



India's Vaccine Diplomacy and Global Health Governance: A Soft Power Approach in the Context of Public Policy and Religious Values

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ABSTRACT

Research Problem: India's vaccine diplomacy during the Covid-19 pandemic has not only emerged as a significant tool of soft power but also involves moral and ethical dimensions closely tied to religious values and public policy. In the midst of a global crisis, the interaction between India's vaccine diplomacy and the religious and public policy frameworks of recipient nations requires deeper exploration.

Research purposes: This article aims to analyze the role of India's vaccine diplomacy in relation to public policy and religious values in recipient countries, examining how India's global health initiatives influence moral and ethical perceptions of vaccine distribution, fairness, and international solidarity.

Research methods: The study employs policy analysis through a comprehensive literature review, focusing on the relationship between vaccine diplomacy, public policy, and responses from religious communities in the recipient countries. It also explores the ethical and spiritual dimensions of India's health diplomacy approach and its impact on public health policies.

Results and Discussion: The findings reveal that India's vaccine diplomacy, through initiatives like "Vaccine Maitri," not only strengthens political ties with neighboring and global countries but also interacts with religious value systems, influencing public acceptance of vaccines. Moral values such as solidarity and justice, integral to many religious traditions, reinforce positive responses to the vaccine initiatives. Additionally, in some nations, religious communities have played a significant role in promoting vaccine acceptance by framing the health response in moral terms.

Research Implications and Contributions: This research highlights the importance of integrating religious values into public health policy, particularly in global health contexts. Vaccine diplomacy rooted in moral solidarity and universal ethical principles, aligned with religious values, has the potential to enhance international cooperation and reduce vaccine hesitancy. Thus, this study contributes to understanding how religion and public policy can collaborate effectively in addressing global health challenges.

Keywords: Vaccine Diplomacy, Cold Calculation, Covid-19, Soft power, Health Governance, Global Strategy

INTRODUCTION

India's vaccine diplomacy during the COVID-19 pandemic presents a unique narrative, deeply intertwined with both historical and cultural references. The Indian vaccine effort is often compared to the mythological story of Hanuman retrieving the Sanjeevani herb to save lives, symbolizing India's role as a global rescuer amid a health crisis (Valpy & Graves, 2020). India's COVID-19 vaccination drive, which became the world's largest, demonstrated the country's capacity to lead in global health governance, addressing issues such as vaccine nationalism, hesitancy, and equality. This massive effort not only reinforced India's soft power but also illustrated its strategic influence in a multi-polar world, where cooperation across nations was essential for combating the pandemic (Junuguru & Singh, 2023).

At the height of the pandemic, the World Health Organization (WHO) declared nationwide lockdowns, and India was one of the countries deeply affected (Sharma et al., 2021). Governments

globally struggled to adopt strategies that incorporated both modern medicine and traditional healthcare systems. Health crises of this magnitude revealed the vulnerability of global health systems, with many nations, especially in South Asia, overwhelmed by the surging infection rates, cross-border migration, and inadequate healthcare infrastructure (Maloney, 2022). South Asia, in particular, was hard-hit, with COVID-19 threatening to push millions into poverty and causing significant disruption in essential health services, especially for mothers and children (Situation Report: 2021 South Asia COVID-19 Response, 2021).

India's rapid response, driven by its Serum Institute and Bharat Biotech International Ltd, became pivotal in addressing the global vaccine shortage. As the crisis worsened, first-world countries faced their own healthcare governance challenges, yet India emerged as a leader, offering vaccines and healthcare assistance to several nations, especially in South Asia, where the pandemic exacerbated the already fragile health systems (Racing to Respond to the COVID-19 Crisis in South Asia, n.d.). Amidst a world order grappling with the fallout of the pandemic, India seized the opportunity to enhance its international standing through vaccine diplomacy, reflecting its strategic priorities in both domestic and foreign policy (Krishnakumar & Rana, 2020).

The novelty of this research lies in its exploration of India's vaccine diplomacy not only as a tool of soft power but also as a reflection of broader public policy and global health governance. By examining India's approach to vaccine distribution, the study highlights how India's actions are rooted in both modern foreign policy practices and traditional cultural values, reinforcing its role as a key player in the emerging post-pandemic global order. This research also provides insight into how India's religious and cultural narratives intersect with its public health strategies, offering a new perspective on how soft power can be mobilized in global health crises.

Furthermore, this paper tests the hypothesis that India's balancing of domestic needs with external diplomatic efforts, especially through its health diplomacy, has enabled it to play a more prominent role in shaping international health policies. The study employs content analysis and quantitative methods to support this hypothesis, providing a comprehensive analysis of India's strategic positioning in the global arena during the pandemic.

RESULTS AND DISCUSSION

Result

India's Action for South Asia

Nandy, and Naha (2022) India exported safe and cost-effective Corona virus vaccines not only to its neighbors but also to countries such as Brazil and South Africa with many low- and middle-income countries which were awaiting the same. Even India was committed to training health care practitioners across economies in the safe and effective delivery of vaccines (Raina & Kumar, 2021). Actually Covid-19 had accessible India with an extraordinary opportunity to open restructure its financial system and remodel regional cooperation and integration towards a more sustainable corridor. A report released from the Centre for Policy Research named "India as the Engine of Recovery for South Asia: A Multi-Sectoral Plan for India's COVID-19 Diplomacy in the Region" (Table1 and figure 2). India's agenda-setting role played more closely to map the road ahead as India prepares to assume the G20 presidency in 2022. India's Prime Minister Narendra Modi's called for *atmanirbharta* (self-reliance) from the national to a regional level as an extension of India's Neighbourhood First policy: offered free transit trade through the region, development of supply and logistics chains, digital data exchange, single-window and digitized clearance systems, risk assessment and minimization measures, extensive use of trade lines of credit (currently very low), dense connectivity, smooth cross-border Inspections, and reducing transaction costs, use technology as a force multiplier (Mukhopadhya & Kurian, 2020). There were three primary reasons why India's Neighbourhood First policy needs reorientation – (i) to begin with, there were terrible warnings of a "pandemic depression" in the global situation, (ii) an estimated 42 million people within South Asia out of 100 million global obsessed to extreme poverty. Although Covid-19 had not led to a noticeable food crisis, regional food security was another area that India took a most important initiative with a lens to the future. Measures in this region could incorporate using its liberal food reserves of 83 million MT to put in place a South Asian food security to the South Asian Association

for Regional Cooperation (SAARC) Food Bank. (iii) PM Modi took impressive initiative in convening a virtual summit of SAARC leaders to deal with the pandemic. However, some international researchers complain, its medium-term impact had fallen short of the kind of impact India made in response to the 2004 tsunami in the region. India always has taken generous policy towards its South Asian neighbors and South-East Asian states also including pandemic covid-19 days also (Nanha and Nandy 2022).

Table No 1. India's Vaccine Supply in Neighbor Countries

Country	Grand		Commercial		Covax		Total Supplies (In lakhs)
	Quantity	Date of Despatch	Quantity	Date of Despatch	Quantity	Date of Despatch	
Bangladesh	33.000	(20) 21-Jan-21; (12) 26 March 21; (1) 2 April 2021	150.008	(50) 25-Jan-21; (20) 22-Feb-21; (10) 9 October 2021; 45.006 (01 Dec 2021); (25.002) 07 Dec 2021	97.820	(2.12) 04 Dec 2021; (32.88) 06 Dec 2021; (7.92) 14 Dec 2021; (27.50) 14 Aug 2022; (27.4) 15 Aug 2022	280.828
Pakistan					45 million (approx) by GAVI alliance (Times of India), (Covax Facility) (The Indian Express)		450
Nepal	11.120	(10) 21-Jan-21; (1) 28 March 21; (0.12) 7 October 21	20.000	(10) 20-Feb-21; (10) 9 Oct 21	63.870	(3.48)05/03/2021; (7.255) 28 Nov 2021; (9.72) 30 Nov 2021; (6) 07 Dec 2021; 18.71 (14 Dec 2021); (18.705) 18 Dec 2021	94.990
Bhutan	5.500	(1.5) 20-Jan-21; (4) 21 March 21					5.500
Sri Lanka	5.000	28-Jan-21	5.000	24-Feb-21	2.640	6 March 21	12.640
Afghanistan	10.000	(5) 7 Feb2021; (5 BB) 31 Dec 2021			4.680	6 March 21	14.680
Maldives	2.000	(1) 20-Jan-21; (1) 19 Feb-21	1.000	29 March 21	0.120	6 March 21	3.120

Note: <https://www.mea.gov.in/vaccine-supply.htm>, June 2023 & Self

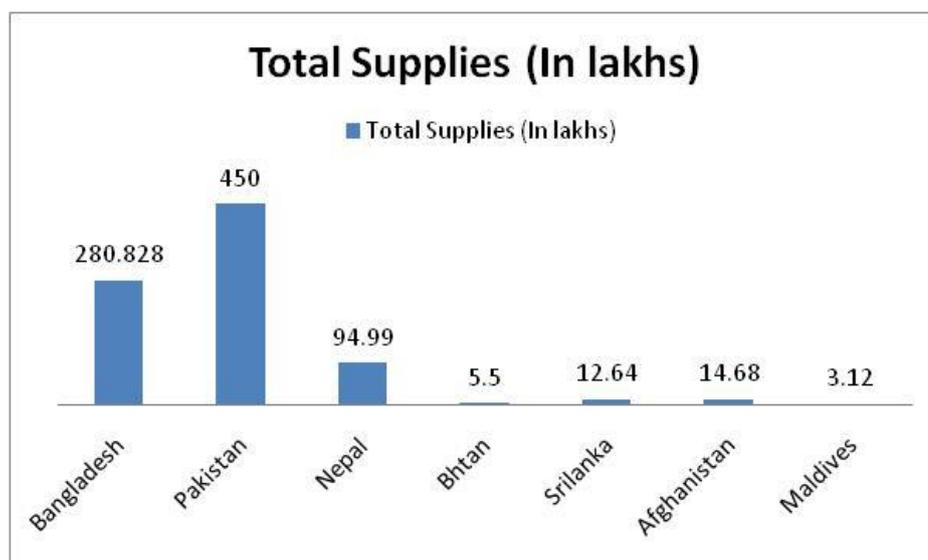


Figure 1. India's Vaccine Supply in South Asian Countries

India's Action for Southeast Asia

In the ASEAN-India Commemorative Summit 2012, the Executive leaders of the nation states of ASEAN and India considered the effort of the ASEAN-India Eminent Persons Group (AIEPG), and it suggested “a closer partnership for peace, progress and shared prosperity” (ASEAN-India Eminent Persons’ Report to the Leaders, 2012). The South-East Asia Region (SEARO) is the home of one-fourth of the global population having different public health priorities regarding COVID-19. They needed a universally high level of political meeting and commitment in the regional response to the pandemic. The governments implemented a comprehensive all-encompassing (government, private, and civil society) public health response to detect, test, treat, and isolate infected patients to prevent the spread and to save lives (Rana, 2021). To fight against this commercial disease of unknown pandemic both side (India and ASEAN) had been conveyed their capacity, data sharing, and intension by telephone conversation (Table 2, Table 3 & Figure 2). Their cultivate thoughts and up to date estimates had been founded future health emergencies like Asian center for humanitarian assistance on disaster management (AHA) centre, India-ASEAN meeting for health development (AI-HMD), the ASEAN risk assessment and risk communication centre (Mondal, 2023; Sakuja, 2018). India also stretched her helping hand of vaccines for required countries in Southeast and East Asia.

Table 2. Aid from Countries of the Indo-Pacific Region

Country	Assistances
Australia	1056 Ventilators and 43 Oxygen concentrators worth
Japan	300 Oxygen concentrators and 300 Ventilators and constructing Oxygen generation plants in Meghalaya, Nagaland and Tripura
Thailand	200 Oxygen cylinders and 10 Oxygen concentrators
Indonesia	200 Oxygen concentrators
Singapore	Oxygen, Medicine and Drugs (quantities undisclosed)
Vietnam	4 cryogenic oxygen tanks
Taiwan	150 oxygen concentrators and 500 oxygen cylinders
New Zealand	Medicine and Drugs
South Korea	Oxygen Cylinder, COVID-19 Diagnostic kits and other aid items (quantities undisclosed)
United States	1000 Oxygen Cylinders, Regulators 15 million, N95 Masks, and one million rapid Diagnostic tests
Russia	22 tonnes of equipment, including 20 Oxygen production units, 75 Ventilators, 150 Medical monitors and 200,000 packs of Medicine
Bangladesh	10,000 vials of Remdesivir injections
Malaysia	Oxygen concentrators, Remdesivir, Ventilators, and Testing kits (quantities undisclosed)

Note: <https://www.orfonline.org/research/friendship-reciprocity-and-diplomacy-in-the-time-of-covid-19-the-world-comes-to-indias-aid/>

Table 3. India's Vaccine Supply in Neighbor Countries of Look East Policy

Country	Grand		Commercial		Covax		Total Supplies (In lakhs)
	Quantity	Date of Despatch	Quantity	Date of Despatch	Quantity	Date of Despatch	
Cambodia	3.250	(2 QUAD) 10 Apr 2022; (1.25 QUAD) 12 Apr 2022	0.100	(0.1 BB) 04 Dec 2021	3.240	2 Mar-21	6.590
Indonesia			90.150	(1.375 COVOVAX) 26 Nov 2021 ;(48.675 Covovax) 01 Dec 2021; (40.03 COVOVAX) 07 Dec 2021; (0.04 Covovax) 29 May 2022; (0.03) 12 Oct 22			90.150
Myanmar	37.000	(15 SII)22-Jan-21; (2 BB) 11-Feb-21; (10 SII) 9 Oct 21, (5 BB) 22 Dec 2021; (5BB) 28 dec 2021	175.000	(20)11-Feb-21; 1 BB (18 D ecember 2021) ; 67 (27 Dec 2021); 67 (28 Dec 2021); (20 BB) 22 Jan 2022			212.000
Laos	0.500	Covovax (28 Feb 2023)			7.260	(1.32) 17 Mar-21; (5.94) 16 Feb 2022	7.760
Thailand	2.000	(2 Covovax, QUAD) 17 April 2022					2.00
Fiji	1.000	26 March 2021					1.000
Papua New Guinea					1.320	10 Apr-21	1.320

Note: <https://www.mea.gov.in/vaccine-supply.htm>, June 2023 & Self

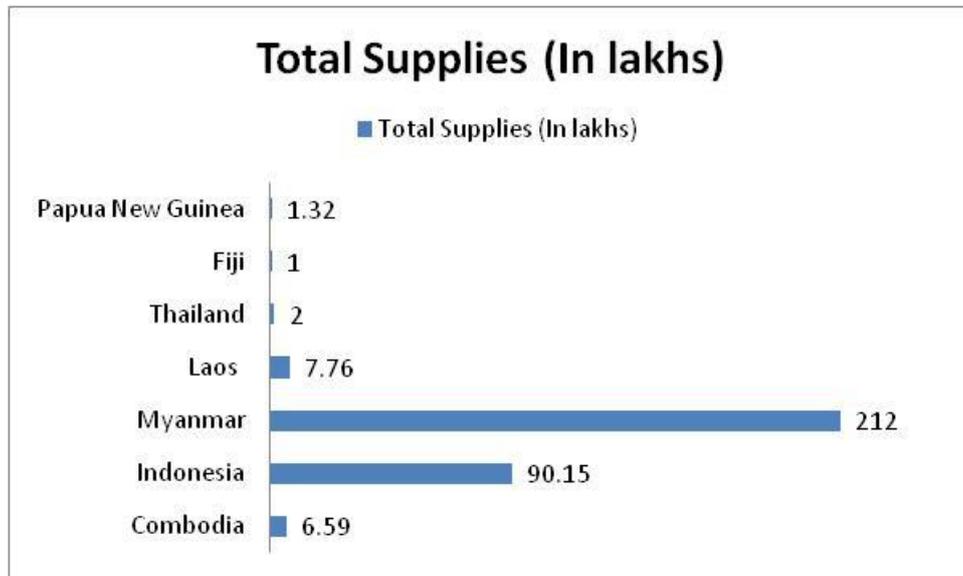


Figure 2. India's Vaccine Supply in Look East Countries

India's Proactive Vaccine Diplomacy

India's Vaccine friendship (Vaccine Maitri) is a humanitarian initiative around the world. This glorious activities was started from 20th January 2021 to 21st February, 2022 provided 162.9 million doses for 101 countries. Even 14.3 million doses provided as gift for 98 countries. Apart from this 41.5 were supplied with Covax obligation. It is remarkable that India gifted 2 lakhs doses to the United Nation peace keepers for all peace keeping missions. It proved India is able to draw the worldwide attention as a 'remedial state'⁷. Over all, India has been able to establish its possibility and capability as world vaccine laboratory.

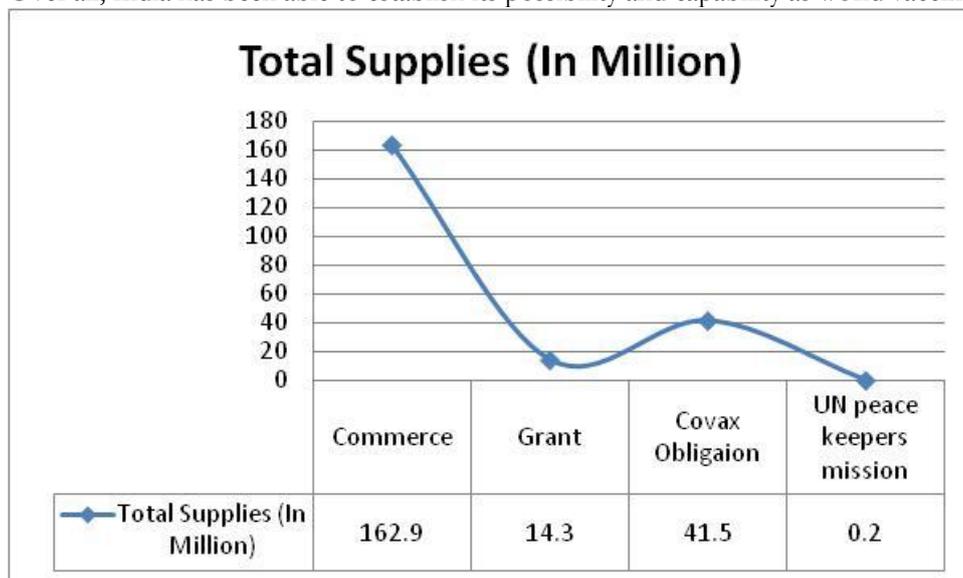


Figure 3. India's Vaccine Maitri

Actually India offered to support more than 150 countries with medical equipment and medicines. This Made-in-India approach establishes the core philosophy of "one Earth, one Family and one Future" and promotes India eternal 'Vasudhaiva Kutumbakam'⁸ Policy. Obviously it makes soft-power attitude with soft calculation. This win-win strategy makes the collective bargaining approach for India (Diagram 1). India's Initiatives with the invention of self reliance vaccine made multiplex relations among the countries as supra national club in international politics. As successful leadership Government of India used a different VUCA model to build his strategies for leading during this crisis. This alternative thought refers (a) Vision: Dynamic leaders followed the core ideology in consisting of core values and a core purpose, and the envisioned future; (b) Understanding: In a quickly-changing and unpredictable

environment, India felt bargaining power with existing competitors;(c)Clarity: communication with openness and sincerity; (d)Adaptability and Agility: To face the significant changes, the attitude of govt. was flexible, and responsive and adapts its strategies based on the new situation.

Diagram 1. Focal Point of Regional Cooperation and India’s Pro-Active Strategy

SAARC	SASEC	BIMSTEC	BCIM	GMS	ASEAN
Afghanistan					
Pakistan					
Nepal	Nepal	Nepal			
Bhutan	Bhutan	Bhutan			
Sri Lanka	Sri Lanka	Sri Lanka			
Maldives	Maldives	Maldives			
Bangladesh	Bangladesh	Bangladesh			
	Myanmar	Myanmar	Myanmar	Myanmar	Myanmar
		Thailand		Thailand	Thailand
			PRC	PRC	
				Vietnam	Vietnam
				Lao PDR	Lao PDR
				Cambodia	Cambodia
					Indonesia
					Malaysia
					ThePhilippines
					Singapore
					Brunei
					Darussalam

Source: by Author (2024)

This Diagram 1 also further finds out, India’s pro-active strategy to take membership in all regional integration in South and Southeast Asia proves, India’s cold calculation is at least one country making a bridge with another organization, there India takes the initiative for making joining. India brought the strategy to strength the oceanic bloc by south-south club. It greatly addresses the improving strategic abilities of a leader of a nation state and leads to better outcomes.

Discussion

India’s Approach to World Health Governance

India’s approach to global health governance during the COVID-19 pandemic demonstrates a multidimensional strategy combining soft power diplomacy, scientific innovation, and traditional medicinal practices. As the world’s second-most populous country, India faced a unique set of challenges. Despite its dense population and widespread economic disparities, India’s government implemented a public health strategy that extended beyond domestic concerns to play a crucial role in global vaccine distribution and health diplomacy. This proactive stance reinforced India’s image as a leader in global health governance, particularly in regions like South Asia and Southeast Asia, where the pandemic severely strained local healthcare systems (Bajpa & Wadhwa, 2020; Nandy, 2024).

India’s vaccine diplomacy, particularly through initiatives such as Vaccine Maitri, was central to its international response. By providing millions of vaccine doses to low- and middle-income countries, including its South Asian neighbors and African nations, India demonstrated its commitment to global health equity. This not only underscored India’s capabilities in pharmaceutical production but also enhanced its soft power influence across the global South (Krishnakumar & Rana, 2020). The Serum Institute of India and Bharat Biotech became critical actors in this effort, producing Covishield and Covaxin vaccines that were distributed globally (Rohilla et al., 2021). This vaccine diplomacy effort, rooted in India’s humanitarian values, allowed India to project its influence while supporting international health efforts, particularly in countries with limited access to vaccines (Mondal, 2020).

At the national level, India’s government quickly recognized that a full-scale lockdown, similar to those implemented in the U.S. and Europe, was not feasible given the population’s reliance on daily wages and the limitations of the country’s healthcare infrastructure (Krishnakumar & Rana, 2020). The government’s decision to rely on the Public Distribution System (PDS) to meet basic needs helped

mitigate the socio-economic fallout of the pandemic (Kamble, n.d.). India's healthcare industry, meanwhile, took on a critical role in ensuring the availability of personal protective equipment (PPE), sanitizers, and essential medicines such as hydroxychloroquine (HCQ) and paracetamol to both domestic and international markets, reflecting the country's capacity for swift adaptation during crises (Nandy, 2020).

India's broader approach to health governance during the pandemic also saw the incorporation of traditional Ayurvedic and alternative medicine through the Ministry of AYUSH. The promotion of traditional remedies, such as the use of *Tinosporacordifolia* and *Cydonia oblonga*, reflects the country's strategy of blending modern healthcare solutions with indigenous practices to enhance immunity and overall public health (Ghosh, Nundy & Mallick, 2020). This integration of ancient remedies with contemporary healthcare strategies highlights a novel aspect of India's vaccine diplomacy—its ability to merge soft power through traditional values with its role as a key actor in modern global health governance.

India's success in leveraging its pharmaceutical capabilities and its traditional medicinal knowledge positioned the country as a vital contributor to international health policy. Not only did India distribute vaccines and medical supplies across South Asia, Africa, and Latin America, but it also engaged in training healthcare professionals globally, enhancing its soft power influence (Raina & Kumar, 2021). This reinforced the notion that India's vaccine diplomacy is not merely transactional but reflects a broader strategy of humanitarian outreach aligned with its foreign policy objectives (Nandy & Naha, 2022).

Furthermore, India's health governance extended to digital innovation, with the launch of Arogya Setu, a mobile application aimed at tracking COVID-19 infections and promoting contact tracing. The government's rapid rollout of testing infrastructure, which grew from a single laboratory to over 1,100 labs across the country, demonstrated India's capacity for swift scale-up in response to an emergency (Rajya Sabha Session - 256 Unstarred Question No. 2961, 2022).

While India's global contributions were widely praised, its domestic challenges should not be overlooked. With a population of 1.4 billion and a high degree of economic inequality, the logistical difficulties of vaccinating such a vast population were significant. Nevertheless, India achieved remarkable progress, administering more than 565 million doses across 101 countries and fully vaccinating 127 million people, cementing its role as a leader in global health governance (Rohilla et al., 2021).

India's response to COVID-19 showcases how strategic vaccine diplomacy, integrated with both modern and traditional healthcare systems, can be used as a tool of soft power diplomacy. By balancing domestic healthcare needs with global health responsibilities, India not only addressed its own public health challenges but also positioned itself as a key player in global health governance. Through vaccine distribution, humanitarian assistance, and the integration of traditional medicine, India's actions during the pandemic highlight its role in shaping the post-pandemic global order. The country's efforts underscore the importance of healthcare diplomacy as a central component of foreign policy in an increasingly interconnected world.

India's Approach to World Health Governance in the Context of Ethical and Religious Values

India's approach to global health governance during the COVID-19 pandemic illustrates a multifaceted strategy that merges soft power diplomacy, scientific innovation, traditional medicinal practices, and ethical responsibility grounded in cultural and religious values. As the second most populous nation, India encountered vast challenges not only in managing its own public health crisis but also in meeting the ethical obligation to assist less privileged nations. Its vaccine diplomacy, anchored in its pharmaceutical prowess, goes beyond pragmatism to embody a humanitarian commitment influenced by its religious values, which stress compassion, solidarity, and care for others.

The Vaccine Maitri initiative, through which India distributed millions of vaccines to low- and middle-income countries, underscores how public policy can be shaped by ethical and religious principles. In Hinduism, the concept of "Seva" (selfless service) encourages actions for the benefit of others, a value evident in India's outreach to South Asia, Africa, and other regions. By embracing this spirit of humanitarianism, India positioned itself as a compassionate leader in global health governance, reinforcing its soft power on the world stage (Krishnakumar & Rana, 2020).

Domestically, India's integration of modern healthcare with traditional Ayurvedic practices showcases the influence of religious and ethical values on public health policy. Through the Ministry of AYUSH, the government promoted traditional remedies such as *Tinosporacordifolia* and *Cydonia oblonga*, emphasizing a holistic approach to health that aligns with Hindu, Buddhist, and Islamic principles (Ghosh, Nundy & Mallick, 2020). This blend of science and tradition reflects how religious values can shape public health strategies and contribute to global health governance.

India's pandemic response was driven not only by practical considerations but also by a deep ethical commitment to global solidarity. By sharing vaccines with nations that could not afford them, India embodied values of equity and justice, resonating with religious teachings such as Hinduism's Dharma, Islam's Zakat (charity), and Christian principles of helping those in need (Mondal, 2020). This approach addressed both the immediate health crisis and the broader issue of global health inequality.

India's use of digital health solutions, like the Arogya Setu mobile app for contact tracing, exemplifies how technology can support ethical public health responsibilities. Rapid expansion of testing and vaccine infrastructure further demonstrated the government's commitment to protecting its people while contributing to global efforts (Rajya Sabha Session - 256 Unstarred Question No. 2961, 2022).

Domestically, India's vaccination efforts also reflected its commitment to justice and fairness. Facing the challenge of vaccinating 1.4 billion people, many living in poverty, India worked to ensure equitable access to vaccines across socio-economic groups, in line with its religious and ethical traditions advocating for the protection of the vulnerable (Rohilla et al., 2021). India's ability to lead both at home and internationally highlights its role as a moral leader in global governance.

India's COVID-19 vaccine diplomacy is not just a soft power tool but also an expression of ethical values influenced by religious beliefs that guide public policy. By balancing its domestic health needs with global responsibilities, India showed that healthcare diplomacy can be both strategically advantageous and ethically driven. The integration of traditional medicine, modern technology, and religiously inspired humanitarianism in India's global health governance offers a model of how nations can contribute to global well-being while reflecting both national interests and moral imperatives.

Challenges

India, home to approximately 139 million migrants, faced profound socio-economic disruptions due to the COVID-19 pandemic. Even for those not directly infected, restrictions like isolation, economic shutdowns, and social distancing altered the domestic landscape, particularly affecting the livelihoods of vulnerable populations (Bajpai & Wadhwa, 2020; Sharma et al., 2021). Despite India's achievements in combatting the pandemic, one of the significant challenges was managing the 'vaccine debate'—which questioned whether India's vaccine innovations were superior to those of other countries. Further complicating the vaccination drive was the spread of misinformation on social media, where fear-mongers swayed public perception, creating hesitancy and distrust towards vaccination efforts (Parikh, Joshi & Gulia, 2021).

India also faced logistical challenges, including increasing numbers of daily COVID-19 cases despite vaccine availability, with 69,196 daily tests at one point. Ensuring coordination between multiple stakeholders at the national and international levels further tested India's capacity to manage the pandemic response effectively.

Action & Opportunities

India's Prime Minister Narendra Modi responded by introducing the Janata Curfew on March 22, 2020, followed by an initial 21-day lockdown, which extended multiple times due to the rising number of infections. These measures helped enforce social distancing, while quarantine laws under the Epidemic Disease Act of 1897 provided the legal framework for managing the crisis (Ghosh, Nundy & Mallick, 2020). India's health governance utilized a comprehensive strategy that involved screening passengers at airports, deploying healthcare workers, and mobilizing volunteers and police to enforce pandemic control measures (Laxminarayan, Jameel & Sarkar, 2020). This cohesive response demonstrated India's capacity to manage a crisis with collective coordination.

On the international front, India's vaccine diplomacy—dubbed 'Vaccine Maitri' (Vaccine Friendship)—was pivotal in building goodwill and fostering peace and cooperation with other nations. This initiative provided over 162.9 million vaccine doses to 101 countries, including 14.3 million doses

donated to 98 countries. India's commitment to supplying vaccines and medical aid extended beyond its immediate neighbors to countries across Africa, Latin America, Southeast Asia, and even UN peacekeeping missions (Biyani & Graham, 2021).

India's strategy also engaged the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) model to navigate the evolving challenges of the pandemic (Ghabour, 2020). This model included:

1. Volatility: The rapid, unpredictable changes caused by the pandemic required dynamic leadership and agile decision-making.
2. Uncertainty: Despite global uncertainty regarding the duration and cure for COVID-19, India took calculated risks and prepared for the worst.
3. Complexity: The interdependencies between healthcare, business, and social systems added layers of complexity to India's response. Nevertheless, India managed to deliver vaccines while maintaining public health systems and preventing widespread economic collapse.
4. Ambiguity: There was no clear blueprint for managing the pandemic, and India's adaptability became a central part of its success in addressing both domestic and global health needs.

Vaccine diplomacy, as observed, was not solely driven by altruism but also acted as a strategic tool to strengthen India's influence on the global stage, aligning with its broader foreign policy objectives. The concept of 'vaccine nationalism' also emerged, highlighting the competition among developed nations hoarding vaccines for their populations while developing nations like India worked towards achieving equitable global distribution (Frazier, 2021; Bharti & Bharti, 2021).

India's multidimensional approach, which blends global health governance, soft power diplomacy, and ethical responsibility, aligns closely with the intersection of public policy and religion. The humanitarian principles guiding India's Vaccine Maitri reflect religious and ethical frameworks such as Hinduism's "Seva" (selfless service), Islam's charitable duty (Zakat), and the Christian ethos of caring for the less fortunate. These ethical imperatives drove India's commitment to equitable vaccine distribution, positioning it as a leader in global health governance and soft power diplomacy.

Incorporating religious values into vaccine diplomacy adds a unique dimension to India's foreign policy strategy, demonstrating how faith-based principles can guide national policies in times of crisis. India's initiatives during the pandemic exemplify the broader themes of public policy shaped by religious and ethical values—central to the scope of this journal, which seeks to explore how these elements influence governance at both local and global levels.

India's response to the COVID-19 pandemic, through its Vaccine Maitri initiative and proactive health governance measures, showcases a strategic balance of global cooperation, ethical responsibility, and soft power. The interplay between religion, public policy, and international relations in India's pandemic response offers valuable insights for scholars studying the relationship between religion and global health governance.

Limitation of the Study

It could not study the parameters of other regional cooperation regarding Covid-19. It did not analyse the position of stake holders' vis-à-vis service competitors. Even this study does not apply the SWOC⁹ method.

CONCLUSION

The COVID-19 pandemic exposed significant weaknesses in global health systems and governance, creating widespread challenges that affected economies, public health, and international cooperation. Traditional global frameworks struggled to manage the crisis, prompting many nations to focus on their own health governance strategies. India, in response, took proactive steps to safeguard global interests, particularly in South Asia, through its Vaccine Maitri initiative, providing essential medical aid and vaccines to numerous countries. This effort not only helped mitigate the pandemic's impact but also positioned India as a leader in global health governance. India's actions emphasized its ability to address critical international issues, focusing on economic recovery, public health, and environmental benefits, reinforcing its influence in global diplomacy.

India's leadership in vaccine diplomacy, supported by its strong pharmaceutical industry, further demonstrated the country's capacity to address global health challenges. India's successful development

of vaccines and its proactive response to emerging diseases highlights its growing role in public health and humanitarian efforts. These initiatives reflect India's commitment to global health equity and soft power diplomacy, positioning the country as a significant contributor to global health governance and collective security.

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Allusion

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- ^{2,3}Gandhamardan is a hill, located in between Balangir and Bargarh district of Odisha province in India. According to the mythology of ‘Ramayana’, Lord Hanuman carried this hill on his shoulders to save the life of [Lakshman](#). Actually Sushena (the expert physician from Lanka) had suggested Hanuman to collect Bisalyakarani (Ayurveda tree) in ere crack of dawn, so that Laxman would rise back to life.
- ⁴P.M. Modi urged people to follow social distancing and avoid going out as much as possible to check the spread of corona virus on 22th March, 2020. It addressed the cautioning people against any complacency in dealing with Covid-19.
- ⁵AYUSH is the abbreviation of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy, which are the six Indian systems of medicine prevalent and practiced in India and some of the neighboring Asian countries. The Ministry of Ayush regulates the educational standards of the Indian Systems of Medicine and Homoeopathy colleges in the country from 2014.
- ⁶This abbreviation was first used in the U.S. Army War College in 1987 and presented publicly in 1991 by Herbert Barber. It started to apply in the condition to the end of Cold War. The COVID-19 pandemic made the greatest challenge like it.
- ⁷A remedial state is actually a minimal state that provides essentials to life in a society. It refers the state's sole responsibility as ensuring that transactions between private individuals are free.
- ⁸India has been propagating the ancient Sanskrit dictum ‘Vasudhaiva Kutumbakam’, means the world is one family. *Vasudeva* means the Eternal Reality or the Earth, and *kutumbaka*, refers family. Which expresses all of the world, universe or reality is one.
- ⁹The acronyms of SWOC stand strength, weakness, opportunities and challenges. This method looks at the present situation and identifies comparative advantage to make strategic plan and decision in possible performance.