

CGS PEACE REPORT

an initiative of BPO



Volume 5, Issue 2
March-April 2021



Crime and Violence in Bangladesh:
An Analysis from BPO

COVID-19 Vaccination in Bangladesh: An Overview

Vaccine Nationalism in the Age of the Anthropocene
- Dr. Lailufar Yasmin

Covid-19 Vaccine Diplomacy:
A New Foreign Policy Imperative
- Ambassador Md. Shahidul Haque

CGS PEACE REPORT
an initiative of
BPO- Bangladesh Peace Observatory



Volume 5, Issue 2
March-April 2021

BPO Advisory Board

Stop Violence Coalition
Bangladesh Police
National Defence College
ActionAid
Society for Environment and Human Development
The Daily Star
Ministry of Foreign Affairs

Editor

Professor Imtiaz Ahmed

Editorial Board

Professor Amena Mohsin
Professor Delwar Hossain
Dr. Niloy Ranjan Biswas

Research Associates

Mr. Humaun Kabir
Mr. F. M. Arafat
Ms. Nadia Nur
Mr. Ashique Mahmud
Ms. Faizah Sultana
Ms. Sharin Fatema
Ms. Tasnuba Tazrin Shaon
Ms. Afnan Nur Bhuiyan
Ms. Hazera Khanam
Mr. Shah Mohammad Salahuddin
Ms. Tithy Mondal
Ms. Fatima Jurat
Ms. Mashiat Zafrin Heea
Ms. Sadia Afreen Proma
Mr. Rifatul Islam Rupok
Mr. Arefin Mizan

Cover page photo Source: <https://www.thedailystar.net/frontpage/news/covid-19-vaccination-uncertain-govt-relied-one-source-2107285>

Disclaimer:

Unless otherwise stated, authors are responsible for the views expressed in their respective papers and interviews.

Contents:

From the Editor's Desk.....	1
Crime and Violence in Bangladesh: An Analysis from BPO	4
COVID-19 Vaccination in Bangladesh: An Overview	10
Vaccine Nationalism in the Age of the Anthropocene <i>Dr. Lailufar Yasmin</i>	20
Covid-19 Vaccine Diplomacy: A New Foreign Policy Imperative <i>Ambassador Md. Shahidul Haque</i>	31
Annex	39

Figures:

1: Monthly segregation of Violent and Non-violent incidents.....	4
2: Divisional comparison of incidents of clashes.....	6
3: Divisional distribution of incidents and consequences	8
4: District wise Covid-19 vaccine inoculation based on population ratio	11
5: The Total Number of Vaccinated (1st dose) Population in the Hilly Districts.....	15

Tables:

1: Comparison of major violence types	4
2: Comparison of the changes of consequences	4
3: Divisional segregation of incidents and consequences in terms of population: March-April 2021	9
4: Top Ten District: Vaccinations per 1000 people	11
5: Bottom Ten District: Vaccinations per 1000 people.....	12

From the Editor's Desk

The second wave of the Covid-19 pandemic came with a vengeance, particularly in South Asia. Since the virus in the first wave did not create havoc in the region as much as it did to some Western countries, there was a quick loosening of public restrictions in the movement of people and closing of factories and shops. Some of the government officials and members of the ruling regimes in the region congratulated themselves for the astute decisions of their respective leaders for containing the pandemic. However, some did it more openly than others without thinking that the Covid-19 pandemic is not yet over!

India had the most jovial mood of all, indeed, to the point that it organized the state elections and religious gatherings in different places of the country with the participation of the people in millions with practically no public health measures. As a result, it did not take long for the second wave of the pandemic to strike India, indeed, in the backdrop of policies often devoid of science and more based on faith. The country remained ill-prepared to face the second wave, although it had sufficient time to do the needful. The global media also narrowed down its attention to India because the ill-preparation was markedly noticeable in the capital city of New Delhi. Had it not been for New Delhi, the impact of the Covid-19 pandemic in India probably would not have made headlines in the international media. This is because when compared to its massive population of 1.3 billion, the death toll from the Covid-19 pandemic has remained relatively low, particularly in relation to some of the developed countries. In fact, if we were to look at the per million deaths of the US and UK, 1,901 and 1,909 respectively (as of 9 August 2021), India's per million death figure is only 307. But the mismanagement and the panic were so real that much of its self-congratulation at the end of the first wave came to naught.

Bangladesh, too, got hit by the second wave, but since it got a week or two more than India, it could take steps to restrict its impact to a manageable level, at least until now. It could have done better, but with such a large informal sector, over 85 percent of the workforce living with daily income, enforcing 'hard lockdown' is difficult to implement. On top of this, the people of Bangladesh are yet to develop a culture of wearing masks. This further makes people exposed to the virus and getting infected by it. Not surprisingly, compared to the first wave, Bangladesh saw a steep rise in the rate of infection and the number of deaths in the second wave. The thing that could have made a difference is mass vaccination, but there too, Bangladesh faltered.

Putting all eggs in one basket is always a bad idea! But that is precisely what Bangladesh did with its vaccination policy initially, limiting the Covid vaccine to one kind, the Oxford-AstraZeneca, and the purchase from one source, the Serum Institute of India, without doing much homework on it and keeping options B and C in place. Little consideration was given to the fact that there could be several waves of the Covid-19 pandemic, and such waves could overwhelm the need for the Covid vaccines and the production capacity of the Serum Institute. Moreover, since the latter was only producing the vaccine and did not have the full ownership of the vaccine, not even all the raw materials to produce the vaccine, Bangladesh should have been more cautious in putting money into one source only. Apparently, the second wave of the Covid-19 pandemic halted India's vaccine diplomacy, even discontinuing the shipment of the Oxford-AstraZeneca vaccines to countries that have already paid for the vaccines.

But still, it remains a puzzle as to why the Serum Institute of India could not supply the much-required 1.5 million doses of AstraZeneca vaccines to Bangladesh in the last 3 months to cover those who had only one shot and needed the second jab, which would have been only 500,000 doses per month? Could it be that the US had pulled the rug from India by banning the exports of some of the essential ingredients of the AstraZeneca vaccine to promote its own vaccines, namely, Pfizer-BioNTech and Moderna? Or, did the United States, by enacting the war-time Defence Production Act, wanted to stop India's vaccine diplomacy with the AstraZeneca vaccine since "some of the essential ingredients" were not India's but of the United States? Moreover, a good amount of AstraZeneca vaccines was allowed to go out of date and rot in several countries, including the US and Canada, although millions around the world needed them. If anything, such instances only show the ugly face of vaccine nationalism! At the same time, it also shows the naïveté of our policymakers for not keeping an intelligent eye on such factors unless, of course, diplomatic maneuverings of India convinced Bangladesh to remain focused on one source only! Indeed, one can say with some confidence by looking at some of the Covid vaccinated countries that if we could have continued with the Covid vaccination from the time it first began in February 2021, we could have reduced the number of Covid deaths if not the number of infections during the second wave.

However, Bangladesh was quick to rectify its faltered vaccine policy. The immediate policy shift was to seek and open up to multiple sources. Soon Covid vaccines produced by Pfizer-BioNTech, Moderna, and Sinopharm, including AstraZeneca vaccines from Japan, started arriving in large numbers. Some through the Covax scheme, some gifts, and some directly purchased from the producing country. This allowed Bangladesh to restart mass vaccination in commendable numbers. In fact, on the first day of mass vaccination on 7

August 2021, more than 3 million people got vaccinated, which only showed the strength of Bangladesh's vaccination infrastructure. However, the problem remains with supply. Unless the supply in big numbers is ensured, Bangladesh will not be able to maintain its mass vaccination campaign and contain the Covid-19 pandemic in the shortest possible time. This is important not only from the standpoint of health but also from the country's political economy. Both are critical when it comes to saving lives.

Time, therefore, is critical here. While keeping the multiple sources open, Bangladesh should gear up on the co-production and local production of the Covid-19 vaccines. It is important to keep in mind here that the quicker we can vaccinate the population, the quicker will Bangladesh be able to save lives and create a positive image, which will go a long way in not only attracting the investors and entrepreneurs, both local and international, but also in getting our exportable items all around the world. Lessons from the second wave of the Covid-19 pandemic should not be floundered. In fact, it remains vital in facing the third wave, which is bound to flood South Asia, including Bangladesh, sooner or later!

10 August 2021

Imtiaz Ahmed
Professor of International Relations &
Director, Centre for Genocide Studies,
University of Dhaka

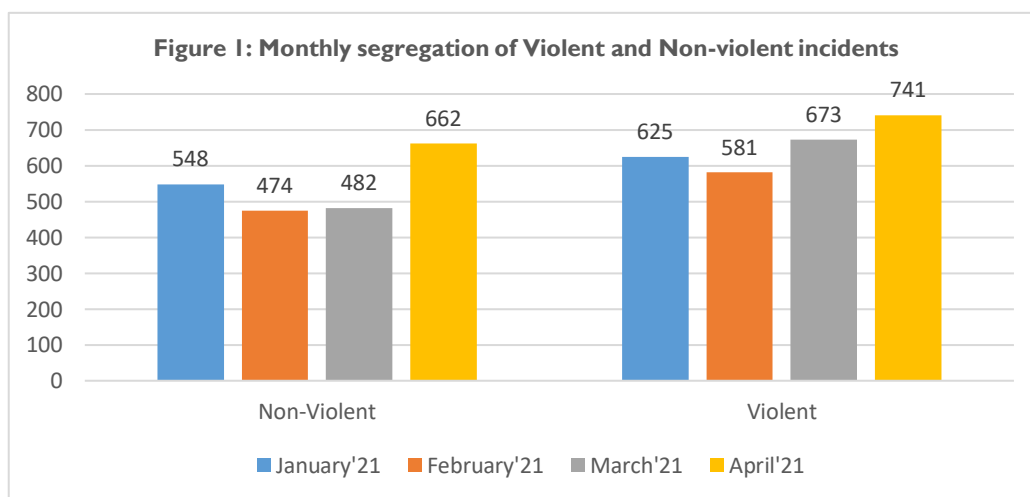
Crime and Violence Update in Bangladesh: An Analysis from BPO

Violence update (March-April 2021)

The Bangladesh Peace Observatory (BPO) brings together different streams of publicly available data on violence using news reports from prominent national and regional dailies. From March-April 2021, BPO has recorded a total of 1414 violent¹ and 1144 non-violent² incidents. Figure 1 shows the monthly segregation of the violent and non-violent incidents of January-February 2021 and March-April 2021. Drawing a comparison between these two timelines, it is noticeable that non-violent incidents gradually decreased

until the sharp rise in April. On the other hand, the violent incidents gradually increased from January-February 2021 to March-April 2021 except for the nominal decline in February.

According to BPO data, the overall number of incidents increased by 14.8% in March-April 2021 than the previous two months. Table I summarises the updates on major violence types that constitute most of the violent incidents. A brief description of each category is available in the Annex.



¹ Violent Incident: According to BPO Codebook: The reported incident involved the intentional use of physical force by an individual or group against another individual or group, in a manner that resulted or could have resulted in death, injury or any other form of physical harm to persons or property.

² Non-violent Incident: According to BPO Codebook: The reported incident did not involve

the intentional use of physical force by an individual or group against another individual or group, in a manner that resulted or could have resulted in death, injury or any other form of physical harm to persons or property, e.g. Arrest, Peaceful Protest, Rescue and Recovery.

The table depicts that incidents under most of the categories increased. The number of gunfights remained unchanged. Table 2 illustrates the comparison of the consequences. The total number of

deaths, abductions, injuries, sexual assaults, and arrests has increased from January-February 2021 to March-April 2021.

Major Violence types	January	February	March	April
Abduction/hostage	15	13	19	19
Assault	397	377	419	461
Clash	60	52	88	77
Destruction of property	12	6	8	14
Fight	14	16	29	8
Gunfight	4	4	2	6
Mob violence (large group assault)	4	3	2	7
Other	7	3	6	18
Sexual assault	102	86	90	111
Unclear	6	18	8	10
Violent demonstration	0	1	1	3

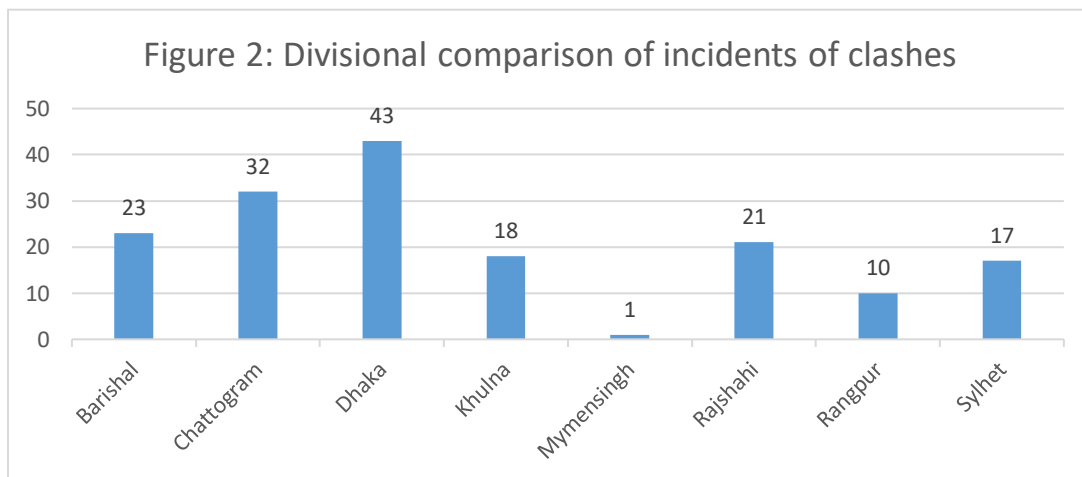
Consequences	Total Killed	Total Abducted	Total Injured	Total Sexually Assaulted	Total Arrested
January-February	623	50	2649	210	4146
March-April	777	60	3375	222	4307
Changes in Percentage	24.7%	20.0%	27.4%	5.7%	3.9%

Understanding the high number of assaults

BPO enlists the inter-personal attacks carried out by different parties against one person/persons by another person/persons for various motives under the assault category. BPO recorded a total of 880 cases of assault in March-April 2021. The motives include domestic violence, dowry-related, land and other

An increasing number of clashes

The total number of clashes increased in March-April 2021 than January-February 2021. More clashes took place in March than April (see Table 1). In 165 clashes reported in March-April 2021, 2280 people were injured, including 54 women. The main motives of these clashes are election-related confrontations, political



enmities related to economic factors, social-personal rivalry, attacks with criminal intent, suicide attempts, etc. Under the assault category, 193 cases of suicide and attempted suicide were reported, and in those cases, 187 people were killed, including 111 women. Besides, the recovery of unidentified dead bodies is also enlisted under this category.

tension between groups, social rivalry, control over land or natural resource, economic and business-related feuds, social and personal trivial matters, etc. 18 reported cases were results of post-election violence after the 5th phase of the municipality election held across the country on February 28.³ Figure 2 depicts the divisional distribution of the clash incidents. It shows that Dhaka, Chattogram, Barishal and Rajshahi have higher incident numbers than the rest.

³ '5th phase municipal polls February 28' The New Age, 19 January 2021, Cited in- <https://www.newagebd.net/article/127668/5th->

[phase-municipal-polls-february-28](https://www.newagebd.net/article/127668/5th-phase-municipal-polls-february-28) , last accessed on- 18 may 2021.

Quite a few municipalities in these divisions were expecting elections.⁴

Increase in Sexual Assault

Reported incidents of sexual assault have increased in March-April 2021 than January-February 2021. Out of 201 reported cases of sexual assaults, there were 21 gang rapes. The perpetrators of these offences were men of different ages, including a few minor boys, teasers, local miscreants, teachers, family members, relatives, neighbours, etc. However, the majority of the victims are girls. In March-April 2021, 22 boys were reportedly victims of sexual assault, which is higher than January-February 2021.

A slight upsurge in Destruction of Property

There are four more reported cases of destruction of property in March-April than in January-February 2021. In addition, there are quite a few reported cases where local Hindu temples were attacked, and idols of Hindu deities were vandalised. Besides, personal and political motives also led to vandalism.

Increase in Fight

The number of incidents of fights increased in March-April 2021 than in January-February 2021. The significant motives of these violent incidents are land-related disputes, social and personal feuds, political tensions, etc.

A low number of Gunfight persists

The number of gunfights went down since August 2020, and the number did not exceed one digit since then. In March-April 2021 also, the number of gunfights remained the same as in January-February 2021. In August 2020, a retired Major of the Bangladesh Army was killed in a reported gunfight. This event might have influenced the sudden decline in Gunfight in August and onwards.

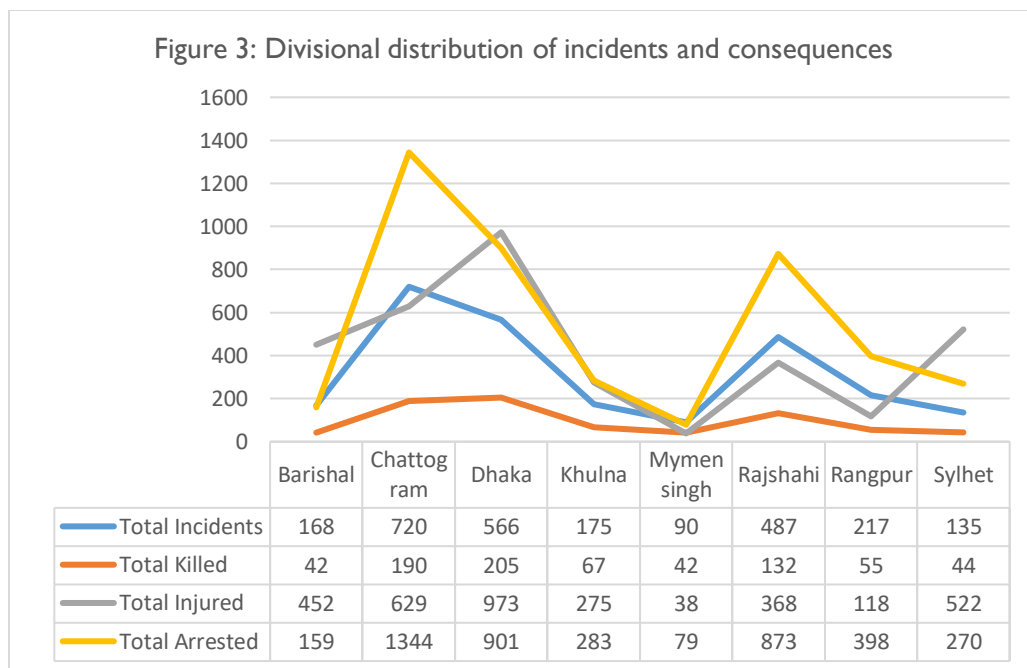
Violence-Population nexus

Figure 3 provides a spatial glimpse through the divisional distribution of the recorded incidents and their consequences. The graph illustrates that Chattogram, Dhaka, and Rajshahi are the first, second, and third respectively in terms of incidents and are second, first, and third respectively in terms of the death count. In addition, these three divisions are the most populous in Bangladesh.

⁴ 'Fifth phase of municipality polls on 28 February' The Business Standard, 19 January 2021, Cited in-

<https://www.tbsnews.net/bangladesh/fifth-phase-municipality-polls-28-february-188263> , last accessed on- 18 may 2021.

Figure 3: Divisional distribution of incidents and consequences



But if the population ratio⁵ is applied to understand the incident prevalence and its consequences, then a different picture emerges. In that case, the Barishal division has the third-highest incident rate, death rate, female death rate, injury rate

and highest injury and sexual assault rate. The Rajshahi division being the third in terms of incident number, occupied the highest incident rate, death rate and, female death rate. Dhaka has lower rates than other divisions (see Table 3).

⁵ The population data is based on the Population & Housing Census 2011, Bangladesh by the Bangladesh Bureau of Statistics. Cited in: <http://www.bbs.gov.bd/site/page/47856ad0-7e1c-4aab->

bd78-892733bc06eb/Population-and-Housing-Census , Accessed on 5 September 2020.

Table 3: Divisional segregation of incidents and consequences in terms of population: March-April 2021

Division	Incident	Rate by pop*	Death	Rate by pop*	Female Death	Rate by pop*	Injury	Rate by pop*	Sexual Assault	Rate by pop*
Barishal	168	2.02 (3 rd)	42	0.50 (3 rd)	16	0.19 (3 rd)	452	5.43 (1 st)	22	0.26 (1 st)
Chattogram	720	2.47 (2 nd)	190	0.65 (2 nd)	62	0.21 (2 nd)	629	2.16 (3 rd)	39	0.13
Dhaka	566	1.14	205	0.41	69	0.14	973	1.96	61	0.12
Khulna	175	1.12	67	0.43	27	0.17	275	1.75	23	0.15 (3 rd)
Mymensingh	90	0.79	42	0.37	21	0.18	38	0.33	11	0.10
Rajshahi	487	2.63 (1 st)	132	0.71 (1 st)	59	0.32 (1 st)	368	1.99	36	0.19 (2 nd)
Rangpur	217	1.37	55	0.35	19	0.12	118	0.75	15	0.10
Sylhet	135	1.38	44	0.45	13	0.13	522	5.32 (2 nd)	15	0.15 (3 rd)

COVID-19 Vaccination in Bangladesh: An Overview

Hazera Khanam*

The sudden outbreak of the COVID-19 global pandemic has turned people's life upside-down since March 2020. This unpredictable crisis has threatened millions of lives across the world and heaves the global economy into the dark abyss for the unforeseeable future. A safe, effective, and reliable vaccine is required to come out from this crisis, and globally, many vaccines have been developed, many are still in the trial phase. Bangladesh received its first consignment of 5 million doses of Oxford-AstraZeneca COVID-19 vaccine co-manufactured by the Serum Institute of India after an agreement with the institute for 30 million vaccine doses.⁶ The countrywide mass vaccination campaign has taken place since February 7 2021, after allocating the vaccines for administering the first dose to 64 districts based on the population ratio. Bangladesh is now seeking vaccine from multiple sources due to the vaccine shortage following the dreadful countrywide mass

infection in India; the country recorded 303,751 deaths since the pandemic started.⁷ Countries like Russia and China are also showing their interest to provide the required vaccines for Bangladesh.⁸

Vaccine Roll Out

According to the Directorate General of Health Services' (DGHS) daily COVID-19 vaccine inoculation update, a total number of 7,151,979 people have registered for their first jab of vaccine inoculation since January 2021 to May 14 2021.⁹ The first dose was administered to 9,454,047 people across the country, of whom 5,946,000 are male and 3,508,47 are female, who received their first dose till May 14 2021.¹⁰ Some people are experiencing mild side effects after getting the vaccine; light fever, cold, soreness are the typical ones. However, severe side effects have shown in few cases as recorded by the DGHS, till May 14, 1001 cases were documented.

* Hazera Khanam, RDA, Bangladesh Peace Observatory, CGS, University of Dhaka

⁶ See 'Bangladesh Receives First Covid-19 Vaccine Consignment from India' Cited in <https://www.ndtv.com/india-news/bangladesh-receives-first-covid-19-vaccine-consignment-from-india-2357801>. Accessed on 10 May 2021.

⁷ See Worldmeter 'India' available at <https://www.worldometers.info/coronavirus/country/india/>. Accessed on 5 May 2021.

⁸ See 'Bangladesh: Uncertainty looms around COVID-19 vaccination' Cited in <https://www.aa.com.tr/en/asia-pacific/bangladesh-uncertainty-looms-around-covid-19-vaccination/2219859>. Accessed on 2 May 2021.

⁹ See 'COVID-19 Vaccination Dashboard 2021' Cited in <http://103.247.238.92/webportal/pages/covid19-vaccination.php>. Accessed on 14 May 2021.

¹⁰ Ibid.

Graph 4- District wise Covid-19 vaccine inoculation based on population ratio¹¹

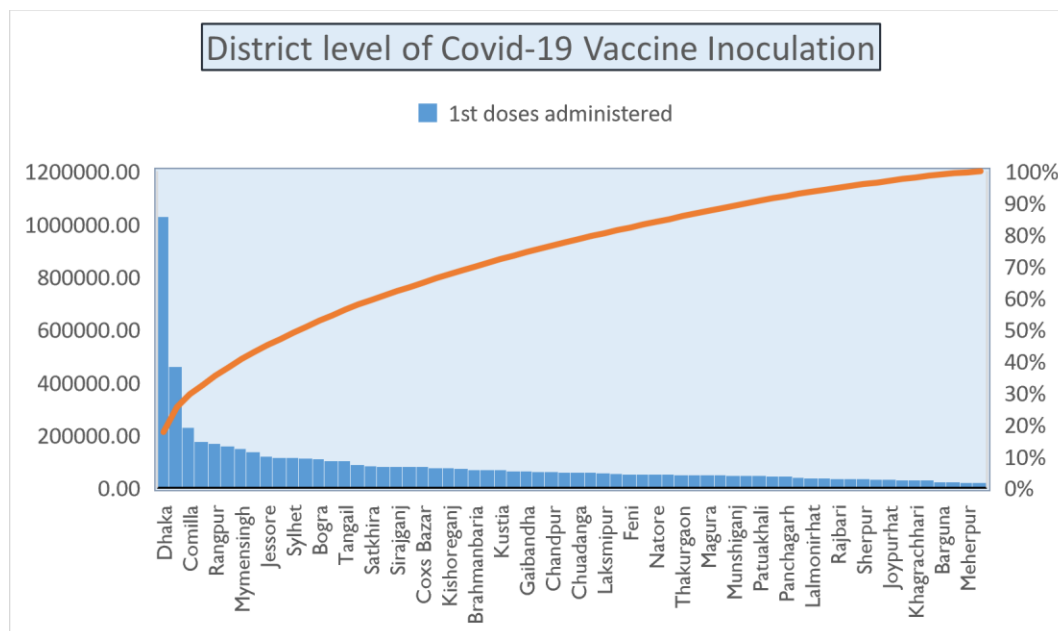


Table 4- Top Ten District: Vaccinations per 1000 people.¹²

Rank	Top 10 District by Total Vaccination	Total Vaccinations (as of 28/04/2021)	Total Vaccinations/1,000 Population
1	Dhaka	1028499	7.45397159
2	Chittagong	459179	5.107664071
3	Cumilla	229109	3.493047721
4	Khulna	175950	6.639622642
5	Rangpur	168569	4.901686537

¹¹ See 'COVID-19 Vaccination Dashboard 2021' Cited in <http://103.247.238.92/webportal/pages/covid19-vaccination.php>. Accessed on 15 May 2021.

¹² See 'COVID-19 graphics' Bangladesh Peace Observatory, Centre for Genocide Studies, Cited in <http://peaceobservatory-cgs.org/#/highlights>.

6	Rajshahi	157747	5.258233333
7	Mymensingh	148741	2.332094701
8	Gazipur	137003	3.386134454
9	Jashore	119323	3.749937146
10	Narayanganj	114362	3.276848138

Table 4 depicts the top ten districts in terms of total vaccinated people. Dhaka holds the first position with an almost 7.5% vaccination rate per 1000 people, and Chattogram holds the second position in terms of the total number of vaccinated people. However, Khulna district has shown a cumulative vaccination ratio than

other districts except for Dhaka, roughly 6.4%. The table also reflected on few districts, Gazipur, Jashore, and Mymensingh, which performed better than other top vaccinated areas. This triad ranked equal in terms of the ratio of total vaccination per 1000 people, close to 3.9, 3.75, and 3.3, respectively.

Table-5 Bottom Ten District: Vaccinations per 1000 people. ¹³

Rank	Bottom 10 District by Total Vaccination	Total Vaccinations (as of 28/04/2021)	Total Vaccinations/1,000 Population
1	Sherpur	33858	2.106907281
2	Rangamati	32600	4.724637681
3	Jaipurhat	32563	3.125047985
4	Khagrachari	30229	4.096070461
5	Madaripur	30183	2.166762383
6	Narail	29972	3.501401869
7	Barguna	23037	2.274136229
8	Bandarban	21229	4.526439232
9	Meherpur	19548	2.6064
10	Jhalokati	19438	2.498457584

Table 5 illustrates the lowest number of vaccinations that occurred in places across the country per 1000 people. Sherpur,

Madaripur, and Barguna districts have performed below the expectations; crudely 2.1% population received the

¹³ See 'COVID-19 graphics' Bangladesh Peace Observatory, Centre for Genocide Studies, Cited in <http://peaceobservatory-cgs.org/#!/highlights>.

vaccine per 1000 people in these districts, mainly government employees, frontline health workers, and people who reside in urban/town areas took the vaccine.

Meanwhile, people from the Chittagong Hill Tracts (CHT) districts, Khagrachari, Rangamati, Bandarban (4.09%, 4.72%, 4.5%) are also placed in the list of the bottom ten districts in terms of vaccine

inoculation. Only 32600 people received the vaccine in Rangamati, the country's biggest district in terms of land area, whereas approximately 21229 people took their first jab of the vaccine till February 2021.¹⁴ Lack of social campaign for nationwide mass vaccination and individual inconsiderateness might be considered as the major factors for not taking the vaccine.

¹⁴ Ibid

Absence of Indigenous Community on Covid-19 Mass Vaccination Campaign

Bangladesh is home to over 50 indigenous groups, roughly covered 1 to 2% of the total population.¹⁵ On this nationwide mass vaccination campaign, the participation of people who belong to the indigenous community is meagre due to the difficulties of reaching out to the most vulnerable communities living in the very remote parts of Bangladesh.¹⁶ Three districts (Bandarban, Rangamati, Khagrachari) of the CHT region, recorded the lowest number of vaccine

The two upazilas of Sherpur named Sreebardi and Jhenaigati are hilly areas and close to the Indian border, people here do not fear covid-19 infection as the infection rate among the hilly people in these two upazilas is shockingly very low. The vaccination rate in the aforementioned areas is also very low. The distance of the hospital from one's home could be the major issue as well as disinterest in being vaccinated. As the government only provides vaccine stock to the Upazila health complexes, it is hard for the poverty-stricken villagers to travel 8/10 kilometres on foot to the hospital for vaccination. The government employed upazila field-level health workers for covid-19 vaccine registration, who are supposed to visit houses and assist elderly people to register via app. Unfortunately, the staffs are unable to follow through with the task and this initiative needs rigorous monitoring from the upper management. Mostly men are coming to the health complexes for the vaccination and I have seen many elderly people who visited there with their family and acquaintances. I think area-based regular announcements through the sound system would be a fruitful initiative to make people aware of the importance of getting vaccinated. (PROTHOM ALO LOCAL).

¹⁵ See 'Self-determination, participation and access to information' Cited in <https://www.un.org/development/desa/indigenouseoples/wp-content/uploads/sites/19/2020/12/EGM->

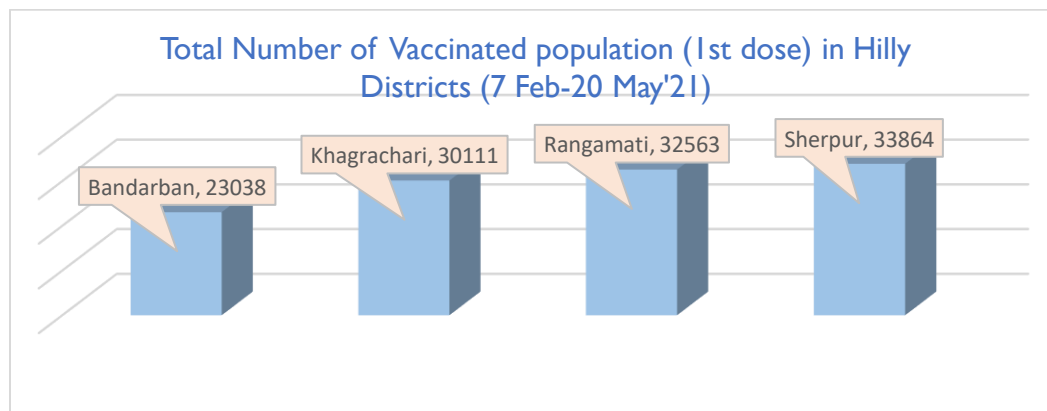
3-Pallab-Chakma_Bangladesh_.pdf. Accessed on 18 May 2021.

¹⁶ Op.cit.

inoculation.¹⁷ Moreover, minorities and people from remote places like-Sherpur and Jamalpur have also been showing less interest in taking the vaccine. Reticence towards vaccinations occurs due to the communication gap between the health workers and the designated community, initial suspicion and fear of taking the vaccine, deaths despite taking the vaccine, unpredictable side effects, etc.¹⁸ In addition to that, the daily hardship of Hill people gave them an advantage as they do possess a robust immunity system, which causes less infection rate, which in turn makes them less concerned about the

covid-19 contamination.¹⁹ However, without taking the vaccine, there is always the possibility of being infected as the virus evolves and mutates from time to time. However, according to the Chittagong Civil Surgeon Office, people are getting over their initial apprehension and fear and showing an increased interest in getting themselves vaccinated in Chittagong. Although this is the general picture of the Chattogram division, it does not reflect the situation in the Chattogram Hill Tracks (CHT) as the infection rate is relatively lower in Rangamati and Bandarban.

Bar Graph 5- The Total Number of Vaccinated (1st dose) Population in the Hilly Districts.²⁰



¹⁷ Roy, Debashish, Personal Communication,2021, March 11.

¹⁸ See 'Covid-19 Vaccination in Bangladesh: We must report responsibly on vaccine side-effects' Cited in <https://www.thedailystar.net/opinion/news/we-must-report-responsibly-vaccine-side-effects-2042689>. Accessed on 11 May 2021.

¹⁹ Roy, Debashish, Personal Communication,2021, March 11.

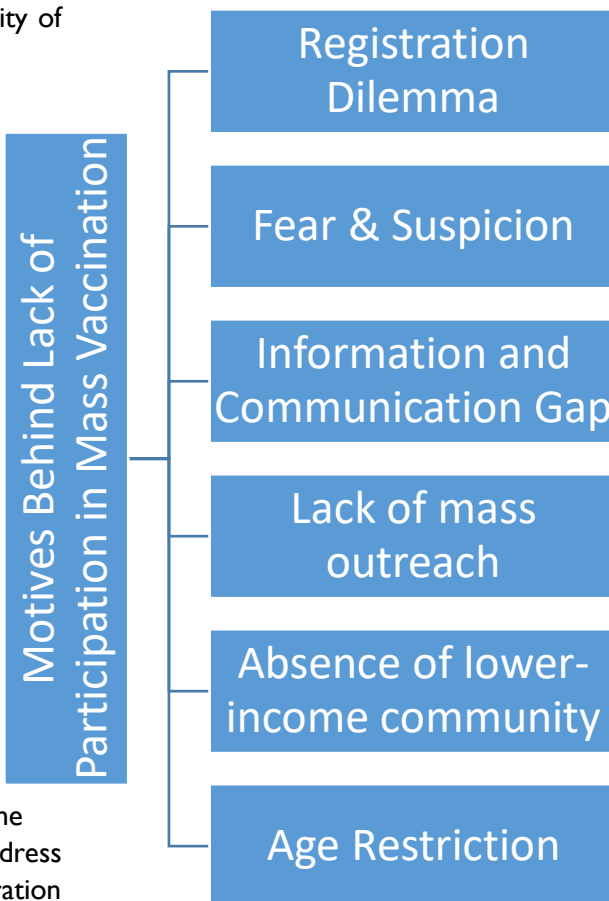
²⁰ See 'COVID-19 Vaccination Dashboard 2021' Cited in <http://103.247.238.92/webportal/pages/covid19-vaccination.php>. Accessed on 23 May 2021.

The illustrated bar chart presented the total number of vaccinated people of four districts, mainly the hilly areas of the country, which comprises the majority of the indigenous population.²¹

Since the nationwide mass-vaccination campaign started, these four districts performed well below the expectation as people showed indifference towards the importance of taking the covid-19 vaccine except the town/Sadar dwellers.

Motives Behind the Lack of interest in taking the vaccine

The DGHS declared that no one would be able to receive the vaccine for Covid-19 in the country without registration.²² The registration process creates confusion among people, especially for people who are not so familiar with the online registration process and are barely familiar with the worldwide web in general. To address this, the DGHS allowed spot registration in many healthcare centres and



²¹ See 'Self-determination, participation and access to information' Cited in https://www.un.org/development/desa/indigenouseoples/wp-content/uploads/sites/19/2020/12/EGM-3-Pallab-Chakma_Bangladesh_.pdf. Accessed on 18 May 2021.

²² See 'DGHS: No vaccine without registration' Cited in <https://www.dhakatribune.com/health/coronavirus/2021/02/03/covid-19-41-000-register-for-vaccination-in-a-week>. Accessed on 17 May 2021.

The digital centre activities in Shariatpur are very poor; most villagers would appreciate assistance from the staff as they do not understand the registration process all by themselves. Besides, many people show their apprehension towards the efficacy of the vaccine. As a result, Shariatpur still could not utilise its preliminary stock of the vaccine allocated for the first phase. Overall, the vaccination rate here is significantly low and the women ratio is even lower than men. In my opinion, accelerating the vaccination rate is a bit of a challenge. We have to organise a social awareness campaign for the mass and need to let them know about the consequences of covid-19 infection.”
**(Prothom Alo local correspondent-
Mr. Satyajit)**

government hospitals.²³ However, the health authorities decided to halt the procedure due to the horrific crowded situation of the vaccine aspirants in various hospital premises as it might trigger mass **contamination**.²⁴ Unfortunately, people from the underprivileged community do not have internet access, nor do they

carry smartphones, so they ignore the registration process altogether. Moreover, the slum dwellers from the capital city and people from low-income communities believe that this is a rich man's disease, it will not harm the poor, so vaccination is not required for them. As the bulk of people are unable to use the 'shurokkha app/website' by themselves, so they start seeking help from others who can assist them to complete the registration procedure on their behalf in exchange for money, who may charge Taka 50/100 for each successful registration.²⁵

Due to the spread of misinformation and rumours through social media, people who are supposed to take the shot get panicked by reading random articles on the internet that spread conspiracy theories.²⁶ In addition to that, side effects of the vaccine generate more suspicion among the people; news reports about people dying from the Covid-19 infection despite

²³ See 'Bangladesh stops on the spot registration at Covid-19 vaccination facilities' Cited in <https://www.dhakatribune.com/bangladesh/2021/02/11/covid-19-vaccine-on-the-spot-registration-halted>. Accessed on 21 May 2021.

²⁴ Ibid.

²⁵ See 'COVID-19 vaccination: Stationery shops charge fees for online registration' Cited in [https://en.prothomalo.com/bangladesh/covid-19-](https://en.prothomalo.com/bangladesh/covid-19-vaccination-stationery-shops-charge-fees-for-online-registration)

[vaccination-stationery-shops-charge-fees-for-online-registration](https://en.prothomalo.com/bangladesh/covid-19-vaccination-stationery-shops-charge-fees-for-online-registration). Accessed on 8 May 2021.

²⁶ See 'COVID: Bangladesh vaccination drive marred by misinformation' Cited in <https://www.dw.com/en/covid-bangladesh-vaccination-drive-marred-by-misinformation/a-56360529>. Accessed on 19 May 2021.

receiving their first jab of the vaccine made the situation more complex and caused immense anxiety.²⁷ For people living in remote areas distance to the vaccine centers is also an obstructive factor. For the ultra-poor livelihood is the major issue, not the vaccine. Amid the nationwide lockdown during the Covid-19, earlier in 2020, community-level campaigns were rampant, organised by the local welfare societies and voluntary organisations to make people conscious regarding maintaining physical distance and other health protocols. Similar mass campaigns on mass vaccination are missing, this can be a factor for the communication gap. The situation worsened due to the shortage of vaccines; health authorities had to impose age restrictions and were required to prioritise citizens accordingly.²⁸ The shortage led to the opting-out of the younger generation from the vaccination drive, and without enough vaccine storage, mass immunisation will not be possible.

Concluding Remarks

In many areas, the number of vaccine receivers is appreciable. In that case, Dhaka, Chattogram, Khulna are way ahead of any other districts in terms of the number of vaccinated population. City and town dwellers covered the bulk of the

From the very beginning, good publicity was done in the Maulavibazar district. The aware society like the administration, volunteers, cultural personalities, politicians everyone took part in the publicity of the vaccination program. Many criticised it but the effort was fruitful as later a large number of people took the vaccine. On top of that, many vaccine receivers shared their experience and photos on social media. Thus, people become interested. 25 volunteers from the Red Crescent Society shared their vaccination activities on social media through storytelling to encourage others to receive the vaccine. I also think that the immigrants also played a positive role in this case. They mostly encouraged their family members and helped them to do the registration. The elderly citizens took the vaccine later, mostly after one week when they got assured about it. People with health complexities also took their vaccines later. Now everyone of different ages is taking the vaccine. I have noticed the number of educated and privileged people was more than the poor, particularly, tea laborers. The Khasia Polli was most organised during the whole lockdown. Many of my known indigenous friends also took the vaccine.

**Ripon Dey, Correspondent
Maulavibazar, Business Standard**

²⁷ See 'Covid-19 Vaccination in Bangladesh: We must report responsibly on vaccine side-effects' Cited in <https://www.thedailystar.net/opinion/news/we->

[must-report-responsibly-vaccine-side-effects-2042689](https://www.thedailystar.net/opinion/news/we-must-report-responsibly-vaccine-side-effects-2042689). Accessed on 4 May 2021.

²⁸ See 'Covid Vaccination: Minimum age to remain 40' Cited in

<https://www.thedailystar.net/backpage/news/covid->

vaccinated population. Those who are interested in taking the vaccine are the educated and solvent ones. However, the Maulavibazar district comes out as an exceptional example due to its distinctive way of social campaigning for covid-19 vaccine inoculation, which stemmed quite an unexpected response from the people, particularly the indigenous people in this area acted responsibly.²⁹

As for the lower-income community immunisation from Covid-19, the health authorities are required to deploy field-level health workers to raise awareness among the community about the importance of vaccination. The government is providing the vaccine without any charges, the free vaccination will continue for a while. Everybody should take the opportunity to immunise themselves against this deadly virus, though it depends on the availability of the vaccine as well.

vaccination-minimum-age-remain-40-2046745.
Accessed on 2 May 2021.

²⁹ Dey, Personal Communication,2021, March 12.

Vaccine Nationalism in the Age of the Anthropocene

Lailufar Yasmin*

By "nationalism" I mean first of all the habit of assuming that human beings can be classified like insects and that whole blocks of millions or tens of millions of people can be confidently labelled "good" or "bad." But secondly—and this is much more important—I mean the habit of identifying oneself with a single nation or other unit, placing it beyond good and evil and recognizing no other duty than that of advancing its interests.

- George Orwell³⁰

Christopher G. Nuttall, in his three-book story under the Ark Royal series depicted the story of a world when the alliance between the Great Powers were affected, global economy was suffering and in the midst of such a turbulent condition, an alien race plans to invade the Earth as they needed 'more space'. An avid reader of science fiction books may argue on the line of Sir Arthur G. Clarke that science fictions are precursor to many inventions in the modern world. Certainly, Leonardo da Vinci's some sketches are interpreted as earlier human curiosity to depict how a flying object may look like. Observing from this perspective, one might find some

eerie similarities between Nuttall's series—Invincible, Para Bellum and Right Line— and the unfolding story of the SARS-Cov19, popularly known as Covid-19, raging the world at present. First detected in late 2019, and gripping the whole world since then, the virus generated interests throughout the world both to the policymakers, scientists and general people as it required simple but mandatory procedures to contain its spread. Along came widely shared speculations on different social media platforms if the virus was man-made or of alien nature, and what would be the next calamity for the humanity. A 2020 fictional calendar received widespread attention that predicted one disaster for each month including the rise of the virus-affected deceased as zombies and the landing of aliens on Earth, among others. Luckily, the dooms-day predictions did not materialize and we still live in a rational world, or so we thought.

In this paper, I articulate how the age of the Anthropocene, not in geologic term but in political term, has initiated an individualist and a self-interested outlook on how to address the Covid-19 Pandemic

* Lailufar Yasmin teaches at the Department of International Relations, University of Dhaka, Bangladesh. She can be reached at lyasmin@du.ac.bd.

³⁰ George Orwell, "Notes on Nationalism", 1945, *The Orwell Foundation*, located at <https://www.orwellfoundation.com/the-orwell-foundation/orwell/essays-and-other-works/notes-on-nationalism/>, accessed on 7 May, 2021.

situation. In other words, the arrogance of the Anthropocene has led to the affirmation of the division of the world based on artificially created political boundaries than realizing that Pandemics do not and by definition, 'air' does not respect such boundaries. It is a collective problem, which is to be identified as such and fought against accordingly. There has to be unified stance no matter where it originated and who is affected less or more. Instead, it has led to the rise of 'putting me before you' attitude where states are being driven by 'vaccine nationalism', which is only going to prolong and compound the crisis itself. It is in this context, I first sketch the origin and understanding about the 'age of the Anthropocene' and why this particular expression has drawn attention in academic parlance. In the next section, I provide a brief overview of the current state of the Pandemic as situation is changing rapidly in different parts of the world. While in April 2020, it was Europe which was the epicenter of the Pandemic, due to sheer negligence and vigilance, now South Asia, and India in particular has turned into the epicenter. I limit the description till the first week of May 2021, given the timeline of this write-up. The major discussion of this paper would

revolve around how nationalism poses a geographic limitation of *imagination* of a community, which starts and ends with its sovereign boundary. The age of the Anthropocene has created such a political limitation based on the principle of sovereignty that it has exacerbated inequalities to the extent that states are interested to invest more on their defence budgets than paying attention to ensuring that their citizens have a healthy life. This is enforced by international law, which is customary in nature but affirms that being a legal persona, a state has the sole control over decisions made within its boundary protected by its sovereign rights. I discuss this by invoking both a theoretical understanding on the state system and nationalism as well as what is happening on the ground that revolves around the control of vaccine production and distribution worldwide.

The Age of the Anthropocene

The human footprint on the environment and the consequent changes that it has caused is known unofficially as the age of the Anthropocene.³¹ First introduced by biologist Eugene Storer to his students during classroom lectures and separately coined and popularized by Nobel Laureate Paul Crutzen,³² the geologic era elucidates

³¹ Damian Carrington, "The Anthropocene epoch: scientists declare dawn of human-influenced age", *The Guardian*, 29 August, 2016, located at <https://www.theguardian.com/environment/2016/aug/29/declare-anthropocene-epoch-experts-urge-geological-congress-human-impact-earth>, accessed on 9 May, 2021.

³² Nicola Davison, "The Anthropocene epoch: have we entered a new phase of planetary history?", *The Guardian*, May 30, 2019, located at <https://www.theguardian.com/environment/2019/may/30/anthropocene-epoch-have-we-entered-a-new-phase-of-planetary-history>, accessed on 7 May, 2021; Jan Zalasiewicz, "Colin Waters and Will Steffen, Remembering the Extraordinary Scientist

how humans have created their indelible marks, which have led to humans' mastery over the Earth. The classification has led to much debate if it deserves to be marked as a separate and significant geological epoch given the types of irreversible damages made by humans against nature. This concern has led to scientific inquiries on how long humans as a species may survive and raised questions if calling humans mastery, as an age of the Anthropocene is 'overrated'.³³ Scientists did not shy away from the predictions that in a couple of centuries, a cow might be the largest land animal to survive on the planet. Amidst such scientific debates, emerges a deadly virus in Wuhan, China and gradually takes advantage of global connectivity and did not limit itself within the confines of just one country. Judiciously spread at every nook and cranny of the world, Covid-19 was declared as a Public Health Emergency of International Concern on January 30, 2020 and then as a 'Pandemic' on March 11, 2020 by the World Health Organization (WHO). The unfolding Pandemic caught the world by surprise and disbelief as this was a time of human's unprecedented advancement in the areas of science and technology, yet 'the virus seems to be winning', as *The Atlantic* continued with the vital warning—lost on specially the political leadership who are in charge of

making hard and unpleasant decisions. The harrowing scenes of people surrendering to the mighty virus, the ghostly sites of the major cities of the world at the first quarter of 2020—all to no avail for recognising that the humanity needs to find a way to collectively battle against the virus—not against each other in the name of protecting national interest. It is being manifested starkly in the raging 'vaccine nationalism' after the vaccine against Covid-19 virus was discovered, taking the form of rich countries securing vaccines from pharmaceutical companies to inoculate their citizens first and obstructing the sharing of knowledge, technical know-how and materials to let the developing countries produce vaccines by themselves. In the most recent development, the US has offered its support to waive World Trade Organization intellectual property (IP) rules in order to scale up production of vaccines in poorer, developing countries as well. However, although the US decision is hailed throughout the world, it is too early to comment as this may lead to, in fact, more precarious situation for developing countries leading to a rise in the prices and to even a vaccine war—that I discuss elaborately in the last section before the conclusion of this paper.

Paul Crutzen (1933–2021)", *Scientific American*, 5 February, 2021, located at <https://www.scientificamerican.com/article/remembering-the-extraordinary-scientist-paul-crutzen-1933-2021/>, accessed on 26, April, 2021.

³³ David Sepkoski, "The Anthropocene Is Overrated", *Foreign Policy*, 16 April, 2021, located at <https://foreignpolicy.com/2021/04/16/climate-change-anthropocene-overrated-humans/>, accessed on 16 April, 2021.

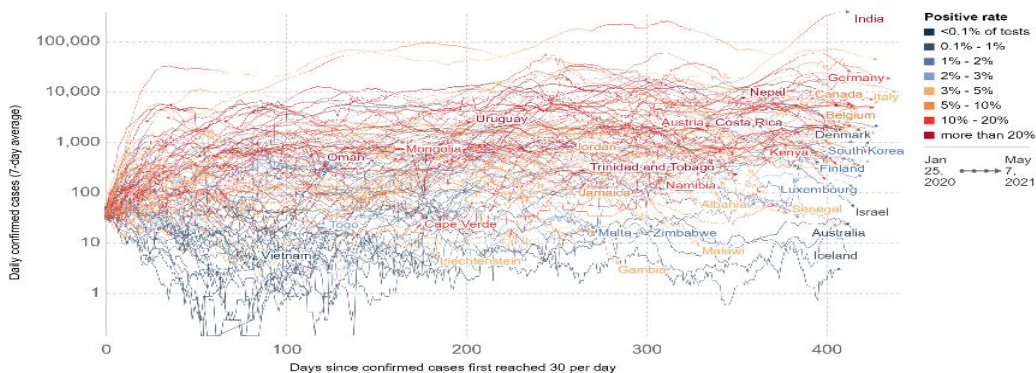
The Raging Covid-19 Crisis in 2021

At the time of this writing, the epicenter of Covid-19 crisis has shifted from the Western countries to South Asia. Quite prematurely after declaring a win over the virus and preparing to hold state elections, the lack of following essential health protocols, social distancing and wearing masks led present day India to see its worst disaster in its existence. While South Asia was seen as 'a strange Pandemic paradox' in 2020 where the cases and death rates were significantly

low compared to many parts of the world,³⁴ the scenario has altered completely the other way this year. At present, South Asian countries are experiencing unprecedented surge in Covid-19 cases with an exception being Bangladesh.³⁵ Two new variants of Covid-19 developed in India alone, with deadlier consequences, while another new variant has emerged in Sri Lanka. Western and Eastern countries have banned international travel from most of the South Asian countries.

Daily new confirmed cases of COVID-19

The line is blue when the rate of positive tests in a country is low – this means a country performs many tests relative to the size of the outbreak. Red indicates a high positive rate of tests. This suggests that the true number of infections may be far higher than the number of confirmed cases.



Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 8 May, 09:03 (London time), Official data collated by Our World in Data – Last updated 7 May, 16:30 (London time)

Note: Only countries for which testing data is available are included. Details about this data can be found at OurWorldInData.org/coronavirus-testing. OurWorldInData.org/coronavirus • CC BY

According to the latest numbers provided by the Johns Hopkins University's Coronavirus Resource Center, globally

confirmed cases are 157,031,743 and globally confirmed deaths are 3,273,085

³⁴ Shakhawat Liton, "South Asia: A strange pandemic paradox", *The Business Standard*, 12 July, 2020, located at <https://www.tbsnews.net/analysis/south-asia-strange-pandemic-paradox-105358>, accessed on 8 May, 2021.

³⁵ "Cases rising alarmingly in South Asia, except for Bangladesh", *The Business Standard*, 8 May, 2021, located at <https://www.tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/cases-rising-alarmingly-south-asia-except-bangladesh>, accessed on 8 May, 2021.

until May 8, 2021.³⁶ In the next section, I draw attention to the theoretical aspects on the state system and nationalism and how this has enforced artificial boundaries among people all over the world.

Theoretical Premise on the Institutionalisation of the State System and Nationalism

The story of the political division of the world began in 1648. The historical epoch of creating sovereignty as a standard of civilisation was embodied in the Treaty of Westphalia. The state system, political modernity and the understanding about the civic space as secular—all emerged with the invention of sovereignty. Although the Westphalian thesis is challenged by a number of scholars—prominent among them is Benno Teschke³⁷—one cannot but deny the powerful role of the Treaty in the creation of state as a legal entity and ensuring its external inviolability as one of the most significant political transformation in human history. So far, we find two threads in this discussion—invention and institutionalisation of sovereignty as a legal principle in a particular geographic area—that is in Europe and thus Europe stood out as the model to be followed.³⁸ The third step in the Anthropocene

determining their areas of activities in terms of political boundaries was the universalisation of sovereignty and its overwhelming and unchallenged seal of approval provided by colonies under European control.³⁹ By 1870, the scramble for Africa had finished and the continent was divided as parts of European territories as European powers have reached at every corners of the world by the end of 19th Century.⁴⁰ Despite their internal developments yet being completed or taking a modern shape—in terms of infusing nationalist birth or the imagination of 'nations'—the consolidation of colonial prowess meant that they created a binary understanding of superiority vs. inferiority, civilised vs. uncivilised and the likes. Thus, the state system, along with its corollaries, stood out as the only political model for the rest of the world to follow. The colonies, generally under the stewardship of Western educated upper middle class or elite leaders found that the height of political maturity lied in embracing (read 'copying and pasting') the Master's formula. This brings in the Hegelian dialectics of the Master is recognising the Slave for the Slave is embracing the Master's creation unabashedly. The state system, thus went through three stages of

³⁶ Johns Hopkins University & Medicine, 8 May, 2021, located at <https://coronavirus.jhu.edu/>, accessed on 8 May, 2021.

³⁷ Benno Teschke, *The Myth of 1648: Class, Geopolitics, and the Making of Modern International Relations* (London & New York: Verso, 2009).

³⁸ Gerrit W. Gong, *The Standard of Civilization in International Society*, (Clarendon Press, 1984).

³⁹ Peter Sutch and Juanita Elias, *International Relations: The Basics*, (London & New York: Routledge, 2007).

⁴⁰ Torbjørn L. Knutsen, "A Lost Generation? IR Scholarship before World War I", *International Politics*, 2008, 45, pp. 650–674.

continuity and has assumed a centrality in the current political system as *the* legal persona whose authority is unparalleled:

- a) The Invention of Sovereignty;
- b) The Institutionalisation of Sovereignty; and
- c) The Universalisation of Sovereignty

Contemporary understanding of nationalism emerged in modern times. By the eighteenth century, everything was referred to as 'national' as the French Revolution sought to render aristocracy to the common people as well.⁴¹ As nation-building processes emerged from the eighteenth century in Europe, 'nation' emerged as the term used for a homogeneous population of homegrown people, tied primarily to an assimilated cultural and linguistic community. The success of this European assimilationist model of nationhood gave it 'precedential' value for the others as a model to follow in organising their own political futures.⁴² The Andersonian 'imagined community' illustrates national imagination as limited in terms of spatial, cultural and modern senses, spurred by print capitalism and the construction of 'national genealogies' where the access of the other is denied.⁴³ While territorial consolidation of states

was somewhat taking a stable shape after the end of the Second World War, the idea of belongingness within a particular territory was a question of 'performative actions' and a 'taught' processes, channeling from the elites to the masses, often considered as a missing element in Andersonian imagination.⁴⁴ Thus, nationalism is often an extension of *haute culture* where the elites articulate the ideology, vision and the shape of a political community. Nationalism, as an ideology, thus dictates the survival of one's own community is of supreme duty, confirming the realist dictum of- no international community exists beyond the border. In the next section, I discuss how nationalism can be theoretically connected to solipsistic ideas on "who in particular I am or which theories of the mind I hold",⁴⁵ which leads to vaccine nationalism of the Anthropocene.

Vaccine Nationalism or Solipsistic Nationalism—A Classic Characteristic of the Anthropocene!

Classifying human beings into political groups, creating artificial separation and by virtue of that asserting rights to save one's own are legitimised by statism as well as

⁴¹ Guido Zernatto, "Nation: The History of a Word", *The Review of Politics*, Vol. 6, No. 3 (July, 1944), pp. 351-366.

⁴² Walker Connor, "Ethnonationalism in the First World: The Present in Historical Perspective," in Milton J. Esman (ed), *Ethnic Conflict in the Western World*, (Cornell University Press, 1977), p. 20.

⁴³ Benedict Anderson, *Imagined Communities: Reflections on the Origins and Spread of Nationalism*, (New York: Verso, 1993).

⁴⁴ Erik Ringmar, "What Benedict Anderson Doesn't Understand about the Imagination", *E-International Relations*, 16 March, 2021, located at <https://www.e-ir.info/2021/03/16/what-benedict-anderson-doesnt-understand-about-the-imagination/>, accessed on 16 March, 2021.

⁴⁵ Sami Pihlström, *Why Solipsism Matters*, (Bloomsbury Academic: London, 2020), p. 5.

nationalism. Vaccine nationalism—a buzzword since March 2020 when two Turkish-born German scientists Uğur Şahin and Özlem Türeci—were the firsts to develop vaccines against Covid-19.⁴⁶ The WHO and Gavi, along with other charities, companies and internationally-recognised public figures created a coalition called COVAX to ensure appropriate supply of the vaccine to the developing and underdeveloped countries. It is in the interest of all so that the vaccine distribution is ensured throughout the world, irrespective of being rich or poor or else the fight against Covid-19 would not be won by any.⁴⁷ Scholars have argued that how best ethically the vaccination program can be run by prioritising ethical goals and the need-based approach of people.⁴⁸ This can clearly be run by health administrators than being run by political decision-makers. Thus, despite the warnings of scientists that this vaccine should be distributed throughout the world for the sake of each other's survival,

⁴⁶ Loveday Morris, “Their coronavirus vaccine candidate has made them billionaires. This modest German Turkish couple doesn't own a car”, *The Washington Post*, 13 November, 2020, located at https://www.washingtonpost.com/world/europe/coronavirus-vaccine-biontech-pfizer/2020/11/12/37acb78c-2467-11eb-9c4a-0dc6242c4814_story.html, accessed on 7 May, 2021.

⁴⁷ Thomas J. Bollyky and Chad P. Bown, “The Tragedy of Vaccine Nationalism”, *Foreign Affairs*, September/October, 2020, Vol. 99, No. 5, pp. 96-108.

⁴⁸ Rohit Gupta and Stephanie R Morain, “Ethical allocation of future COVID-19 vaccines”, *Journal of Medical Ethics*, 2021, 47, pp. 137-141.

and often termed as 'people's vaccine', the political race to control the stock did not pay attention to such pragmatic and mature calls.⁴⁹

The US, under the Trump administration's 'America First' policy, attempted to negotiate to buy a large number of vaccines for its citizens from BioNTech, a German company which was working with US company Pfizer, was seen as the precursor to vaccine nationalism during the Pandemic by demanding: 'Vaccinate America First'.⁵⁰ While the 45th US President Donald Trump is seen as pillaring vaccine nationalism under the 'Operation Warp Speed', sooner or later, other developed nations joined in the race to secure vaccines for their own citizens first. While the European Union has engaged in a legal battle with the United Kingdom over AstraZeneca's supply of vaccines,⁵¹ India's Serum Institute has stopped the supply of vaccines to Bangladesh in April 2021, in order to meet the need of its domestic market, despite

⁴⁹ Andrew Salmon, “The lethal risks of Global North vaccine hoarding”, *Asia Times*, 27 April, 2021, located at https://asiatimes.com/2021/04/the-lethal-risks-of-global-north-vaccine-hoarding/?mc_cid=a917bfb44b&mc_eid=d17229abef, accessed on 27 April, 2021.

⁵⁰ David M. Herszenhorn, “Vaccinate America first, Trump tells G20”, *Politico*, 21 November, 2020, located at <https://www.politico.eu/article/coronavirus-vaccinate-america-first-trump-tells-g20/>, accessed on 7 May, 2021.

⁵¹ “EU lawsuit against AstraZeneca begins in Brussels court”, *Al Jazeera*, 28 April, 2021, located at <https://www.aljazeera.com/news/2021/4/28/eu-lawsuit-against-astrazeneca-begins-in-brussels-court>, accessed on 7 May, 2021.

Bangladesh making full payment of the purchase.⁵² On the other hand, China and Russia are engaged in using vaccine diplomacy to make their footprints stronger in countries who cannot secure vaccines from the pharmaceutical companies of the developed world.⁵³ Russia's vaccine Sputnik V and China's Sinopharm are seen not only as lifesavers for developing nations, but also functioning as extension of their soft power.⁵⁴ The statement of the Serbian

President Aleksandar Vucic is worth noting here who complained, "Today it's harder to get the vaccines than nuclear weapons".⁵⁵ As China is supplying its Sinopharm to nearly 90 countries, Russia is extending its sphere of vaccine influence in European countries, including France and Germany and expected to reach to at least 70 nations.⁵⁶ In the following chart, provided by *The Economist*, one can locate the sphere of influence of Russia and China in terms of vaccine diplomacy:



To bring back the central argument of the paper on Anthropocene's arrogance—the

political division translates this to nationalist arrogance, which in Orwell's

⁵² Md. Kamruzzaman, "Bangladesh: Uncertainty looms around COVID-19 vaccination", *Anadolu Agency*, 25 April, 2021, located at <https://www.aa.com.tr/en/asia-pacific/bangladesh-uncertainty-looms-around-covid-19-vaccination/2219859>, accessed on 7 May, 2021.

⁵³ Tim Gosling, "Russia and China Are Exploiting Europe's Vaccine Shortfalls", *Foreign Policy*, 31 March, 2021, located at <https://foreignpolicy.com/2021/03/31/russia-china-vaccine-diplomacy-slovakia-europe-eu-slow-rollout/>, accessed on 7 May, 2021.

⁵⁴ Michael Leigh, "Vaccine diplomacy: soft power lessons from China and Russia", *Bruegel*, 27 April, 2021, located at

<https://www.bruegel.org/2021/04/vaccine-diplomacy-soft-power-lessons-from-china-and-russia/>, accessed on 7 May, 2021.

⁵⁵ "Vaccine diplomacy boosts Russia's and China's global standing", *The Economist*, 29 April, 2021, located at <https://www.economist.com/graphic-detail/2021/04/29/vaccine-diplomacy-boosts-russias-and-chinas-global-standing>, accessed on 7 May, 2021.

⁵⁶ Dave Lawler, "U.S. could fill 'vaccine diplomacy' void as other powers struggle", *Axios*, 5 May, 2021, located at <https://www.axios.com/vaccine-diplomacy-china-russia-us-india-exports-83360511-847f-4cf6-8467-719b460afd6d.html>, accessed on 7 May, 2021.

language—“the nationalist is often somewhat uninterested in what happens in the real world”.⁵⁷ Vaccine nationalism, as titled in this subsection, thus, takes the form of solipsism. A particular philosophical tradition, solipsism does not recognise the existence of any matter that the mind cannot comprehend. Here, I make my principal argument that the age of the Anthropocene is driven by solipsistic philosophical tradition where humans indiscriminately carried out their activities both against the nature as well as in the political sphere by asserting their superiority over nature. In the political domain, the ‘standard of civilisation’ was invoked to establish European rules over the rest of the world and gradually, prosperity and wealth was amassed from the other part of the world to the West—an expanded philosophical, cultural and political expression of Europe. In this regard, I refer to the oft-cited statement made by René Descartes— Cogito, ergo sum (I think, therefore, I am)—which asserts the rule of ‘Cogito’— “clearly and distinctly” perceived by the intellect”.⁵⁸ The philosophical argument led to the political assertion of humans into one’s own artificially created boundary that justified using of atomic weapons on

innocent civilians to save one’s own. Thus, it is no wonder that in vaccine nationalism, human beings are no longer seen as part of citizens of the world but citizens of a particular country and bounded by their sovereign rights. One must note in this context that vaccine nationalism originated first during the outbreak of H1N1 flu, where countries acted in the similar way and raced to secure their own citizens first.⁵⁹ It is a simple fact that nations are not separated from each other but one’s doom would eventually lead to the doom of the other sooner or later. In this globalised world, or to use Marshall MacLuhan’s phrase, in a ‘global village’, not only diseases need to be contained in a concerted effort but vaccines must be distributed to all for humanity to survive. The particular characteristics of the Covid-19 virus, which is mutating fast, spreading irrespective of weather conditions, and a ‘herd immunity’ cannot be achieved against this particular virus should have generated the formulation of global political alliance based on scientific support—instead, it has created more divisions and blame-games, driven by politically narrow self-interest. Thus, geopolitical calculations⁶⁰ have created a ‘vaccine divide’, only to the detriment of

⁵⁷ George Orwell, *op. cit.*

⁵⁸ Stanford Encyclopedia of Philosophy, “René Descartes”, 2014, located at <https://plato.stanford.edu/entries/descartes/>, accessed on 8 May, 2021.

⁵⁹ “COVID-19 ‘vaccine nationalism’ could block vulnerable populations from access to protection”, *Firstpost*, 22 June, 2020, located at <https://www.firstpost.com/health/covid-19-vaccine-nationalism-could-block-vulnerable-populations->

[from-access-to-protection-8511521.html](https://www.firstpost.com/health/covid-19-vaccine-nationalism-could-block-vulnerable-populations-from-access-to-protection-8511521.html), accessed on 7 May, 2021.

⁶⁰ David P Fidle, “Geopolitics drives vaccine access in Asia”, *East Asia Forum*, 13 April, 2021, located at https://www.eastasiaforum.org/2021/04/13/geopolitics-drives-vaccine-access-in-asia/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter2021-04-18, accessed on 13 April, 2021.

the greater goods—and it is justified by the principle of ‘nationalism’.

The US decision to waive its patent rights on US produced vaccine is seen as a ‘moral’ decision and argued that this might bring an end to the current Pandemic just as previous US decision to waive patents on HIV/AIDS drugs created a consortium of pharmaceutical companies to make the drug available to the world.⁶¹ However, the picture may not seem so bright. In fact, it is being predicted that such a waiver might lead to a ‘vaccine war’ as the US waiver does not address the issues relating to “the growing worldwide shortage of vaccine ingredients and manufacturing equipment”, which are under the US control.⁶² It has also been pointed out that the patent waiver and scaling up productions are not primary issues in this regard, rather the issue is to find experts who would be able to handle the production, ensuring proper distribution processes and marking the steps of the pharmaceutical companies lobbying for special provisions stipulated in the waiver proposal.⁶³ Therefore, apprehensions have already emerged if the waiver alone

would be sufficient to ensure the Covid-19 vaccine as it should be—‘people’s vaccine’.

Concluding Observations: From Vaccine Nationalism to Vaccine Idiocy!

In this paper, I have articulated the nature of vaccine nationalism that we are witnessing at present as the world is fighting against a deadly virus. I have connected the issue with two themes—how the present age is termed as the ‘age of the Anthropocene’ and how the ‘age of the Anthropocene’ is politically manifested to serve the purpose of the few rich and powerful countries. The peculiar nature of the virus taught us that cooperation not competition that would serve the interest of both developed and developing nations. It has also taught us that the presence of a disaster caused by the virus would adversely affect the rest of the world—no matter how much the physical distance is.⁶⁴ The way India is suffering from Covid-19 at present has made *India Today*, an influential and a widely-circulated Indian magazine, to make its cover page of its latest issue as “Covid 2.0: The Failed

⁶¹ Laurie Garrett, “Stopping Drug Patents Has Stopped Pandemics Before”, *Foreign Policy*, 7 May, 2021, located at <https://foreignpolicy.com/2021/05/07/stopping-drug-patents-pandemics-coronavirus-hiv-aids/>, accessed on 7 May, 2021.

⁶² Allison Martell and Euan Rocha, “How the U.S. locked up vaccine materials other nations urgently need”, *Reuters*, 7 May, 2021, located at <https://www.reuters.com/business/healthcare-pharmaceuticals/how-us-locked-up-vaccine-materials-other-nations-urgently-need-2021-05-07/>, accessed on 7 May, 2021.

⁶³ Michael Erman and Blake Brittain, “Analysis: U.S. move to loosen vaccine patents will draw drug companies to bargain -lawyers”, *Reuters*, 7 May, 2021, located at <https://www.reuters.com/business/healthcare-pharmaceuticals/us-move-loosen-vaccine-patents-will-draw-drug-companies-bargain-lawyers-2021-05-07/>, accessed on 7 May, 2021.

⁶⁴ Rebecca Morelle, “Why India’s Covid crisis matters to the whole world”, *BBC News*, 27 April, 2021, located at <https://www.bbc.com/news/world-asia-india-56907007>, accessed on 27 April, 2021.

State”. Added with the Indian variant of Covid, comes the new threat of black fungus attack on Covid patients, which are leaving patients blind, although it is not a big outbreak yet.⁶⁵ Wide vaccination is the only remedy to reducing the lethality of Covid-19 as the current vaccines cannot

provide a 100 per cent protection against the virus. Despite all these information being widely circulated, states are locked in securing doses for their own nationals and thus, making the whole world insecure and proving their ‘vaccine idiocy’⁶⁶.

⁶⁵ Shweta Sharma, “Delhi hospital warns of alarming rise in Covid-induced black fungus”, *The Independent*, 6 May, 2021, located at <https://www.independent.co.uk/asia/india/delhi-covid-mucormycosis-black-fungus-b1843649.html>, accessed on 6 May, 2021.

⁶⁶ Dean Baker, “It’s Not Vaccine Nationalism, It’s Vaccine Idiocy”, *Center for Economic and Policy Research*, 22 September, 2020, located at [\[8hL02k0jhbsbz2zAXn2tbw928X-hUjo8fQLQJMqwdpjpyMI_U_MjDrjUgz3oOBVZLkvyHZVLzxc_YVWWluqTGIWjsasXHcPsgRMtc3jdMYOQtIqxqISHG2VMvQGI7TwnN7Jl85yH_kuZy7Cv3gdyxo2Y6V3rIp0FR TN442PBgkMrnzMncxorfpauL6b7pkcDSlzs-VdCzL6mW9KsyuoRywr_YunPJSoKJcfsrkD8PG0M1rI3l9yTxZc7RZmjbnGeVuT0shBJ0agDRXsv-HTIdHjbbwllVYZkq355YC-NIS7gdb37Zybxu60ATPJC2mul8GXMIKa6TAGeDkjiFpbcje2qxvLg7GpZAg7qhtlfQMtf0LATV_O2dLxrMML0Mvi9QoMqNgHSdDj0z8rhfQGNxjJbO44XOiwWUEUt9zgrLefKq3nrlet7EQMvZkiiPZkKCZcAY4qMmWE07t0pmpXuVHUoA\]\(https://www.independent.co.uk/asia/india/delhi-covid-mucormycosis-black-fungus-b1843649.html\), accessed on 7 May, 2021.](https://cepr.net/its-not-vaccine-nationalism-its-vaccine-idiocy/?_cf_chl_jschl_tk__=7b252d3fa6ba5f5c2641bcc422b1f2d38229ed7a-1620572795-0-AWSp32HYk1xOgdUsQFTYAcudAv4PIE2SRWJT3Ogxlkj-ZKXNDhSlh-fNMFrv6MW-</p></div><div data-bbox=)

Covid-19 Vaccine Diplomacy: A New Foreign Policy Imperative

Ambassador Md. Shahidul Haque*

Introduction

The Covid-19 Pandemic has turned the world upside down profoundly transforming societies, economies, as well as the way the state acts and reacts. The seismic shocks have shifted inter-state relations and diplomacy as well. New lexicons like “vaccine diplomacy”, “vaccine tourism”, “vaccine nationalism” have become recent buzzwords. Some countries have been using the Covid-19 vaccine as a newfound tool to enhance their soft power and to strengthen their sphere of influence on other countries.

Genesis of Vaccine Diplomacy

The use of vaccine diplomacy is as old as the vaccines itself.⁶⁷ History of cooperation to contain and control the spread of infectious and tropical diseases goes back to the 14th century in Europe. In 1851, Europe faced with Cholera, Plague, Smallpox, and Yellow Fever, arranged an International Sanitary Conference in Paris to develop a multilateral cooperation system to control

the Pandemic. Following a series of such conferences and adoption of international sanitary treaties and conventions which eventually led to the establishment of the World Health Organisation (WHO) in 1948. The WHO was given the mandate to facilitate international cooperation to control the spread of infectious diseases and manage international surveillance of diseases. In 1951, WHO adopted the International Sanitary Regulation (ISR) consolidating all treaties and conventions to control infectious diseases globally. The ISR has been revised in 1969 and 2005.⁶⁸ Throughout the process, diplomats played a critical role in advancing international collaboration to prevent the spread of infectious disease through health protocols, vaccines, and related medical equipment. A rather new field of diplomacy evolved popularly known as “health diplomacy”. The nexus of health and diplomacy took further shape in the Millennium Development Goals (MDG) framework and subsequently, in Sustainable Development Goals (SGGs). The importance of foreign policy in health issues was recognised in the report of Commission for Macroeconomics and

* Ambassador Md. Shahidul Haque, Former Foreign Secretary of Bangladesh and Professorial Fellow, North South University Dhaka

⁶⁷ “Vaccine Diplomacy,” Wikipedia (Wikimedia Foundation), accessed April 16, 2021, https://en.wikipedia.org/wiki/Vaccine_diplomacy.

⁶⁸ Susan F. Martin, Sanjula Weerasinghe, and Abbie Taylor, “Humanitarian Crises and Migration:

Causes, Consequences and Responses,” Routledge & CRC Press (Taylor & Francis Group), accessed May 6, 2021,

<https://www.routledge.com/Humanitarian-Crises-and-Migration-Causes-Consequences-and-Responses/Martin-Weerasinghe-Taylor/p/book/9780415857321>.

Health. With the rise of HIV/AIDS and other infectious diseases, health risks including bioterrorist threats became an issue in both national security and foreign policy interests.⁶⁹

The disorganised and rather dismal responses by the WHO to address Coronavirus pandemic has exposed deep rooted faultlines in the multilateral health system. The WHO failed to rise to the occasion.⁷⁰ After the initial set back, WHO launched COVAX, a multilateral initiative under GAVI, a Coalition for Epidemic Preparedness Initiative to help 92 low-income countries in getting vaccines. After initial hesitation, China and the USA joined the COVAX. The SG Antonia Guterres has continued to call for global response to the Pandemic without much impacts. The Security Council has been almost absent for talking about global action to address Pandemic. USA did not agree to adopt a resolution on the Pandemic arguing that public health matters fall outside the Council's "geopolitical" ambit. Though in 2014, UNSC adopted a Resolution (2177)

designating the Ebola epidemic in West Africa as a "threat to international peace and security".⁷¹

The G7 though met in early March 2020, to deliberate on the Pandemic, failed to adopt a Declaration due to the US demand to mention in their statement on Covid-19 virus as "The Wuhan Coronavirus".

Vaccine nationalism or "my early first" approach to allocation will have profound and far reaching consequences on the global coordination to distribute vaccines as well as its market price.⁷²

Beginning of this century, a global network of global health diplomacy evolved, referring to activities related to innovation and production of vaccines to protect the life of people.⁷³ It could also be seen as a mode of hybrid international negotiations involving vaccines, science, development, and diplomacy. During the Cold War, the science of vaccine diplomacy entered a new era in terms of competition and cooperation between states and pharmaceutical industries. Various kinds of alliances were also established during

⁶⁹ Josh Michaud and Jen Kates, "Global Health Diplomacy: Advancing Foreign Policy and Global Health Interests," *Global Health: Science and Practice* (Research Gate, March 2013), https://www.researchgate.net/publication/266568925_Global_health_diplomacy_Advancing_foreign_policy_and_global_health_interests.

⁷⁰ Stewart Patrick, "When the System Fails COVID-19 and the Costs of Global Dysfunction," *Foreign Affairs*, January 1, 1970, <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-612370>.

⁷¹ Stewart Patrick, "When the System Fails COVID-19 and the Costs of Global Dysfunction,"

Foreign Affairs, January 1, 1970, <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-612370>.

⁷² Thomas J. Bollyky, Jennifer Nuzzo, and Joshua M. Sharfstein, "The Vaccine Pause Heard Round the World," *Foreign Affairs*, May 5, 2021, <https://www.foreignaffairs.com/articles/world/2021-04-23/vaccine-pause-heard-round-world>.

⁷³ Peter J. Hotez, "'Vaccine Diplomacy': Historical Perspectives and Future Directions," *PLoS Neglected Tropical Diseases* 8, no. 6 (2014), <https://doi.org/10.1371/journal.pntd.0002808>.

the period, such as, the “Developing Countries Vaccine Manufacturers Networks” (DCVMN) and the GOVI Alliance. In 2007, foreign ministers from Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand adopted the “Oslo Ministerial Declaration” linking global health to foreign policy. Defining global health diplomacy Kirbuseh emphasised the process of positioning health in foreign policy negotiations to enhance global cooperation to protect health issues.⁷⁴

Covid-19 Pandemic Vaccine Geopolitics

It is during the Covid-19 Pandemic that vaccine diplomacy acquired a new significance. The invention, production, and distribution of the vaccine to control Covid-19 have opened new avenues of geopolitical cooperation and competitions. The vaccine-producing countries have become active in a competition to carve out their respective sphere of influence among the non-vaccine-producing countries. Globally there are about seven countries which can produce vaccine in general, namely China (196.4 million doses), the US (136.1 million doses), EU (96.2 million doses), India (68 million doses), UK (19.3 million doses), Russia (11.8 million doses) and Switzerland (5.6 million doses).⁷⁵ There is a “vaccine club” of countries and the EU

who have the ingredients to produce and are also producing the vaccine. The countries of this club are Argentina, Australia, Brazil, Canada, Russia, China, India, Japan and South Korea, But the majority share belongs to China, India, EU, UK and the USA.

The US accounts for 27% of the world's coronavirus vaccine production with a supply chain for ingredients within the USA. China, Russia, and India. The Serum Institute and the Bharat Biotech of India are considered to have the largest production capabilities.

With the ravaging spread of the pandemic, the vaccine-producing countries suddenly found a new soft power tool to energize their geopolitical gains. In this, China, Russia, and India have made early moves to gain grounds.

Till 2019, China was relatively a small player in the global pharmaceutical industry providing less than 2% of medical goods to the UN. Whereas, India was providing 22%.⁷⁶ Since the pandemic, China has ramped up its production facilities. Currently, China is delivering vaccines to about 53 countries. Russia's Sputnik V vaccine is gaining wider acceptance in Europe including Germany, Czech Republic, Slovakia, Hungary. Both Germany and France are in discussion with Russia for the joint production of

⁷⁴ “Oslo Ministerial Declaration—global health: a pressing foreign policy issue of our time” *Lancet* 2007; 369: 1373–78, April 2, 2007. <https://journals.co.za/doi/abs/10.10520/ejc-accordc-v2020-nsed-a9>.

⁷⁵ “Biden's next Challenge: Vaccine Diplomacy,” *Yahoo! News* (Yahoo!, March 22, 2021), <https://news.yahoo.com/bidens-next-challenge-vaccine-diplomacy-093015973.html>.

⁷⁶ Richard Jared Heydorian, *Aljazeera*

Sputnik vaccine.⁷⁷ China is supplying the Sinopharma vaccine to Hungary, Serbia and Turkey. China's strategy to deliver vaccine is shown as a component of "Health Silk Road": It is seen as an extension of its Belt and Road Initiative (BRI) and as an expression of their soft power. China and Russia are competing to deliver vaccines to Eastern Europe, the Balkans to Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine. In the absence of a clear strategy from the EU on vaccine procurement, China, Russia and India are pursuing vaccine diplomacy vigorously to achieve special concession from those countries and simultaneously attain geopolitical gains. ⁷⁸ For instance, China demanded change of the position of Paraguay or Taiwan and demanded that Brazil open up its market to 5G Huawei in return for the vaccine. This has resulted in a new kind of tension between EU, China and Russia. Meanwhile, China has declared its Sinovac and Sinopharm vaccines a "global public good" in line with the announcement of President Xi Jinping who declared that China will treat the Covid-19 as a "global public good". He considered vaccine delivery as a part of

the "Health Silk Road" under China's BRI initiative.

India's pharmaceutical industry accounts for 20% of the world generic medicine and more than 60% of all global vaccine production.⁷⁹ By the beginning of January 2021, India got deeply engaged in vaccine diplomacy and at the same time made a strong drive to produce vaccines in India. While meeting demands at home (a billion doses), India promised to deliver about 20 million to neighbouring countries Nepal, Bangladesh, Sri Lanka, Afghanistan, the Seychelles, and Mauritius under commercial pacts.⁸⁰ Meanwhile, India sent 3.2 million free doses to Bangladesh, Nepal, Bhutan, and the Sri Lanka under Prime Minister Modi "Vaccine Maitri " campaign. According to the Indian Foreign Ministry 72 countries have received about 60 million doses of India's Serum Institute of the Anglo-Swedish firm AstraZeneca vaccine till it stopped exporting vaccines. Earlier, India committed to produce 1 billion doses of AstraZeneca by May 2021; but could not keep up to the commitment due to the stoppage of supply of ingredients from the USA. This has raised questions about not meeting the domestic

⁷⁷ Michael Leigh, "Vaccine Diplomacy: Soft Power Lessons from China and Russia?," Bruegel, April 27, 2021, <https://www.bruegel.org/2021/04/vaccine-diplomacy-soft-power-lessons-from-china-and-russia/>.

⁷⁸ Jamie Levin Simon Frankel Pratt, "Vaccines Will Shape the New Geopolitical Order," Foreign Policy, April 29, 2021, <https://foreignpolicy.com/2021/04/29/vaccine-geopolitics-diplomacy-israel-russia-china/>.

⁷⁹ Sadanand Dhume, "Opinion | India Beats China at Vaccine Diplomacy," The Wall Street Journal (Dow Jones & Company, March 18, 2021), <https://www.wsj.com/articles/india-beats-china-at-vaccine-diplomacy-11616086729>.

⁸⁰ Aarshi Tirkey Harsh V. Pant, "India's Vaccine Diplomacy," Foreign Policy, January 22, 2021, <https://foreignpolicy.com/2021/01/22/india-world-pharmacy-vaccine-diplomacy-compete-china/>.

vaccine demands before exporting the same.

The persuasion of vaccine diplomacy by India, Russia and China has led to fierce competition among the rising powers in Asia. The initial advantage attained by India faced a setback due to the devastating effect of the second wave of Covid-19 in India and the almost simultaneous disruption of serum production facility in April 2021. On the other hand, China had brought Covid-19 Pandemic under control in China and went into full force production of vaccines Sinopharm, Sinovac, and Kexing. WHO has very recently approved both Sinopharm and Sinovac.

In a scenario where India had almost stopped delivering vaccines abroad by March-April 2021, China launched vigorous campaigns to deliver Chinese vaccines to developing countries. China also initiated a process involving South Asian countries, viz., Afghanistan, Bangladesh, Nepal, Pakistan and Sri Lanka (except India) on April 27 2021, China along with the five South Asian countries adopted a joint Ministerial statement highlighting that the Pandemic is “a common enemy of humankind”. The declaration, under the BRI initiative, called to establish the “South Asian Countries

Emergency Supplies Reserve” and a “China-South Asian Countries Poverty Alleviation and Cooperation Development Centre.” A Foreign Ministers’ joint statement expressed opposition to a politicizing of the vaccine and called for avoiding “vaccine nationalism”, and delivery of vaccines on the principles of equity and justice. China also made a commitment to cooperate for producing the Covid-19 vaccine under joint facilities. In March President Xi also wrote a letter to Prime Minister Modi offering China’s support to combat the Covid-19 Pandemic’s second wave.⁸¹

Some of the developing countries have been rather successful in making early diplomatic moves to procure and produce vaccines.⁸² Such as Mongolia which took a strategic decision to procure vaccine from multiple sources including Russia, China, India and the USA. By March, Mongolia was able to vaccinate 42.4% of its population.⁸³ Similarly, Indonesia’s State owned BioFarma⁸⁴ by January 2021, started producing the Chinese vaccine with materials from China.

Israel has also taken advantage of its vaccine diplomacy to boost its geopolitical strength. Reportedly, Israel offered its vaccines to Honduras, the Czech Republic,

⁸¹ Star Digital Report Star Digital Report, “India Discusses Cooperation in Medical Supplies with China, US,” The Daily Star, May 1, 2021, <https://www.thedailystar.net/world/news/india-discusses-cooperation-medical-supplies-china-us-2086805>.

⁸² Bolor Lkhaajav, “How Mongolia Made the Most of Vaccine Diplomacy,” – The Diplomat (for The Diplomat, May 6, 2021),

<https://thediplomat.com/2021/05/how-mongolia-made-the-most-of-vaccine-diplomacy/>.

⁸³ Bolor Lkhaajav, “How Mongolia Made the Most of Vaccine Diplomacy,” – The Diplomat (for The Diplomat, May 6, 2021), <https://thediplomat.com/2021/05/how-mongolia-made-the-most-of-vaccine-diplomacy/>.

⁸⁴ Aljazeera, March 2021

Guatemala in exchange for moving their Embassies to Jerusalem.⁸⁵

On the other hand, the US, primarily due to Trump's ultra-nationalist policies, lost initial leadership in the vaccine diplomacy. Even President Biden is finding it difficult to take back the leadership and to help the rest of the world in the fight against the pandemic.⁸⁶ Recently, Biden has made \$4 billion donation to COVAX (Covid-19 Vaccine Global Access) - a WHO Initiative to provide vaccines to developing countries. COVAX aims to immunise 20% of people in each of the developing countries. Earlier Trump did not join the COVAX initiative.

In March 2021, the US along with Japan, India, and Australia under the Quadrilateral Security Dialogue (QUAD) agreed at the Summit level to jointly supply vaccines in the Indo-Pacific region.⁸⁷ Analysts see this initiative as a move to restrain China for its expansive vaccine diplomacy and strengthening of its soft power in the Indo-Pacific region.

⁸⁵ Jamie Levin Simon Frankel Pratt, "Vaccines Will Shape the New Geopolitical Order," Foreign Policy, April 29, 2021, <https://foreignpolicy.com/2021/04/29/vaccine-geopolitics-diplomacy-israel-russia-china/>.

⁸⁶ Michael Hirsh, "Health Experts Slam Biden's 'Massive' Global Leadership Failure," The Business Standard, April 30, 2021, <https://www.tbsnews.net/analysis/health-experts-slam-bidens-massive-global-leadership-failure-239419>.

⁸⁷ "Quad Leaders' Joint Statement: 'The Spirit of the Quad,'" The White House (The United States Government, March 12, 2021), <https://www.whitehouse.gov/briefing->

Vaccine and Intellectual Property Rights

The vaccine invention and production is a complex, delicate and expensive venture. It costs about one billion in developing one type of vaccine⁸⁸ and pharmaceutical companies protect their rights through issuing patents. The WTO's TRIPS Agreement (came into force in 1995) protects pharmaceutical patented companies' right to high prices. In 2001 in Doha, Qatar, Ministerial meeting, WTO members declared that the TRIPS Agreement "can and should be interpreted and implemented in a manner supportive of WTO Members' rights to protect public health and in particular to promote access to medicine for all".⁸⁹ Under the TRIPS Agreement a national government facing a public health emergency can issue what is known as compulsory licenses to local companies which allow that company patent products without the consent of the patent owner.⁹⁰ Faced with Covid-19 Pandemic, South Africa and India made an application

[room/statements-releases/2021/03/12/quad-leaders-joint-statement-the-spirit-of-the-quad/](https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/12/quad-leaders-joint-statement-the-spirit-of-the-quad/).

⁸⁸ Jennifer Hillman, "Drugs and Vaccines Are Coming-But to Whom?," Foreign Affairs, July 24, 2020, <https://www.foreignaffairs.com/articles/world/2020-05-19/drugs-and-vaccines-are-coming-whom>.

⁸⁹ Jennifer Hillman, "Drugs and Vaccines Are Coming-But to Whom?," Foreign Affairs, July 24, 2020, <https://www.foreignaffairs.com/articles/world/2020-05-19/drugs-and-vaccines-are-coming-whom>.

⁹⁰ Jennifer Hillman, "Drugs and Vaccines Are Coming-But to Whom?," Foreign Affairs, July 24, 2020,

to waive patent rights to produce Covid-19 vaccines. On May 5, 2021, WTO TRIPS Council deliberated on the waiver application; US Trade Representative Katherine Tai said in the meeting that “this is a global health crises and the extraordinary circumstances of the Covid-19 pandemic calls for extraordinary means”.⁹¹ A day before ‘Office of the United States Trade Representative’ issued a statement announcing Biden-Harris Administration’s support for wavering intellectual property protection for Covid-19 Vaccine.⁹² This announcement is considered as a game changer in the fight against the Pandemic. But EU countries are yet to support the waiver proposal. Germany has already rejected the waiver of patent on Covid-19 vaccine proposal stating that main factors in vaccine production are capacity and quality standards, not patents.⁹³

The global pharmaceutical companies have strongly opposed any ideas of patent waivers. The Pharmaceutical Research and Manufacturers of America (PhRMA) has issued a scathing rebuke of the US decision. Its’ CEO has called this US decision as an “empty promise”.⁹⁴ The vaccine-producing pharmaceuticals see the move to waive the patent on Covid-19 as seriously hampering their attempts to

make huge profit out of vaccine production in the pandemic period and also in the long run. The Pfizer, Covid-19 vaccine producers announced \$3.5billion in revenue out of vaccine sales in February-April 2021 making an estimate of US \$900 million in profit.⁹⁵

The final adoption of the TRIPS Council will, however, take couple of months unlikely to be before November 2021 because there is a need for a consensus among the WTO members on the final decision. Some analysts feel that TRIPS waiver may not be sufficient to increase Covid-19 vaccine production, it must be accompanied by technology transfer, in which patent holder supply technical know-how, formula, and ingredients to the co-producer.

Conclusion

The Covid-19 vaccine production and distribution is likely to have impacts not only on the market and health but also on the geopolitical order particularly in Asia. Analysing the tough competition among the rising Asian powers, it could be said that the Covid-19 vaccine is more of a “geopolitical good” rather than a “public good”.

<https://www.foreignaffairs.com/articles/world/2020-05-19/drugs-and-vaccines-are-coming-whom>.

⁹¹ ‘Statement from Ambassador Katherine Tai on the Covid-19 Trips Waiver’, May 5, 2021, <https://ustr.gov/about-us/policy-offices/press-office/press-releases/2021/may/statement-ambassador-katherine-tai-covid-19-trips-waiver>.

⁹² “Statement from Ambassador Katherine Tai on the Covid-19 Trips Waiver,” United States Trade

Representative, accessed May 8, 2021, <https://ustr.gov/node/10649>.

⁹³ Reuters, 6 May 2021

⁹⁴ Colm Quinn, Morning Brief, Foreign Policy, 6 May 2021

⁹⁵ Colm Quinn, Morning Brief, Foreign Policy, 6 May 2021

It is obvious that China, Russia, and India are simultaneously pursuing bilateral channels and regional mechanisms to carry forward their respective foreign policy priorities.⁹⁶ The vaccine producing countries are also engaged in a competition among themselves not only to gain advantages in vaccine business market but equally to gain geopolitical advantages in the Indo-Pacific region. The non-vaccine-producing countries including South Asian countries seem to have become an important turf for vaccine diplomacy. Except for India, most of the South Asian countries are increasingly looking at China and Russia as their new source for vaccines. This is likely to have an implication for the developing countries in their foreign policy pursuit, especially on their ability to exercise strategic independence. These countries should critically look at the multiple sources of Covid-19 vaccine keeping multiple procurement options open for them depending on the effectiveness of the vaccine, costs etc, as well as its long-term consequences on their broader foreign policy relations. On the TRIPS front, the

non-vaccine-producing developing countries should also play an active role in the debates for waivers of patents on the Covid-19 vaccine. The TRIPS decision will have a long-term implication on Covid-19 vaccine co-production.

Bangladesh pharmaceutical industry, including Incepta and Popular have the capacity to manufacture the vaccine. Bangladesh is the lead country in TRIPS negotiation on vaccines on behalf of LDC countries. They should strategically manage the Covid-19 procurement facilities balancing forces and factors behind vaccine production and distribution with the respective national interests, values, and long-term relations with countries. This will remain a foreign policy challenge for the non-vaccine-producing countries. As the world is unlikely to be the same in the post-Covid era, world order would also go through fundamental shifts due to intensive Covid diplomacy. Countries need to cope up and adjust to the emerging geopolitics and eventual order.

⁹⁶ “Rising-Power Competition: The Covid-19 Vaccine Diplomacy of China and India,” The National Bureau of Asian Research (NBR), March 18, 2021, <https://www.nbr.org/publication/rising->

[power-competition-the-covid-19-vaccine-diplomacy-of-china-and-india/](https://www.nbr.org/publication/rising-power-competition-the-covid-19-vaccine-diplomacy-of-china-and-india/).

Annex:

Some definitional clarification according to BPO Codebook.

Gunfight. Shootout between the law enforcement agencies and criminals, militants, or other irregular forces, including amongst the latter, that does not match the definition of a non-state armed group.

Clash. Two-sided violence between groups, outside of the context of war or insurgency. *Example: supporters of rival political parties fight each other.*

Assault. One-sided violence by an individual or small group against another individual or small group. *Example: stabbing, shooting of someone by a perpetrator*

Fight. Two-sided violence between individuals or small groups. *Example: brawl between 3-4 people.*

Sexual assault. One-sided sexual violence, such as rape or attempted rape, by an individual or small group against another individual or small group.

Destruction of property. One-sided violence perpetrated with the intent of damaging property. *Examples: vandalism, arson.*

Mob violence (large group assault). One-sided violence by a mob or large group against an individual or a comparatively small and/or defenseless group. *Examples: lynching of a thief, looting of shops and houses owned by a religious minority.*



E-mail: cgs@du.ac.bd
Telephone: PABX 88-2-9661900, Ext. 4647

Supported by



*Empowered lives.
Resilient nations.*

© 2021 Centre for Genocide Studies, University of Dhaka.