

COVID diplomacy 2.0, a different order of tasks

Indian diplomacy will have to handle the fallout of the vaccine collapse and bio-research regulations



SUHASINI HAIDAR

Prime Minister Narendra Modi's words on Buddha Purnima, that in times to come the planet will remember events as either "pre-Covid or post-Covid" (<https://bit.ly/2SlywUO>) could not hold truer than for India's diplomatic structure worldwide. In the past month, the focus for the Ministry of External Affairs (MEA) and Missions abroad has shifted. While the focus in 2020, during the first wave of the pandemic, was on coordinating exports of COVID-19 medicines, flights to repatriate Indians abroad (the 'Vande Bharat Mission') after the lockdown, and then exporting vaccines worldwide ('Vaccine Maitri'), after the second wave, Covid Diplomacy 2.0 has a different order of tasks, both in the immediate and the long term.

The health crisis

The immediate imperative was to deal with oxygen and medicine shortages that claimed the lives of thousands in the matter of a few weeks across the country. In Delhi alone, more than 3,000 people died in the last week of April, including some from Delhi's diplomatic community, which comprises officials, retired diplomats and foreign diplomats.

The Ministry of External Affairs has had to deal with internal health concerns while galvanising help from abroad for others. It did not help that medical protocols to treat COVID-19 have changed constantly; if the first rush was about bringing in Remdesivir and favipiravir from the United States and Russia, Indian missions are now requesting black fungus medication, as the previous ones have been dropped from the protocol. Despite all this, the Ministry of External Affairs has completed the task of bringing in supplies in a

timely manner, and with success.

Handling vaccine shortages

The rest of the year, if not much of 2022 will focus on bringing in vaccines. The shortage of vaccines in the country has arisen from three factors: the failure of the Government to plan and place procurement orders in time; the failure of the two India-based companies to produce vaccine doses they had committed to, and the MEA's focus on exporting, not importing, vaccines between January and April this year. The challenge now for diplomats has been made all the more imperative by these failures, and much harder, as the visit of the External Affairs Minister, S. Jaishankar, to Washington last week showed. With the companies manufacturing AstraZeneca and Sputnik-V stretched as far as future production is concerned, and Chinese vaccines a non-starter given bilateral tensions, it is clear that the Narendra Modi government is looking to the U.S. to make up the shortfall.

The aim is to do this in several ways. These include requesting the U.S. to share a substantial portion of its stockpile of AstraZeneca doses and to release more vaccine ingredients which are restricted for exports; to buy more stock outright from the three U.S. manufacturers, Pfizer, Moderna and Johnson & Johnson, and to encourage production in India of these vaccines. On each of these issues, the MEA has had to negotiate a difficult route. The U.S. government is holding up its AstraZeneca exports until its own United States Food and Drug Administration approves them; while it has released a small amount (20 million doses) of vaccine ingredients and components, it has not changed the policy yet. Production of Johnson & Johnson single-dose vaccines in India, as had been announced during the Quad summit (<https://bit.ly/3ySd1l2>), will take some time. And as they were originally meant for distribution in South East Asia, it is unclear how many will be provisioned for India.

Even buying vaccines directly



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will need nimble negotiations as the U.S. companies seem set on getting both an indemnity waiver from India as well as Emergency Use Authorisation prior to supplying them. While the government has relaxed its rules for American and other foreign manufacturers, waiving the need for bridge-trials prior to clearance, these demands will need considerable backtracking from firmly held principles. The Government may also need to make a U-turn from its publicly announced policy that States in India will need to negotiate purchases directly, as the U.S. manufacturers want centralised orders, with payments up-front. Diplomats working to help tie up contracts have their work cut out as time is of the essence for India to complete its vaccination goals ahead of a possible third wave of the pandemic.

Patents, diplomatic fallout

Nor will the promise of patent waivers, from India's joint proposal at the World Trade Organization (WTO) reap early benefits, despite support from world leaders such as the U.S., Russia and China. As Mr. Modi during his virtual summit meet with European Union leaders in early May, or as diplomats negotiating to bring Quad partners Japan and Australia, and BRICS partner Brazil on board have found, many countries are still holding out on the idea of freeing up intellectual property rights on vaccines for three years. That could ultimately hold up proceedings at the WTO, as it works by consensus.

The third big challenge for Indian diplomacy is to manage the

fallout of the vaccine collapse. Domestically, the Government has defended its decision to export more than 66 million vaccine doses to 95 countries between January and April this year, pointing out that only 11 million were grants from India, 35 million were commercial exports and 20 million were sent as part of the global COVAX coalition commitments. Its adding that all exports were stopped as soon as cases in India began to soar is an argument that does not wash internationally. Both India's neighbours and partners in Africa as well as global agencies depending on India for vaccines have been left in the lurch by the Government's failure to balance its vaccine budget.

Perhaps the most egregious case is that of Bhutan and its vaccine drive which depended entirely on India's promise of vaccines for its whole population. In March, once India completed delivery of the first batch, of 550,000 Covishield doses, Bhutan completed the administration of the first dose to 93% of its population in a record 16 days. Two months later, Bhutan does not have any vaccines to complete the second dose and has been left requesting other countries for vaccines so it does not miss the deadline amidst a rising number of cases there. Others in the neighbourhood and further afield have fully-paid-up-but-unfulfilled orders. It is no surprise that each of India's neighbours has now sought help from China and the U.S. to complete their vaccination drives. Making amends and regaining trust for India's vaccine and pharmacy exports in the future is going to be a challenge left to the MEA and its missions in several capitals.

Tracing virus pathways

Finally, as more waves of COVID-19 are being speculated, it is becoming increasingly clear that there must be a fuller understanding of what caused it, and India, as one of the worst pandemic-hit countries, must be at the forefront of demanding accountability. Eighteen months, 170 million cases

(<https://bit.ly/3uELFAd>) and over three million deaths later, the World Health Organisation (WHO) which studied "pathways of emergence" of SARS-CoV2 in Wuhan, listed four possibilities: direct zoonotic transmission, an intermediate host, cold chain or transmission through food, or a laboratory incident. While WHO has concluded that the fourth pathway is "extremely unlikely", scientists and agencies around the world are now calling for more research and transparency from China, particularly over the activities at the Wuhan Institute of Virology. Beijing appears adamant on blocking these studies and even the U.S. appears to have dragged its feet on a conclusive finding, possibly because the U.S. National Institutes of Health had funded some of the Wuhan Institute's research, and its Office of the Director of National Intelligence decided last year to discount the "lab-leak" theory (<https://bit.ly/2TokFmI>).

On regulations

India, which has now begun to speak up on the issue, must call for a more definitive answer and also raise its voice for a stronger convention to regulate any research that could lead, by accident or design, to something as diabolical as the current pandemic. Towards that end, it is necessary to revamp the 1972 Biological Weapons Convention (formally known as The Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction) to institute an implementation body to assess treaty compliance, and build safer standards for the future. With its seat at the UN Security Council as non-permanent member and its position on WHO's Executive Board, India could seek to regain the footing it has lost over the past few months of COVID-19 mismanagement, by taking a lead role in ensuring the world is protected from the next such pandemic.

suhasini.h@thehindu.co.in