bit like foreign aid Ali. Foreign aid is never simply a part of charity. Foreign aid is given by countries like Australia or European union and the United States, partly for selfish reasons. In other words, partly to increase their influence and partly of course, to do the right thing, to do the right thing by their own people and by the international community. I think India's delivery of vaccines and drugs and the personal protective equipment, et cetera to other countries is also partly driven by good intentions. And partly of course, by India's desire to have a greater geo strategic influence, particularly in its neighbourhood.

Ali Moore:

Indeed it's going for a permanent seat at the UN security council, isn't it? Did you think there's any connection to that?

Pradeep Taneja:

You know, prime minister Modi, and even before prime minister Modi, prime minister Manmohan Singh have always said that India is a constructive actor, India is a responsible player in the international community and therefore with 1.3 billion people, India has a legitimate right to have a permanent seat at the UN security council. And in fact, four out of the five permanent members of the security council have already publicly supported one day of India becoming a permanent member of the UN security council. China, in fact is the only exception and India has a number of claims to it. For example, India is one of the largest contributors of UN peacekeeping troops to



peacekeeping missions all over the world. India also has a very good track record when it comes to nuclear non-proliferation.

Despite developing nuclear weapons of its own, India has never been accused of exporting nuclear weapons, technology, or materials to other countries. So this foreign aid and particularly in this case, in the case of coronavirus, providing vaccines and other pharmaceuticals to developing countries and particularly in each neighbourhood is generally, I think being seen as a positive gesture. I mean then of course, it's not without resistance. So for example, even in countries like Bangladesh and Maldives, where these vaccines have been supplied, there has been some pushback. If you look at social media in Maldives and Bangladesh, along political lines, they will also be in a position so you've had people saying on Twitter and social media that we don't need your vaccines, take your vaccines back. And that obviously is a reflection of the political competition in these countries so the current governments in Bangladesh and Maldives for example, have a fairly positive relations with the Indian government and therefore political opposition and their supporters in those countries are resisting India's supply of these vaccines.

Ali Moore:

So if we're talking political competition, the other country that was mentioned there, of course, China. China is also very active on the vaccine diplomacy front. Bali, I wonder to what extent this vaccine diplomacy by India is also an effort to meet China, particularly in those smaller South Asian countries, which India views as its sphere of influence, but where China has made really significant inroads.

Azad Bali:

To some extent I would agree with that. There is some sense of competition between India and China with regards to global outreach with vaccines. But the point I'm trying to make is, I think India just has a stronger track record in this space of manufacturing vaccines at a larger scale, and that are affordably priced. And it has a track record of shipping these vaccines, especially to countries in the global South.

China is relatively new to this space. So for instance, Nepal has yet to give regulatory approval to the Chinese produced vaccine. However, it has accepted shipments of the Indian produced AstraZeneca. But if you actually think about the diplomatic resources that India has to devote to this relative to China, that's where it may fall short. As Pradeep has mentioned, there's a lot that's happening in India domestically on the policy front, the Indian government is focused on rebuilding its economy, it has a relatively slim diplomatic cadre compared to China who have sort of controlled the virus and their economy is on the path of recovery, so they can devote a lot more policy, attention and resources towards the global outreach relative to India.



Ali Moore:

And Pradeep, do you agree that it's a competition? Do you think competition is the right word and what are China's motivations? Are they similar to India's?

Pradeep Taneja:

Well, in China's case Ali, One of the reasons why China has been so aggressive in supplying personal protective equipment and now vaccines to many developing countries is to deflect criticism because China obviously has attracted a lot of criticism since the outbreak of this virus in Wuhan in November, December 2019. Since then, of course, the international media, particularly the Western media has highlighted the attempts by the local authorities in Wuhan in China to cover up outbreak of the virus. So China has attracted a lot of criticism and I think this aggressive push by the Chinese government supply personal protective equipment and vaccines to other countries, particularly developing countries is partly, I think, designed to deflect that criticism, but it is also consistent with China's overall push over the last couple of decades to supply financial assistance, international development assistance to other developing countries.

China has tried very hard to project itself as a responsible stakeholder. This is a demand which was made on China. In fact, by the United States, when Robert Zoellick used to be one of the senior administration officials under the Bush administration, George W. Bush administration. There was a criticism of China, that China had been the disruptive influence, and China should be the responsible stakeholder. And part of the effort on the part of China is actually to be a responsible stakeholder in the international community.

Ali Moore:

And if you look at how this China and India vaccine diplomacy plays out in the media, especially the social media Pradeep, is there a fair bit of gloating going on? It appears that some of the commentaries pretty vicious?

Pradeep Taneja:

There is certainly gloating in China about China's success at controlling coronavirus. Chinese media, nationalist media have been pointing to the spread of the virus in Europe and the United States and the inability of the systems in these countries to control the virus and President Xi Jinping himself has said that we are going through turbulent times globally, but we have the momentum. China has the momentum, that China is in a better position than most other countries. And that I think in part was a reference to China's success of controlling coronavirus.

Ali Moore:

But if you look at the social media regarding the vaccine diplomacy, China questions the efficacy about the Indian vaccines, India has things like some spread disease, some offer cure in the social media space. It's almost a tit for tat. Isn't it?

Pradeep Taneja:

Well, there is a lot of tit-for-tat on social media between China and India. Fortunately, I think Twitter is not available to the Chinese public, whereas Indian, social media users are largely reliant on Twitter and Facebook and other social media platform, largely American social media platform and



they don't have access to China's Weibo because in a way it was largely in Chinese and therefore Indian users are not able to sign on and take on the Chinese counterparts in Chinese.

Ali Moore:

So it could be a lot worse. Is that what you're saying?

In many ways, the Chinese and the Indian social media users are existing in parallel universes.

Ali Moore:

Bali. What about the domestic Indian audience, how do they consider vaccine diplomacy? And given that even though case numbers have fallen, as we discussed at the outset, the fact that there is still, obviously, a battle with Corona virus in India, is there any sense that India should come first?

Azad Bali:

The discourse around vaccines in India, as well as India sending out vaccines globally is very genteel and accommodating by and large political parties, as well as reporting on social media. It is perceived positively that India is able to provide strength in support to other countries that was still going through the pandemic and they see this is an extension of India's past efforts early middle of last year, India shipped around similar to China PPE equipment around the world and essential pharmaceutical products, the Indian government organised flights to bring home stranded Indians as well as citizens of neighbouring countries. So it's sort of seen as an extension of India playing a role in assisting governments in the region and in other parts of the world that are still struggling to control the pandemic.

But within India, there hasn't been a situation where it's seen of why aren't you prioritising Indians as opposed to sending vaccines overseas? And this could also be in part explained by the fact that there's a sense that the virus isn't as virulent in India as it is in some other parts of the world so there isn't a sense of urgency to get that vaccine, but as you've seen infections began to rise in the States of Maharashtra and Kerala that discourse may change.

Ali Moore:

Pradeep, Do you agree there with Bali that if the numbers start to rise, there could be a problem for Modi government?

Pradeep Taneja:

The reaction so far has been consistent along political lines. The supporters of prime minister Modi of which they are many, they are quite proud for India to supply vaccines to other countries and they feel that India is quite capable under prime minister Modi's government is quite capable of both meeting the domestic demand for vaccines and supplying vaccines to friendly and neighbouring countries. But the critics of the Modi government have been critical of both the roll out of the vaccination programme at home and also off this big noting, for lack of a better word, of the Modi government to try and tell the world that India is the pharmacy to the world, and India is going to supply vaccines to the rest of the world. So criticism so far has been largely, I think, along party political lines, but if the local vaccination programme, it doesn't go according to plan, prime minister Modi has said that India will vaccinate 30 million people, largely healthcare workers and people with comorbidity and certain age, as Bali said earlier.



But then by July or August, India would vaccinate about 300 million people. That is a big ask considering over the last month and a bit only about 11 million doses of vaccine had been administered. I think achieving the target of 300 million by July or August is very ambitious. If the roll out of vaccination doesn't go very well, I think we are going to see great criticism. And particularly if these recent increases in infections in States like Maharashtra and Kerala, if it spreads to other States, then I think we're going to see a more negative, more adverse reaction from the general public.

Ali Moore:

Pradeep, why is it that it's left to countries like India and China and Russia to focus on vaccine diplomacy to send vaccine off shore? When so many wealthy countries seem to be more about what's being called vaccine nationalism. I noted that just last week, the leaders of the G-seven nations did say that they'd give money and vaccines to the UN effort, but there is still a distinct lack of detail around many of those promises. Do you think it's fair to say that wealthy countries have essentially ceded the ground of vaccine diplomacy? And if they have, why is that?

Pradeep Taneja:

The criticism is fair that mostly developed countries have tried to acquire or serve enough vaccines for their domestic consumption and in fact, not just enough, but to buy many more vaccines that are actually needed, than the overall size of the population in many of these countries in Europe, in the UK, for example, I think that UK ordered about 19 million doses of vaccines, which is of course far in excess of the UK population. So, many of these countries, developed countries, have tried to make sure that there are enough vaccines for their own use available and not really paid much attention to how the rest of the world, particularly the developing world countries that do not have capability to produce their own vaccines, which is the vast majority of the developing countries, how they are going to cope with it. That I think has been largely neglected. When president Trump was still in office, he had the withdrawn or at least threatened to withdraw United States from the world health organisation and the Covax programme and if that had been the case, if Biden administration, had not coming to the office and decided to rejoin the WHO, I think the impact on the developing world would have been much more severe.

President Biden has now, I think promised about \$4 billion to covax, which is quite a significant contribution. Overall, Covax is about \$18 billion. We are going to see, I think even higher contribution from the United States and United States has always been a role model. It's always been a trendsetter for large contributions to international organisations. And I'm glad that Biden administration has decided to return to WHO and to contribute significantly to the Covax programme.

Ali Moore:

Because Bali, I guess it goes without saying, doesn't it, but we'll say it anyway. If you ignore the situation in the developing world and wealthy countries go off and vaccinate their entire populations, but you have other populations that are not vaccinated, then there's still the risk isn't there. And the risk is posed to everyone.

Azad Bali:

Yes, that's right. The efficacy of the vaccination programme, it's a global public good countries will have to look beyond the national confines when they are developing their vaccination programmes. You've seen the discourse in many of these countries on the vaccination programmes to focus



mostly on their citizens, and once everybody is vaccinated, they will ship out vaccines to the rest of the world. But as you said, that's not going to be very useful because this fight is extremely dangerous and then newer strains of the virus that continue to appear every few months. So this has to be a global and concerted effort.

Ali Moore:

It is indeed an enormous challenge. So let's hope that globally, the vaccine rollout can proceed at pace and we can actually get to a post-pandemic future. Bali and Pradeep, thank you so much for talking to Ear to Asia and for being so generous with your time and your insights.

Azad Bali:

Thanks Ali.

Pradeep Taneja:

Thank you Ali.

Ali Moore:

Our guests have been political scientists, Dr. Pradeep Taneja of the university of Melbourne school of Social and Political Sciences and Health Policy Researcher. Dr. Azad Bali of a school of politics and international relations and the Crawford school of public policy at Australian national university. Ear to Asia is brought to you by Asia institute of the university of Melbourne Australia. You can find more information about this and all our other episodes at the Asia Institute website. Be sure to keep up with every episode of Ear to Asia by following us on the Apple podcast app, Stitcher, Spotify, or SoundCloud. And if you like the show, please rate and review it on Apple podcasts. Every positive review helps new listeners find the show and of course, let your friends know about us on social media. This episode was recorded on the 22/02/2021. Producers were Eric van Bommel and Kelvin Param of pro factual.com. Ear to Asia is licensed under creative commons, copyright 2021, the university of Melbourne. I'm Ali Moore. Thanks for your company.