International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Vaccine Diplomacy in Africa: India and China's Competing Soft Power Strategies

Shweta

PhD Scholar, Amity Institute of Social Science Amity University Noida, Uttar Pradesh, India
Corresponding Author Email: *shweta.mishra2450[at]gmail.com*
ORCID ID: orcid.org/0009-0002-9234-9359

Abstract: ***The COVID-19 pandemic transformed global diplomacy by elevating health security to a strategic concern and redefining international power relations. This research examines the comparative dimensions of India's and China's vaccine diplomacy in Africa, emphasizing how both nations employed vaccine distribution as instruments of soft power and geopolitical influence. India's Vaccine Maitri initiative reflected a humanitarian model and reinforced its identity as the "pharmacy of the Global South." In contrast, China's Health Silk Road is integrated into the strategic tool. Through extensive analysis of government reports, international forums, and case studies across African nations, the study demonstrates how India's moral diplomacy and China's pragmatic statecraft reshaped Africa's diplomatic agency. The findings reveal that India's approach strengthened ethical legitimacy, and China's large-scale supply networks generated long-term economic interdependence. The study concludes that vaccine diplomacy has evolved beyond a public health response to become a defining feature of twenty-first-century global governance.***

Keywords: Vaccine diplomacy, soft power, COVID-19, Vaccine Maitri, Health Silk Road, Belt and Road Initiative

1. Introduction

The COVID-19 pandemic significantly changed the international relations system and operations, shifting health security from a marginal concern in development to a fundamental value in international relations. With the world struggling to endure unprecedented health, economic, and social upheavals, the supply of vaccines turned into a humanitarian necessity and a strategic resource. Vaccine diplomacy, the application of vaccine production, donation, and distribution to further foreign policy objectives, has become a characteristic of world power politics in this space. To the Global South and especially to Africa, vaccine diplomacy was a lifeline and the new arena of geopolitical control.[1]

Maitri: Health as Humanity, India Vaccine

India launched its official vaccine diplomacy initiative, the Vaccine Maitri [Vaccine Friendship] Program, on January 20, 2021, under the leadership of the Ministry of External Affairs (MEA). The project was an embodiment of the civilizational spirit of Vasudhaiva Kutumbakam, or the world is one family, which was the moral extension of the Indian ethos of civilizational spirit. The official statement by the MEA defines India as a family to the world. We are implementing this philosophy by providing equal access to vaccines to our partners in Africa and other countries with Vaccine Maitri (MEA Press Briefing, February 2021).

This spirit has been echoed by External Affairs Minister of India, Dr. S. Jaishankar, in several international conferences, such as in the United Nations and the Raisina Dialogue: Vaccine Maitri is not charity, it is an acknowledgement of our oneness as a human race. It is impossible to beat the pandemic in one country and continue in another.

The Health Silk Road in China: Strategy on Solidarity

The vaccine diplomacy of China, in its turn, was anchored in a broader geopolitical outlook in which the topic of public health was connected to the economic and political plan. MFA was the Chinese ministry that officially equated vaccine diplomacy with its Belt and Road Initiative (BRI) as part of the Health Silk Road concept. In November 2021, the White Paper of the MFA on China and Africa in the New Era stated: China has been supporting Africa in combating the pandemic and will persist in turning vaccines into a global good.

In the 2021 Forum on China–Africa Cooperation (FOCAC) in Dakar, Foreign Minister Wang Yi declared that China would donate one billion doses of the COVID-19 vaccine to Africa, 600 million, and produce and transfer the technology to produce 400 million doses. This was the biggest vaccine commitment that has been made by an outside stakeholder to the continent. It was based on the previous aid, during which China had already donated Sinopharm and Sinovac vaccines to more than 50 countries in Africa. The Chinese model combined point-to-point vaccine delivery with infrastructure, provision of medical equipment, and local manufacturing plants, most notably the Sinovac deal with Egypt, where it was able to fill and distribute vaccines in North Africa locally.

International Impression and the place of Africa.

Leading voices in the international community have recognized the importance of the role played by India and China in solving the vaccine gap in Africa. Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organisation (WHO), has recognised this role, saying: vaccines equity is not charity, but an act of intelligent diplomacy and a betrothal to global solidarity. On the same note, the African Union (AU) Chairperson, Moussa Faki Mahamat, was pleased by such initiatives and remarked that relationships grounded in dignity and win-win relationships would characterize the recovery and power of Africa.[8]

Introduction to the Research Inquiry

This research article focuses on how India and China have used the concept of vaccine diplomacy as a means of projecting soft power in Africa, but points out the differences in their philosophical, doctrinal, and practical approaches and

results of their involvement. It states that the Indian approach is more humanitarian and collaborative, based on common developmental principles and historical unity, and the Chinese one is more strategic and integrative, in accordance with the Belt and Road Initiative and health aid.

- How do India and China's vaccine diplomacy initiatives differ in motivation and design?
- In what ways have these initiatives shaped perceptions of their global leadership, particularly in Africa?
- What are the broader implications of this competition for global health equity and the emerging multipolar world order?

2. Conceptual Framework: Soft Power and Vaccine Diplomacy

How to make sense of Soft Power in Global Politics.

Vaccine diplomacy can be explained using the theoretical framework of the so-called soft power, which was originally introduced by Joseph S. Nye Jr. (1990, 2004). According to Nye, soft power refers to the capacity to influence the taste of other people using an appeal and attraction instead of coercion and bribery. Unlike hard power (which is founded on military or economic pressure), soft power is founded on persuasion, values, and legitimacy. It is the ability of a state to achieve the desired results through co-opting and not coercing people.

The Health Diplomacy as a Contemporary Soft Power Tool.

The term of health diplomacy, popularized by researchers like Ilona Kickbusch (2013) and David Fidler (2009), describes the mechanisms of the negotiation process and foreign relations in which health issues are applied to support foreign policy goals. According to Kickbusch, it is the state of interaction between the health and foreign policy spheres where the state, international institutions, and non-state actors cross-negotiate to enhance health in addition to facilitating international relations.

Health diplomacy is not a new concept, as it existed in the years of post war humanitarian relations, yet the COVID-19 pandemic perceived it on a new strategic level. Countries came to understand that the avenue to provide vaccines or medical assistance was not just an act of goodwill but a tool for building partnerships, regional power, and global leadership. As it was observed by Bollyky and Bown (2021), access to vaccines turned into a currency in international relations.[12]

Connection between Soft Power and Vaccine Diplomacy.

It is possible to examine the connection between soft power and vaccine diplomacy in three mutually supporting aspects:

- Exploitation by Humanitarianism - Saving lives with life-saving vaccines during a crisis would generate moral credibility and emotional affections. The Vaccine Maitri in India can be discussed as an example of such a principle because of its South-South cooperation spirit and its cheap vaccine exports.
- Scientific Competence Credibility- The capacity to establish, manufacture, and market safe vaccines denotes technical competence and technological advancement of a nation. The fast introduction of Sinopharm and Sinovac in China increased the view about their scientific effectiveness and administrative potential.
- Influence via Interdependence- Long-term medical relationships and vaccine supply chains produce a dependent and diplomatic orientation. The Chinese system of vaccine diplomacy and integration into the BRI is one of the examples of such a structural effect.[13]

Theoretical Framework: Strata of Vaccine Diplomacy.

- Layer 1 -Humanitarian Discourse (India): According to South-South solidarity, historical relationships, and equity rhetoric, India has a policy that emphasizes compassion and mutual fate.
- Layer 2 Strategic Integration (China): This model is based on the Belt and Road Initiative and entails a combination of health aid with infrastructure, trade, and technology. Layer 3 Global Governance (both): Both countries participate in multilateral forums WHO, COVAX, and the African Medicines Agency (AMA), to position themselves as stakeholders of international health.

This stratum depicts the fact that vaccine diplomacy is not a humanitarian discourse but a complex tool that balances morality, strategy, and governance.[14]

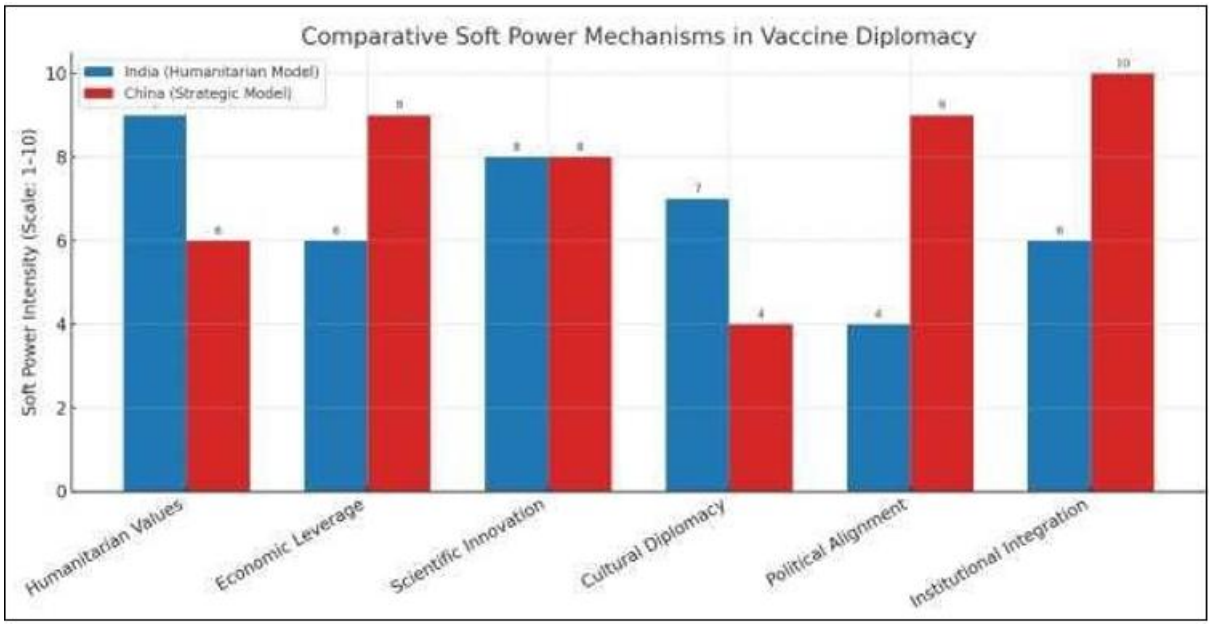

Figure 1

Table 1

Soft Power Mechanism	India (Humanitarian Model)	China (Strategic Model)
Humanitarian Values	High	Moderate
Economic Leverage	Moderate	High
Scientific Innovation	High	High
Cultural Diplomacy	Moderate	Low
Political Alignment	Low	High
Institutional Integration	Moderate	Very High

The strategy of India focuses on humanitarian and cultural soft power, whereas China shows.

2.2 Geopolitical Implications and Soft Power Projection

Redefining Strategic Landscape in Africa.
The COVID-19 pandemic has brought about a significant change in the geopolitics of Africa that places the continent as both the recipient and negotiator of the global vaccine diplomacy. What is strategically significant about Africa is not just its potential as a demographic and resource base, but also the fact that it is the place where competing versions of the global engagement models, such as the developmental partnership of India and the strategic statecraft of China, are tried.[15]

In such a way, vaccine diplomacy has also become a continuation of geoeconomic rivalry and soft power projection, in which India and China are trying to reinvent their images as the dependable allies of the Global South. This interaction represents a wider move to a multipolar world, in which power is not just gauged by military prowess, but by the provision of socialized products and influence over perceptions.

The Regional Influence and History of India.
The Indian relations with Africa have a long history of colonial past, diaspora ties, and developmental collaboration. These relationships were strengthened by the vaccine diplomacy campaign, which converts moral rhetoric into action. The Indian Ministry of External Affairs (MEA) states that Vaccine Maitri reaffirmed India's old commitment to the people of Africa and our belief that no one will be safe until everyone is safe (MEA, 2021).

Belt and Road Initiative and Continental Reach in China.
The vaccine diplomacy in China existed as a part of the greater framework of the Belt and Road Initiative (BRI), which entails infrastructure, logistics, and internet connectivity in 40+ African countries. According to the Ministry of Foreign Affairs (MFA) in Beijing, the BRI was also going to be a Health Silk Road, which encouraged resilience and readiness on the continent (MFA, 2021).

During the 2021 Forum on China-Africa Cooperation (FOCAC) summit in Dakar, Foreign Minister Wang Yi made the announcement of a commitment to donate 1 billion vaccine doses to Africa, of which 600 million would be donations and 400 million would be co-production in countries such as Egypt, Ethiopia, and Morocco. This grandiose was not only broadening the Chinese influence but also indicated its desire to be the major architect of African post-pandemic recovery.[16]

The strategy of China works on three levels:
- Bilateral Assistance - Sinopharm and Sinovac donate to over 50 African countries bilaterally.
- Industrial Cooperation -local production and fill-finish plants (e.g., those of Egypt VACSERA partnership).
- Multilateral Coordination - The vaccine collaboration should be incorporated into FOCAC and the WHO chocolate schemata.

These efforts strengthen the image of China as an inseparable development partner and cement the long-term influence through economic and institutional dependence. Vaccine aid, coupled with infrastructure and digital health initiatives, has redefined the role of China in Africa as a transactional country instead of a systemic one.

Rival Accounts: Humanitarianism or Strategy.
Although both India and China are practicing vaccine diplomacy in Africa, their stories are strikingly different:

- India frames its engagement basing on solidarity, common past and ethical responsibility based on the ethos of One Earth, One Family, One Future.
- China focuses on the strategic interconnection, efficiency and institutional synergy and incorporates health diplomacy into the wider ecosystem of BRI.

The contrast in narrative framing is visualized below:

Table 2

Dimension	India (Humanitarian Model)	China (Strategic Model)
Core Objective	Humanitarian solidarity and health equity	Strategic integration and geopolitical influence
Key Mechanism	Vaccine Maitri donations and COVAX contributions	Health Silk Road and BRI coordination
Communication Style	Emotional appeal and cultural resonance	Institutional pragmatism and infrastructure emphasis
Symbolic Outcome	Moral leadership in the Global South	Strategic leadership in global governance

2.3 Reasoning Underlying Vaccine Diplomacy

Strategic Logic of Soft Power in Crisis.
Vaccine diplomacy is not just an act of humanitarian outreach; it is a multidimensional crossroads between foreign policy, economic policy, and moral projection. COVID-19 made vaccines a tool of symbolic and structural authority, where, in the capacity to access life-saving doses not only on time but also as mandated, turned into a marker of leadership, legitimacy, and global accountability.

Vaccine diplomacy was a two-pronged mechanism in the case of both India and China:
- To show unity in the world and strengthen soft power, and
- To seek concrete geopolitical and economic benefits through enhancing long-term control over Africa.

In that regard, it might be considered that the concept of vaccine diplomacy was an attraction-based power projection that solidifies the argument, suggesting that Nye (2011) made a valid point and that legitimacy in the contemporary international system is based on attraction, as opposed to coercion. Vaccines provided by India and China were aimed at not only overcoming the health crises but also creating the political discourses of partnership, trust, and dependency, which would be continued after the pandemic.

Strengthening the Soft Power and World Image.
Seeking the enhancement of image and the legitimacy of morality is at the centre of the vaccine diplomacy of both countries.

Humanitarian Branding of India.
The Vaccine Maitri project by India was a classic example of self-identification as an altruistic, responsible, and collaborative power in the Global South. The press release of the MEA in 2021 stated:
- The supply of vaccines to Africa by India is a gesture of solidarity and unity as human beings, which is in line with our civilizational value of the world being a single family.
- This altruism rhetoric supported the traditionally known image of India as the world's pharmacy. It emphasized the Indian scientific strength, with Bharat Biotech and its Covaxin, and the presence of the Serum Institute with the Covishield, as well as its norming of being a global health provider.[9]

Responsible Global Leadership Narrative of China.
The motivation of China, expressed in different words, also had a focus on global responsibility. In 2021, the Chinese Ministry of Foreign Affairs (MFA) announced:
- China has stood its ground and will deliver COVID-19 vaccines as a global public good, and it has done so, keep contributing to African brothers and sisters to develop a Health Silk Road.
- The quote was consistent with the wider Chinese vision of the Community of Shared Future of Mankind on the distribution of vaccines. China made a move to be a leader in equitable global health governance by pledging one billion doses to Africa during the 2021 FOCAC Summit. The MFA pointed out that Chinese actions were a show of friendship devoid of political conditionality, a veiled criticism of Western conditionality.

India's Economic Rationales
India has opened the exportation avenues to pharmaceuticals and technology alliances through its vaccine diplomacy. The provision of cheaper vaccines to Africa enhanced the presence of India in the rapidly developing pharmaceutical market in Africa, which has a valuation of more than US 45 billion (WHO, 2022).

Besides, Vaccine Maitri strengthened the Indian business ties in East and Southern Africa, where the Indian generic medicine exports had already been formidable. The goodwill created by the donation of vaccines also contributed to Indian-based private-sector investments, especially in areas of healthcare, telemedicine, and biotechnology projects.

Strategic-Economic Integration of China.
The vaccine diplomacy of China was directly related to its Belt and Road Initiative (BRI), which unites health, infrastructure, trade, and finance. The BRI's Health Silk

Road entered Africa by distributing vaccines, cold-chain logistics, and collaborative production plants, the most notable of which was a partnership in VACSERA, Ethiopia, and Sothema, Morocco.[6]

Geopolitical Rivalry and Strategy.
In addition to image and economics, vaccine diplomacy is fundamentally a geopolitical matter, as it is a matter of rivalry in influence and legitimacy in the context of a changing international order.

The Battle against Western Dominance.
The pandemic revealed the injustices of world authorities that were controlled by Western pharmaceutical giants. This vacuum was exploited to form India and China as alternative power centers to represent the Global South. As the Western powers were focusing on their local vaccination campaigns, both Asian powers filled the vacuum of morality, with India via the COVAX program and China via bilateral options.

Securing Strategic Support

Vaccines were the instruments of influence consolidation in terms of geopolitics. The extensive distribution of China in over 50 African states created diplomatic capital, which enhanced its voting strengths in the United Nations General Assembly and the World Health Assembly.

Albeit on a smaller scale, India used its goodwill on vaccines to strengthen its candidacy for an indefinite seat on the UN Security Council (UNSC) and to enhance its involvement in the Indian Ocean region.

Table 3

Motivational Domain	India (Vaccine Maitri)	China (Health Silk Road)
Core Objective	Humanitarian solidarity and global equity	Strategic leadership and global integration
Economic Interest	Expand pharmaceutical exports and goodwill markets	Secure resource access, enhance industrial foothold
Political Goal	Enhance Global South leadership and UNSC legitimacy	Strengthen BRI influence and multilateral alliances
Narrative Theme	Altruism, trust, and South–South cooperation	Pragmatism, scale, and win–win development
Soft Power Outcome	Emotional appeal and moral legitimacy	Structural leverage and strategic dependency

Although altruism is publicly highlighted both in India and in China, the vaccine diplomacy cannot be explained only through the moral framing. It embodies what Earl Conteh-Morgan (2021) refers to as a dual-layer diplomacy, i.e., humanitarianism as a source of goodwill and a tool of influence.

2.4 Vaccine diplomacy in Africa by India.

Humanitarian and South-South Cooperation Approach.

The vaccine diplomacy of India in Africa in the COVID-19 pandemic was the extension of its previous history as a developmental and humanitarian ally of the Global South. The Indian philosophy of Vasudhaiva Kutumbakam, or the one world, was based on the idea of South-South cooperation and focused on solidarity, affordability, and self-reliance as opposed to conditional aid.

Vaccine Maitri Initiative: Solidarity by Science.

Through the Vaccine Maitri (Vaccine Friendship) program, India supplied some two hundred million (200 million) vaccines made by two of its largest pharmaceutical institutes:

- Covishield, produced by the Serum Institute of India (SII) together with AstraZeneca; and
- Covaxin, an indigenous vaccine created by Bharat Biotech in collaboration with the Indian Council of Medical Research (ICMR).
- India provided 42 countries in Africa with vaccines in a mix of bilateral grants, contributions to the COVAX facility, and commercial exports between January 2021 and March 2022.

The MEA Annual Reports (20212022) and Parliamentary Standing Committee on External Affairs (2022) document that India sent about:

- 16 million doses as grants,
- 10 million doses under COVAX, and
- 6 million doses under business deals.

Major recipient countries were Nigeria (3.9 million doses), Kenya (2.1 million doses), Ghana (1.2 million doses), Mozambique (1 million doses), and South Africa (0.6 million doses). Such shipments were usually followed by mass celebrations and political overtures, highlighting the Indian dedication to fair world health.

The official statement of MEA (February 2021) stated the program ethos:

- India considers the world as a single family. Vaccine Maitri makes sure that our African colleagues do not lose the battle against the pandemic.
- Dr. S. Jaishankar, External Affairs Minister of India.
- This was a reiteration of the speech made by Prime Minister Narendra Modi at the Global Vaccine Summit.
- Summit (2021), where he affirmed:
- The pharmaceutical potential of India is not only Indian but of the whole of humanity.

Formal Statements and Governmental Data.

According to the official data provided by the Ministry of External Affairs (MEA) and India

Brand Equity Foundation (IBEF), almost one-quarter of India's population is represented by Africa by the middle of 2022. Vaccine export total under Maitri Vaccine. The MEA observed in its report of 2022 that its outreach to Africa was not a one-off act but rather its long-term health partnership, which also encompassed:

- Medical assistance teams,
- Training programs of African healthcare, and
- Facilitating digital health networks with e-Vidyadhara and e-Arogya Bharati (e-VBAB) initiative.

The vaccine outreach was done in India under three channels:

- Bilateral donations Bilateral donations are vaccines donated straight to governments (e.g., Mauritius, Seychelles, and Mozambique).
- COVAX multilateral mechanism - by way of GAVI and WHO coordination.
- Supply deals with business partners - especially middle-income African countries such as Nigeria and South Africa.
- The synergy of these processes enabled India to reconcile the humanitarian presence and economic sustainability. MEA (2021) stated in its Parliamentary response (Unstarred Question No. 3225):
- India has provided 107.15 lakh doses to Africa, of which 42.9 lakh were a grant, 38.7 lakh were a COVAX, and 25.5 lakh were a commercial.
- This kind of transparency also improved the credibility of India, unlike Western secrecy.
- Vaccine distribution.

2.5 Results and Foreign Policy

India's vaccine diplomacy in Africa had multifaceted strategic dividends.

a) Enhancing bilateral relations.
Vaccine Maitri enhanced India's relationship with its African allies, particularly those in East and Southern Africa, the areas of Indian influence that have traditionally been the most prevalent. In Kenya, the aid in the form of vaccines was accompanied by the conclusion of new contracts on the partnership with digital health. In Mozambique, it used to supplement Indian investment in energy and transport infrastructure.[4]

b) Improving Image as the Pharmacy of the World.
This was a strategic asset in India in terms of the pharmaceutical industry. The large-scale production by Serum Institute of India not only increases exports, but it also projects the scientific capability as soft power. When Western manufacturers focused on their domestic demand, the World Health Organization and the African Union publicly admitted that India had been an important part of COVAX supply chains.

This helped to put India on the table as an acceptable alternative to Western dependency, strengthening its image as the pharmacy of the developing world.

c) Goodwill and Moral Leadership Building.
By putting Africa first when there was a shortage of vaccines in India, there was great goodwill and moral capital. The African leaders, like President Cyril Ramaphosa of South Africa and President Uhuru Kenyatta of Kenya, gave public accolades to the generosity of India. In 2021, the Chairperson of the African Union, Moussa Faki Mahamat, recognised the role of the Indian contribution by saying that the practice of solidarity with vaccines is the spirit of South-South cooperation.

Challenges and Constraints
Nonetheless, India successfully shared vaccines with other countries by the second wave of COVID-19 in April 2021, when the country halted exports because its own demand was high. This stall caused delays in supplies to African partners and was even criticized in quarters. India did regain trust, however, with its open communication and later re-exporting in late 2021.

In addition to this, there were logistical issues like cold-chain management, transportation, and inadequate healthcare facilities in some African countries, which influenced the distribution efficacy. However, these were systemic problems, not in the attempt of India alone.

2.6 Vaccine Diplomacy in Africa: China.

Strategic Objectives and Integration with the Belt and Road Initiative (BRI)
Vaccine diplomacy in Africa in response to the COVID-19 pandemic was a component of the overall African geopolitical perceived by China as the Health Silk Road, automating the Belt and Road Initiative to the sphere of the common good of human health. Beijing successfully combined humanitarian assistance with statecraft by positioning the act of vaccine aid as an element of long-term connectivity and partnership.[11]

Chinese President Xi Jinping declared in June 2020 at the World Health Assembly that Chinese vaccines will be a global public good, available to the developing countries. This was pledged as a key part of the foreign policy story of Beijing and a key instrument of projecting China as a responsible and reliable force in the world.

In Dakar, Senegal (November 2021) at the 8th Forum on China-Africa Cooperation (FOCAC), President Xi promised:
- China will supply Africa with one billion doses of vaccines, 600 million of them will be donated, and 400 million will be jointly made and transferred technology.
- This historic pledge resulted in China becoming the biggest external provider of vaccines to the African continent compared to both the Western and multilateral efforts during the most critical part of the pandemic.

Sinopharm and Sinovac: The Drivers of the Health Silk Road.
The main vaccine diplomacy operated by China focused on two vaccines produced domestically, Sinopharm (BBIBP-CorV) and Sinovac (CoronaVac). The World Health Organization (WHO) approved both vaccines in 2021 with emergency use and soon afterwards became the centerpiece of vaccination efforts in the Global South.

China provided Africa with over 200 million doses of vaccination during 2020-2022, through both donations, commercial sales, and joint manufacturing agreements (Africa CD C, 2023). Large recipient countries were:
- EG (70 million doses) - local production under VACSERA;
- Morocco (65 million doses) - as part of the Sinopharm-Sothema deal;
- Ethiopia (20 million doses);
- Zimbabwe (12 million doses);
- Nigeria and Angola (8 Georgia and 10 million doses each).

The Chinese strategy combined humanitarian generosity with strategic industrial cooperation and allowed African nations not only to access vaccines but also build their own production facilities. This focus on the concept of capacity building was in line with the narrative of the Health Silk Road in Beijing and presented China as a long-term development partner, rather than a donor in times of crisis.

In the White Paper, China and Africa in the New Era: A Partnership of Equals (MFA, 2021), the government stated:
- China has been a long-term ally of Africa in combating the pandemic and has supplied vaccines, medical materials, and technology to establish a Health Silk Road jointly.
- The training of 1, 500 African health workers, assigning medical expert teams to 40 countries, and setting up joint vaccine research centers in Ethiopia and Egypt were also emphasized in the White Paper. These activities strengthened the scientific and institutional status of China on the continent.

Chinese Government Statements and Data

The active dissemination and public storytelling of solidarity, equality, and efficiency helped to support the vaccine diplomacy in China. The Chinese Ministry of Foreign Affairs (MFA) was always addressing Africa as the Chinese "partner in creating a community with a common future of human beings. In June 2021, in an MFA statement, Foreign Minister Wang Yi stated:

- The message that is embedded in the vaccines of China is one of friendship and helping one another. We never tie the political strings to our aid.
- This was a conscious contrast to Western representations, which tended to label Beijing as guilty of mask diplomacy, vaccine conditionality.

Based on official data of the MFA and briefs by FOCAC:

- The US actually all of 52 African countries accepted Chinese help by 2022.
- There were a donation of 600 million doses and a commercial supply of 150-200 million doses.
- Three African states, which included Egypt, Morocco, and Ethiopia, formed production joint ventures with the Chinese enterprises locally.

Such numbers reflect the magnitude and tactical accuracy of the Chinese involvement. a highly structured and centrally coordinated BRI framework model.

Aid vs. Commercial Sales: The Economics of Influence.

As China offered vaccine diplomacy as altruistic, its framework was more hybrid - a combination of aid and commercial transactions. There was a high percentage of doses-particularly those distributed to countries in the middle-income, such as South Africa and Nigeria, which were sold at concessional prices by China National Pharmaceutical Group (Sinopharm) and Sinovac Biotech.

This two-pronged modality enabled Beijing to package itself as a humanitarian partner, and at the same time, increase its market share in Africa in pharmaceutical products. The Economist Intelligence Unit (2022) says that Chinese vaccine exports to Africa contributed around 35 percent of all vaccine imports to the continent in 20212022, surpassing its Western manufacturers in accessibility.

Furthermore, the aid-for-production model in China established technological interdependencies- African laboratories depended on Chinese ingredients, storage system and logistics. Local production hubs developed in Cairo and Casablanca also established a further economic and technological presence of China in the health infrastructure of Africa.

Strategic Outcomes and Geopolitical Returns.

Vaccine diplomacy by China paid major geopolitical dividends, increasing its power in various areas:

a) Expanding the BRI's Scope

Health Silk Road expanded the strategic presence of China in Africa by combining health, logistics, and digital infrastructure. The networks of vaccine distribution coincided with the established BRI routes, which allowed Beijing to increase its logistical superiority in shipping, airways, and technology.[2]

b) Western Vaccine Dominance: Counterintelligence.

The speed and massive supply in China were in stark contrast with the slow response by the West. Respecting that the Western powers were concentrated on profits and patent protection, China depicted itself as a global provider of goods. This difference reinforced the Beijing discourse of South-South solidarity and made it a response to U.S and European influence on the continent.

c) Getting Multilateral Political Goodwill.

Political reciprocity was also created through vaccine diplomacy. During 2021-2022, various African countries supported the Chinese views in the United Nations Human Rights Council, the World Health Assembly, and in other international forums. The continued involvement of Beijing turned health aid into diplomatic capital, thus increasing its block of pro-China votes in multilateral bodies.

d) Improving Soft Power Legitimacy.

The perception of China as a good global citizen was enhanced significantly in the African media. In a 2022 Afrobarometer survey, 48 percent of the participants considered China to be the most reliable partner on the continent throughout the pandemic. Such a trustworthy perception, combined with observable state presence, was turned into symbolic legitimacy, which is the character of soft power.

2.7 India vs. China Comparative Analysis

The COVID-19 pandemic witnessed two of the most successful vaccine diplomacy actors in the international system, India and China, who promoted different strategic, humanitarian, and economic discourses. Although the two countries used the vaccine distribution as a tool of strengthening their geopolitical positions, the strategies between these countries varied widely in terms of motivation, delivery methods, and tier interactions in Africa. The Indian campaign was founded on humanitarianism, cost-effectiveness, and the South-South cooperation spirit, whereas the Chinese one was based on the larger Belt and Road Initiative (BRI) agenda, where the infrastructure integration approach, strategic positioning, and perception of global leadership are taken.

Vaccine diplomacy in India used the long-standing image of it as the pharmacy of the Global South. India has provided millions of doses of the Covishield and Covaxin vaccines, through the Vaccine Maitri initiative, which was launched in January 2021, to over 90 countries, a significant portion of them being low and middle-income African countries. These efforts were framed by the Indian government as its humanitarian and developmental ethos, which is aligned with its overall foreign policy goal of inclusivity and equitable access. The distribution of Indian vaccines was more of a donation or based on the price, as it was focused on the affordability and closeness over profit generation. This tactic relates to the Indian historical involvement with Africa through the modalities of the Indian Technical and Economic Cooperation (ITEC) program and the India-Africa Forum Summit, which encourages capacity-building, training, and

collaboration in public health.[12]

Table 5

Dimension	India	China
Moral narrative/ legitimacy	Strong humanitarian framing, lower threat perception	Strategic framing, risk of appearing instrumental
Modalities	Mostly donations and concessional supplies	Mix of donations, sales, tied deals, and infrastructure bundling
Scale & diversity	More limited scale, subject to supply constraints	Greater scale, multiple vaccine offerings, integration with trade
Efficacy credibility	Covaxin's WHO listing is an Advantage	Chinese vaccines face efficacy credibility challenges
Operational/ logistical support	Less bundled infrastructure Support	Stronger integration with supply chains, transport, and cold chain
Recipient trust/perceptions	Generally perceived as benign, but questioned when delays occur	Mixed: admired for capability, but also viewed skeptically as part of an influence strategy

2.8 Geopolitical Implications on Africa

The advent of vaccine diplomacy by India and China in Africa during and after the COVID - 19 pandemic has transformed the geopolitical position of the continent and has placed Africa at the center of power struggles and collaboration in the world sphere. The pandemic has turned the public health issue into an instrument of international relations, providing the African countries with new opportunities to become agents in a multipolar world. As India tried to strengthen historic cultural and humanitarian relations via its overture, China expanded its structural economic and political presence by entrenching vaccine aid into its Belt and Road Initiative (BRI). The resultant dynamic has had extensive ramifications on the governance structure of Africa, the regional integration, and foreign policy decisions.[5]

The historical fact of Afro-Asian solidarity that had existed since the Bandung Conference and Non-Aligned Movement was resurrected through India's involvement in Africa through vaccine diplomacy. The Vaccine Maitri program, which highlighted human-centered development and equal access, appealed to the African dreams of self-sufficiency and inclusive development.

This also enhanced the long-standing diaspora ties of India in East and Southern Africa, where the Indian communities had long played the role of economic and cultural intermediaries. With this new involvement, India was able to project itself as not just a vaccine-supplier, but as a reliable development partner. Focus on affordability, capacity building, and collaboration with the African Union (AU) was consistent with the overall goals of Africa under Agenda 2063, which focuses on health sovereignty and local manufacture of essential medicines. In this respect, India played with its vaccine diplomacy a very positive role of bolstering its soft-power dimension because it strengthens an image of empathy and collaboration, not domination.

3. Challenges and Criticisms

Although the outreach of Indian and Chinese vaccines in the African continent was obvious in terms of diplomatic success, both strategies encountered significant obstacles and were subject to long-term criticism by policymakers, scientists, and health professionals. The booming success of the concept of vaccine diplomacy revealed the flaws in the delivery system, governance, and perception of the population. These constraints highlighted the fact that the influence and goodwill vaccines generate are not limited to the supply and diplomacy alone, but also credibility, transparency, and sustainability.

One of the main problems was vaccine hesitancy and misinformation. Within most African cultures, the distrust of vaccines developed by foreigners ran high. Disinformation campaigns, rumors on side effects of vaccines, and social media stories about the safety of vaccines diminished the trust of the population. Both Chinese and Indian vaccines fell under competing discourses, where they are described as experimental and politically driven as opposed to humanitarian. Rural and marginalized communities that had low health literacy and access to reliable information were the most harmed by misinformation. Health ministries and governments of countries were oftentimes unable to effectively combat these rumors, and this created delays in the implementation of vaccinations and uneven coverage.

Efficacy of the vaccines was another concern, which complicated acceptance. The Covaxin vaccine in India and the Sinopharm and Sinovac vaccines in China were perceived through the prism of trust and scientific verification. Although Covaxin went on to be recognized at the international level, doubts were raised at first.

Logistical and infrastructural problems added to these problems. The African nations were ill-equipped with cold-chain networks, transport, or storage facilities that could facilitate the massive vaccination. Although both China and India were assisting with cold-chain development in some partner countries, their assistance was not uniform. In the landlocked or rural areas, late deliveries, low refrigeration, and bureaucratic delays were common causes of wastage and spoilage of doses. Moreover, reliance on foreign suppliers meant that Africa was susceptible to shocks in the global market, especially when India suspended exports in its domestic crisis in 2021. This disruption undermined the trust in foreign collaborations and demonstrated the necessity of local production capabilities.[3]

Another key issue that came about was sustainability. The concept of vaccine diplomacy was developed mainly to respond to emergencies, as opposed to the elements of a long-term approach to health. With the immediate pressures of the pandemic subsiding, there were concerns about how long these engagements would last, whether India and China would continue their promise to the public health systems of Africa after COVID-19. The infrastructures created to distribute vaccines in a few instances jeopardized becoming outdated because they were not funded, and there were no

institutional follow-ups. With no long-term investment in research, regulatory capacity, and qualified human resources, the initial diplomatic benefits are likely to be short-term.

4. Case Studies: Africa and India in China.

The practical aspects of the Indian and Chinese vaccine diplomacy may be best explained on their activities in the selected African countries, where both countries have practiced unique approaches to supplying vaccines, establishing allies, and influencing perception. The case studies provided below are examples of how the vaccine assistance was introduced, the level of outreach, and the reaction it created among the African governments and societies.

India, Kenya, Nigeria, and South Africa.
The Indian intervention in Africa was also connected to its general interest in humanitarian intervention and South-South unity. In Kenya, India provided some 1.12 million doses of the Covishield vaccine as a donation to the COVAX facility in 2021. Indian based Serum Institute manufactured the vaccines, and its focus was on affordability and accessibility. Kenya's Ministry of Health emphasized the unity of India throughout the pandemic, especially the joint research programs and telemedicine alliances that were formed with Indian hospitals. This was accompanied by training of Kenyan medical staff through the Indian Technical and Economic Cooperation (ITEC) program. The media in Kenya has described the Indian contribution as a show of solidarity and not competition, which reiterated a sense of mutual respect between Kenya and India based on historical links and a large population of the Indian diaspora.

In Nigeria, India played a minor yet important role in quantity, but the symbolism. Through COVAX and direct agreements, India supplied nearly half a million doses of Covishield and subsequent shipments. The policymakers of Nigeria appreciated the donation as a form of humanitarianism that India preached. The delays in deliveries by the Indian domestic crisis, however, prompted the Nigerian government to diversify its purchasing policy. This interruption did not halt India, as it continued its involvement by exporting pharmaceuticals and local drug production through technical collaboration. The overall response of the population in Nigeria was positive, and Indian vaccines were seen as valid alternatives to Western mRNA ones.

In Ethiopia, Egypt, and Zimbabwe, China owns certain companies.
The vaccination diplomacy of China in Africa was broader, consisting of donations, sales, and technology transfer agreements, which are in accordance with the Belt and Road Initiative, the Health Silk Road agenda. China was one of the largest bilateral suppliers of vaccines in Ethiopia, providing 3.9 million doses of Sinopharm and Sinovac in 2021-2022. China also assisted in the development of cold-chain infrastructure in Ethiopia and had an agreement with the Ethiopian Public Health Institute on capacity building on vaccine management. The effort to collaborate with China on involving Ethiopian authorities in the fight against the pandemic publicly recognized the strength of China and was a part of wider BRI cooperation efforts, such as digital health and hospital construction projects.

In Egypt, China was more involved at an advanced level with transfer of technology and production locally. In China, Sinovac collaborated with VACSERA, a state-owned company in Egypt, to manufacture vaccines in the country, with a total capacity of more than 200 million doses per year by mid-2022. The fact that Egypt was the first African country to produce Chinese vaccines locally was a milestone in the autonomy of vaccines in the region. Outside the direct health advantages, the partnership solidified Egypt's goal to be a continental vaccine center, and China solidified its strategic presence in North Africa. The public reaction was mostly positive, yet there were certain doubts about the effectiveness of Sinovac in comparison with the Western ones.

China was the country in Zimbabwe that used a more donation-intensive strategy and provided over 14 million doses of Sinopharm and Sinovac vaccines between 2021 and 2023- covering over 90 percent of the total vaccine stock in the country. The involvement of Beijing was put in the terms of all-weather friendship, which is a sign of strong political attachment. Chinese medics assisted in local vaccination programs, and China supplied funding to cold-chain management and storage. Although the governments of Zimbabwe highly commended the rapid and constant deliveries, independent analysts pointed out that the deal enhanced the political influence of China among the ruling elite in the country.

Table 6

Country	Partner Nation	Vaccine Type	Doses Supplied (approx.)	Form of Assistance	Distinct Features	Perception in Africa
Kenya	India	Covishield	1.12 million	Donation + COVAX	Training under ITEC; diaspora links	Viewed as solidarity-based and credible
Nigeria	India	Covishield	0.5 million	Donation	Symbolic gesture, followed by pharmaceutical cooperation	Positive but affected by supply delays
South Africa	India	Covishield/ Covaxin	0.3 million	Limited donation	Advocacy for TRIPS waiver; BRICS collaboration	Respected for equity advocacy
Ethiopia	China	Sinopharm, Sinovac	3.9 million	Donation + Infrastructure support	Integrated with BRI; capacity building	Positive reception; strategic alignment
Egypt	China	Sinovac	200 Million (local production)	Technology transfer	Local manufacturing via VACSERA	High approval; minor efficacy concerns
Zimbabwe	China	Sinopharm, Sinovac	14 million	Largely donation	“All-weather” cooperation; logistic aid	Strong trust; deepened political ties

Such case studies indicate the structural difference between the humanitarian-based outreach of the Indian society and the model of strategic integration in China. Though being smaller in size, the work done by India had a powerful symbolic and ethical impact, enhancing its position as a trustworthy and cost-effective partner. Higher volume and acquired institutional scale of interventions were entrenched in long-term development and infrastructure collaboration by China, making them more visible and logistically efficient. The African minds were not simply influenced by the number of provided vaccines, but it was the quality of interactions, openness, and the nationality of priorities.

5. Conclusion

Comparative evaluation of the Indian and Chinese vaccine diplomacy in Africa demonstrates that the COVID-19 pandemic not only reconstructed the priorities of world health but also re-examined the lines of international relations. Africa was an essential battlefield on which the world's superpowers were displaying their influence in terms of humanitarian assistance, strategic alliances, and the narratives of soft power. The actions and behavior of India were largely humanitarian-oriented, supported by South-South cooperation and economic feasibility; however, the thinking of China was characterized as infrastructural integration, commercial pragmatism, and the framework of the Belt and Road Initiative at large. The two nations also bridged major shortages in supplies at a time when the world was inequitable, and this proves that health diplomacy has taken root as a pillar of the twenty-first century geopolitical world. Vaccine diplomacy in India was anchored on India's long history as the pharmacy of the Global South, which has combined both moral legitimacy and practical assistance. Focusing on equal access, donation via Vaccine Maitri, and intellectual property waiver advocacy made India a virtuous actor contributing to health justice in the world. However, its outreach was fated to meet domestic crises and low production capacity the most during the peak of the pandemic, which briefly halted supply chains. In spite of these, the convictions of transparency, affordability, and capacity building in India increased its credibility and soft-power attractiveness in Africa.

African Union (AU): Policy Recommendations:

- Empower the African Medicines Agency (AMA) and Africa CDC as the central regulatory and coordination entities to guarantee quality and transparency of vaccines and self-reliance in regions.
- Favor consolidated manufacturing networks in continents through resource sharing, equalization of regulations, and encouraging joint venturing with the Indian and Chinese companies.

For India:

- Increase the Vaccine Maitri program outside of COVID-19 to capacity building.
- In the case of Africa, the pharmaceutical and biotechnology industries.
- Fund more joint research and open regional vaccine innovation centers along with the African universities.
- Make regular commitments of supply and have clear communication to build on long-term trust and reliability.

For China:

- Make the vaccine dealings and regulation collaboration more transparent to enhance accountability and trust among the people.
- Make sure that any transfer of technology and local production comes with mutual benefit and never a one-sided relationship with other BRI requirements.
- Combine vaccine diplomacy and inclusive capacity-building efforts to aid.
- The development of Africa in the health work force and institutions.
- Finally, the vaccine diplomacy of India and China in Africa embodied the two-sided story of humanitarianism and strategic rivalry in the new world order.[7] The realist approach that Africa takes towards both powers is an indication that it has become an actor of global governance and no longer a recipient of aid. Whether the continent will succeed in the quickly shifting multipolar system will depend on how it can rebrand vaccine diplomacy as enduring health security and tech alliances. These initiatives will outlive the COVID-19 pandemic, as their legacies will shape how countries will understand solidarity, sovereignty, and collective global responsibility in the decades to come.[10]

Funding Declaration: The authors received no financial support for the research, authorship, and/or publication of this article.

Clinical Trial Number: Not applicable.

References

[1] Abebaw, Z. (2021). The impact of the global pandemic COVID-19 in relation to diplomatic practice: Ethio-China health diplomacy. Journal of Political Science and International Relations, 4(4), 143–153. https://doi.org/10.11648/j.jpsir.20210404.13

[2] ACCORD. (2021, November 24). China-Africa public health cooperation and vaccine diplomacy. ACCORD Analysis. Retrieved from https://www.accord.org.za/analysis/china-africa-public-health-cooperation-and-vaccine-diplomacy/

[3] Apolinário Júnior, L., & Dugo, R. (2024). China and India's health diplomacy in Africa during the COVID-19 pandemic. Revista Chilena de Derecho y Ciencia Política, 15(1), 1–33. https://doi.org/10.7770/rchdcp-v15n1-art207

[4] Bhattacharya, S. (2023). India–Africa defence diplomacy amid COVID-19. Journal of Defence Studies, 17(3), 87–104.

[5] Boujnah, H., & Africa Centres for Disease Control and Prevention (Africa CDC). (2022). Health diplomacy in Africa — Opportunities post-COVID-19. Pan African Medical Journal, 43, Article 91.

[6] Chen, I. T. (2022). Crisis of COVID-19 and the political economy of China's vaccine diplomacy. Foreign Policy Analysis, 18(3)

[7] Chidhume, F. J., & Chisi, T. H. (2023). Vaccine diplomacy and the South African sovereignty maintenance struggle within BRICS cooperation. Journal of BRICS Studies.

[8] ElAteek, A., Heikal, S. A., Rozanova, L., & Flahault, A.

(2021). Between ambitious strategies and reality: The African Union strategy on COVID-19 vaccine. Epidemiologia, 2(4), 621–638.

[9] Lin, S., Gao, L., Reyes, M., Cheng, F., Kaufman, J., & El-Sadr, W. M. (2016). China's health assistance to Africa: Opportunism or altruism? Globalization and Health, 12, 83. https://doi.org/10.1186/s12992-016-0217-1

[10] Liu, L., Huang, Y., & Jin, J. (2022). China's vaccine diplomacy and its implications for global health governance. Healthcare, 10(7), 1276. https://doi.org/10.3390/healthcare10071276

[11] Olusanya, O. A., White, B., Melton, C. A., & Shaban-Nejad, A. (2022). Examining the implementation of digital health to strengthen the COVID-19 pandemic response and recovery and scale up equitable vaccine access in African countries. arXiv. https://arxiv.org/abs/2206.03286

[12] Singh, B., Singh, S., Singh, B., & Chattu, V. K. (2023). India's neighbourhood vaccine diplomacy during COVID-19 pandemic: Humanitarian and geopolitical perspectives. Journal of Asian and African Studies. Advance online publication. https://doi.org/10.1177/00219096231170496

[13] Zhao, K. (2017). China's public diplomacy for international public goods. Politics & Policy, 45(5), 706–732.

[14] VacSafe Working Group. (2021). VacSafe Africa Brief, Vol. 1 No. 6. Columbia-Wits Vaccine Safety and Confidence-Building Working Group.

[15] Yin, R. (2014). Case study research: Design and methods (5th ed.). Thousand Oaks: Sage.

[16] Wei, C. R., Kamande, S., & Lang'at, G. C. (2023). Vaccine inequity: A threat to Africa's recovery from COVID-19. Tropical Medicine and Health, 51, Article 69. https://doi.org/10.1186/s41182-023-00564-2