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*Aleksa FILIPOVIĆ*<sup>1</sup>

## Vaccine Diplomacy of the United States, China, India, and Russia During the COVID-19 Pandemic: A Comparative Analysis

### SUMMARY

This research strives to present a comparative analysis of the vaccine diplomacy of the United States, China, India, and Russia during the COVID-19 pandemic. As each of the examined countries possesses the technology to research and manufacture the vaccines, as well as the logistical capacity and infrastructure for their global distribution, it was natural to expect that they would start with their own vaccine diplomacy, especially in the countries and regions that are considered a priority for their national and foreign policy interests. However, each country had a different approach to the vaccine diplomacy engagement based on their vaccine manufacturing capacity and global distribution limitations. At the same time, competition was observed between the rival powers. It can be concluded that although even such a severe global crisis as the COVID-19 pandemic failed to bring closer cooperation between the great powers, such a crisis established vaccine diplomacy as an additional element of foreign policy, and it will most likely be developed as a soft-power tool even more in the near future.

*Keywords:* COVID-19, vaccine diplomacy, mask diplomacy, medical diplomacy, health diplomacy, United States, China, India, Russia, COVAX.

<sup>1</sup> Research Fellow, Institute of European Studies, Belgrade.  
E-mail: [aleksa.filipovic@da-vienna.at](mailto:aleksa.filipovic@da-vienna.at), <https://orcid.org/0000-0003-1394-0571>.

# Diplomatija vakcina Sjedinjenih Država, Kine, Indije i Rusije tokom pandemije COVID-19 - uporedna analiza

## SAŽETAK

Ovo istraživanje ima za cilj da predstavi uporednu analizu diplomatije vakcina Sjedinjenih Američkih Država, Kine, Indije i Rusije tokom pandemije COVID-19. Budući da svaka od analiziranih zemalja ima tehnologiju za istraživanje i proizvodnju vakcina, kao i logistički potencijal i infrastrukturu za njihovu globalnu distribuciju, bilo je prirodno za očekivati da će početi sa sopstvenom diplomatijom vakcina, posebno u zemljama i regionima koji se smatraju prioritetima za njihov nacionalni i spoljnopolitički interes. Međutim, svaka od zemalja imala je drugačiji pristup učesću u diplomatiji vakcina, u zavisnosti od svojih proizvodnih kapaciteta i ograničenja za globalnu distribuciju vakcina. Istovremeno, primećena je konkurencija između suparničkih sila. Može se zaključiti da, iako čak i tako ozbiljna globalna kriza kao što je pandemija COVID-19 nije uspela da dovede do bliže saradnje između velikih sila, takva kriza je diplomatiju vakcina učinila dodatnim elementom spoljne politike i verovatno će se u bliskoj budućnosti još više razvijati kao instrumente meke moći.

*Ključne reči:* COVID-19, diplomatija vakcina, diplomatija maski, medicinska diplomatija, diplomatija zdravstva, Sjedinjene Američke Države, Kina, Indija, Rusija, COVAX.

## Introduction

During the initial outbreak of the COVID-19 pandemic, the United States, China, India, and Russia, each in their own way, started to interact with the global community by donating medical aid and resources to the countries that required them. In the mass media, as well as in the speeches of world leaders and parts of the global academic community, the terms “health diplomacy”, “medical diplomacy”, “mask diplomacy”, and, later on, “vaccine diplomacy” could be heard.<sup>2</sup>

Taking into consideration the term “health diplomacy”, it can be defined as “international aid or cooperation meant to promote health or that uses health programming to promote non-health-related foreign aims”.<sup>3</sup> We can understand

<sup>2</sup> Christian Shepherd & Stephanie Findlay, “China’s Covid-19 vaccine diplomacy steals a march on US”, *Financial Times*, 21 October 2020; Dennis Munene, “Sino-African cooperation on health more vital than ever”, *China Daily*, 28 April 2023; Dan Banik & Renu Modi, “India is counting on medical diplomacy to build influence in Africa”, *Uganda Business News*, 25 March 2021.

<sup>3</sup> Tanisha M. Fazal, “Health Diplomacy in Pandemical Times”, *International Organization*, Vol. 74, No. S1, 2020, 78–97, DOI: <https://doi.org/10.1017/S0020818320000326>.

“medical diplomacy” as a “foreign policy of the state that implies the export of medical services and goods, the referral of medical personnel, the exchange of experience in the fight against infectious diseases, joint research, etc.”.<sup>4</sup> “Mask diplomacy” derives from both “health” and “medical” diplomacy, and it follows the similar path of providing “aid, equipment, expertise, training, and personal power to other countries”.<sup>5</sup> However, the term mask diplomacy originated purely during the first stages of the COVID-19 pandemic, as face masks became a prevailing symbol of medical protection (and also a highly sought-after commodity on the market). With China being the main global producer and supplier of face masks, its engagements with medical diplomacy around the world soon became known as mask diplomacy by global mass media.<sup>6</sup>

Unlike mask diplomacy, which can be understood as a COVID-19 type of medical diplomacy, vaccine diplomacy could refer to “almost any aspect of global health diplomacy that relies on the use or delivery of vaccines and encompasses the important work of the GAVI Alliance, as well as elements of the WHO, the Gates Foundation, and other important international organisations”.<sup>7</sup>

The escalation of the COVID-19 pandemic proved to be a catalyst for reforms in international public health cooperation, although the process of centralising the global health regime (most recognisable in the form of the World Health Organisation) still did not achieve high levels of global health governance.<sup>8</sup> Nevertheless, the global scale of the COVID-19 pandemic created a strong impulse for multilateral collaboration in the field of international public health cooperation. One such example is an initiative known as COVID-19 Vaccines Global Access (COVAX), which includes members such as GAVI, the World Health Organisation, the Coalition for Epidemic Preparedness Innovations, and UNICEF, among others, with the main goal being the global delivery of vaccines in order to combat the consequences of the COVID-19 pandemic.<sup>9</sup>

<sup>4</sup> И. И. Арсентьева, “Трансформация медицинской и вакцинной дипломатии в эпоху COVID-19”, *Вестник МГИМО-Университета*, Vol. 15. No. 5, 182–207, <https://doi.org/10.24833/2071-8160-2022-5-86-182-207>.

<sup>5</sup> Stefan Müller, Samuel Brazys & Alexander Dukalskis, “Discourse Wars and ‘Mask Diplomacy’: China’s Global Image Management in Times of Crisis”, AIDDATA, [https://docs.aiddata.org/ad4/pdfs/WPS109\\_Discourse\\_Wars\\_and\\_Mask\\_Diplomacy\\_Chinas\\_Global\\_Image\\_Management\\_in\\_Times\\_of\\_Crisis.pdf](https://docs.aiddata.org/ad4/pdfs/WPS109_Discourse_Wars_and_Mask_Diplomacy_Chinas_Global_Image_Management_in_Times_of_Crisis.pdf), 04/09/2023.

<sup>6</sup> Ibid.

<sup>7</sup> Peter J. Hotez, “‘Vaccine Diplomacy’: Historical Perspectives and Future Directions”, *PLoS Neglected Tropical Diseases* Vol. 8, No. 6, 2014, <https://doi.org/10.1371/journal.pntd.0002808>.

<sup>8</sup> Žaklina Novičić, “Reforma međunarodnog zdravstvenog režima: Ka globalnoj upravi?”, *Međunarodni problemi/International problems*, Vol. 74, No. 2, 2022, 209–231, DOI: <https://doi.org/10.2298/MEDJP2202209N>.

<sup>9</sup> Joseph Amankwah-Amoa & Robert E. Hinson, “COVID-19 pandemic, vaccine nationalism and counterfeit products: Discourse and emerging research themes”, *Thunderbird International Business Review*, Vol. 64, No. 6, 595–604, DOI: [10.1002/tie.22302](https://doi.org/10.1002/tie.22302).

With the accumulation of funds from the various participating countries, the COVAX vaccine-sharing initiative officially launched in late February 2021, when Ghana became the first country to receive COVID-19 vaccines under this programme.<sup>10</sup> Some experts believe that since COVAX focuses on the international effort of helping out low and middle-income countries in their vaccination efforts, such a global initiative represents a mid-point between vaccine nationalism and vaccine diplomacy approaches.<sup>11</sup> Two important elements were promoted by the COVAX Facility: equitable vaccine allocation and a cost-effective dose-sharing mechanism.<sup>12</sup> Nonetheless, a recent analysis showed that COVAX was not so successful in persuading governments to share the excess vaccine doses with its facility, as a number of them chose instead to donate their surplus vaccines through bilateral agreements.<sup>13</sup>

However, it is important to note that vaccine diplomacy, as a foreign policy soft power tool, is not limited only to major powers and/or COVID-19 vaccine-producing countries. Any country with access to COVID-19 vaccines through purchase, donations, or domestic production can engage in vaccine diplomacy through direct bilateral donations, or COVAX.<sup>14</sup> Nevertheless, vaccine diplomacy as a soft power tool is not without criticism. For example, some experts are of the opinion that Western countries' vaccine donations had the purpose of branding them as "*charitable donors motivated by global solidarity*" in order for them to be distanced from the image of "*vaccine hoarders driven by national self-interest*".<sup>15</sup> With frequent violations of COVAX's dose-sharing principles, it is suggested that Western countries prioritise "*privileged short-term diplomatic recognition*" over "*maximising the impact of donations*".<sup>16</sup>

It could be argued that this kind of behaviour is not only limited to Western countries but also to each of the major powers that sought not only to aid the global efforts in countering the COVID-19 pandemic but also to demonstrate their technological superiority (in the case of vaccine development and production), as well as to build a positive image and strengthen economic and political ties with other countries around the world. Additionally, the influence struggle between the United States, China, and

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<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Antoine de Bengy Puyvallée & Katerini Tagmatarchi Storeng, "COVAX, vaccine donations and the politics of global vaccine inequity", *Global Health*, Vol. 18, No. 26, 2022, DOI: <https://doi.org/10.1186/s12992-022-00801-z>.

<sup>13</sup> Ibid.

<sup>14</sup> Eckart Woertz & Roie Yellinek, "Vaccine diplomacy in the MENA region", The Middle East Institute, <https://www.mei.edu/publications/vaccine-diplomacy-mena-region/04/09/2023>.

<sup>15</sup> Antoine de Bengy Puyvallée & Katerini Tagmatarchi Storeng, "COVAX, vaccine donations and the politics of global vaccine inequity".

<sup>16</sup> Ibid.

Russia via vaccine diplomacy was more than visible in Latin America, Africa, the Middle East, Asia, and, to a degree, in Europe as well, especially in Central and South-Eastern Europe.<sup>17</sup>

It is important to state that at the beginning of 2023, the COVID-19 global pandemic was still ongoing and that vaccines were still very valuable medical goods for every country that strived to inoculate as much of its population as possible, especially to counter new strains of COVID-19 that are emerging regularly. Although the escalation of the Ukrainian conflict at the beginning of 2022 shifted global attention away from the pandemic, there are no guarantees that there won't be any new outbreak of some more lethal COVID-19 strain that could shift the global focus back to the availability of vaccines, vaccine production, and their global supply and access.

The aim of this article is to provide an in-depth exploration of the complex landscape of vaccine diplomacy and how major global players strategically allocate vaccines to enhance their global influence and achieve their national interests. This will be realised by employing methodological tools such as content analysis, which will be used in the research of documents such as official strategies, policy position papers, and relevant statistical data, and comparative analysis, which will be used during the research of the different approaches towards vaccine diplomacy employed by the United States, China, India, and Russia.

By applying a realist perspective, the power politics, security considerations, and pursuit of national interests that drive great powers in their vaccine diplomacy endeavours can be understood, which will aid in the assessment of the effectiveness of their vaccine diplomacy campaigns.

If we look at the motives of the major powers for engaging in vaccine diplomacy, it can be assumed, based on John Mearsheimer's theory of offensive realism, that they act based on fear, self-help, and power maximisation.<sup>18</sup> By "fear", Mearsheimer means that great powers look at each other with distrust and suspicion while regarding each other as adversaries.<sup>19</sup> By "self-help", he understands that great powers are operating in a self-help world where they act according to their own self-interests while rejecting subordination to the interests of other states or the international

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<sup>17</sup> Ana Jović Lazić & Sanja Jelisavac Trošić, "Evropska unija i pandemija virusa Kovid 19 – neposredni odgovor i dugoročne mere za prilagođavanje budućim krizama", in: *Razvojni pravci Evropske unije nakon pandemije KOVID 19*, Nevena Stanković, Dragana Dabić, Goran Bandov (eds.), Institut za međunarodnu politiku i privredu, 2021, 93–120; Mirjana Dokmanović & Neven Cvetičanin, "Geopolitics of COVID-19 vaccines – a new Cold war of the 'Vaccine Superpowers'?", *Journal of Regional Security*, Vol. 17, No. 2, 2022, 209–240, DOI: <https://doi.org/10.5937/jrs17-32782>

<sup>18</sup> John J. Mearsheimer, *The Tragedy of Great Power Politics*, W.W. Norton & Company, New York, 32.

<sup>19</sup> Ibid.

community.<sup>20</sup> And by “power maximisation”, Mearsheimer observes that states make special efforts to maximise their share of world power by looking for opportunities to alter the balance of power by “*acquiring additional increments of power at the expense of potential rivals*”, which is achieved by employing military, economic, and diplomatic means in order to shift the balance of power in their favour.<sup>21</sup>

Therefore, through the lenses of Mearsheimer’s theory of “offensive realism”, great powers look at each other as adversaries during the COVID-19 pandemic, each separately developing its vaccine or trying to obtain the technology or licence for its local production instead of pooling resources and developing a joint vaccine programme (for example, a US-Sino-Russian joint vaccine programme). The self-interests of some of the great powers could be seen in their race for prioritised inoculation of their own population in the early stages of the COVID-19 pandemic rather than their immediate contribution to the global effort to distribute vaccines. This is also defined as “vaccine nationalism”, or “the mindset and act of gaining preferential access to newly developed COVID-19 vaccines by individual countries”.<sup>22</sup> Power maximisation can be seen in employing vaccine diplomacy as a soft power tool by the great powers for gaining international prestige and recognition, as well as for their influence and image-building among the countries and regions of interest.

As it was mentioned several times before, vaccine diplomacy became an important part of the soft power arsenal of the major countries during the COVID-19 pandemic. Soft power, according to Joseph S. Nye, refers to the “*ability to achieve desired outcomes through attraction rather than coercion or payments*”.<sup>23</sup> In the context of the COVID-19 pandemic, the vaccines also function as tools of soft power, contributing to a positive international perception of countries that manufacture or distribute them. This plays a crucial role in cultivating diplomatic goodwill through the compelling force of attraction rather than coercion or financial incentives. This adherence to the fundamental principles of soft power reinforces the COVID-19 vaccines as a powerful tool of influence in the global arena and a crucial part of the vaccine diplomacy efforts of the great powers.<sup>24</sup>

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<sup>20</sup> Ibid., 33.

<sup>21</sup> Ibid., 34.

<sup>22</sup> Yanqiu Rachel Zhou, “Vaccine nationalism: contested relationships between COVID-19 and globalization”, *Globalizations*, Vol. 19, No. 2, 2022, 450–465, DOI: <https://doi.org/10.1080/14747731.2021.1963202>.

<sup>23</sup> Joseph S. Nye Jr., “Soft Power and American Foreign Policy”, *Political Science Quarterly*, Vol. 119, No. 2, 2004, 256, DOI: <https://doi.org/10.2307/20202345>.

<sup>24</sup> Seow Ting Lee, “Vaccine diplomacy: nation branding and China’s COVID-19 soft power play”, *Place Branding and Public Diplomacy*, Vol. 19, 2023, 64–78, DOI: <https://doi.org/10.1057/s41254-021-00224-4>.

As indicated earlier, realism portrays international affairs as a power struggle among self-interested states driven by competitive behaviours. Realism predicts a lack of cooperation among states, as evident in COVID-19 responses like travel bans, pharmaceutical protectionism, and great power competition.<sup>25</sup> The European Union's response to the pandemic, characterised by individual state actions over collective ideals, aligns with realist expectations. China's "mask diplomacy" and the United States' nationalistic approach reflect realist principles. Realists assert that international institutions often serve as arenas for zero-sum competition, as seen in the politicisation of the World Health Organisation.<sup>26</sup> This will be seen in the following chapters, where the vaccine diplomacy efforts of the United States, China, India, and Russia will be more in-depth explored and analysed.

### *The United States – from “America First” to “Arsenal of Vaccines for the World”*

The vaccine diplomacy of the United States can be divided into two periods: an initial period that can be designated as “neo-isolationism”, in which Washington introduced limitations on the export of medical goods and services during the outbreak of COVID-19, and the latter period of more open global engagement, with promises for the United States to become an “arsenal of vaccines” for the world. These two periods correspond with the presidencies and administrations of Donald Trump and Joe Biden, as the two US presidents held different views on foreign policy and the COVID-19 pandemic.

The initial response of the United States to the COVID-19 pandemic was characterised by the closure of borders, limited exports, increased tariffs, blaming China for the “*bad management*” of the pandemic, and accusations of the White House towards COVAX for malpractice and the WHO for being “*corrupted*” and “*influenced by China*”.<sup>27</sup> Some experts believe that such stances were formed in light of President Trump's “America First” and “neo-isolationism” policies and as a consequence of global competition between Washington and Beijing.<sup>28</sup> Additionally, President Trump's administration was observed to supply an anti-Chinese discourse in the media by calling COVID-19 a “*Chinese virus*” or “*Wuhan virus*”.<sup>29</sup>

<sup>25</sup> Rajesh Basrur & Frederick Kliem, “Covid-19 and international cooperation: IR paradigms at odds”, *SN Soc Sci*, Vol. 1, No. 1, 2021, DOI: 10.1007/s43545-020-00006-4.

<sup>26</sup> Ibid.

<sup>27</sup> Juan Luis Manfredi-Sánchez, “Vaccine (public) diplomacy: legitimacy narratives in the pandemic age”, *Place Brand Public Dipl*, Vol. 19, September 2023, 398–410, DOI: <https://doi.org/10.1057/s41254-022-00258-2>.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

In the opinion of some experts, one of the reasons for the failure of the Trump administration to properly address the outbreak of COVID-19 was seen in the infighting and inter-bureaucratic conflict within and between the White House, the Department of Health and Human Services, the Centres for Disease Control and Prevention, and the Food and Drug Administration.<sup>30</sup> As a consequence, the federal government was not able to agree to joint goals that prioritised or funded a nationwide mass testing capacity, which was needed in order for the virus to be effectively tracked and contained.<sup>31</sup> The distribution of the United States COVID-19 vaccine supply also reflected the “America First” policy of the Trump administration. The relations between the United States and the WHO came under significant strain in April 2020 when President Trump announced that the United States would halt funding to the WHO, while in July 2020, the US officially started a withdrawal process from the WHO on the grounds that the WHO “*mismanaged its response to the COVID-19 pandemic*”, while there was also a perception within the Trump administration that the WHO had an “*alarming lack of independence from China*”.<sup>32</sup>

One can argue that the initial response of the “neo-isolationist” Trump administration, driven by its “America First” policy, distinctly embodies what realists designate as the “self-interest” pursuit of states. This becomes even more evident in the Trump administration’s decision to withdraw from the WHO, seemingly prioritising vaccine distribution primarily for US citizens. Washington’s pandemic response was additionally complicated by inter-agency conflicts among key bodies like the White House, the Health Department, the CDC, and the FDA. These conflicts hindered a coordinated approach to crisis management, raising questions about the effectiveness of such a strategy. Subsequently, the election of Joe Biden in the 2020 American presidential elections led to significant changes in the vaccine distribution strategy.

Considering the United States’ general vaccine diplomacy strategy in the post-Trump era, it can be concluded that it concentrated on global donations of the COVID-19 vaccines, as opposed to the “America First” policy of the Trump administration. This was reflected in the decision of the Biden administration to resume normal relations with the WHO and formally join COVAX, which in effect reversed the decisions made by the Trump

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<sup>30</sup> Charles F. Parker & Eric K. Stern, “The Trump Administration and the COVID-19 crisis: Exploring the warning-response problems and missed opportunities of a public health emergency”, *Public Administration*, Vol. 100, No. 3, 616–632, 2022, DOI: 10.1111/padm.12843.

<sup>31</sup> Ibid.

<sup>32</sup> “U.S. Withdrawal from the World Health Organization: Process and Implications”, Congressional Research Service, <https://sgp.fas.org/crs/row/R46575.pdf>, 04/09/2023, 2-3.

<sup>33</sup> “Global COVID-19 Vaccine Distribution”, Congressional Research Service, <https://sgp.fas.org/crs/row/IF11796.pdf>, 04/09/2023, 2-3.

administration.<sup>33</sup> As of February 2023, South and Central Asia received 230 million doses of COVID-19 vaccines from the United States; East Asia and the Pacific received 134 million doses; the Western Hemisphere received 73 million doses; the Middle East and North Africa received 39.6 million doses; and Europe and Eurasia received 8.9 million doses of vaccines.<sup>34</sup>

Based on the US International COVID-19 Vaccine Donations Tracker, the COVID-19 vaccine that made up the majority of the donations was Pfizer BioNTech (76% of total doses), followed by Moderna (12%), Janssen Pharmaceuticals (10%), and AstraZeneca (less than 2%). For the delivery mechanism, the United States overwhelmingly relied on COVAX, which accounted for 89% of total vaccine donations. The countries that received most of the vaccines through donations include Bangladesh (114.5 million doses), Pakistan (79 million), Indonesia (42.3 million), Vietnam (40.8 million), the Philippines (33.6 million), Nigeria (32.6 million), Egypt (28.9 million), Uganda (18.1 million), Mexico (16.9 million), and Mozambique (14.2 million).<sup>35</sup>

These activities of the United States in the field of vaccine diplomacy correspond with the statement made by President Joe Biden in May 2021, in which he announced that the United States will become “*the arsenal of vaccines for the rest of the world*”, while adding that the vaccines will be shared “*in the service of ending the pandemic everywhere. And we (the United States) will not use our vaccines to secure favours from other countries*”.<sup>36</sup>

In the document titled “Biden-Harris Administration’s National Security Strategy”, it is stated that initiatives and efforts like the Vaccine Alliance, Gavi, and the Financial Intermediary Fund for Pandemic Prevention, Preparedness, and Response are essential elements for the forging of public-private alliances and fit-for-purpose coalitions that are needed to solve global challenges, such as the COVID-19 pandemic.<sup>37</sup> Further on, it is additionally stated that the United States donated the most vaccines on an international level compared to other countries, implying that it was done without political strings attached, while at the same time, Washington aimed to boost sustainable vaccine manufacturing in South Asia and Africa.<sup>38</sup>

<sup>34</sup> “U.S. International COVID-19 Vaccine Donations Tracker”, Kaiser Family Foundation, <https://www.kff.org/coronavirus-covid-19/issue-brief/u-s-international-covid-19-vaccine-donations-tracker/>, 04/09/2023.

<sup>35</sup> Ibid.

<sup>36</sup> “Remarks by President Biden on the COVID-19 Response and the Vaccination Program”, The White House, <https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/05/17/remarks-by-president-biden-on-the-covid-19-response-and-the-vaccination-program-4/>, 04/09/2023.

<sup>37</sup> “Biden-Harris Administration’s National Security Strategy”, The White House, <https://www.whitehouse.gov/wp-content/uploads/2022/10/Biden-Harris-Administrations-National-Security-Strategy-10.2022.pdf>, 04/09/2023, 19.

<sup>38</sup> Ibid., 28.

This strategy further envisions that the United States will engage with all countries on a global level, including those countries that are in political disagreement with Washington as “*pandemics know no borders*”, while at the same time mentioning that the United States has donated more than 72 million vaccines in the Americas and that Washington is actively engaged in the region, especially in Central America and the Caribbean, in order to prevent, prepare for, and respond to future pandemic threats and other public health emergencies.<sup>39</sup>

The Biden administration’s approach to vaccine distribution and diplomacy was radically different from that of the Trump administration. This is seen primarily in Biden’s administration’s relations with the WHO and COVAX, as well as in its engagement with vaccine distribution to regions around the world, reflecting President Biden’s “Arsenal of Vaccines” policy, underlined in the “Biden-Harris Administration National Security Strategy”. It can be said that in trying times for the United States’ image abroad, due to its internal and external challenges, Washington sought to enhance its global position by aiding strategically important regions with its assertive engagement with vaccine diplomacy, especially since it was challenged in this field by China and, to a degree, Russia. If we take into consideration the realist approach towards such a shift in US policy, we can argue that the pro-active vaccine diplomacy policy was chosen by the Biden administration because it was assessed that it advanced the national interests and foreign policy goals of the United States more efficiently than the previous, more isolationist policy of the Trump administration.

The advancement of US interests in important regions for Washington can be seen in the examples of the Caribbean region, Central America, and Latin America, which became a sort of contested zone of the influence struggle for US and Chinese vaccine diplomacy. Although historically these regions were considered the zone of interest of the United States, China proved to be an alternative source of medical and vaccine aid during the initial outbreak of the pandemic. Due to the initial slow distribution of US-made vaccines, governments of various Latin American countries turned to China as a source of vaccines and medical aid.<sup>40</sup> The Chinese shipments of the vaccines generated positive media coverage in the region, while at the same time, they allowed the local leaders to meet with the Chinese officials. However, some experts believe that this should not be seen as a sign that these countries are replacing the United States with China, as the

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<sup>39</sup> Ibid., 40-41.

<sup>40</sup> María Eugenia Brizuela de Ávila, Bosco Marti, Riyad Insanally & Claudia Trevisan, “US-China vaccine diplomacy: Lessons from Latin America and the Caribbean”, Atlantic Council, Adrienne Arsht Latin America Center, <https://www.atlanticcouncil.org/in-depth-research-reports/report/us-china-vaccine-diplomacy-lessons-from-latin-america-and-the-caribbean/>, 04/09/2023.

US continues to engage the region by providing both pandemic assistance and cooperation on various other issues, such as security, climate change, and migration.<sup>41</sup>

However, the US vaccine donations did not generate as much impact as the Chinese ones, mostly due to the limitations of the reach of the COVAX facility. Only ten Latin American countries were qualified for the COVAX Advance Market Commitment mechanism, which covered the purchase of vaccines for low-income countries, while the other Latin American countries signed self-financing agreements with COVAX.<sup>42</sup> One more important element of the Sino-American vaccine diplomacy competition in the region was the interaction between the leaders of the United States and China with local governments. While Chinese President Xi Jinping was conducting personal calls to Latin American leaders, both President Trump and President Biden were less engaged in such interaction, with meetings mostly conducted in multilateral settings.<sup>43</sup>

Additionally, some experts criticise the lack of US vaccine diplomacy engagement within the Middle East and North Africa region while observing that China managed to promote itself as a global public good provider, which led to the strengthening of its position in the global health system.<sup>44</sup> For example, the shortcomings of US vaccine diplomacy in Africa were attributed to the limitations of COVAX in that region, with China stepping in as a more reliable donor and supplier.<sup>45</sup>

The United States is an example of a major power that had two different concepts on how it should engage with vaccine diplomacy, based on the two different domestic and foreign policy concepts that derived from the administrations of Trump and Biden. During the initial COVID-19 outbreak, the United States was following the path of “vaccine nationalism”, which corresponded with President Trump’s “America First” policies. The Biden administration followed a different path, engaging in global vaccine diplomacy but also competing with China and, to a degree, Russia in Latin America and Asia. However, in this phase, the United States demonstrated a lack of engagement with the Middle East and Africa due to the COVAX limitations in these regions, thus allowing China to position itself as a responsible supplier and donor of medical goods.

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<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Passant Mamdouh Ridwan, “China and US Vaccine Diplomacy in the Middle East and North Africa”, *The Diplomat*, 25 October 2022.

<sup>45</sup> Antoine de Bengy Puyvallée & Katerini Tagmatarchi Storeng, “COVAX, vaccine donations and the politics of global vaccine inequity”, *Globalization and Health*, Vol. 18, No. 1, 2022.

### *China – “The Health Silk Road” and the vaccines as a “public good”*

Even before the COVID-19 pandemic, China had actively engaged in medical diplomacy since the 1960s due to ideological reasons, mainly providing aid to the countries that were fighting for their independence and against colonial rule.<sup>46</sup> During recent decades, the ideological component of medical diplomacy has been abandoned in favour of soft power projection and economic interests. Chinese medical diplomacy evolved to mask diplomacy first and vaccine diplomacy with the outbreak of the COVID-19 pandemic in Wuhan.<sup>47</sup> Therefore, China was quick to officially adopt the vaccine diplomacy strategy for the COVID-19 pandemic at the highest governmental level. This included close cooperation among the three ministries: the China International Development Cooperation Agency, the Ministry of Foreign Affairs, and the Ministry of Commerce, while at the same time, the strategy relied on the significant participation of the Ministry of Industry and Information Technology, the Ministry of Transport, the National Health Commission, the General Administration of Customs, the Ministry of Finance, and the National Medical Products Administration, among others.<sup>48</sup>

Due to its strong technological and production capabilities, China was able to quickly develop COVID-19 vaccines, with 22 vaccines being approved for testing by the state.<sup>49</sup> Out of those undergoing the final phase of testing, Sinopharm and CoronaVac were approved by the WHO for emergency use in the summer of 2021.<sup>50</sup> The scale of China’s engagement in global vaccine diplomacy was significant, as by September 2021, Beijing had provided 1.2 billion doses of vaccines to more than a hundred countries and international organisations.<sup>51</sup>

The fact that the Chinese state coordinated all of the country’s COVID-19 vaccine efforts is reflected in Beijing’s approach towards phase 3 of the clinical trials for the three vaccines. For Sinopharm, phase-3 clinical trials were conducted in Peru, Argentina, Egypt, Bahrain, Jordan, Morocco, Malaysia, and the UAE; for Sinovac in Turkey, Indonesia, Brazil, and the

<sup>46</sup> И. И. Арсентьева, “Трансформация медицинской и вакцинной дипломатии в эпоху COVID-19”.

<sup>47</sup> Ibid.

<sup>48</sup> Liangtao Liu, Yongli Huang & Jiyong Jin, “China’s Vaccine Diplomacy and Its Implications for Global Health Governance”, *Healthcare*, Vol. 10, No. 7, 1276, DOI: <https://doi.org/10.3390/healthcare10071276>.

<sup>49</sup> Вера Смирнова, “Пандемия COVID-19 и международные факторы вакцинной политики постсоветских государств Центральной Азии”, *Пути к миру и безопасности*, No. 2 (61), 153–173, 2021, DOI: 10.20542/2307-1494-2021-2-153-173.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

Philippines; for CanSino in Saudi Arabia, Chile, Mexico, Russia, and Pakistan; and for CAS-Zhifei Longcom in Pakistan, Uzbekistan, Indonesia, and Ecuador.<sup>52</sup> The reason for such a strategy was twofold: firstly, it minimised the competition between the Chinese vaccine producers, while it maximised the fidelity for countries across continents; and secondly, this approach enabled the broadening of the buyers for the Chinese vaccines, as the clinical trial agreements usually included clauses for post-trial purchases. Additionally, the vaccine manufacturers provided a number of vaccine doses to the hosting countries in the case of successful clinical trials, which meant prioritising access to the vaccines for the developing countries. As the examples in the clinical trial host countries showed, the domestic pharmaceutical companies usually became partners for local production and distribution of the vaccines after the clinical trials, and by August 2021, China secured orders from Turkey, Brazil, and Indonesia for 326 million doses of Sinovac, 68 million doses of CanSino from Mexico and Pakistan, and 146 million doses of Sinopharm for Indonesia, Morocco, and Argentina.<sup>53</sup>

China's approach to the ideological component of its vaccine diplomacy can be seen in Chinese President Xi Jinping's statement, in which he designated the Chinese vaccines as "*public goods*", in contrast with the "*Western-made vaccines hoarded by industrialised countries*".<sup>54</sup> The fast delivery of the Chinese vaccines, along with the flexibility in the means of delivery (meaning the vaccines being either finished products, ready-to-fill ingredients, or raw materials for production with technological transfer), supported this kind of approach in which China presented itself as a responsible power willing to share its medical resources and technical know-how in order to especially help out developing nations that struggle to obtain vaccines due to financial, logistical, or other reasons.<sup>55</sup>

It can be argued that China's initial approach towards its vaccine diplomacy efforts clearly correlates with the realist principles of a calculated strategy of states for maximising power, influence, and national interests on the global stage. This is especially evident in Beijing's strategy of vaccine development and distribution, which was under full state control and ideologically driven as well. However, there was also one more important component of Chinese arguably expeditious engagement with global vaccine

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<sup>52</sup> Mao Suzuki & Shiming Yang, Mao Suzuki & Shiming Yang, "Political Economy of Vaccine Diplomacy: Explaining Varying Strategies of China, India, and Russia's COVID-19 Vaccine Diplomacy", *Review of International Political Economy*, Vol. 3, No. 30, 2022, 9, DOI: 10.1080/09692290.2022.2074514.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

<sup>55</sup> Mao Suzuki & Shiming Yang, Mao Suzuki & Shiming Yang, "Political Economy of Vaccine Diplomacy: Explaining Varying Strategies of China, India, and Russia's COVID-19 Vaccine Diplomacy", 10.

diplomacy besides domestic vaccine production and ideological drive, and that was developed infrastructure.

China's rapid response and global supply of medical goods were possible due to the utilisation of the so-called Health Silk Road. Introduced in 2015 and originally envisioned to strengthen people-to-people bonds along the Belt and Road, by 2017, it had already evolved into a full-fledged multilateral initiative for promoting global health cooperation, which merged some of China's policy measures that had been included previously in Beijing's other domestic and international health action plans.<sup>56</sup> While the Health Silk Road initiative played a significant role in Chinese global medical logistics during the outbreak of the COVID-19 pandemic, it was also seen in a negative light from the side of Western countries, which saw Chinese efforts of "mask diplomacy" as an opportunity for Beijing to present itself as "the donor saviour" of the global community.<sup>57</sup> While the Health Silk Road is also seen as a direct geopolitical challenge to the United States, Beijing actively strives to increase through it both its medical aid and the international market share of Chinese medical products.<sup>58</sup>

The Chinese regional vaccine diplomacy strategy yielded positive results, as ASEAN (Association of Southeast Asian Nations) countries were receptive towards the Chinese vaccines, with Beijing also announcing that it was planning donations of the vaccines to Cambodia, Laos, Brunei, and Myanmar.<sup>59</sup> China's vaccine diplomacy was also visible within the One Road, One Belt initiative and the Shanghai Cooperation Organisation (SCO). For example, in December 2020, New Zealand started a joint programme on vaccine research with China within the Initiative for Belt and Road Partnership on COVID-19 Vaccines Cooperation, while on a later date, Beijing announced joint programmes with 29 additional countries within the same framework.<sup>60</sup>

<sup>56</sup> Jiahan Cao, "Toward a Health Silk Road", *China Quarterly of International Strategic Studies*, Vol. 6, No. 01, 23, DOI: <https://doi.org/10.1142/S2377740020500013>.

<sup>57</sup> Orietta E. Hernández Bermúdez, Mayra M. Bázaga García & Sunamis Fabelo Concepción, "Narratives and dissent in times of COVID-19", in: *International Organizations and States' Response to COVID-19*, Sanja Jelisavac Trošić & Jelica Gordanić (eds.), Institute of International Politics and Economics, 2021, 218-219, DOI: [https://doi.org/10.18485/iipe\\_response2covid19.2021.ch12](https://doi.org/10.18485/iipe_response2covid19.2021.ch12).

<sup>58</sup> Yanzhong Huang, "The Health Silk Road: How China Adapts the Belt and Road Initiative to the COVID-19 Pandemic", *American Journal of Public Health*, Vol. 112, No. 4, 2022, 567-569, DOI: [10.2105/AJPH.2021.306647](https://doi.org/10.2105/AJPH.2021.306647).

<sup>59</sup> Anna Kobierecka, "Post-covid China: 'vaccine diplomacy' and the new developments of Chinese foreign policy", *Place Branding and Public Diplomacy*, No. 19, 2023, 280-293, DOI: <https://doi.org/10.1057/s41254-022-00266-2>.

<sup>60</sup> Ibid.

Considering the Shanghai Cooperation Organisation, during the meeting of the Council of Ministers of Foreign Affairs of the SCO in the summer of 2021, participants declared their willingness to combat the pandemic, as well as to fight against vaccine nationalism and promote joint efforts and solidarity in the global fight against the pandemic, among other proclaimed goals.<sup>61</sup> Such statements were repeated once again in November 2021 in a speech made by Chinese President Xi Jinping during the 8th Ministerial Conference of the Forum on China-Africa Cooperation, in which he also stated that China is ready to provide an additional one billion doses of vaccines, out of which 600 million will be donated and 400 million will be provided through the joint production of Chinese pharmaceutical companies and participating African countries.<sup>62</sup>

China was also very actively engaged in vaccine diplomacy in Central Asia, a region considered to be of high importance due to its political and economic ties, especially in light of the One Road, One Belt initiative. Some experts assess that by 2021, Chinese vaccines accounted for more than 70% of the total number of vaccines that were delivered to the Central Asian states, with data only lacking for Turkmenistan due to the classified nature of the information regarding the COVID-19 pandemic in that country.<sup>63</sup> It helps to understand the efforts of the Chinese vaccine diplomacy engagement in this region if the economic and political context is understood first. China, Kazakhstan, Uzbekistan, and Turkmenistan are all major suppliers of hydrocarbons, and Beijing has significant investments in the mining operations in the region, while at the same time, it provides development loans to regional countries. On the other hand, the population of the Central Asian countries is wary of what some perceive as the “*creeping Chinese occupation*”, while the trust in the Chinese vaccine was also not very high; nevertheless, it was higher than the trust the population of the Central Asian countries had towards domestically produced drugs and medical equipment.<sup>64</sup>

China was engaged in vaccine diplomacy in other regions and countries around the world, such as, for example, Greece, Syria, Jordan, Lebanon, Israel, Egypt, etc., with experts being of the opinion that such agreements brought significant political and economic results for China.<sup>65</sup> Hungary, the

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<sup>61</sup> Ibid.

<sup>62</sup> И. И. Арсентьева, “Трансформация медицинской и вакцинной дипломатии в эпоху COVID-19”, *Вестник МГИМО-Университета*, Vol. 15. No. 5, 182–207, <https://doi.org/10.24833/2071-8160-2022-5-86-182-207>.

<sup>63</sup> Вера Смирнова, “Пандемия COVID-19 и международные факторы вакцинной политики постсоветских государств Центральной Азии”, *Пути к миру и безопасности*, No. 2 (61), 153–173, 2021, DOI: 10.20542/2307-1494-2021-2-153-173.

<sup>64</sup> Ibid.

<sup>65</sup> А.В. Авилова и др., *Фактор Китая в Средиземноморье*, Институт Европы РАН, 2022, DOI: [http://dx.doi.org/10.15211/report12022\\_387](http://dx.doi.org/10.15211/report12022_387).

EU country, agreed with China in 2020 to receive 5 million doses of the Sinopharm vaccine, even though the Chinese vaccine was not registered within the EU.<sup>66</sup>

Chinese vaccine diplomacy also played a significant role in strengthening Sino-Serbian relations. China sent cargo planes with medical workers and aid to Belgrade in March 2020, in an event highly publicised by both Serbian and Chinese state media.<sup>67</sup> This was also a significant development in relations between China and a European country that is an EU candidate. As the President of Serbia, Aleksandar Vučić, stated not long before Chinese aid arrived, “*European solidarity does not exist...it was just a fairy-tale on the paper. The only one who can help us now is China*”.<sup>68</sup>

China continued to send aid to Serbia in the following months, and besides almost two million doses of Sinopharm vaccine that were delivered to the country, Beijing also donated two hi-tech mobile laboratories for mass rapid testing of the Serbian population.<sup>69</sup> Additionally, in September 2021, the construction of the Sinopharm vaccine factory in Belgrade started, while mass production of the vaccines is expected to begin in 2023.<sup>70</sup> The opinion polls conducted among the Serbian population in 2020 and 2021 confirmed the positive image of China in Serbia, which was significantly enhanced by the Chinese vaccine diplomacy in Serbia during the initial years of the COVID-19 pandemic.<sup>71</sup>

It is plausible to state that China’s utilisation of the Health Silk Road and vaccine diplomacy showcases shrewd application of soft power to further its geopolitical interests, as was evident in Central Asia, Europe, and other regions. It could be suggested that Beijing utilised the vaccine diplomacy not only to enhance its image abroad, which was to a degree tainted by China being “ground zero” for the outbreak, but at the same time to challenge Western hegemony while positioning itself as “donor saviour” and

<sup>66</sup> Алексей Михайлович Бетмакаев, “ЕС, Венгрия и вакцинная дипломатия России”, *Вестник Томского государственного университета*, No. 78, 2022, 97-105, DOI: 10.17223/19988613/78/13.

<sup>67</sup> Aleksa Filipović, “Vaccine diplomacy during the COVID-19 pandemic on the example of the Republic of Serbia”, *Международные отношения*, No. 4, 2021, DOI: 10.7256/2454-0641.2021.4.36719.

<sup>68</sup> Ibid.

<sup>69</sup> Sanja Arežina, “China and Serbia fight pandemic together”, *China Daily*, 22 April 2020.

<sup>70</sup> Aljosa Milenković, “Europe’s first Sinopharm vaccine factory under construction in Serbia”, *CGTN*, 20 October 2021.

<sup>71</sup> Jelena Gledić et al., “Serbian public opinion on China in the age of COVID-19: An unyielding alliance?”, BCSP, <https://sinofon.cz/wp-content/uploads/2021/01/SRB-poll-report.pdf>, 06/06/2023; Maja Bjelos, Vuk Vuksanović & Luka Sterić, “Many Faces of Serbian Foreign Policy Public Opinion and Geopolitical Balancing”, BCSP, <https://bezbednost.org/wp-content/uploads/2020/11/MANY-FACES-OF-SERBIAN-FOREIGN-POLICY.pdf>, 04/09/2023.

“responsible great power”. Some experts additionally state that Chinese vaccine diplomacy efforts correspond to President Xi’s “*China Dream*”, a “*rejuvenated China*” policy proclaimed at China’s 19th Party Congress meeting of 2017, which envisions Beijing turning increasingly to soft power in order to spread its influence around the world.<sup>72</sup>

However, there were some setbacks for the Chinese vaccine diplomacy; for example, the government of India made a political decision not to import Chinese vaccines. Nevertheless, Beijing exported ventilators, masks, and medical equipment to the country based on humanitarian reasons.<sup>73</sup> The reason for the rejection of the Chinese vaccines by New Delhi can be seen in the structural distrust between these two countries, which originated due to historical conflicts and territorial disputes, as well as due to the regional competition between China and India.<sup>74</sup>

Another example would be the regional competition between the United States and China in Africa and Latin America. The United States strived to actively limit Chinese vaccine diplomacy efforts by significantly increasing its vaccine donations in these regions.<sup>75</sup> At the same time, Washington accused China of using coercion when dealing with the regional governments in order to receive Chinese vaccines.<sup>76</sup> Distrust of the EU towards Chinese vaccine diplomacy was also visible in the comments of the President of the European Commission, Ursula von der Leyen, in which she expressed scepticism of the Chinese global vaccine export while stating that Beijing is neglecting its own population at the same time.<sup>77</sup>

Nevertheless, at this point in time, it is clear that China managed to successfully mobilise its global networks of the Belt and Road Initiative. One such example is the so-called Air Silk Road, which was repurposed as a supply line for aid goods between China and the hubs in Luxembourg and Liège.<sup>78</sup> The rail links of the Belt and Road Initiative were also repurposed in a similar way, which additionally augmented the already developed infrastructure of

<sup>72</sup> Seow Ting Lee “Vaccine diplomacy: nation branding and China’s COVID-19 soft power play”.

<sup>73</sup> Peng Hao Wang, “China’s Vaccine Diplomacy during Covid-19 Pandemic: When it Worked and When it Did Not Work?”, *Proceedings of the 2021 3rd International Conference on Literature, Art and Human Development (ICLAHD 2021)*, Atlantis Press, 2021, 156 DOI: 10.2991/assehr.k.211120.029.

<sup>74</sup> Ibid.

<sup>75</sup> Liangtao Liu, Yongli Huang & Jiyong Jin, “China’s Vaccine Diplomacy and Its Implications for Global Health Governance”.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Moritz Rudolf, “China’s Global Health Diplomacy: Revisiting Beijing’s Pre- and Post-COVID-19 Outreach Efforts”, *Friedrich Ebert Stiftung*, 25, <https://library.fes.de/pdf-files/iez/19608.pdf>, 04/09/2023.

the Health Silk Road, and for many recipient countries, China successfully branded itself as a “first responder” and “responsible great power”.<sup>79</sup>

China’s visionary policies and projects, which mainly include the Road and Belt Initiative and the Health Silk Road, demonstrated flexibility and adaptability in the face of the COVID-19 global pandemic. While China came under considerable negative publicity as the origin point of the COVID-19 outbreak, it managed to quickly mobilise its significant medical resources to deliver aid to countries in need via its Belt and Road infrastructure network, which was built less than a decade ago. China successfully positioned itself as a responsible provider of medical aid, personnel, and, later on, vaccines, with countries of the Global South especially relying on Beijing to provide that which the Western countries, namely the United States, failed to do so or did not consider a priority. While Chinese vaccine diplomacy was not always considered a successful endeavour (as was the case with India), Beijing managed to demonstrate to the global community both its technological achievements and its desire to be a “responsible great power” in the forthcoming multipolar world order.

### *India – “Pharmacy of the World” with the “Vaccine Maitri” policy*

India is considered the largest producer of vaccines, which accounts for more than 60% of the supply of vaccines distributed to the developing world.<sup>80</sup> Due to the R&D and manufacturing capacities of Indian pharmaceutical companies, India became known as the “*Pharmacy of the World*”, a brand that was especially popularised by India’s External Affairs Minister Subrahmanyam Jaishankar.<sup>81</sup> Although lacking an indigenous COVID-19 vaccine programme, India nevertheless managed to obtain Western technology and contracts, which enabled it to quickly produce COVID-19 vaccines on a large scale. This foremost included “Covishield”, which is an Oxford-AstraZeneca vaccine manufactured by the Serum Institute of India (SII), with the SII signing an agreement to produce the Oxford-AstraZeneca vaccine already in April 2020 while the vaccine was still undergoing clinical trials.<sup>82</sup> This enabled India to create a significant stockpile of vaccines and also to quickly respond to the call for aid from other countries in the region.<sup>83</sup>

<sup>79</sup> Ibid.

<sup>80</sup> Niladri Chatterjee, Zaad Mahmood & Eleonor Marcussen, “Politics of Vaccine Nationalism in India: Global and Domestic Implications”, *Forum for Development Studies*, Vol. 48, No. 2, 2021, 360, DOI: 10.1080/08039410.2021.1918238.

<sup>81</sup> Ibid.

<sup>82</sup> Mao Suzuki & Shiming Yang, “Political Economy of Vaccine Diplomacy: Explaining Varying Strategies of China, India, and Russia’s COVID-19 Vaccine Diplomacy”, 10.

<sup>83</sup> Ibid., 11

India was also immediately active in the collaborative efforts of regional organisations such as the South Asian Association for Regional Cooperation (SAARC), with Indian Prime Minister Narendra Modi initiating a joint SAARC COVID-19 Emergency Fund.<sup>84</sup> India launched its ambitious “Vaccine Maitri” (Vaccine Friendship) programme in January 2021, intending to export COVID-19 vaccines to India’s South Asian neighbours as well as to some countries outside this region.<sup>85</sup>

Under the “Neighbourhood First” policy of New Delhi, since the beginning of 2021, India has provided COVID-19 vaccines to Bangladesh, Nepal, Bhutan, the Maldives, Sri Lanka, Myanmar, and Afghanistan, which was met with significant gratitude from the political leadership of these countries.<sup>86</sup> This was later expanded to other countries and regions, with India providing the vaccines to around 45 countries in Asia, Africa, Europe, and the Caribbean region.<sup>87</sup>

Some experts believe that India’s vaccine diplomacy brought good results with countries such as Bangladesh, Nepal, Sri Lanka, the Maldives, and Myanmar, especially in light of the competition with China, which was also initiating its vaccine diplomacy in the region.<sup>88</sup> Therefore, not only did India manage to lessen the Chinese clout in the region, but the country’s vaccine diplomacy also gave New Delhi a new impetus to its geopolitical position in the region.<sup>89</sup> The importance of India’s vaccine diplomacy initiative is also seen in light of the previous failures of New Delhi to match Chinese economic and political influence in the region.<sup>90</sup> Thus, experts believe that India was successful in polishing its regional image, since, for example, in South Asia, New Delhi was often criticised for its “big brother” behaviour.<sup>91</sup>

<sup>84</sup> Bawa Singh, Sandeep Singh, Balinder Singh, & Vijay Kumar Chattun, “India’s Neighbourhood Vaccine Diplomacy During the COVID-19 Pandemic: Humanitarian and Geopolitical Perspectives”, *Journal of Asian and African Studies*, Vol. 58, No. 6, 2022, 1021–1037, DOI: 10.1177/00219096221079310.

<sup>85</sup> Ramita Iyer & Diego Maiorano, “India’s COVID-19 Vaccine Policy”, ISAS, <https://www.isas.nus.edu.sg/wp-content/uploads/2021/10/WP-353.pdf>, 04/09/2023.

<sup>86</sup> Simant Shankar Bharti & Sushant Shankar Bharti, “India’s Vaccine Diplomacy: Role in New Order and Challenges,” *Torun International Studies*, Vol. 1, No. 14, 2022, 97, DOI: 10.12775/TIS.2021.007.

<sup>87</sup> Ibid.

<sup>88</sup> Bawa Singh, Sandeep Singh, Balinder Singh, & Vijay Kumar Chattun, “India’s Neighbourhood Vaccine Diplomacy During the COVID-19 Pandemic: Humanitarian and Geopolitical Perspectives”.

<sup>89</sup> Ibid.

<sup>90</sup> Niladri Chatterjee, Zaad Mahmood & Eleonor Marcussen, “Politics of Vaccine Nationalism in India: Global and Domestic Implications”, 361.

<sup>91</sup> Ibid.

We can identify here two important elements of the Indian vaccine diplomacy strategy: one that can be seen as a response to China's growing influence in the region, with New Delhi's efforts to counter it; and the second one that can be seen as a polishing of its image and countering the previous criticisms of its "big brother" behaviour in the region. It is also important to underline that India's ability to produce COVID-19 vaccines on a large scale, despite not having an indigenous programme, while engaging in both regional and global vaccine diplomacy, reflects New Delhi's correct understanding of the geopolitical challenges that emerged during the pandemic, with additional understanding of the Indian leadership for the necessity to apply soft power tools, such as vaccines and vaccine diplomacy.

However, since April 2021, the new surge of infections in India, along with the shortage of the raw materials for the vaccine, has, to a degree, hampered India's global efforts in vaccine diplomacy, as the newly produced vaccines were urgently needed for domestic use.<sup>92</sup> With 300.000 new infections and 3,000 mortalities per day during the peak month of May, the Indian government banned all vaccine exports in order to counter the consequences of the new wave of the pandemic, which forced COVAX and AstraZeneca to seek other suppliers of the vaccine.<sup>93</sup>

This created an opportunity for India's main regional competitor, China, to fill the gap in the vaccine supply, which, coupled with India's domestic issues with vaccine production and supply, seriously hurt the country's vaccine diplomacy efforts.<sup>94</sup> Nevertheless, the Indian leadership has a strong desire to continue with the vaccine diplomacy efforts, and New Delhi is promoting collaboration between the local and foreign pharmaceutical companies, such as SII and Novavax, Cipla and Moderna, Biological E. and Janssen, and SII and Gamaleya Institute, for the production and distribution of foreign vaccines in India and potentially abroad at a later date.<sup>95</sup>

India was quick to understand the importance of vaccine diplomacy and global engagement in the fight against the COVID-19 pandemic. Due to the country's developed pharmaceutical and industrial base, as well as its relations with the West, India was quick to obtain both the technology and contracts necessary to produce the COVID-19 vaccines. The country's initial vaccine diplomacy corresponded with the "Neighbourhood First" foreign policy, but later on, it expanded into global outreach. However, India's interests clashed with those of its main adversary, China, and even in light of the global

<sup>92</sup> Simant Shankar Bharti & Sushant Shankar Bharti, "India's Vaccine Diplomacy: Role in New Order and Challenges," 99.

<sup>93</sup> Mao Suzuki & Shiming Yang, "Political Economy of Vaccine Diplomacy: Explaining Varying Strategies of China, India, and Russia's COVID-19 Vaccine Diplomacy", 12.

<sup>94</sup> Ibid.

<sup>95</sup> Ibid.

pandemic, the two countries failed to establish any significant cooperation. For now, it seems that India's vaccine diplomacy got cut short due to the new surges of COVID-19 cases in the country, as well as the lack of raw materials needed to create new batches of vaccine numbers that would be enough for both domestic use and global export and donation. Nonetheless, in the near future, it can be expected that India will resume its vaccine diplomacy as soon as the internal health situation in the country allows for that.

### *Russia – a “Sputnik” moment with the first registered COVID-19 vaccine*

Russia's vaccine diplomacy had a more difficult start compared to the other major powers, which was mostly due to the difficulties with the registration of the Sputnik V vaccine.<sup>96</sup> The “Sputnik V” vaccine (named after the first man-made satellite that was launched into orbit by the USSR in 1957) was registered by the Russian Ministry of Health on August 11, 2020, although the third phase of clinical trials ended on September 7, 2020.<sup>97</sup> Therefore, this was met with criticism from the most Western academic community as well as the mass media.<sup>98</sup> Besides Sputnik V, Russia developed three more COVID-19 vaccines: Sputnik Light, Epivac, and Covivac.<sup>99</sup> However, after the influential medical journal “The Lancet” published a positive report on the safety and efficiency of the Sputnik V vaccine in February 2021, opinion around the world changed in favour of it, and Russia officially acquired an effective tool for its vaccine diplomacy offensive.<sup>100</sup>

The Sputnik V vaccine first appeared in the Central Asian countries, and by the summer of 2021, the Russian vaccine was in use in Kazakhstan, Kyrgyzstan, Turkmenistan, Uzbekistan, and Tajikistan.<sup>101</sup> In Kazakhstan, Karagand Pharmaceutical Complex (*Карагандинский фармацевтический комплекс*) started the local production of Sputnik V in December 2020, while in Uzbekistan, Jurabek Laboratories started the local production of the

<sup>96</sup> К. В. Власова, “Вакцинная дипломатия как новая сфера межгосударственного соперничества”, К. В. Власова & В. А. Тимченко, *Общество. Наука. Инновации* (НПК-2022), Сборник статей XXII Всероссийской научно-практической конференции, Киров: Вятский государственный университет, 2022, 971–980.

<sup>97</sup> Ibid.

<sup>98</sup> Ibid.

<sup>99</sup> Aliaksei Kazharski & Andrey Makarychev, “Russia's Vaccine Diplomacy in Central Europe: Between a Political Campaign and a Business Project” *Mezinárodní vztahy*, Vol. 56, No. 4, 2021, 141, DOI: <https://doi.org/10.32422/mv-cjir.1820>.

<sup>100</sup> К. В. Власова, “Вакцинная дипломатия как новая сфера межгосударственного соперничества”.

<sup>101</sup> Ксения Маслова “‘Мягкая сила’ России в Центральной Азии в контексте борьбы с пандемией коронавируса: может ли ‘вакцинная дипломатия’ завоевать ‘умы и сердца’?” *Постсоветские исследования*, Vol. 4, No. 6, 2021, 531–536.

Russian vaccine in September 2021.<sup>102</sup> The opinion polls that were conducted in Central Asian countries in February 2021 showed that the majority of the population of this region considered Russia to be the country that could provide the most help to their countries in the fight against the COVID-19 pandemic.<sup>103</sup> However, the opinion polls also showed that the prevailing majority of the older population in the region looked at Russia as the country that could provide the most aid against the COVID-19 pandemic, while younger generations saw predominately China, the United States, and other countries as those partners who could aid their countries most.<sup>104</sup>

Italy was considered an EU country that had good relations with Russia before the start of the pandemic, and in March 2020, Russia was quick to answer the call for medical aid issued by Italian Prime Minister Giuseppe Conte.<sup>105</sup> The presence of Russian military personnel in the EU and NATO countries caused considerable stir among the Italian media, especially due to the involvement of one alleged Russian military intelligence officer in the spy affair not long after the aid mission arrived in Italy.<sup>106</sup> Nevertheless, the Italian government was supportive of the Sputnik V vaccine, and the Spallanzani Institute in Rome conducted a joint test of the Russian vaccine with the Gamaleya Institute.<sup>107</sup> The high popularity of Sputnik V in Italy was also due to the online marketing campaign, as it was the only COVID-19 vaccine in the country that had its own Facebook page, Twitter handle, and YouTube channel.<sup>108</sup>

Russia's initial vaccine diplomacy efforts clearly demonstrated a realist approach towards the use of soft power tools for image-building and engagement in the global influence struggle between the great powers. Starting from the development and registration of the first working COVID-19 vaccine to the images of Russian military trucks with medical aid driving on the EU highway, along with the popularity (and distribution) of the Sputnik V vaccine in regions such as Central Asia, Europe, Latin America, and Africa, all

<sup>102</sup> Вера Смирнова, "Пандемия COVID-19 и международные факторы вакцинной политики постсоветских государств Центральной Азии", *Пути к миру и безопасности*, Vol. 61, No. 2, 153-173, DOI: 10.20542/2307-1494-2021-2-153-173.

<sup>103</sup> Ксения Маслова "'Мягкая сила' России в Центральной Азии в контексте борьбы с пандемией коронавируса: может ли 'вакцинная дипломатия' завоевать 'умы и сердца'?"

<sup>104</sup> Ibid.

<sup>105</sup> Serena Giusti & Eleonora Tafuro Ambrosetti, "Making the Best Out of a Crisis: Russia's Health Diplomacy during COVID-19", *Social Sciences*, Vol. 11, No. 2, 2022, 53, DOI: <https://doi.org/10.3390/socsci11020053>.

<sup>106</sup> Ibid.

<sup>107</sup> Ibid.

<sup>108</sup> Raffaello Pantucci & Tafuro Ambroset, "Russian and Chinese Influence in Italy", RUSI, [https://static.rusi.org/288\\_EI\\_Italy\\_Russia\\_China.pdf](https://static.rusi.org/288_EI_Italy_Russia_China.pdf), 04/09/2023, 19.

contribute to the Russian efforts of demonstrating technological and diplomatic superiority regardless of the Western-induced economic and political sanctions, while at the same time helping Moscow to preserve the image of the great power that is still relevant on the global scene. And while Moscow's vaccine-producing capabilities were lacking compared to the Chinese and US ones, it still managed to challenge both Beijing's and Washington's efforts at vaccine diplomacy in the regions deemed important for the Kremlin. However, as the following examples will show, the Russian vaccine diplomacy efforts were something of a mixed success, especially considering the engagements with the EU countries.

Due to the initiative of Slovakian Prime Minister Igor Matovič, Slovakia bought 200,000 doses of the Sputnik V vaccine, which prompted a political crisis in the country. This was due to the lack of approval from the side of the EU regulatory bodies who were still assessing the quality of the Russian vaccine, as well as the lack of access to the data of the clinical trials of the vaccine that were conducted in Russia since they were not delivered to the pharmaceutical regulator bodies in Slovakia.<sup>109</sup> This caused a rift between Prime Minister Matovic and the President of Slovakia, Zuzana Čaputová, as well as some other members of the Slovakian government.<sup>110</sup> Additionally, only around 40.000 doses of Sputnik V were distributed among the population, and the State Institute for Drug Control (ŠÚKL) published information that there were discrepancies between the composition of the delivered doses of Sputnik V and the published composition of Sputnik V that was published in "The Lancet".<sup>111</sup> This all caused strong opposition within the Slovakian governmental coalition, which in turn caused Prime Minister Matovič to resign, while Russia bought back the remaining 160,000 doses of Sputnik V from Slovakia at the purchase price.<sup>112</sup>

A similar situation occurred in the Czech Republic, where, at the personal request of Czech President Miloš Zeman, Russia offered to sell 300.000 doses of Sputnik V.<sup>113</sup> This attracted significant criticism from both members of the Czech parliament and the opposition parties, as there was a perception among them that the vaccines were "a weapon in Russia's hybrid warfare".<sup>114</sup> This all led to the resignation of the Czech Minister of Health and Minister

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<sup>109</sup> Расилевна Каримова, "Медийный образ российской вакцины как инструмент вакцинной дипломатии", *Образование и право*, No. 4, 2022, 25, DOI: 10.24412/2076-1503-2022-4-23-29.

<sup>110</sup> *Ibid.*, 26.

<sup>111</sup> *Ibid.*

<sup>112</sup> *Ibid.*

<sup>113</sup> Alla Atamanenko & Natalia Konopka, "Russia's and China's Vaccine Diplomacy in Central and Eastern Europe", *COPERNICUS Political and Legal Studies*, Vol. 1, No. 1, 2022, 10, DOI: 10.15804/CPLS.20221.01.

<sup>114</sup> *Ibid.*

of Foreign Affairs, while at the same time, a number of Russian diplomatic personnel were expelled from the country. This led to the actual worsening of relations between the Czech Republic and Russia, as well as the political crisis in the Czech Republic itself.<sup>115</sup>

Russia's vaccine diplomacy has achieved greater success in Hungary and Serbia. Considering the case of Hungary, the Hungarian Prime Minister, Viktor Orbán, was actively promoting so-called "Eastern vaccines", such as Sputnik V and Sinopharm, as a part of the "Eastern opening" strategy of the Hungarian foreign policy.<sup>116</sup> The Hungarian government additionally conducted a campaign that was positively related to the Russian and Chinese vaccines, while they were also being presented as more effective than their Western counterparts.<sup>117</sup> This all contributed to the Hungarian government's claims that by the summer of 2021, around 1.8 million Hungarian citizens (out of roughly nine and a half million) were vaccinated with Sputnik V.<sup>118</sup> However, the positive image of Russia and the Russian vaccine in Hungary was significantly augmented by the multi-vector foreign policy of Orbán's government, which contributed to the official governmental support for the vaccination of the population with Sputnik V.<sup>119</sup>

Considering the case of Serbia, in April 2020, Russia sent eleven cargo planes with medical equipment and around a hundred military personnel who were specialised in chemical, biological, radiological, and nuclear (CBRN) defence.<sup>120</sup> In December 2020, Russia sent the first batches of the Sputnik V vaccines to Serbia, followed by more deliveries in the following months. Russia not only delivered significant quantities of the Sputnik V vaccines to Serbia, but it also granted a licence for domestic production. In April 2021, the Serbian institute Torlak, in cooperation with the Russian Investment Fund, started the production of the Sputnik V vaccines, and by August 2021, already half a million doses had been produced.<sup>121</sup> The opinion polls conducted in 2020 and 2021 confirmed the successful reinforcement of Russia's positive image among the Serbian people due to Russia's response to Serbia's call for aid, and the Russia-positive narrative was also highly present in the government media during the first years of the pandemic.<sup>122</sup>

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<sup>115</sup> Ibid.

<sup>116</sup> Aliaksei Kazharski & Andrey Makarychev, "Russia's Vaccine Diplomacy in Central Europe: Between a Political Campaign and a Business Project".

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

<sup>119</sup> Ibid.

<sup>120</sup> Aleksa Filipović, "Vaccine diplomacy during the COVID-19 pandemic on the example of the Republic of Serbia", *Международные отношения*, No. 4, 2021, DOI: 10.7256/2454-0641.2021.4.36719.

<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

Sputnik V is also present in the Latin American region. As of 2021, countries such as Argentina and Mexico are producing the Russian vaccine domestically, while Sputnik V is also present in Bolivia, Paraguay, Venezuela, Guatemala, Honduras, and Nicaragua.<sup>123</sup> However, Russia's efforts in the region were highly negatively influenced by the delay of promised doses to the countries that ordered Sputnik V, as well as a significant reduction of delivered doses compared with the amount that was promised.<sup>124</sup> Some reports suggest that by May 2021, Russia delivered 8.7 million doses of Sputnik V to the Latin American states, while for the same period of time, China delivered 75.8 million doses to the region.<sup>125</sup>

It can be concluded that Russia's vaccine diplomacy met with some success in non-Western countries, mostly due to the confirmation of Russia's technological superiority and ability to globally distribute its COVID-19 vaccine. Even within the European Union, some countries positively reacted to Russia's vaccine initiative, such as Italy and Hungary.<sup>126</sup> There were also setbacks for Russia's vaccine diplomacy, as it was visible in the Czech Republic and Slovakia for technical and political reasons, as well as in the Latin American states, mostly due to logistical and delivery issues. UNICEF data show that by the end of 2021, Russia had managed to distribute less than 80 million doses of the Sputnik V and Sputnik Light vaccines internationally, compared to the 528 million doses distributed by Sinopharm, the 729 million doses distributed by Sinovac, and the 1.5 billion Pfizer doses distributed by the United States.<sup>127</sup>

Nevertheless, Russia demonstrated its ability to quickly adapt to the changing global environment and position itself as a major power willing and able to contribute globally in the humanitarian venture of countering the consequences of the COVID-19 pandemic while building its influence and improving its image in the world. However, there are indications that,

<sup>123</sup> Claudia Marcela Vélez, "COVID-19 and vaccination in Latin America and the Caribbean: challenges, needs and opportunities", UNESCO Office Montevideo and Regional Bureau for Science in Latin America and the Caribbean, 57-70, [https://unesdoc.unesco.org/ark:/48223/pf0000378377\\_eng](https://unesdoc.unesco.org/ark:/48223/pf0000378377_eng), 04/09/2023.

<sup>124</sup> Bernabé Malacalza & Debora Fagaburu, "Empatía o Cálculo? Un Análisis Crítico De La Geopolítica De Las Vacunas En América Latina", *Foro Internacional*, Vol. 62, No. 1, 2021, 25, DOI: <https://doi.org/10.24201/fi.v62i1.2866>.

<sup>125</sup> Sinikukka Saari, "Russia's Corona Diplomacy and Geoeconomic Competition. A Sputnik Moment?", FIIA, [https://www.fiaa.fi/wp-content/uploads/2021/06/bp315\\_russias-corona-diplomacy-and-geoeconomic-competition\\_sinikukka-saari.pdf](https://www.fiaa.fi/wp-content/uploads/2021/06/bp315_russias-corona-diplomacy-and-geoeconomic-competition_sinikukka-saari.pdf), 04/09/2023, 7.

<sup>126</sup> Miloš Petrović & Zlatan Jeremić, "Damaging effects of vaccine geopolitics and the EU's distorted soft power", *Međunarodni problemi*, Vol. 73, Br. 4, 721-722, DOI: <https://doi.org/10.2298/MEDJP2104709P>.

<sup>127</sup> Arsenii V. Kirgizov-Barskii & Vladimir M. Morozov, "Vaccine Diplomacy and Vaccine Nationalism", *Russia in Global Affairs*, Vol. 20, No. 3, 2022, 174, DOI: [10.31278/1810-6374-2022-20-3-162-181](https://doi.org/10.31278/1810-6374-2022-20-3-162-181).

in light of the escalation of the armed conflict in Ukraine, Western countries will be negatively inclined towards accepting the Sputnik V vaccine in the near future, especially since the European Medicines Agency and the World Health Organisation might suspend indefinitely the rolling review of the Russian COVID-19 vaccine.<sup>128</sup> Additionally, in February 2022, the US Department of the Treasury, as well as the Council of Europe, included the Russian Direct Investment Fund (responsible for global marketing and operations related to Sputnik V) on the list of sanctioned Russian entities, therefore halting the activities of the RDIF in Western countries.<sup>129</sup> Some Russian experts believe that the completion of the Sputnik production facilities in Argentina, India, Kazakhstan, and Serbia will aid Russia in circumventing the sanctions and enable continuous distribution of the “Sputnik V” vaccine worldwide.<sup>130</sup> Even though Russia suffered certain setbacks with its vaccine diplomacy efforts, nevertheless, the country’s engagement with it has been crucial in gaining influence, obtaining finances, and enhancing the visibility of Russia in the international medical arena, which was especially true for regions with a power vacuum, such as, for example, Latin America.<sup>131</sup>

The case of Russia demonstrates how technological breakthroughs in vaccine research, along with a good global PR campaign, can generate enough political goodwill even among countries that can be considered adversarial. Russia’s vaccine diplomacy engagement around the world was naturally successful in those countries that, before the COVID-19 pandemic, had good relations with Russia. However, some success was also noted in countries that introduced political and economic sanctions against Russia before the pandemic started. However, in the long run, this was nullified by the escalation of the armed conflict in Ukraine at the beginning of 2023.

Although Russia was the first country to develop and register an effective COVID-19 vaccine, the country’s global vaccine distribution efforts were hindered by production and logistical issues that prevented delivery of the vaccines to other countries on time. This, to a degree, tarnished the image of Russia as a reliable vaccine supplier. However, it is important to note that Russian industry, economy, and R&D centres operate under unprecedented sanctions invoked by the collective West, while at the same time, they face competition in global vaccine distribution from the United States and China. If these factors are taken into general account, then it can be concluded that

<sup>128</sup> Serena Tinari, “Ukraine conflict calls Russia’s vaccine diplomacy into question”, *BMJ*, <https://www.bmj.com/content/376/bmj.o626>, 04/09/2023.

<sup>129</sup> Arsenii V. Kirgizov-Barskii & Vladimir M. Morozov, “Vaccine Diplomacy and Vaccine Nationalism”.

<sup>130</sup> *Ibid.*

<sup>131</sup> *Ibid.*

Russia's vaccine diplomacy managed to "do more with less" for Russian interests abroad, while it also significantly contributed to the global efforts to counter the impact of the COVID-19 pandemic.

### *Conclusion*

The main conclusion that can be drawn is that each of the examined countries had a different approach to vaccine diplomacy based on technological limitations, production capabilities, and geopolitical aims. For each of the countries examined in this research, it can be said that their vaccine diplomacy initiatives yielded positive results. However, as seen from the various examples, each of them also faced difficulties with the production and delivery of the COVID-19 vaccines to other countries or were locked in a regional influence struggle with their competitors, which reflected negatively on their image, as well as the global fight against the pandemic.

During the Trump administration, the United States followed the "America First" policy, which was also reflected in the initial handling of the COVID-19 pandemic. The Trump administration prioritised US citizens for vaccine access, while at the same time, it was breaking links with the WHO over suspicions that China was exerting a strong influence over its leadership. However, this changed with the Biden administration, which sought to restore relations with the WHO and commit resources to the COVAX facility. The United States initiated a vaccine diplomacy offensive, donating vaccines predominantly to Asia and the Western Hemisphere. However, there was a lack of attention given to Africa and the Middle East, and in Latin America, the US was locked into the influence struggle with China over vaccine donations.

China managed to rapidly react to the global need for medical equipment and vaccines due to the developed infrastructure and supply routes of its Health Silk Road, which is part of Beijing's ambitious Road and Belt Initiative. Beijing made a significant impact on the countries of the Global South, as it was not only quick in providing the vaccines and other medical materials to the countries in need, but it also positioned itself as an alternative to the United States and the other Western countries that perhaps did not consider countries of the Global South as a priority for vaccine distribution. Even though Chinese vaccine diplomacy was not always successful, as the case of India demonstrated, Beijing managed to position itself as a "responsible great power" in the emerging multipolar world order.

India quickly understood the importance of vaccine diplomacy in light of the global pandemic, and due to its developed pharmaceutical and vaccine production base, it was able to rapidly engage with the medical and vaccine distribution efforts in its neighborhood. This reflected its "Neighbourhood first" foreign policy, but India's vaccine diplomacy later expanded on a

global level, which caused a direct clash of interests with India's main regional adversary, China. At the end of 2022, India experienced a major increase in the number of new cases of COVID-19 within the country, and, coupled with the lack of the raw materials needed for vaccine production, the country's global vaccine distribution efforts were cut short for the time being. However, it is reasonable to expect that India will resume an active role in its global vaccine diplomacy efforts once the situation in the country is stabilised.

Russia gained significant global prestige with the development and registration of the first effective COVID-19 vaccine, but the distribution efforts to countries that required it were hindered by production and logistical issues. However, Russia managed to make a significant medical R&D breakthrough and start mass-scale industrial production of several COVID-19 vaccines while under the pressure of significant economic and political sanctions imposed by Western countries. At the same time, Moscow faced competition from the United States and China in global vaccine distribution, especially in the regions crucial for Russian national interests, thus forcing the country to do "more with less" with its vaccine diplomacy efforts.

It can be concluded that the major world powers understood the need for engagement in global vaccine diplomacy, not only in order to bring the COVID-19 pandemic to a successful resolution but also to increase their standing as well as their economic and political influence among the countries and regions deemed a priority for their national interests. At the same time, there was a clear global struggle to influence via vaccine diplomacy between the United States, China, Russia, and India, in which arguably both China and Russia sought to challenge the United States' prevailing global political, economic, and military presence. This was evident with the highly media-covered deliveries of Russian and Chinese vaccines to European countries, including some within the EU. Vaccine diplomacy also played an important role in the image branding of both China and Russia, as it countered the prevailing Western narrative that the so-called "Eastern vaccines" are inferior compared to the Western-made ones. However, China and Russia were also locked in competition in Central Asia, a region that sees the diplomatic, economic, and political influence struggle between Moscow and Beijing. This is similar to the competition in regional vaccine diplomacy between India and China, where both New Delhi and Beijing strived to counter each other's vaccine diplomacy efforts and influence building in Southeast Asian countries.

The motives and behaviour of great powers are easily understood if we look at them from the realist perspective, which portrays international affairs as a power struggle among self-interested states driven by competitive behaviours. We can also apply Mearsheimer's theory of offensive realism, in which great powers, driven by fear of each other, act in their own self-interest (self-help) in order to maximise power – or, in other words, employ

military, economic, and diplomatic means to shift the balance of power in their favour. Therefore, we can conclude that in the context of the COVID-19 pandemic, this means employing soft-power tools such as vaccines and vaccine diplomacy in a competitive manner in order to achieve the goals mandated by their national interests. From a realist perspective, it is also important to note the lack of cooperation between the main competitors in the vaccine distribution efforts because the national interests of major world powers negate the possibility of global cooperation and joint vaccine development and distribution.

It can be stated that vaccine diplomacy will still have a prominent role as a tool in the soft-power arsenal of any country that is able to manufacture and distribute the COVID-19 vaccines. By the time of some new global pandemic in the future or the possible emergence of some new COVID-19 strain that could call for new types of vaccines to be developed, we can expect vaccine diplomacy to be a fully developed and prioritised activity in the official foreign policy strategies of the major world powers, based on the experience of the COVID-19 global pandemic.

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