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Guest Column

China and India's Vaccine Diplomacy: Views from Southeast Asia

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In late 2019, the world bore witness to the emergence of an enigmatic new virus in Wuhan, China. Subsequently named COVID-19, the new contagion swiftly spread across the globe afflicting both developed and developing nations. Most advanced economies were able to expedite the development of effective vaccines and successfully curb the spread of the virus within their borders. Developing nations however, grappled with the

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cont'd p2

formidable challenge of procuring COVID-19 vaccines from international sources. Their predicament was exacerbated by a global shortage of top-tier vaccines from the West, prompting them to pivot their efforts towards emerging major powers that had also developed their own vaccines, albeit with concerns regarding their effectiveness and efficacy. At the pandemic's zenith, COVID-19 vaccines emerged as vital strategic assets. Consequently, the pandemic presented a unique opening for influential nations such as China and India to extend their sphere of influence in Southeast Asia through a strategy commonly referred to as "vaccine diplomacy." This approach encompassed the donation and sale of pharmaceuticals as a means of enhancing their own soft power, as well as cultivating robust strategic partnerships within the region.

Southeast Asian nations found themselves ensnared by the intricate web of vaccine diplomacy. This was precipitated not only by the grievous loss of life inflicted by the virus, but also by the stark reality that most governments in the region had limited access to Western-developed vaccines. Consequently, these nations were compelled to explore other options such as purchasing or accepting donations of vaccines from China and India, presenting these two major powers with the strategic opportunity to employ vaccine diplomacy during the pandemic's apex in the region. It is important to acknowledge that each Southeast Asian country responded differently to the overtures extended by China and India in the context of vaccine partnerships. Several factors, including capacity, credibility and strategic complexity—each played a decisive role in accounting for the disparities in their responses.

Singapore, Cambodia, and Myanmar serve as illuminating case studies showcasing how a combination of these factors gave rise to unique vaccine partnerships tailored to their specific national interests.

Capacity, Credibility, and Strategic Complexity

First, the capacity of each country's public health infrastructure and financial resources played an important role in determining how much they had to rely on external support from China and India. Singapore, with its robust healthcare system, strong financial footing, as well as secured access to Western vaccines, was less dependent on assistance from these two countries. Conversely, Cambodia and Myanmar, which grappled with resource limitations and underdeveloped health systems, were more reliant on largesse from Beijing and New Delhi, both of which, either donated large quantities of vaccines and medical equipment, or sold them at more affordable prices.

Second, perceived credibility and level of public trust exerted a pronounced influence on vaccine preferences. In Cambodia, where China's economic influence was viewed favourably, Chinese vaccines were embraced with relatively uncritical

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enthusiasm. On the other hand, Singapore's government authorities and social elites displayed a general lack of confidence in both Chinese and Indian vaccines, resulting in a clear preference for Western options. In Myanmar, a general distrust of Chinese economic and political influence in the region, as well as a more favorable perception of India, could have influenced the previous Aung San Suu Kyi government's decision to rely chiefly on Indian vaccines during the early phase of the pandemic.

Third, pre-existing strategic alignments played a pivotal role in shaping these partnerships. Cambodia's deep economic interdependence and close security ties with China naturally positioned Beijing as the preferred partner when the pandemic hit. Singapore, renowned for its diplomatic prowess and maintaining equidistance between all major powers, enjoyed greater flexibility to choose who it wanted to form partnerships with. As such, it prioritised countries like the United States and Germany that were producing the most effective vaccines, rather than China or India. In Myanmar's case, the former democratic government's interest in deepening ties with India—a country with rising political and strategic influence in the region, and a potential balance to China—may have cemented the country's initial decision to use Indian vaccines.

Interestingly, domestic political transitions could also precipitate realignments in health partnerships as regimes underwent change. Following the military takeover in February 2021, Myanmar's vaccine partnership preference underwent an almost overnight shift from India to China. The decision was made by the military junta and was indicative of the new regime's political priorities—to ingratiate itself with Beijing—rather than any considerations grounded in medical science. In stark contrast,

Cambodia, which remained politically stable throughout the pandemic, continued its cooperation with China without interruption.

Finally, the extent of engagement was contingent on the interplay of these factors in each case. Singapore's engagement with China in the realm of vaccines, despite concerns about credibility, leaned more towards a symbolic partnership driven by diplomatic considerations. This could be categorised as a 'diplomatic partnership.' Cambodia, given its long-standing alignment with Beijing, forged a comprehensive strategic alliance with China encompassing vaccines and broader cooperation, constituting a 'strategic partnership.' Myanmar's approach, marked by inconsistency and political drivers subject to change, could be characterised as a 'political partnership.'

Key Takeaways

Considering the circumstances outlined in the three aforementioned cases, several noteworthy observations can be made. First, China's image of itself as an effective and benevolent health security partner is not universally shared by all Southeast Asian nations. Contrary to the narrative presented in Beijing's propaganda, Chinese-developed vaccines exhibited lower efficacy rates compared to their Western counterparts, leading governments and citizens in the majority of Southeast Asian countries to express limited trust in their vaccines.

Furthermore, Beijing's opaque vaccine approval process and perceived pressure on other governments to procure Chinese vaccines for geopolitical reasons, rather than out of medical necessity, further eroded its credibility. Over the course of the pandemic, Beijing only succeeded in strengthening relations with states like Cambodia, which already had pre-existing strategic dependencies on China. Thus, Beijing derived minimal soft power benefits from its vaccine outreach efforts.

Second, strategic relationships established prior to the pandemic significantly influenced choices made in health partnerships. For instance, given Phnom Penh's pronounced strategic and economic dependence on Beijing, it was only natural for China to become Cambodia's primary health partner during the pandemic. Singapore and Myanmar on the other hand, were more cautious of China and sought to avoid excessive dependence on Beijing. Singapore accepted some vaccines from China out of diplomatic courtesy, but relied predominantly on Western vaccines, reflecting its posture of balancing between the United States and China. Myanmar displayed a clear preference for India initially, and only shifted to China due to the junta's growing political isolation. These observations show that preferences for health security partners are influenced by the state of strategic relations between the involved parties, and can evolve as geopolitical dynamics change.

Third, it is noteworthy that while Indian vaccines boast Western origins, they have not garnered widespread interest among Southeast Asian countries. This phenomenon may be attributed to their commercial orientation, as well as the fact that a significant portion of Indian vaccines were channeled into accredited global donation networks rather than distributed through bilateral channels. Its self-imposed vaccine export ban between April and October 2021—during the peak of the worldwide pandemic—also dented India's credibility as a reliable partner. Notably, Myanmar stands as the singular exception within Southeast Asia, initially aligning with India's Neighbourhood First Policy and a welcoming recipient of its vaccine diplomacy. However, Myanmar's preferences were subject to fluctuations due to shifts in domestic politics. This shows that the strategic rivalry between Beijing and New Delhi in Southeast Asia is most conspicuous in Myanmar and may potentially escalate in the foreseeable future.

Lastly, it is imperative to underscore the pivotal influence of domestic politics and governance structures in shaping vaccine alignment strategies. Cambodia's one-party authoritarian regime facilitated a steady and unwavering alignment with China, devoid of interruptions or substantial debate. In stark contrast, Myanmar's political landscape, characterised by fluidity and instability, resulted in an erratic and politically-driven approach that remained susceptible to realignment with each subsequent political transition. Consequently, it is evident that any gains achieved through vaccine diplomacy may be transitory in nature and could be subject to reversal in the event of significant political changes.

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