

Friendships, Reciprocity, and Diplomacy in the Time of COVID-19: The World Comes to India's Aid

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Editor



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Introduction

Over the past few months, India has found itself in the throes of a cruel second wave of the COVID-19 pandemic. In May 2021, the country registered the highest single-day tallies of new COVID-19 cases (over 400,000)¹ and deaths (about 4,500)² in the world. Combined with the toll of the first surge, the second wave of the pandemic has pushed the total death count in India to exceed the 300,000 mark.³ Experts attribute the steep rise in infections to the B.1.167 variant, and a lapse in preventive measures early this year.⁴ Images of the pandemic's impact filled the news across the world, and quickly spurred an outpouring of solidarity from the international community.

Nations around the world scrambled to assist India with critical medical supplies and therapeutic/diagnostic equipment. By early May, the country had received some 9,000 oxygen concentrators, over 5,000 oxygen cylinders, 18 oxygen generators, and 3.4 lakh Remdesivir vials.⁵ Nearly 40 countries, by mid-May, have offered assistance in varying forms.

This report offers region- and country-specific analyses of the assistance received by India for its battle against COVID-19. The report makes an extensive account of the assistance received, and ponders the domestic factors that drove these regions and countries to extend their hand to India. **Sohini Bose** and **Kabir Taneja** note the centrality of India's historical and socio-cultural linkages with South Asia and West Asia in their respective chapters. Similarly, in identifying the prevalence of nascent geopolitical trends in assistance received by India, **Sreeparna Banerjee** and **Mrityunjaya Dubey** underscore the impetus to region-based solutions in the Indo-Pacific, and the fast-developing India-Europe partnership on the global stage.

In their chapters on the global powers, **Nivedita Kapoor** and **Kashish Parpiani** underscore the vitality of India's time-tested partnership with Russia, and the enduring India-US relationship even amidst a continued focus on 'America First' nativism. Finally, **Aarshi Tirkey** outlines the growing international support for India's efforts to bolster multilateral initiatives against the COVID-19 pandemic.

South Asia: Help Thy Neighbour

Sohini Bose

In early May this year, as India grappled to cope with the second wave of the COVID-19 pandemic, a video clip went viral on social media, of a Pakistani boy singing a song about solidarity and with the caption, 'Pakistan stands with India'. Such spirit of humanity is naturally desirable in this time of crisis as COVID-19 cases and deaths record steep surges. But is bilateral aid always altruistic, or does it sometimes come with strings attached? For long, India in its

understanding as the 'net security provider of the region' has sought to maintain overall stability in the Indian Ocean Region, and has been the largest regional donor of humanitarian assistance and disaster relief.⁶ This was manifested in India's substantial assistance to the region in early 2021, after the first wave of the pandemic. Today the neighbourhood is responding to India's crisis, in what is the first time in 17 years that the country has become a recipient of aid.⁷

Table 1: Medical Aid received by India from its Near Neighbours

Bangladesh	10,000 vials of Remdesivir, 30,000 PPE kits, 2,672 boxes of medicines and protective equipment, containing eighteen kinds of COVID-related medicines, antibiotics, Paracetamol, zinc, calcium, Vitamin C tablets, different kinds of injections, and hand sanitizer.
Thailand	300 oxygen cylinders and 100 oxygen concentrators.

Source: Media reports.⁸ The government has not released any official statement on the assistance from these countries.

As seen in the table, only two countries in India's immediate neighbourhood have provided relief supplies; there has not been any response either from the South Asian Association for Regional Cooperation (SAARC) nor the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC). While Pakistan has offered medical assistance and Prime Minister Imran Khan has expressed his country's solidarity with India,⁹ a follow-up statement from Foreign Secretary Zahid Hafeez Chaudhry had its own underpinnings. As Chaudhury maintained that Pakistan was ready to immediately provide COVID-19 relief essentials to India, in the same statement he called on India to release the imprisoned Kashmiri leaders in view of the pandemic.¹⁰

Since India revoked the special status of Jammu and Kashmir in August 2019, diplomatic ties with Pakistan have become even more fraught with uncertainty. It is therefore hardly surprising that Pakistan would press its advantage; India is unlikely to accept Pakistan's offer, according to reports.¹¹ However, Amritsar Member of Parliament and Congress leader Gurjeet Singh Aujla announced that he will protest against the Central government if a special 'oxygen corridor' is not allowed from Lahore in Pakistan, which is much closer to Amritsar than Panipat, from where the city is presently receiving a 'feeble' supply of oxygen.¹²

Representing what is often considered as India's "closest" alliance, Bangladesh extended its support to India in May. Under special instructions from Prime Minister Sheik Hasina, Bangladesh delivered over 10,000 vials of Remdesivir at the Indian border port of Petrapole,¹³ besides 30,000 PPE kits and several thousands of zinc, calcium, vitamin C, and other supplements.¹⁴ This year the two countries are celebrating 50 years of bilateral ties, which began in 1971 when Bangladesh secured its independence with India's support. The ties have only strengthened in the past few years, and Bangladesh was one of the first few countries to receive vaccines under India's 'Vaccine Maitri' mission.

Overall, there has been more response from India's eastern neighbourhood, compared to its western frontier. Thailand—regarded as India's 'valued maritime partner' in the extended neighbourhood—sent 300 oxygen cylinders and 100 oxygen concentrators in May.^{15,16} Thailand is important in India's Act East Policy, and India is in the focus of Thailand's 'Look West' policy as a rising consumer market and an alternative to China's inroads.¹⁷

“There has been more response from India’s eastern neighbourhood, compared to its western frontier.”

India’s northern neighbour, Bhutan, has promised a daily supply of 40 metric tonnes of liquid oxygen to Assam from a new plant set up at the Motanga Industrial Estate in Samdrup Jongkhar district. Assam-based Meghalaya Oxygen Private Limited has an investment of 49 percent in the plant.¹⁸ Work on the plant had been put on hold due to the pandemic but has since resumed on the request of the Indian government.¹⁹ Indeed, India is important for Bhutan as its largest trading partner²⁰ and Bhutan has been a priority for India given its strategic location and hydropower potential.²¹ In 2020, Bhutan was one of the first recipients of India’s medical supplies under the Corona Virus Emergency Fund.²²

Observers have noted that India’s willingness to accept foreign aid in its COVID-19 battle is a contrast to its stance following the Indian Ocean tsunami of 2004, when then Prime Minister Manmohan Singh announced that India would cope with the disaster with its own resources.²³ Indeed, the National Disaster Management Plan of 2016 states, “As a matter of policy the Government of India does not issue any appeal for foreign assistance in the wake of a disaster.” The same plan, however, mentions that if a foreign government offers relief aid as a “goodwill gesture,” India may accept it.²⁴

As the government increasingly faces domestic criticism over the early export of COVID-19 vaccines that resulted in shortages,²⁵ it is precisely this narrative of goodwill that the government has floated — claiming that the foreign aid being received is not due to an international appeal, but is a form of ‘developmental partnership’ and is a rightful reciprocation of India’s generosity.²⁶ However, in the neighbourhood, India’s crisis does put to question its role as a “net security provider” of the region. The impact of this remains to be seen.

Russia: Time-Tested Partner Steps Up

Nivedita Kapoor

As India battled the initial onslaught of the second wave of COVID-19, Russia was one of the first countries to reach out with medical aid. On 28 April, during a telephone call with Prime Minister Narendra Modi, President Vladimir Putin promised help to India in the form of emergency humanitarian aid.²⁷ A day after the conversation, two flights from Russia arrived, carrying some 20 tonnes of supplies on board. The consignment included 20 oxygen concentrators, 75 lung ventilation equipment, 150 bedside monitors, 200,000 packs of medicines, including Favipiravir, and other essential pharmaceutical items.²⁸ On 25 May, an additional nine tonnes' worth of humanitarian assistance reached India in the form of 225,000 packs of anti-COVID medication,²⁹ including a generic version of Remdesivir.

A year earlier, in a March 2020 telephone conversation, the two leaders had agreed to “strengthen coordination”³⁰ in responding to the pandemic. The following month, India extended support to Russia through the supply of medicines³¹ including Hydroxychloroquine (HCQ) and paracetamol.

The latest phone call between the two leaders³² was significant not only in terms of the announcement of medical help as a humanitarian gesture, but also as an indication of the efforts underway to strengthen bilateral coordination amidst a challenging global environment. This was seen in the establishment of the new 2+2 dialogue at the level of Foreign and Defence Ministers from both countries, as announced after the end-April conversation between Modi and Putin. It also highlighted another area of ongoing cooperation between the two countries to combat the pandemic: both sides welcomed the registration of Sputnik V, the vaccine developed by Russia’s Gamaleya National Research Institute of Epidemiology and Microbiology, in India in early April. The Russian Direct Investment Fund (RDIF), which is marketing the vaccine, partnered with Dr Reddy’s in India in September 2020 for clinical trials and distribution rights.³³

On 12 April, it was reported that the Drugs Controller General of India (DCGI) had given emergency use authorisation³⁴ to the Sputnik V vaccine. Soon after, the first batch of 1.5 lakh Sputnik V doses reached India on 1 May, and within a fortnight the vaccine received clearance from the Central Drugs Laboratory, becoming the first foreign-made vaccine to be included in India’s COVID-19 vaccination programme.³⁵ On 14 May, India began administering the vaccine, with the first doses being used in Hyderabad. At present, Dr. Reddy’s has a deal with RDIF to sell about 125 million doses of Sputnik V in India in the coming 12 months.³⁶

India’s ambassador to Russia, DB Venkatesh Varma, has noted that India is expected to receive a supply of three million doses by the end of May, to be followed by another five million in June.³⁷ As a next step leading to local production, RDIF has arrived at an agreement with six Indian firms^a to produce Sputnik V in India. Over 850 million doses are expected to be produced in a year.³⁸ This has prompted the Russian Ambassador to India Nikolai Kudashev to call it the “Russia-India vaccine”.³⁹

Table 1: 2021 Timeline of India-Russia cooperation on COVID-19

April 12	Sputnik V granted approval by DCGI
April 28	Phone call between PM Modi and President Putin
April 29	First batch of medical aid from Russia reaches India
May 1	First batch of 1.5 lakh Sputnik V doses lands in Hyderabad
May 14	Sputnik V begins to be administered to Indian citizens
May 16	Second batch of 60,000 doses of Sputnik V lands in Hyderabad
May 25	Second batch of medical aid from Russia reaches India

^a The six firms are Panacea Biotech, Stelis Biopharma, Gland Pharma, Hetero Biopharma, Shilpa Medicare and Virchow Biotech Private Limited.

Table 2: RDIF's Tie-ups with Indian firms for Production of Sputnik V

Name	Vaccine doses (in millions)
Panacea Biotech	100
Stelis Biopharma	200
Gland Pharma	252
Hetero Biopharma	100
Shilpa Medicare	50
Virchow Biotech Private Limited	200

Finally, RDIF has also expressed hope that Sputnik Light,⁴⁰ the single-dose vaccine from the Gamaleya Institute, will be introduced in India after securing the necessary regulatory approvals. Dr Reddy's is in talks with the RDIF to sell Sputnik V vaccine to other countries as well, opening up the possibility for further cooperation between the two countries.

“In addition to the prompt humanitarian help from Moscow, the supply of Sputnik V vaccine and its local production plans represent the strength of a long-standing bilateral partnership.”

United States: Biden's 'Whole of Society' Aid Effort for India

Kashish Parpiani

Following four years of Donald Trump's 'America First' nativism, US President Joe Biden has also embraced a degree of inward focus due to a broader decline in the political currency of American internationalism. This has been apparent in Biden's commitment to deliver a "foreign policy for the middle class".⁴¹ In the context of the COVID-19 pandemic, his administration's continuity on an 'America First' outlook was apparent early on, as his administration invoked the Defense Production Act (DPA) to prioritise vaccines and their production for the US's domestic vaccination efforts. Furthermore, the DPA's Defense Priorities and Allocations System Programme posed an impediment for other countries (like India) looking to source vaccine raw-materials.⁴² Further indicative of the US's continued

nativism was the Biden administration's holdout on India and South Africa's appeal at the World Trade Organization (WTO) for a temporary waiver of intellectual property rights on COVID-19 vaccines.

These policy positions invited global derision over their role in impeding the expansion of vaccine production around the world. The progressives in the ranks of his own Democratic Party criticised Biden for adopting a stance in favour of pharmaceutical companies that are certain to benefit from having monopoly over vaccine production. In response, the Biden administration sought to justify these positions by citing its 'pro-worker' policy agenda — in terms of a hold on vaccines and their raw materials bolstering domestic production and creating jobs.⁴³

However, regardless of this intra-Democratic Party schism over ‘pro-worker progressivism’ and ‘anti-corporate progressivism’, the magnitude of the COVID-19 pandemic’s second wave in India has spurred a broader bipartisan consensus to ramp up

US support for India. It is this position that moved the Biden administration to support the discussed temporary IP waiver at the WTO and permit the export of 80 million COVID-19 vaccines from its surplus stockpiles.⁴⁴

**Table 1:
US Aid for India, mobilised by the Biden administration**

Equipment/Product	x	Domain
Remdesivir	125,000	Therapeutics
Oxygen Cylinders	1,500	Therapeutics
Oxygen Concentrators	550 + funding for locally procuring an additional 1,000 concentrators	Therapeutics
Rapid Diagnostic Test Kits	1,000,000	Diagnostics
N95 Masks	2,500,000	Preventive Equipment
Deployable Oxygen Concentration System	1	Therapeutics
Pulse Oximeters	210	Diagnostics

Sources: Compiled from press releases by the US Agency for International Development.⁴⁵

In a sign that the Biden administration was according urgent priority to the mobilisation of aid for India, the liaising task was assigned to national security advisers on both ends. Indeed, a hotline between the offices of Indian and American national security advisers (NSAs) has been operational for nearly six years,⁴⁶ and has proven to be instrumental in coordinating joint India-US responses and intelligence-sharing during crises like the 2019 terror attack in Pulwama.⁴⁷ Given the precedent of swift coordination through this channel, in end-April, US NSA Jake Sullivan spoke to India's NSA Ajit Doval on supplies of “therapeutics, rapid diagnostic test kits, ventilators, and Personal Protective Equipment (PPE)”, that were being dispatched to India.⁴⁸

During the phone call, Sullivan also reaffirmed the US's support for India's vaccine production. For one, the Biden administration “identified sources of specific raw material urgently required for Indian manufacture of the Covishield vaccine”⁴⁹ and mobilisation of US Development Finance Corporation (DFC) funding for expanding the capability of Indian vaccine manufacturer, Biological E Ltd (BioE) to produce at least 1 billion doses of COVID-19 vaccines by the end of 2022. The latter had been announced a month earlier, following the first-ever Quad leaders' summit that culminated with an agreement between India, Japan, Australia and the US to pool resources for spearheading vaccine distribution efforts in the Indo-Pacific.⁵⁰

On 26 April, Biden spoke with Prime Minister Narendra Modi, and “pledged America's steadfast support for the people of India.”⁵¹ It was the fourth conversation between the two heads of state in Biden's first 100 days.⁵² Their conversation fed speculation that the NSA phone-call had yielded a breakthrough, in terms of the US also including critical raw materials for vaccine production in its subsequent assistance.⁵³ Biden tweeted—pledging “America's full support to provide emergency assistance and resources in the fight against COVID-19. India was there for us, and we will be there for them—”⁵⁴ and soon after, White House Press Secretary Jen Psaki confirmed reports of an agreement: “As requested by India, we will provide raw materials for the production of AstraZeneca Covishield vaccine at Serum Institute of India.”⁵⁵

Thereafter, amidst reports of the US mobilising logistical capabilities of its Agency for International Development (USAID) and the US Transportation Command (USTRANSCOM),⁵⁶ the Biden administration “rapidly deployed six planeloads of life-saving supplies to New Delhi” with cumulative assistance worth around US\$ 100 million.⁵⁷ (See Table 1) Moreover, USAID announced support for India's efforts to set up 150 Pressure Swing Adsorption oxygen plants across the country, which would allow 150 local healthcare facilities to generate their own oxygen.

The Biden administration also encouraged the mobilisation of the Indian diaspora, which is the second-largest immigrant group in the United States at over 4 million people.⁵⁸ By end-April, Sewa International USA, an Indian-American non-profit, had raised roughly US\$ 4.7 million in donations from over 66,700 Indian-Americans. Similarly, the American Association of Physicians of Indian Origin (APPI), which is the largest ethnic medical organisation in the US, announced a campaign for medical oxygen, tele-consultations and educational

webinars.⁵⁹ By mid-May, the American Indian Foundation had raised a sum of US\$ 25 million towards the foundation’s commitments for 5,500 oxygen concentrators, 2,300 hospital beds, 25 oxygen plants, and 30,000 non-electric ventilators.⁶⁰ This was coupled with a mobilisation of resources by corporate America (See Table 2), with global business leaders of Indian origin—including Google’s Sundar Pichai and Microsoft’s Satya Nadella, announcing comprehensive assistance packages and donations.

**Table 2:
Aid from Corporate America**

US Company	Key Commitments
MasterCard	US\$ 10 million towards expansion of Healthcare Infrastructure and Therapeutic capabilities
Google	US\$ 18 million towards cash assistance to victims’ kin and supporting expansion of Therapeutic capabilities. In addition, advertising support for public health awareness initiatives
Lockheed Martin	Dispatched helicopters and cargo flights to help move equipment to small towns
Amazon	Supporting delivery of 1,000 Medtronic ventilators, assisting in airlifting of over 8,000 oxygen concentrators and 500 BiPAP machines from Singapore, and procuring over 1,500 oxygen concentrators and other equipment
FedEx	1,000 Oxygen Concentrators and US\$ 4 million towards “in-kind transportation support”
UPS	US\$ 1 million towards shipping emergency medical supplies, testing equipment and protective gear
Microsoft	US\$ 3 million towards on-ground assistance efforts by Oxfam India and UNICEF
Amway	US\$ 500,000 towards medical supplies, and another US\$ 250,000 by the David & Carol Van Andel Family Foundation to further the effort
Sun Microsystems	US\$ 10 million towards Give India Foundation’s efforts on facilitating Indian hospitals’ access to Therapeutic capabilities
Thermo Fisher	4.6 million viral transport medium tubes

Sources: Compiled from various press releases and news reports.⁶¹

“The volume of aid mobilised by the Biden administration, and non-government stakeholders in the US, underscores the multidimensional character of the India-US partnership.”

To further harness support from corporate America, India-centric American trade advocacy groups like the US-India Strategic and Partnership Forum (USISPF) and the US-India Business Council (USIBC) assumed a critical intermediary role between the Government of India and private companies. The USISPF placed orders, for instance, for about 100,000 portable oxygen concentrators from global manufacturers (in the US, Mexico, Malaysia and China); approached US companies to supply/donate ICU beds, testing kits, and N-95 masks; and mobilised its members to assist in airlifting oxygen cylinders into Delhi and other states facing shortage of oxygen.⁶²

Similarly, along with USISPF and the US Chamber of Commerce, the USIBC created a first-of-its-kind, country-specific global task force with 40 top American companies to mobilise aid for India.⁶³ The ‘Global Task Force on Pandemic Response: Mobilising for India’ coordinated with India’s Ambassador to the US, Taranjit Singh Sandhu, and committed to dispatching 25,000 oxygen concentrators, 1,000 Medtronic ventilator, and 10-litre and 45-liter oxygen cylinders.

As described in this chapter, the US aid effort for India has been multidimensional. It is emblematic of the same character of the broader India-US partnership, which boasts of ardent champions across political, commercial and societal levels.

Europe: India-EU Partnership for a Resilient Post-COVID-19 World

Mrityunjaya Dubey

The European Union's (EU) timely assistance to India in fighting the deadly second wave of COVID-19, stems from the fundamentals of India-EU relations.⁶⁴ India-EU ties are based on the principles of rule of law, freedom, democracy, respect for human rights, and shared interests. They not only see each other as critical partners but also seek wider participation of like-minded countries through global consensus. Stronger India-EU cooperation—as highlighted in the recently concluded India-EU Summit 2021—⁶⁵ is abound with promise.

High Representative for the EU Foreign Affairs and Security Policy, Joseph Borrell Fontelles has underscored India as “a key partner for Europe.”^{66,67} According to Fontelles, “COVID-19 requires a global response, international cooperation and solidarity. With our Indian partners, we discussed... vaccine development, strengthening multilateral institutions, and a swift and green global economic recovery.”⁶⁸

In its document, ‘Conclusions for an Indo-Pacific Strategy,’⁶⁹ the EU Commission has underscored that “the need to address global issues such as climate change, biodiversity loss, and the socio-economic impact of the COVID-19 pandemic is among the top priorities for Europe.” Indeed, India and the EU are committed to stand together in providing universal, safe, equitable and affordable access to COVID-19 vaccines, diagnostics and treatments, and the strengthening of health systems to ensure a better, safer, sustainable and inclusive recovery. India and the EU’s commitment towards Access to COVID-19 Tools Accelerator (ACT-A)⁷⁰ is among the tools to smoothen the trajectory of COVID-19 vaccination globally.

Brussels’s move to garner support for providing quick medical supplies to New Delhi through the Civil Protection Mechanism, established by the Commission in 2001,⁷¹ shows the camaraderie between the two partners. The Mechanism aims to strengthen cooperation between the EU member states and six participating states (Iceland, Norway, Serbia, North Macedonia, Montenegro, and Turkey) on civil protection to improve prevention, preparedness, and response to disasters. It has been used around 420 times⁷² within and outside the EU. Since the outbreak of COVID-19 in 2020, the mechanism has been used more than 100 times.⁷³ It is through this mechanism that Brussels pooled together civil protection capacities and capabilities for a coherent and collective response towards India.

In addition, EU member states have collectively shown support and assistance for India’s fight against the second wave of COVID-19. The Scandinavian countries have also extended support to India through various international organisations.

Finland, for instance, has allocated € 1 million via the International Federation of Red Cross (IFRC) and Red Crescent Societies (IRCS). Meanwhile, Austria and Estonia have contributed € 2 million and € 75000, respectively, via the Austrian Red Cross (ARC) and International Federation of Red Cross (IFRC) and Red Crescent Societies (RCS). Civil society, private firms, and individuals are extending their hand as well. For example, UK-based SNJ and KTC Charitable Trusts donated around 100 ventilators to India.⁷⁴

Table 1:
Aid from European countries (27 April to 14 May 2021)

Country	Medical Aid/Equipment
Belgium	9000 vials of Remdesivir
Czechia	500 oxygen cylinders
Denmark	53 ventilators
France	8 Hospital oxygen generators, 28 ventilators, and ICU equipment
Germany	High-capacity production plant, 233 ventilators, 25000 vials of Remdesivir
Ireland	1248 oxygen concentrators, 2 oxygen generators, 730 ventilators
Italy	30 oxygen concentrators, 1 Hospital oxygen generator, 20 ventilators
Luxembourg	58 ventilators
Netherlands	100 oxygen concentrators, 449 ventilators, and 30000 anti-viral drugs
Poland	100 oxygen concentrators
Portugal	20000 litres of medical oxygen and 5500 vials of Remdesivir
Romania	80 oxygen concentrators, 75 oxygen cylinders
Spain	131 oxygen concentrators, 167 respirators, 141 ventilators
Sweden	120 ventilators
Switzerland	600 oxygen concentrators, 50 ventilators
UK	2008 oxygen concentrators, 900 oxygen cylinders, 220 ventilators, 5 lakh anti-viral coverings

Sources: The European Commission, https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1986; other open sources.

Brussels's total medical aid to India stands at over € 100 million at the time of writing this report.⁷⁵ Simultaneously, the European Commission has allocated an additional € 2.2 million⁷⁶ for building testing and patient care capacity in India via the World Health Organization's (WHO) COVID-19 Vaccines Global Access (COVAX) initiative.⁷⁷ This follows New Delhi and Brussels's joint support for the "One-Health"⁷⁸ approach by WHO and the EU.⁷⁹ India has also requested⁸⁰ the EU to support its bid for a temporary waiver of provisions of the Trade-Related Aspects of Intellectual Property Rights⁸¹ (TRIPS) agreement at the World Trade Organization (WTO). Amidst speculations within

the EU member states on temporarily waiving TRIPS, there is an emerging coalition in support of New Delhi's proposal. In March 2021, 280⁸² members of the European Parliament (MEPs) and National Parliamentarians urged⁸³ the EU to support the proposal for a TRIPS waiver. On joint collaboration for better preparedness and response to future global health emergencies, the record is positive with Brussels's invitation⁸⁴ to New Delhi for the Global Health Summit 2021⁸⁵ and India-EU working towards an international treaty on pandemics.

“Brussels's assistance to India in fighting the second wave of the pandemic reflects the deep strategic bond between the two sides.”

Indo-Pacific: New Regional Responses in a Pandemic World

Sreeparna Banerjee

In what marks a fundamental shift in Indian policy, the country has started accepting aid from foreign nations as it reels under a massive shortage of oxygen, medical equipment, and therapeutic drugs amidst a surge in COVID-19 cases.⁸⁶ These donations from foreign governments have been arriving in the country in what is largely seen as a reciprocation of the 66.3 million vaccines⁸⁷ that India has shipped as aid to other nations under the COVAX initiative.

The Indo-Pacific region has been swift to respond to India's needs. Countries like Japan, Australia, New Zealand, Thailand, Singapore, Indonesia, Malaysia, Taiwan, and South Korea, have sent oxygen concentrators, cylinders, and ventilators; provided financial support; and supplied therapeutic drugs. (See Table 1)

**Table 1:
Aid from Countries of the Indo-Pacific Region**

Country	Assistance	Amount (USD)
Australia	1056 ventilators and 43 oxygen concentrators worth	31.6 million
Japan	300 oxygen concentrators and 300 ventilators and constructing oxygen generation plants in Meghalaya, Nagaland and Tripura	
Thailand	200 oxygen cylinders and 10 oxygen concentrators	
Indonesia	200 oxygen concentrators	
Singapore	oxygen, medicines and drugs (quantities undisclosed)	
Vietnam	4 cryogenic oxygen tanks	
Taiwan	150 oxygen concentrators and 500 oxygen cylinders	
New Zealand		0.72 million
South Korea	oxygen cylinder, COVID-19 diagnostic kits and other aid items (quantities undisclosed)	
United States	1,000 oxygen cylinders, regulators 15 million, N95 masks, and one million rapid diagnostic tests	100 million
Russia	22 tonnes of equipment, including 20 oxygen production units, 75 ventilators, 150 medical monitors and 200,000 packs of medicine	
Bangladesh	10,000 vials of Remdesivir injections	
Malaysia	oxygen concentrators, Remdesivir, Ventilators, and testing kits(quantities undisclosed)	

Source: Author's own, using various open sources.

Moreover, the Indian diaspora in countries like Indonesia, Brunei and Thailand have been proactive, sending assistance in the form of medical equipment. (See Table 2)

**Table 2:
Aid from Indian Diaspora
in the region**

Indian Diaspora	Assistance
Thailand	100 oxygen cylinder and 60 oxygen concentrators
Indonesia	1,400 oxygen cylinders, another 2000 will be sent next month
Brunei	600 liquid medical oxygen (LMO) cylinders

Source: Author's own, using various open sources.

Such swift response to India can be attributed to the goodwill it has built over the years, playing the role of a trustworthy stakeholder in the Indo-Pacific region.⁸⁸ It has been an active participant in various initiatives of like-minded countries in the region: from the Pacific Islands to the archipelagos of the western Indian Ocean and off the eastern coast of Africa; to networks such as the Quadrilateral Security Dialogue (Quad) with the US, Japan and Australia; and the Supply Chain Resilience Initiative (SCRI) with Japan and Australia. Trilateral initiatives are also poised to strengthen regional resilience and maritime security: the India-Japan-US trilateral, India-France-Australia, India-Japan-Australia, and India-Indonesia-Australia.

To be sure, many countries in the region are themselves battling COVID-19. Countries like Thailand, Laos, and Cambodia in Southeast Asia have been reporting significant surges in infections, and Singapore, the Philippines and Indonesia are recording a steep rise, too. The increase is mainly due to more contagious virus variants, although political complacency and lack of resources to contain the spread, coupled with slow vaccine rollout, are also some of the other factors.⁸⁹

“The swift response of Indo-Pacific countries can be attributed to the goodwill that India has built over the years as a trustworthy stakeholder in the region.”

Some Pacific island-nations, meanwhile, after staying relatively Covid-free owing to strict border controls are now experiencing their first wave. Cities in the tourist hotspots of Fiji and Papua New Guinea have gone into lockdown after they began recording community transmissions.⁹⁰ This shows how critical it is to not just rely on strong borders but to actually get vaccines into these nations. There is a need for more significant and coordinated effort to efficiently deploy the vaccines in the region.

In a meeting of the Quad grouping in March 2021, it was decided that in order to ease supplies, the Quad Vaccine Partnership will work with Biological E. Ltd. of India to finance increased capacity and produce at least one billion doses of COVID-19 vaccines by end-2022, to supplement global efforts

like COVAX.⁹¹ Furthermore, this collaboration will fortify last-mile vaccination in the Indo-Pacific. As Australia sent support to India, it spoke of the country as a central partner and emphasised the importance of helping India recover quickly as its vaccine production capacity is key to the global fight against the pandemic.⁹² Statements from Tokyo have echoed the sentiment. For India to arrest the pandemic, it needs to ramp up vaccine production and ensure a systematic, fast, and targeted rollout.

West Asia: Gulf Leads the Charge as India Struggles with COVID-19

Kabir Taneja

As India's healthcare system came under immense stress amidst the second wave of the COVID-19 pandemic, many countries swiftly operationalised a massive global effort to deliver emergency medical equipment to the country. India's diplomatic outreach with countries like the US and Australia, and those of the European Union (EU), came under the spotlight in the initial onslaught of the second wave. It was, however, West Asia (Middle East), particularly the countries of the Gulf region, which were doing the logistical heavy lifting.

India's collaboration with West Asia began in early 2020, during the initial outbreak of COVID-19. More than diplomatic design or historical and cultural connections, what pushed New Delhi and the capitals in West Asia to act was a combination of economics and considerations for

the Indian diaspora. With more than 7.5 million Indians living and working in the larger Gulf region—responsible for more than \$37 billion in remittances annually—a pandemic-induced economic crash in the Gulf would force India to be responsible for crisis management of a population beyond its borders whose size is larger than Denmark. India would also have to facilitate the return of thousands of its citizens and reintegrate them into the Indian economy.⁹³ The region is also India's largest trading partner: in 2018-19, collective India-Gulf trade was recorded at \$121 billion. The pandemic response, therefore, has been in line with these geopolitical realities.⁹⁴

In April 2020, the Indian Air Force sent a C-130J aircraft and a 15-member medical team to help Kuwait manage its COVID-19 outbreak. Indians make up the largest group of foreign workers in that country, and the threat of their mass return due to pandemic-induced unemployment was a top agenda. Fast forward to June 2020, and the media reported that Kuwait was going to stop hiring expatriate workers in its oil and gas sector to cut its reliance on imported human resources; needless to say it caused more panic amongst the people and their home states.⁹⁵

Nonetheless, India remained committed to providing medical and personnel aid to the Gulf countries which, even without a health emergency often relied on Indian medical professionals to fulfil their requirements.⁹⁶ This outreach included millions of dollars' worth of medicine and food aid to more challenging environments such as war-torn Syria.⁹

As the tide turned in March 2021 with the second wave of COVID-19 hitting India hard, critical medical commodities such as medical oxygen cylinders, production plants, and oxygen concentrators were required to be lifted by air and

sea from other markets. Countries such as the UAE, Saudi Arabia, Qatar, Kuwait, Bahrain and Israel stepped forward on both bilateral and commercial levels to fill the critical gaps. Over the past months, through the second wave of the pandemic, India's foreign minister, S Jaishankar, has visited Qatar, Bahrain, and the UAE.⁹⁸

Yet, it was not only the usual friends that have extended a hand. Others such as Egypt and Oman have also put together aid flights, often with the help of local Indian communities, to deliver relief materials. Interestingly, as Iran also provided assistance and shipped aid despite facing international sanctions, Turkey, which over the past few years has had a fractious relationship with India, also extended its support through high-level diplomatic engagements and aid.^{b,99}

b This is because of Ankara's positions on Kashmir, and Turkish President Recep Tayyip Erdoğan's close relations with Pakistan.

Table 1:
Bilateral aid and Commercial Purchases from West Asia (beginning March 2021)

Country	Aid	Notes
UAE	Oxygen, medical supplies	Visit by India's foreign minister to Abu Dhabi
Saudi Arabia	Oxygen equipment	India increased Saudi oil imports simultaneously. Phone conversation between foreign ministers
Qatar	Oxygen, medical equipment	Waived costs of airlift of medical aid by Qatar Airways.
Israel	Oxygen plants, medical aid team	Three aid flights
Bahrain	Oxygen, medical equipment	Visit by India's foreign minister
Egypt	Oxygen, medical equipment	
Iran	Medical equipment	Offer of support by foreign minister
Turkey	Oxygen, medical equipment	Phone conversation between foreign ministers and National Security Advisers
Oman	Oxygen, medical equipment	
Kuwait	Oxygen, medical equipment	Kuwait foreign minister visited India in March

Source: Data collected by author from media reports.

Other than the Arab states, Israel also flew in significant aid and expertise to help Indian hospitals ramp up their capacities. This came at a time of geopolitical turmoil: the Israelis were locked in a battle with Hamas over the Gaza strip, and their main airport in Tel Aviv was often shut down due to threat of rocket fire. Israel's assistance reflects the India-Israel bonhomie that has grown in recent years under the leadership of Prime

Ministers Benjamin Netanyahu and Narendra Modi. The two countries have maintained a steady upswing in the bilateral equation despite domestic political compulsions often not aligning with their respective foreign policies.

While the responses of West Asian countries to India's second wave crisis have been swift and largely similar, the extension of diplomacy around COVID-19 vaccine technologies has been divergent. For example, countries such as the UAE ordered vaccines mostly from US giants Pfizer and Moderna. However, to fill in the time gaps and to avoid long-term national lockdowns, Abu Dhabi also approached China for its indigenous vaccines, and Beijing quickly allowed a transfer of technology. Others such as Egypt, Lebanon, and Turkey also turned to China for its Sinopharm and Sinovac vaccines, as well as Russia for Sputnik V.¹⁰⁰ In March, China chose UAE to become a hub to make millions of doses of its vaccines, despite concerns over their low efficacy.^{101,102} The fact that the UAE, arguably the most powerful player in the region today, and China collaborated on vaccine manufacturing comes as both, a big boost to China's presence in the region, and the Gulf's increasingly balanced take on the fast-developing US-China tussle.

India's second wave brought an abrupt halt to its vaccine diplomacy, allowing others, particularly China, to heighten its efforts in the region. This, despite China also supporting India's and South Africa's call for the World Trade Organization (WTO) to temporarily waive certain provisions of the global agreement on intellectual property to allow multiple actors to start manufacturing vaccines and other pharmaceutical materials sooner. Barring the likes of UAE, most other Gulf countries have opted to focus on securing vaccine doses wherever they may be available from, and have not addressed the subject of these waivers.

“While support from the US, EU, and Australia received plenty of coverage, it is West Asia — and the Gulf in particular — which has been doing the logistical heavy-lifting.”

Global Agenda-Setting: Support for India's Multilateral Efforts to Fight COVID-19

Aarshi Tirkey

One of the lessons that the world has learnt from the second year of the COVID-19 pandemic is that in order to reduce fatalities, improve recovery and build the resilience of populations, the imperative is to ease access to COVID-19 related treatments, medication and vaccines. However, many issues have hindered easy access, supply and manufacture of vaccines and medicines: vaccine nationalism, hoarding, and intellectual property rights (IP) protection.

Patents are the most common IP rights in pharmaceutical products; they grant exclusive rights to the patent holder to manufacture, sell, and use the vaccine or drugs for the entire 20-year term of patent protection.¹⁰³ With the concern that this would impede the supply of vaccines and drugs at affordable prices, India and South Africa presented a joint proposal before the World Trade Organization (WTO) in October 2020 to seek a waiver from the “implementation, application and enforcement of” certain provisions of TRIPS (WTO Agreement on Trade-Related Aspects of Intellectual Property Rights).¹⁰⁴ A revised proposal was submitted by the

two countries in May 2021, which emphasises that the waiver should cover all medical tools—not just vaccines—and outlines that the duration of the waiver should be at least three years.¹⁰⁵ The proposal has since been co-sponsored by 62 nations, and has received the express support of more than 100 countries.¹⁰⁶ The importance of the proposal lies in the fact that a temporary waiver will allow multiple actors to manufacture vaccines and medicines, instead of concentrating production in the hands of a small number of IP rights holders.¹⁰⁷ In the absence of a waiver, it is possible that legal challenges to enforce patent rights may block production of vaccines, treatment and medicines. With a majority of WTO member states expressing support for the proposal, there is a clear indication that the world recognises the merit of the waiver and is keen on taking decisive action to fight the pandemic.

**Table 1:
Countries’ and Organisations’ Position on TRIPS
Waiver Proposal**

	Countries that have co-sponsored the proposal	Countries that have supported the proposal	Countries & Regions that have rejected the proposal	Organisations & Civil Society Actors that have supported the proposal (and date of statement)
1	India	Unites States	European Union	MSF (Médecins Sans Frontières) (7 October 2020)
2	South Africa	China	United Kingdom	UNCTAD (United Nations Conference on Trade & Development)
3	Bolivia	Russia	Switzerland	South Centre-(7 October 2020)
4	Egypt	Nigeria	Australia	Amnesty International
5	Eswatini	Philippines	Canada	Korean Civil Society Organisations- (3 February 2021)
6	Fiji	Turkey	Japan	Joint Appeal by Members of the European Parliament and of European National Parliament urging the EU & its Member States, a TRIPS waiver- (18 April 2021)
7	Indonesia	Ecuador	Norway	UNITAID-(13 October 2020)
8	Kenya	Thailand	Brazil	Canadian Centre for Policy Alternatives (19 November 2020)
9	Maldives	Senegal	Germany	World Health Organisation (WHO) (9 November 2020)
10	Mozambique	Jamaica		Global Development Policy Centre’s Working Group on Trade Treaties & Access to Medicines (12 November 2020)
11	Mongolia	Colombia		African Commission of Human & Peoples’ Rights (13 November 2020)
12	Namibia	Costa Rica		The International Trade Union Confederation (ITUC)- representing 200 million members of 332 Affiliates in 163 countries & Territories (1 March 2021)
13	Pakistan	Chile		United States Civil Society Organisations (26 February 2021)
14	Vanuatu	El Salvador		Brazilian Civil Society Organisations (15 October 2020)
15	Venezuela			Japanese Civil Society Organisations (17 February 2021)
16	Zimbabwe			Drugs for Neglected Diseases Initiative (12 October 2020)
17	The Least developed Country (LDC) Group comprising of 46 Member States			Progressive International (14 October, 2020)
18	The African Group comprising of 54 Member States			Southern CSO letter to Developed Countries (16 February, 2021)
19				Covid Vaccine Petition to WTO signed by more than 900000 individuals (9 December, 2020)

Sources: Médicins Sans Frontières, Third World Network, World Trade Organization. This list is indicative and not exhaustive.

However, a major grouping of high-income countries and pharmaceutical companies have opposed the proposal, arguing that IP rights are essential for providing incentive for research, development and innovation. This grouping, which includes countries like the UK, Canada, Norway, and Japan, contend that IP rights are not a barrier to access, and that the current needs of the world can be met through voluntary licensing, technology transfer agreements, and the donor-funded COVAX arrangement.¹⁰⁸ Unfortunately, though, since such mechanisms are voluntary and rely heavily on unenforceable pledges and commitments that may or may not materialise—they will be insufficient to meet the needs of the world in time. Moreover, given the sheer scale of the public health crisis, it is difficult to hold onto the argument that waiving IP rights will disincentivise the pharmaceutical sector—especially since they will be beneficiaries of public grants and public money for the development of COVID-19 vaccines.¹⁰⁹

In a significant development, support for the IP waiver has come from an unexpected corner. The US, in a recent announcement, declared that it will partially support the joint proposal for TRIPS waiver; that is, only for vaccines. Following this, the Gates Foundation also announced that it supports a “narrow waiver” on intellectual property protections during the pandemic.¹¹⁰ On 20 May 2021, the EU Parliament also passed a resolution to “support the Indian and South African World Trade Organization initiative for a temporary waiver on intellectual property rights.”¹¹¹ Going forward, the EU parliament is expected to vote on a dedicated

resolution on the matter in June 2021.¹¹² While this is a positive development, negotiations on the waiver between WTO’s 164 member countries will take time¹¹³ and—according to experts—the earliest that any benefits could flow from the waiver is in 2022.¹¹⁴ Nevertheless, it is important to underline that these developments were the result of months of advocacy by India, South Africa, and civil society.¹¹⁵

Diplomacy may very well play an important role in generating consensus to move the TRIPS proposal to a vote, and to work towards future multilateral solutions to tackle the COVID-19 pandemic. With a key player such as the US changing its traditional position on this issue of IP rights, it paves the way for diplomatic negotiations to increase pressure over other high-income countries to change their stance. The TRIPS proposal is one of the many initiatives that Indian diplomacy is working towards to forge a global solution for this shared challenge. India has played an important role in the March 2021 Quad leaders’ summit to secure support from the members to expand safe and effective COVID-19 vaccine manufacturing in India.¹¹⁶

“India’s proposal for a TRIPS waiver is garnering support from the majority of WTO member states; it only shows how Indian diplomacy is key in multilateral actions against the COVID-19 pandemic.”

New Delhi can further strengthen its position abroad and lead by example, by implementing similar flexibilities in its domestic laws—such as compulsory licenses—to ramp up production of COVID-19-related treatment and vaccines at home.¹¹⁷ Nevertheless, the immense support received by this proposal reaffirms the importance of India’s strategic ties with countries, the salience of this proposal, and the need to address the crisis through collective effort, involving developed and developing countries alike.

As the world continues to grapple with COVID-19, the need of the hour is to enhance production of vaccines and medicines, and ensure its equitable distribution at an affordable cost. In the current global public health crisis, it is a truism that “no one is safe, until everyone is safe.” The only way to achieve this is for countries to develop strategies to remove all hurdles to the development and production of vaccines, tests and treatments. Special attention needs to be given to the demands and requirements of low- and middle-income countries, who often find themselves on the “outside looking in” when it comes to access to treatments that are under control of Big Pharma. It is here that India can play an important role and advocate healthcare for all, reinforce its reputation as the pharmacy of the world—and utilise this opportunity to pose larger questions towards international frameworks on IP rights, and how they interact with public health exigencies.

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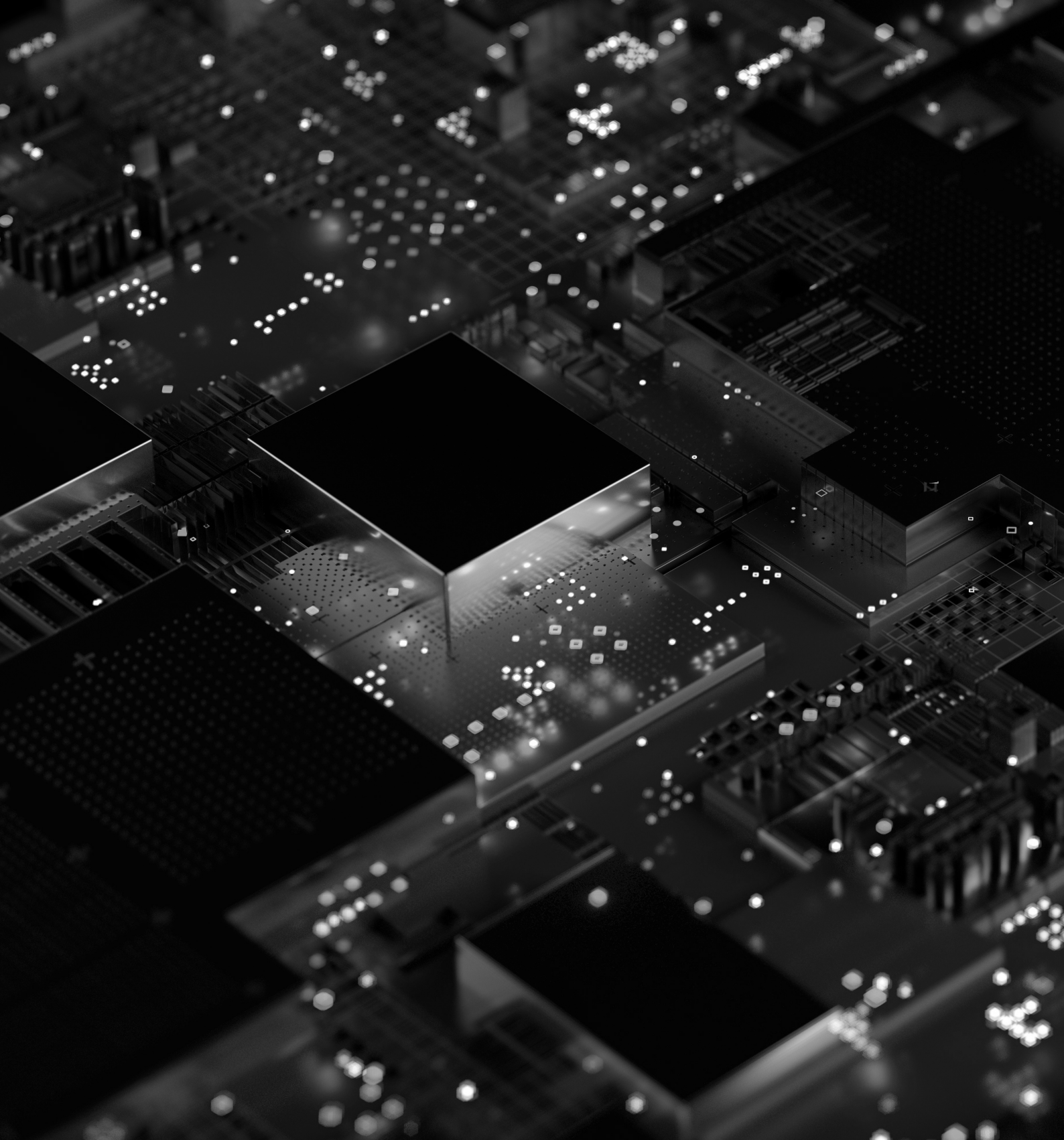
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