



Article

The Politics of the COVID-19 Pandemic in India

Uma Purushothaman * and John S. Moolakkattu

Department of International Relations & Politics, School of Global Studies, Central University of Kerala, Kasaragod 671320, Kerala State, India; msjohn@cukerala.ac.in

* Correspondence: uma@cukerala.ac.in; Tel.: +91-989-970-3783

Abstract: India responded to the COVID-19 measures abruptly and in a tough manner during the early stages of the pandemic. Its response did not take into consideration the socio-economic life of the majority of people in India who work in the informal sector and the sheer diversity of the country. The imposition of a nationwide lockdown using the Disaster Management Act 2005 enabled the Union Government to impose its will on the whole country. India has a federal system, and health is a state subject. Such an overbearing role on the part of the Central Government did not, however, lead to coordinated action. Some states expressed their differences, but eventually all complied with the central guidelines. The COVID-19 pandemic struck at a time when an agitation was going on in the country, especially in New Delhi, against the Citizen Amendment Act. The lockdown was imposed all of a sudden and was extended until 31 May. This led to a humanitarian crisis involving a large number of domestic migrant workers, who were left stranded with no income for survival and no means of transport to go home. Indians abroad who were intending to return also found themselves trapped. Dissenting voices were silenced through arrests and detentions during this period, and the victims included rights activists, students, lawyers, and even some academics. Power tussles and elections continued as usual and the social distancing norms were often compromised. Since COVID-19 containment measures were carried out primarily at the state level, this paper will also selectively draw on their experiences. India also used the opportunity to burnish its credentials as the ‘pharmacy of the world’ by sending medical supplies to over a hundred countries. In the second wave, there were many deaths, but the government was accused of undercounting them and of not doing enough to deliver vaccines to Indians. This paper will deal with the conflicts, contestations and the foreign policy fallout following the onset of the pandemic and the measures adopted by the union government to cope with them, with less focus on the economic and epidemiological aspects of pandemic management. This paper looks at previous studies, press reports, and press releases by government agencies to collect the needed data. A descriptive and analytical approach is followed in the paper.

Keywords: lockdown; disaster management; federal structure; India; foreign policy; vaccine diplomacy; dissent



Citation: Purushothaman, Uma, and John S. Moolakkattu. 2021. The Politics of the COVID-19 Pandemic in India. *Social Sciences* 10: 381. <https://doi.org/10.3390/socsci10100381>

Academic Editor: Leila Simona Talani

Received: 21 July 2021

Accepted: 9 October 2021

Published: 12 October 2021

Publisher’s Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2021 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

This paper discusses the politics centred on the COVID-19 pandemic in India. This paper is divided into two main sections. It focuses first on aspects of domestic politics that emerged or that were transformed following the pandemic during the first and second waves in the country. The themes dealt with in this section include inter-state tussles, problems of the migrants and the poor, racism and religious polarization, union–state relations during the pandemic, partisan politics, and human rights issues, and the exceptional case of the state of Kerala. It then briefly covers the period of the second wave and the vaccine policy. The second part focuses on the international ramifications of the pandemic in terms of foreign policy and related issues. Themes discussed in this section include health and vaccine diplomacy, summit diplomacy, geopolitical alignments and evacuation of citizens. This is followed by the concluding section.

The paper seeks to answer the following research questions:

How did the Indian government respond to the COVID-19 pandemic in a federal system characterized by poverty, ethnic diversity, and a fragile health infrastructure?

What kinds of domestic conflicts and contestations emerged in response to the pandemic containment measures adopted by the Union Government?

How has the Indian government used the pandemic to consolidate its power domestically as well as expand its status internationally?

How has the pandemic affected India's external relations?

How successful was India's vaccine diplomacy?

The central argument of this paper is that the turbulence caused by COVID-19 led to greater appropriation of power by the Union government at the expense of the states, particularly during the first wave and led to both mollification of certain conflicts while generating new conflicts centred around COVID-19 management and electoral politics. India tried to capitalize on the pandemic through vaccine diplomacy to improve its international standing. However, the second wave exposed the gap between its domestic capabilities and foreign policy ambitions.

The paper is descriptive and analytical and is primarily based on available secondary literature and official statements.

2. The Domestic Domain

The number of COVID-19 cases in India until the second of July 2021 was 30,458,251 with 400,312 deaths. A total of 323,663,297 vaccine doses were administered until the 27 June 2021. The case fatality rate is 1.31. It varied between states. Both during the first and second waves, Maharashtra and the southern states of Kerala, Karnataka, Tamil Nadu, and Andhra Pradesh had the highest number of cases. The northern states had fewer caseloads except in Delhi. The northeastern states were also less severely affected and had considerably lower case fatality. The second wave of the pandemic began from early February 2021 and onwards. Following this wave, there was a steep increase in the number of cases. The health systems of many north Indian states were overwhelmed during this stage. Most analysts and health professionals believe that infection and death rates are based on gross undercounting, and real figures could be significantly higher (For more details, see [Pathak et al. 2021](#)). By the end of July 2021, the country hopes to administer 500 million doses covering 250 million people ([JHU CSSE COVID-19 Data 2019](#); [The Hindu Special Correspondent 2021](#); [BBC World News 2021](#)). Unlike in the first phase when the Union Government imposed the lockdown measures, the task was left to the individual states during the second wave.

The sudden lockdown on 23 March 2020 in a country with a population of over 1.3 billion led to enormous hardship and loss of livelihood for millions of people. The lockdown, which continued for more than two months, in four phases, followed by graduated relaxation and opening up of the economy, could not prevent the spread of the virus. The Indian economy registered a contraction of around 24% ([Slater 2020](#)). Though the state governments were not consulted, the burden of complying with the lockdown regulations and the attendant responsibilities had to be borne solely by them.

Public health is not a matter that can be entrusted to health professionals alone in a functional manner. Instead, the provision of public health is situated in a political economy framework. The political meanings attached to each public health decision matters. These meanings are not often based on principles of social choice theory. Public health provision and the contestations over it are therefore all too political, especially when they impact aspects of social life for prolonged periods as the COVID-19 pandemic did. According to two commentators, "a political economy perspective challenges the assumptions of omniscience and benevolence of all actors—politicians, regulators, scientists, and members of the public—in response to the pandemic. We live in an imperfect world, populated by imperfect beings, who interact in imperfect institutional environments" ([Boettke and Powell 2021](#)).

Inter-State Tussles

In the aftermath of the lockdown, many Indian states sealed their borders. This led to cases of smuggling of homebound people trapped in other states. On the Haryana–Uttar Pradesh border, migrants even attempted to cross the Yamuna River using rubber tubes. In other words, state borders became securitized. A legal battle erupted between Kerala and Karnataka over the ban imposed by the latter to prevent the entry of people from the adjoining district of Kerala (Kasaragod) to Mangalore for treatment of patients, leading to several deaths. At that time, Kasaragod was one of the few hotspots in the country. The Karnataka government was adamant and said lifting the blockade amounted to “embracing death”. The Kerala High Court ruled that such restrictions were not legal and directed the Union Government to remove them (Joseph 2020).

3. Migrant Workers and the Poor

India’s domestic migrants are central to its urban economy. There are also a large number of beggars and homeless people. The existence of the migrant poor is a sign of structural inequality. The poor were subject to state repression during the pandemic, an example of the lack of social sensitivity in India’s public health programs. Even though the pandemic makes no distinction between the rich and the poor, the people who cannot access health resources are predominantly the poor. Their ability to cope with the pandemic is affected by their living and working conditions, lack of sensitivity of the authorities to the cultural context in the provision of services, their limited local knowledge and networks, and their non-inclusion as fully documented citizens. There was absolutely no plan to address the problems of the urban migrants, employees in the unorganized sector (many of whom are daily wage earners), and stranded students. The migrant workers suffered due to want of food, lack of shelter, loss of wages, fear of getting infected, and anxiety. Many migrants lost their lives during the exodus after the lockdown, possibly the biggest since the days of the partition in 1947. Many walked hundreds of miles, and when they reached their villages, the police and locals often harassed them, seeing them as sources of infection. There was also the case of some returning migrants being sprayed with chemicals to disinfect them, such as in the Indian state of Uttar Pradesh. In fact, it was the returning migrants who significantly contributed to the spread of the virus in northern Indian states (Suresh et al. 2020). The migrants who returned were offered jobs under the Mahatma Gandhi National Rural Employment Act, India’s flagship workfare program in the rural areas. But this led to some consternation among the already registered job cardholders, who saw the returning migrants as depriving them of jobs. The migrants were also not entitled to benefits, such as rations, free public education, and health care facilities provided by the host state, due to a lack of the necessary documentation (Kumar and Choudhury 2021). The lockdown came when it was the harvesting season in India, and there was no plan to mitigate the sufferings of the labourers in the unorganized sector.

Section 11 of the Disaster Management Act speaks about a national plan for pandemic containment, taking the state governments and other expert bodies into confidence, which was absent (Agrawal 2020). Although the lockdown was swift and the most extensive globally, the country could not reap its benefits. Within months of the relaxation of lockdown rules, India became one of the most affected countries globally. In the initial stages, there were not enough personal protection equipment kits or ventilators. This led to protests by healthcare workers in places such as Srinagar, Punjab, and Delhi. Initially, the opposition parties cooperated with the Union Government. But soon, they attacked the government for failing to address the socio-economic fallout of the lockdown.

Studies also showed that the pandemic and lockdown led to a greater burden for women in household work, child-rearing, and home-schooling duties, suggesting that the gendered division of labour in the family was actually reinforced during the lockdown. Even when fathers worked from home, they did not involve themselves much in household chores and child-rearing. There have also been reports of an increase in domestic violence.

In addition, the maids and nannies, who used to work for middle-class families, lost their jobs due to social distancing norms (Hazarika and Das 2020).

3.1. Racism

Since COVID-19 had first emerged in China, India's north-eastern people, who have Mongoloid features, were also targeted. They were seen as potential dangers and bore the brunt of xenophobic behaviour in the Indian cities. They were spat at, not allowed entry into grocery shops, and were even called the coronavirus. Such types of racial profiling further alienates the people of Northeast India (Haokip 2021, p. 389). If anti-Asian and Chinese sentiment was seen globally, its equivalent in India was racism against migrant communities from the northeastern region, living mainly in the major cities. The people of the northeast were already facing discrimination even before the pandemic. The necessary socialization to see them as Indian enough is yet to be undertaken in the mainland of India (Rahman 2020).

3.2. The Pandemic and Federalism

The COVID-19 has provided an opportunity to the Union to make the Indian polity tilt towards an even more unitary direction. The sweeping reforms in agriculture, a state subject, found no resistance except from a few opposition-ruled states. The pandemic and the insufficient flows from the Goods and Services Act have forced the states to look to the Union for assistance. The national lockdown, the clamping of the central disaster management law, the pre-eminent role of the union government's home department in issuing guidelines are instances of this overbearing role. The Union abrogated to itself powers relating to interstate migration and quarantine, social security and social insurance, employment and containment of the countrywide spread of the infection, and areas such as maintaining public order, including the police, public health, sanitation, and social security (Agrawal 2020). This appropriation of power by the Union was achieved with a certain degree of consent from the states. The Union Ministry of Finance has allowed the states to increase the borrowing limits from 3% to 5%, but on conditions set by it. The pandemic exposed the vulnerability of the states more than ever, and the Union exploited it. The single-party dominance that exists now has also contributed to strengthening the Union Government because the states in which the BJP is in power tend to toe the Union Government's line.

Questions arose on managing the pandemic, how the lockdown should proceed, the schedule on relaxation of restrictions, the apportionment of containment costs, and other measures. The Union Government invoked the Colonial Epidemic Diseases Act, 1897, which declared the pandemic a national calamity. However, more than this Act, it was the employment of the Disaster Management Act, 2005, which disturbed many states. Kerala, for instance, wanted relaxations in COVID-19-free zones to bring in a semblance of economic activity, which was thwarted by the Union Home ministry. Moreover, the lockdown affected the state revenue due to a ban on alcohol and a steep fall in the sale of petroleum products.

The Indian Council of Medical Research, a central institute, provided the cue and health advice to be followed by all the states regardless of how robust the advice is. The testing strategy, drug protocols, procurement of emergency supplies, and local production of diagnostic kits were all decided by the Centre. The Union home ministry had its own teams for monitoring compliance of lockdown measures in the severely affected districts, causing much consternation. Pandemics come under the concurrent list in the division of powers on which legislation could be made by the Union, as well as the state, with the proviso that the central rules would prevail in the event of a conflict between the two. The ICMR is not the definitive organization charged with public health in times of pandemics. Instead, there is the National Centre for Disease Control (NCDC) with previous experience of coordinating public health responses with states. In the initial stages of the pandemic, NCDC and even the Ministry of Health had no significant role to play. The Ministry of Home Affairs and the Prime Minister's Office (PMO) were the critical decision-making

sites. There were also allegations that apart from seeking advice from medical experts, the government altogether neglected the social scientists, who could very well have provided guidance on the socio-economic fallout of the lockdown (Baru 2021).

Tensions between the Union and the states over how the pandemic was to be managed arose in India, as it did in countries such as the USA and Brazil. But unlike these two countries, there was broad consensus in India on the need for a lockdown. Still, issues arose over the states' demand for more financial support for relief operations and freedom to streamline lockdown regulations to suit the local context, rather than imposing nationwide guidelines. But those who objected to the Centre were all opposition-ruled states, especially on issues such as special trains, for transporting returning internal migrants, and the criteria for the classification of containment zones (Chatterji et al. 2021). If during the first wave the Centre had used its powers in a centralized way to impose lockdown, during the second wave, it abdicated its responsibility, leaving the states to fend for themselves with respect to lockdowns and vaccinations before the Supreme Court intervened. The Union has all the powers, and vaccine providers do not like to deal with the states as their negative response to the efforts made to secure vaccines was shown by states such as Kerala. Therefore, it needs to use a command style concerning vaccine procurement and distribution.

4. Religious Polarization

The Tablighi Jamaat's (a transnational Islamic sect) international conference held in New Delhi's Nizamuddin was declared the first 'super-spreader' in India. This event attended by Muslims from all over India and from abroad came under the fire of the ruling party, who used it as a ploy to attack the Muslims. Such diversionary tactics allowed the government to distract public attention from its own failures in containing the pandemic. Fake news to generate anti-Muslim feelings was also manufactured, deriding Muslims with names such as 'human corona bombs' and 'coronajihad' on social media. They became the scapegoats for the inaction of the government (Rahman 2020). The campaign glossed over the fact that it was the Union Home Ministry, which had permitted the event despite the World Health Organization's (WHO) warnings. In contrast, the Maharashtra government had refused permission for a similar Tablighi Jamaat event in Vasai.

5. Delayed Response and Power Politics

The Indian government was not very alert to the pandemic other than issuing an advise against travel to Wuhan in January 2020. The fact that the country shares a long border and intense trade-related interaction with China never figured in its calculation. Although Air India flights to evacuate Indian students from Wuhan took place, there was no attempt to suspend all flights to China. The airports were only asked to do thermal screening of passengers coming from China, oblivious that passengers from other countries could also be infected. The net result is India lost crucial weeks, even though the WHO had declared COVID-19 as a Public Health Emergency of International Concern. India was in the thick of the CAA agitation in Delhi and the enthusiasm to host the visiting US president. It was only in March that the government started taking some action. On 3 March, the government withdrew all visas issued to passengers from Italy, Iran, South Korea, and Japan. A day later, thermal scanning was made mandatory for all passengers in international airports.

Even on 13 March, the Union government denied that it was a public health emergency. This was the time when the ruling party was engaged in plotting the downfall of the Kamal Nath-led Congress government in Madhya Pradesh and reinstating its own party leader as the Chief Minister, which was accomplished on 20 March. The fallout of the political coup was that there was no health minister in Madhya Pradesh for nearly a month. Politics trumped (Dixit 2020). As these political games unfolded, the government realized the gravity of the health emergency and issued an advisory for social distancing until 31 March. There were allegations that the Union Government did not behave responsibly in the weeks before it imposed the national lockdown. The parliament was scheduled as usual, and a roadshow involving President Trump and Prime Minister Modi was held in Ahmedabad on 24 February, followed by a mass meeting at a cricket stadium attended by nearly one hundred thousand people. In

the elections to the Bihar state legislative assembly, free COVID-19 vaccines were promised to the electorate by the Prime Minister and several union ministers to secure an electoral victory.

6. Human Rights

One issue that was highlighted during the pandemic was police behaviour. Police had a crucial role in enforcing lockdowns in all parts of the country, particularly during the first two months. In Tamil Nadu, a father and son died due to police brutality for keeping their shop open beyond the time allotted, leading to a national uproar. On such occasions, the state often tries to defend the police by playing down the seriousness of the offense. Verbal abuse, seizure of vehicles and other possessions, assaults, and arrests were normalized during the pandemic.

According to the Human Rights Watch, India's human rights record during the COVID-19 leaves much to be desired. The report blamed the Indian government for charges against human rights activists, student activists, intellectuals and detractors, and invoking sedition and terrorism laws. In addition, some elderly human rights activists were charged on counts of inciting communal violence in Delhi and caste-based violence in Bhima Koregaon in Maharashtra. These investigations are seen as measures aimed at silencing all dissent. Amendments also were made to the Foreign Contribution Regulation Act (FCRA), tightening governmental oversight, necessitating more paperwork and operational requirements, which would restrict access to foreign funding to many small nongovernmental organizations ([Human Rights Watch 2021](#), pp. 321–22).

The Example of Kerala

The response to the pandemic varied from state to state. States such as Kerala, which had successfully contained a Nipah outbreak a couple of years ago, had a head start. Kerala's robust public health system and local governments provided the institutional framework for this success. In addition, Kerala adopted a more humane approach right from the early stages. Kerala monitored the problems of the large number of Keralites working abroad, especially in the Middle East, through its own specific ministry dealing with their interest and welfare, maintaining databases on them. Similar data on the internal migrants also helped the state to better handle their problems in contrast to the pathetic plight of their counterparts in many parts of North India ([Rajan 2020](#)). Migrant labourers were designated as guest workers. The state established more than a thousand camps and set up community kitchens to distribute cooked food and provide shelter to such migrants and other poor people. The people were provided free rations, and the pensioners were paid their dues. The network of women's self-help groups known as Kudumbasree was the backbone of many of these efforts. The Kerala government's proactive actions were widely praised. They exerted a kind of moral pressure on both the Union Government and other state governments to follow the Kerala example. The almost daily press briefings by the Chief Minister of Kerala flanked by the health and revenue ministers were reassuring to the public. But the state government also tried to capitalize on its successes politically. The opposition highlighted several scams that took place during the height of the COVID-19 containment period, with bureaucrats close to the Chief Minister himself being involved. But in states such as Gujarat, the decision-making power rested primarily with the bureaucracy—municipal commissioners, district collectors, and health officers—making pandemic management a largely top-down initiative ([Chatterji et al. 2021](#); [Chathukulam and Tharamangalam 2020](#)).

7. The Messy Second Wave

In early 2021, with a decline in the number of cases, there was a feeling among the decision-makers in Delhi that the worst was over. The government faltered by making statements in a spirit of triumphalism and exceptionalism, claiming that the country had won the battle against the pandemic, to the dismay of the scientific community. Both the Prime Minister and the health minister displayed a high degree of misplaced complacency. At the Davos World Economic Forum in January 2021, the Prime Minister proclaimed that India had beaten COVID-19 and would use its two vaccines to save the world from the calamity.

This also seemed to have slowed the pace of the vaccine rollout and the initial reluctance of people get vaccinated, thinking that herd immunity had already been achieved. Elections were organized in several states starting from March 2021. The Indian government agreed to hold the Kumbh Mela ahead of schedule after astrologists pointed out that March 2021 would be more auspicious than the original timing in 2022. As a result, millions of pilgrims came to Haridwar in April, while the second wave gained momentum (Jaffrelot 2021). The first T20 cricket match between India and England was played in March 2021, thronged by crowds who did not observe social distancing or wear face masks, all of which were super-spreaders of a new variant of the virus known as Delta. West Bengal had the most protracted ever election campaign, and the election itself was held in eight phases. With many mass rallies in the state addressed by high-profile politicians, including the Prime Minister and the home minister, COVID-19 protocols came to be routinely violated. The BJP was hopeful of wresting power in a state whose Chief Minister was seen as one of its vocal critics. The Election Commission could only watch silently when it saw its own stipulation that meetings should not have more than 500 people was grossly violated. A chaotic situation existed for two weeks in late April and early May 2021. Hospitals in New Delhi and parts of North India were flooded with COVID-19 patients, with several of them dying without any medical attention and support. The number of new infections each day was over 350,000. There was an acute shortage of oxygen supply, the crematoriums were overwhelmed, and poor people who did not have the means to cremate their dead either deposited them in the Ganges or buried them on the riverbanks in shallow pits. Many people criticized the government for the governance deficit even though it had several months at its disposal to plan for such contingencies (Safi 2021). If India's first wave affected the migrant workers, India's second wave mainly affected the middle class, the ardent supporters of the ruling BJP.

Added to it was the government's vaccine policy. The original proposal was that the Centre would procure 50% of the vaccines produced by the Serum Institute of India and Bharat BioTech at USD 2 per dose. This would then be provided free to the states to vaccinate those above 45 years of age. The states were asked to purchase vaccines at fixed prices—Covishield at USD 4 and Covaxin at USD 8—for those aged between 18 and 45. The private hospitals were asked to pay double the amount for procuring the same vaccines. It was left to the state governments to decide whether to give free vaccines or not. The Supreme Court of India intervened, describing the exclusion of the 18 to 45 age groups from free vaccines as irrational and arbitrary, and asked the Union to procure the vaccine needed for all at lower prices with the amount earmarked for this purpose in the annual budget. In the past, universal immunization programs had been implemented with the Union Government procuring vaccines and distributing them to states. Everyone expected this policy to continue. The government was thus forced to make a shift in its vaccine policy and agreed to purchase 75% of the vaccines and distribute them freely to states, leaving the remaining 25% to the private sector as paid vaccines (Ananthakrishnan 2021). The BJP had promised free vaccination in West Bengal if it was voted to power in the 2021 elections. The party was also accused of vaccination populism when the prime minister's image appeared on the vaccination certificate (Jaffrelot 2021), which was later dropped in the election-bound states by the Election Commission following complaints by the opposition.

Thus, this period saw a consolidation of power by the Union Government and brought to the fore many problems, such as the absence of a robust health infrastructure, poverty, and religious polarization. It was also a period of intense politicking.

The COVID-19 pandemic also had a impact on India's foreign policy. This is examined in the next section.

8. COVID-19 and India's International Relations

The COVID 19 pandemic arrived in India at a time when it was facing large-scale protests, concentrated in New Delhi, over the Citizenship Amendment Act (CAA). The CAA was passed in response to the National Register of Citizens (NRC), which had excluded 1.9 million people, including Hindus and Muslims, when the exercise was carried

out in the northeastern state of Assam. Perceived as a discriminatory act passed by a Hindu majoritarian government, the passage of the Act in December 2019 was seen by minorities and liberals as one which could tarnish India's reputation as a secular democracy. The Act amends the Indian Citizenship Act, giving illegal refugees who are Sikh, Hindu, Jain, Buddhist, and Christian fleeing from Afghanistan, Bangladesh, and Pakistan fleeing from religious persecution before 2014, a swifter path to citizenship. The exclusion of Muslims from the Act and the proposed NRC caused concern that the Act was aimed at designating Muslims as illegal immigrants to throw them out of the country. Subsequently, protests erupted across the nation, culminating in an indefinite protest by women at Shaheen Bagh on 15 December in Delhi. The protestors staked out at the protest site, blocking a road and refusing to move; the protest received sympathy because it was led by women, particularly older women, in the cold Delhi winter. The protests continued in a controlled way after COVID-19 broke out in India and the subsequent restrictions. However, after Delhi imposed a lockdown on 23 March, the remaining protestors were forcibly removed by the police, effectively ending the protests. The end of the protests, which had gained international attention, reduced embarrassment for the government. In any case, by then, the rest of the world itself was too distracted by the pandemic to pay much attention to India's domestic travails.

9. Health and Vaccine Diplomacy

As the pharmaceutical of the world, in the first wave, India sensed an opportunity to bolster its claims to be a global leader and to enhance its soft power credentials by gifting and selling vaccines, medicines, and medical equipment to countries across the world. This was particularly important in the light of the sole superpower, the United States, abdicating its responsibility to show leadership during a global crisis and later amassing far more vaccines than it required. The US, under Trump, instead of leading the world, left the World Health Organization. As the worst affected western countries, its inefficient and ineffective health system became the cynosure of all eyes. India's response has to be contextualized, as this was a time when its willingness and ability to take on greater international responsibilities was being debated (Acharya 2011). India's initial response to the common challenge of defeating the pandemic could be its answer to these questions.

India has the self-image of being a civilizational power, and it aspires to be a global power that contributes to global governance. It has long demanded a greater voice in international affairs. It wants to be accepted as a norm maker rather than a country that just follows the rules framed by other countries. However, its desire to be accepted as a global power has so far been thwarted by mutual rivalries with other Asian powers, lack of political will, resource capacity, and regional legitimacy (Acharya 2011, p. 863). In fact, Acharya argues that "in the years immediately following the Second World War, India had high legitimacy in Asia and was more than willing to lead, but was unable to do so due to a lack of resources" (Acharya 2011, p. 863). Today, as it has developed its economic and military prowess, it has the will and the resources, but it still lacks regional and global legitimacy (Acharya 2011, pp. 863–64). This is what India sought to overcome and acquire through its vaccine diplomacy or health diplomacy. India's wholehearted engagement with other countries, both at the regional and global level in the context of the pandemic, might be viewed as a "modest shift from defensive sovereignty to responsible sovereignty" (Acharya 2011, p. 868).

So, in the pandemic, India saw an opportunity to bolster its credentials as a responsible stakeholder contributing to global governance, riding on the back of its pharmaceutical industry. Along with its IT industry, the pharmaceutical industry has been one of the best performing industries in post-liberalization India. The industry in India is the third largest in the world in terms of volume and 14th largest in terms of value, contributing 3.5% of the total drugs and medicines exported globally (MakeinIndia 2021). India is the largest provider of generic medicines (India meets 20% of the global exports in generic drugs) and one of the biggest suppliers of low-cost vaccines globally, exporting to over

200 countries, including the developed world (MakeinIndia 2021). India supplied around 45 tons and 400 million tablets of Hydroxychloroquine to about 114 countries globally during the pandemic. According to India's Economic Survey 2020–2021, a significant raw material base and availability of a skilled workforce have enabled India to emerge as an international manufacturing hub for generic medicines.

Further, India is the only country with the largest number of US-FDA compliant pharma plants (more than 262, including Active Pharmaceutical Ingredients-APIs) outside the USA. As a result, there was an increase in the share of pharmaceuticals exports in India's total exports from 5.1% in April–October 2019 to 7.3% in April–October 2020, making it the third-largest exported commodity (Kulkarni 2021). The Indian pharma industry can produce quality drugs cheaply because of the R&D backup, cheap labour, availability of management and technical personnel, and local equipment's availability for manufacturing drugs (Groww 2020). But the pandemic also exposed the excessive dependence of the Indian pharmaceutical industry on China for sourcing Active Pharmaceutical Ingredients (APIs) and Key Starting Materials (KSMs) (Kulkarni 2021).

So, India exported vaccines, medicines, and medical supplies as grants and sales in the first wave. India sent Rapid Response Teams to Maldives, Kuwait, Mauritius and Comoros (MEA 2021a). India also supplied healthcare products to over 150 countries despite overwhelming logistical challenges. India launched 'Vaccine Maitri' or 'Vaccine Friendship' to send made-in-India vaccines to the rest of the world, starting with Bhutan. As of 4 July 2021, India had sent 66.36 million doses of vaccines to 95 countries, of which 10.7 million doses were sent as grants (MEA 2021b). South Asia has been the largest beneficiary, with Bangladesh being the single largest beneficiary, receiving 10.3 million doses (MEA 2021b). India's leading pharmaceutical company, the Serum Institute, also promised 200 million doses to a WHO pool named COVAX for poorer countries, while China pledged 10 million. At the Global Vaccines Summit on 4 June 2020, PM Modi pledged USD 15 million for the Gavi (the vaccine alliance) 2021–2025 program (Gavi 2021). India's vaccine diplomacy was also meant to counter China's vaccine diplomacy, and the two were engaged in competitive vaccine diplomacy in countries such as Sri Lanka, where both have pledged vaccines (Mashal and Yee 2021). But India's vaccine diplomacy faced a setback when South Africa decided to sell vaccines made in India to other African countries after choosing not to use the vaccines as they had limited efficacy against the South African variant of the virus. India initially had an advantage over China because "the lack of transparency and efficacy data regarding China's vaccines has made many abroad wary" (Santhoshini 2021).

However, it turns out that vaccines were being sent abroad even as India struggled to vaccinate its own citizens. In March, when the second wave hit India, restrictions were put on exports of vaccines and medicines. The second wave led to an official death count of over 389,000 deaths as of 22 June 2021 (MoHFW 2021). India's handling of the second wave dissipated much of the soft power which it had accumulated through its handling of the first wave and its vaccine diplomacy. The second wave exposed the limitations of India's health infrastructure (the result of years of inadequate allocation by successive governments), raising questions about the domestic capabilities of the 'aspiring great power'. India's restrictions on exports of vaccines and medicines meant that other countries faced shortfalls in their supplies, and India would be seen as an undependable supplier. German Chancellor Angela Merkel's statement that the European Union 'allowed' (quoted in Laskar 2021) India to become such a large pharmaceutical producer and her concern about what could happen if supplies do not reach the West reflected the unhappiness of countries that had so far relied on Indian supplies. India's neighbours, such as Bhutan, which depended entirely on Indian vaccines, were left in the lurch and had to ask other countries, such as China, to fill the void (Haidar 2021).

India's reputation as a free-wheeling democracy could also be affected by the government's order to remove content critical of its handling of the pandemic on social media and India's High Commission's angry response to an article in *The Australian* newspaper (X). The statement by the White House Spokesman Jen Psaki that this "certainly

wouldn't be aligned with our view of freedom of speech around the world" said as much (Business Standard 2021). Indian diplomacy's focus shifted to getting more medicines, oxygen concentrators, and vaccines from abroad, with even Kenya sending food supplies to India.

10. Summit Diplomacy

India sensed another opportunity in the pandemic to integrate South Asia and reaffirm its status as a leader capable and willing to rise to the grim situation. Health indices in South Asia are dismal, and the region was ill-equipped and ill-prepared to deal with the pandemic. On 13 March 2020, Prime Minister Narendra Modi tweeted that the SAARC nations should work together to evolve a strategy to fight the pandemic through video conferencing. This was significant, as since 2016, citing the Uri terrorist attack, India had been boycotting SAARC summits, and no summits had been held since 2014. On 15 March 2020, a video conference of the SAARC Heads of State was held. India proposed a Coronavirus Emergency Fund for the region, pledging USD 10 million, over half of the total contribution. All the South Asian heads of government except Pakistan, which presumably did not want to see India lead the region, attended the meeting. The other South Asian countries, such as Bangladesh, pledged USD 1.5 million, Nepal USD 1 million, Afghanistan USD 1 million, Sri Lanka USD 5 million, the Maldives USD 200 thousand, and Bhutan USD 100 thousand and even Pakistan, after some delay, agreed to contribute USD 3 million to the Emergency fund (Taneja and Bali 2021, pp. 54–55).

Subsequently, India hosted a meeting of senior health professionals on 26 March, and in April, a virtual gathering of SAARC health ministers was hosted by Pakistan. India also launched a series of tangible follow-up measures for fighting the pandemic, such as setting up a "dedicated website developed by SAARC Disaster Management Centre (SDMC-IU) Gandhinagar and promotion of stand-alone networking of health and trade officials for their interaction . . ." (MEA 2020) as well as an electronic platform, i.e., the SAARC COVID-19 Information Exchange Platform (COINEX) for use by all SAARC countries, foreign currency swap support, and activation of the SAARC Food Bank mechanism. In addition to all this, India gifted COVID-19 vaccines to most SAARC countries; Bangladesh received 2,000,000 doses, Nepal got 1,000,000 doses, Bhutan got 150,000 doses, the Maldives got 100,000 doses, and Sri Lanka and Afghanistan got 500,000 doses each. India's newfound enthusiasm for SAARC could also be read as a response to China's growing influence in South Asia, bolstered by its economic diplomacy. All South Asian countries except India and Bhutan are part of China's ambitious Belt Road Initiative, despite India's obvious disapproval. India also sought to stop the downslide in its relations with its South Asian neighbours through its initiatives. Relations with Nepal have been less than cordial over a cartographic dispute, and Kathmandu has sought to balance India with China. Relations with Bangladesh have been cold because of the CAA act, over fears that illegal migrants could be sent to Bangladesh. Relations with Pakistan have remained tense due to Pakistan's support of cross-border terrorism and its meddling in Kashmir. With Sri Lanka, relations have been less than cordial since the Rajapakse regime came to power because of its perceived tilt towards China. Despite all this, India's initiatives were well appreciated by the neighbourhood, which responded positively to India's plans and proposals, bolstering its credentials as the first responder in crises in the neighbourhood. In fact, as Tanka Karki, a former Nepali envoy to China, suggested, "the vaccine emerged as an opportunity to normalize ties" between India and Nepal, as well as other countries (Quoted in Mashal and Yee 2021).

These initiatives by India fostered a sense of regional unity and solidarity, and reports now suggest that India might attend the upcoming SAARC summit in Pakistan in October 2021. The initiatives could have also played a role in reaffirming the 2003 ceasefire agreement between India and Pakistan in February 2021 by creating goodwill and underlining the need for the region to work together in dealing with common emergencies, such as the COVID-19 pandemic. However, much of these sentiments have dissipated, as India stopped sending vaccines and medicines to these neighbours after it fell short of them for its own citizens.

India also paid attention to another grouping, the Non-Aligned Movement (NAM), which had been neglected by the Modi government despite it being a founding member. Instead of the Prime Minister attending the NAM summit, as was the norm, in 2016 and 2019 India had sent its Vice President to represent India in a snub to the group. But, after the pandemic broke out, Modi himself joined the virtual summit of NAM to discuss its response to the pandemic. The Prime Minister used the occasion to exhort for a “new template of globalization, based on fairness, equality, and humanity” and for “international institutions that are more representative of today’s world”, hinting at India’s desire for a permanent seat on the UN Security Council and a greater voice in institutions of global governance (Modi 2020a). He added that, “despite our own needs, we have ensured medical supplies to over 123 partner countries, including 59 members of NAM” (Modi 2020a). He exhorted NAM to “develop a platform for all NAM countries, to pool our experiences, best practices, crisis management protocols, research, and resources” (Modi 2020a). New Delhi also used the summit to contrast itself from its arch-rival Pakistan when the Prime Minister said, “some people are busy spreading other deadly viruses, such as terrorism”, clearly alluding to Pakistan (Modi 2020a).

India proposed to the chair of the G-20, Saudi Arabia, an extraordinary virtual summit to discuss a common response to the pandemic. The Prime Minister called for a multilateral forum to “focus on promoting the shared interests of humanity” (Modi 2020b). In addition to this, he called up other world leaders to offer “India’s help in combating the pandemic and appealing for greater global cooperation” (Taneja and Bali 2021, p. 57). Later, at the UN General Assembly’s virtual summit, Modi promised that “India’s vaccine production and delivery capacity will be used to help all humanity in fighting this crisis” while again pushing for reforms in the UN (Modi 2020c). While Modi’s offer of help in different forums was primarily meant to bolster India’s reputation as a responsible stakeholder, it was also meant to boost his domestic popularity as a leader to which the rest of the world looked up. Along with South Africa, India submitted a proposal in October 2020 to waive intellectual property rights on COVID-19 vaccines and medicines to improve accessibility, a move that now has found support even from the US. Modi also attended the G 7 meeting in June 2021 calling for ‘one earth, one health’ to fight COVID-19 and seeking G-7’s support for a TRIPS waiver for vaccine manufacturing and keeping raw materials accessible (Bhattacharjee 2021).

11. Geopolitical Alignments

India’s unresolved borders with China came back to haunt it at the peak of the pandemic. Cleverly using the distraction caused by the pandemic in India, China, which had by then managed to control the pandemic in its own territory, increased the tensions on the border, leading to skirmishes, leaving 20 Indian soldiers and an undisclosed number of Chinese soldiers dead. The Chinese action led to a tremendous show of nationalism and solidarity among Indians, allowing the government to escape from much of the blame for mishandling the pandemic. It also led to India banning some Chinese apps and putting restrictions on Chinese investments. There was a campaign among people to boycott Chinese goods. With the US helping India by sharing intelligence reports and suggesting that China was the aggressor, the crisis drove India and the US closer together. This was significant in light of the US’ own deteriorating ties with China at this time. “Checks on Chinese investment, the attempt to draw investment away from China, and the promotion of projects/sectors with specific anti-China protection—show how India’s economic stances and policies are becoming more closely entwined with its geopolitical stance” (Research Unit for Political Economy 2021, p. 159). The tensions on the border worsened relations and increased dislike for China among many Indians as they already blamed China for spreading the virus. The pandemic also tested India’s relations with the US. Relations started on the wrong foot when President Donald Trump threatened to retaliate if India did not export Hydroxychloroquine, the anti-malarial drug, despite his personal request after India banned medicine exports. When the second wave hit India, the US response was much delayed, causing much loss of goodwill. The US later

deployed USAID, and CDC staffers to India sent medicines and medical equipment. It has also promised to donate vaccines to India. The US lifted its export ban on the essential raw materials required by the vaccine manufacturer in India to produce the COVID-19 vaccine only after pressure from US legislators and lobbying by India. This was despite the Quad's promise in March 2021 to cooperate in fighting the pandemic and producing at least one billion vaccines for the Asia region by the end of 2022. Washington's criticism of India's social media curbs also affected ties negatively. The US Navy conducted a freedom of navigation patrol within India's exclusive economic zone near the Lakshadweep Islands without permission in April 2021, irritating New Delhi. All this could have implications for India's stance on any formal alliance with the US, as the US might not be seen as a dependable partner (Kugelman 2021).

In contrast, countries such as Russia, responded quickly to the crisis in India. Moscow sent COVID relief material, including the Sputnik vaccine. New Delhi also approved the Sputnik vaccine and its domestic manufacture after the second wave. Even China and Pakistan sent offers of help to India.

12. Evacuation

India's ability to evacuate its citizens stuck on foreign shores was also on display during the pandemic. India brought back Indians from Wuhan and the crew and passengers of a cruise ship off Japan that was affected by COVID-19 in February 2020. While the need to bring home Indians trapped abroad was not contemplated in the first weeks by the Centre, the Kerala Chief Minister took up the issue in early April itself, culminating in the 'Vande Bharat' mission, which started on 7 May 2020. Bringing Indians back from the Gulf countries was a priority, and the evacuation started in May through Navy vessels and later through the Vande Bharat flights. The mission brought back 7.16 million Indians, according to a tweet by the Civil Aviation Minister (Puri 2021) as of 31 March 2021, though the passengers themselves paid for tickets.

The pandemic paid off initially for India as it used its pharmaceutical industry to provide medical supplies as well vaccines to many countries. However, the second wave forced it to stop such supplies due to domestic opposition, which exposed the glaring gap between India's domestic capabilities and its global ambitions.

13. Conclusions

The research questions that this paper sought to answer were related to themes centred around the government's response to the pandemic, domestic contestations over the containment measures, consolidation of power by the Union Government and international status-seeking, the effect of the pandemic on India's foreign policy, and its vaccine diplomacy.

In India, the ruling party at the Centre used the pandemic as an occasion to reinforce the idea of centralization, topple opposition-led state governments, and build the organization in places such as West Bengal, by weaning scores of leaders from the ruling party in that state. It formed new alliances in states such as Tamil Nadu. The pandemic led to a strengthening of the police and the bureaucracy, intrusions into press freedom, and arrest of rights activists and intellectuals ostensibly on the grounds of anti-national activities. Any criticism of the national government also came to be suspect and dubbed as anti-national. COVID-19 provided a safety valve to the Centre to wriggle out of the CAA agitation and downplay the Kashmir situation. This period further strengthened the Prime Minister's hands, and he has now become synonymous with the party. Although the Prime Minister's handling of the crisis was lacklustre, the rhetoric he employed only enhanced his popularity. Even during the Bihar elections, the party could improve its tally significantly and emerge as the senior partner in the coalition government. In other words, the migrant crisis and other pitfalls did not impact decisively on the voters.

Although the Union was late in coming to grips with the pandemic, it abrogated to itself powers, without taking the states into confidence. This led to panic among the

migrants and the creation of a humanitarian situation, the amelioration of which fell squarely into the realm of responsibility of the states. In such a situation, the Union Government got into conflict with the states ruled by the opposition parties. A certain degree of premature triumphalism and complacency, on the part of the both the Union and several state governments and the relaxing of lockdown rules, led to a total collapse of the health system during the second wave in most states, particularly the North Indian states, exposing all the vulnerabilities and lack of preparedness of the health system. On the whole, the federal system in the country tilted more in the direction of the Union.

India's pandemic was seen as an occasion to increase India's international profile and bolster its credentials as a responsible stakeholder in global governance, riding high on its pharmaceutical industry. It initially helped India claim to be the 'pharmacy of the world' and a source of cheap, reliable vaccines, medicines, and medical equipment, thus increasing its soft power during the first wave. New Delhi's ability to evacuate its citizens was also on display during the pandemic. The border clashes with China pushed India towards an almost definitive embrace of the US. However, relations with the US were affected by the US' slow response to India's second wave, particularly when it was contrasted to the reaction of other powers, such as Russia. Sadly, India has had to accept assistance from abroad despite its 2004 policy of not taking such help. The pandemic also enabled the government to crackdown on dissent, leading to reports in the West that democracy is in decline in India. The pandemic has undoubtedly taken a toll on the Indian polity and its foreign policy. It remains to be seen how badly it has affected its economy and if India will be able to bounce back as a "rising power". The triumphalism and exceptionalism displayed in early 2021 by the Union Government, followed by its inability to handle the humanitarian disaster that ensued during the second wave, put a dent in India's governance capacity and image internationally.

Thus, the pandemic at the domestic level strengthened the Union Government, led to tussles between states, frequent conflicts with parties in the opposition, caused strains on centre–state relations and exposed India's ill-prepared health infrastructure. On the foreign policy front, India initially scored high in soft power through vaccine diplomacy. As a result, it was able to counter China's influence on its neighbourhood, at least initially. However, during the second wave, much of this soft power dissipated. China was again able to make inroads into India's neighbourhood by supplying vaccines when India had to stop sending vaccines abroad. Thus, the pandemic has been a mixed bag for India.

Author Contributions: All authors equally contributed to this manuscript. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Not applicable.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Acharya, Amitav. 2011. Can Asia lead? Power ambitions and global governance in the twenty-first century. *International Affairs* 87: 851–69. [CrossRef]
- Agrawal, Pankhuri. 2020. COVID-19 and Dwindling Indian Federalism. *Economic and Political Weekly* IV: 16–19.
- Ananthakrishnan, G. 2021. Changes in vaccine policy for COVID-19. *The Hindu*, June 13.
- Baru, Rama. 2021. Politics of Expert Advice: Constraining Debate in India's Management of COVID-19. The New School, India-China Institute. March 16. Available online: <https://www.indiachinainstitute.org/2021/03/16/politics-of-expert-advice-constraining-debate-in-indias-management-of-covid-19/> (accessed on 22 March 2021).
- BBC World News. 2021. March 27. Available online: <https://www.bbc.com/news/world-asia-india-56345591> (accessed on 30 March 2021).

- Bhattacharjee, Kallol. 2021. G7 Summit: Modi Calls for Adopting 'One Earth, One Health' Approach to Deal with Coronavirus. *The Hindu*. June 13. Available online: <https://www.thehindu.com/news/national/g7-summit-pm-modi-calls-for-adopting-one-earth-one-health-approach-to-deal-with-coronavirus/article34801550.ece> (accessed on 13 June 2021).
- Boettke, Peter, and Benjamin Powell. 2021. The Political Economy of the COVID-19 Pandemic. *Southern Economic Journal*. Available online: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/soej.12488> (accessed on 25 June 2021). [CrossRef]
- Business Standard. 2021. 'India's Online Censorship Not Aligned with US View of Freedom of Speech'. April 27. Available online: https://www.business-standard.com/article/international/india-s-online-censorship-not-aligned-with-us-view-of-freedom-of-speech-121042700077_1.html (accessed on 2 May 2021).
- Chathukulam, Jos, and Joseph Tharamangalam. 2020. The Kerala model in the time of Covid-19: Rethinking state, society and democracy. *World Development* 137. [CrossRef]
- Chatterji, Tathagata, Souvanic Roy, and Atanu Chatterjee. 2021. Global contagion and local response: The influence of center–state relations and political culture in pandemic governance. *Asia Pacific Journal of Public Administration*. [CrossRef]
- Dixit, R. 2020. Madhya Pradesh: The Dislodging of the Congress Government Leaves BJP with a Pyrrhic Victory, Economic and Political Weekly. *Engage* 55. Available online: <https://www.epw.in/node/157083/pdf> (accessed on 14 December 2020).
- Gavi. 2021. India. Available online: <https://www.gavi.org/investing-gavi/funding/donor-profiles/india> (accessed on 5 March 2021).
- Groww. 2020. An Overview of the Pharma Industry in India. October 6. Available online: <https://groww.in/blog/overview-of-pharma-industry-in-india/> (accessed on 3 November 2020).
- Haidar, Suhanisini. 2021. COVID Diplomacy 2.0, a Different Order of Tasks. *The Hindu*, June 2.
- Haokip, Thongkhohal. 2021. From 'Chinky' to 'Coronavirus': Racism against Northeast Indians during the Covid-19 pandemic. *Asian Ethnicity* 22: 353–73. [CrossRef]
- Hazarika, Obja Borah, and Sarmistha Das. 2020. Paid and unpaid work during the Covid-19 pandemic: A study of the gendered division of domestic responsibilities during lockdown. *Journal of Gender Studies*. [CrossRef]
- Human Rights Watch. 2021. World Report 2021: Events of 2020. New York. Available online: https://www.hrw.org/sites/default/files/media_2021/01/2021_hrw_world_report.pdf (accessed on 30 April 2021).
- Jaffrelot, C. 2021. India's Second Wave: A Man-Made Disaster? April 28. Available online: <https://www.institutmontaigne.org/en/blog/indias-second-wave-man-made-disaster> (accessed on 5 May 2021).
- JHU CSSE COVID-19 Data. 2019. Available online: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiA_faWpa7xAhVszDgGHX9IDocQ7OUFegQICxAD&url=https%3A%2F%2Fgithub.com%2FCSSEGISandData%2FCOVID-19&usq=AOvVaw1vKpECdLTiTa7d-LqfWRs0 (accessed on 16 May 2021).
- Joseph, A. T. 2020. Hostility between States Amid the COVID-19 Pandemic Hits Trade, Spurs Food Inflation Fears. *Caravan*. April 10. Available online: <https://caravanmagazine.in/economy/hostility-between-states-amid-the-covid-19-pandemic-hits-trade-spurs-food-inflation-fears> (accessed on 3 December 2020).
- Kugelman, Michael. 2021. Will Washington's Slow Crisis Response Damage U.S.-India Ties? *Foreign Policy*. April 29. Available online: <https://foreignpolicy.com/2021/04/29/india-coronavirus-crisis-washington-delay-assistance-vaccine/> (accessed on 30 April 2021).
- Kulkarni, Mahesh. 2021. Indian Pharma Sector Set to Grow 3 Times in Next Decade, Says Economic Survey. January 29. Available online: <https://www.deccanherald.com/business/union-budget/indian-pharma-sector-set-to-grow-3-times-in-next-decade-says-economic-survey-944791.html> (accessed on 3 February 2021).
- Kumar, Shailendra, and Sanghamitra Choudhury. 2021. Migrant workers and human rights: A critical study on India's COVID-19 lockdown policy. *Social Sciences & Humanities Open* 3: 100130.
- Laskar, Rezaul H. 2021. US Defends Curbs on Vaccine Raw Material Exports, Angela Merkel Targets Indian Pharma. *Hindustan Times*. April 24. Available online: <https://www.hindustantimes.com/world-news/us-defends-curbs-on-vaccine-raw-material-exports-angela-merkel-targets-indian-pharma-101619206077962.html> (accessed on 25 April 2021).
- MakeinIndia. 2021. Sector Survey: Pharmaceuticals. Available online: <https://www.makeinindia.com/sector-survey-pharmaceuticals>. (accessed on 21 February 2021).
- Mashal, Mujib, and Vivian Yee. 2021. The Newest Diplomatic Currency: COVID-19 Vaccines. February 11. Available online: <https://www.nytimes.com/2021/02/11/world/asia/vaccine-diplomacy-india-china.html?smid=fb-share> (accessed on 3 March 2021).
- Ministry of External Affairs (MEA). 2020. India's participation in the video conference of SAARC Health Ministers on COVID-19 hosted by Pakistan. April 23. Available online: https://mea.gov.in/press-releases.htm?dtl/32649/Indias_participation_in_the_video_conference_of_SAARC_Health_Ministers_on_COVID19_hosted_by_Pakistan (accessed on 3 March 2021).
- Ministry of External Affairs (MEA). 2021a. Foreign Secretary's Remarks on "India's Foreign Policy in the Post-COVID World: New Vulnerabilities, New Opportunities". Public Affairs Forum of India. June 18. Available online: https://mea.gov.in/Speeches-Statements.htm?dtl/33929/Foreign_Secretarys_Remarks_on_Indias_Foreign_Policy_in_the_PostCovid_World_New_Vulnerabilities_New_Opportunities_Public_Affairs_Forum_of_India (accessed on 23 June 2021).
- Ministry of External Affairs (MEA). 2021b. Vaccine Supply. May 30. Available online: <https://www.mea.gov.in/vaccine-supply.htm> (accessed on 18 June 2021).
- Ministry of Health and Family Welfare (MoHFW). 2021. Available online: <https://www.mohfw.gov.in/> (accessed on 4 May 2021).
- Modi, Narendra. 2020a. Intervention by the Prime Minister at the Video Conference of NAM Contact Group in Response to COVID 19. May 4. Available online: <https://www.narendramodi.in/intervention-by-the-prime-minister-narendra-modi-at-video-conference-of-nam-contact-group-in-response-to-covid-19-549535> (accessed on 18 December 2020).

- Modi, Narendra. 2020b. Extraordinary Virtual G20 Leaders' Summit. March 26. Available online: <https://www.narendramodi.in/the-prime-minister-narendra-modi-at-address-the-g20-virtual-summit-548983> (accessed on 22 December 2020).
- Modi, Narendra. 2020c. English Translation of Prime Minister's Address at 75th United Nations General Assembly. September 26. Available online: https://mea.gov.in/Speeches-Statements.htm?dtl/33064/English_translation_of_Prime_Ministers_address_at_75th_United_Nations_General_Assembly (accessed on 16 December 2020).
- Pathak, Sushmitha, Lauren Frayer, and Marc Silver. 2021. India's Pandemic Death Toll Estimated at about 4 Million: 10 Times the Official Count. July 20. Available online: <https://www.npr.org/sections/goatsandsoda/2021/07/20/1018438334/indias-pandemic-death-toll-estimated-at-about-4-million-10-times-the-official-co> (accessed on 20 July 2021).
- Puri, Hardeep Singh. 2021. March 31. Available online: <https://twitter.com/HardeepSPuri> (accessed on 31 March 2021).
- Rahman, Sabina Yasmin. 2020. 'Social distancing' during COVID-19: The metaphors and politics of pandemic response in India. *Health Sociology Review* 29: 131–39. [CrossRef] [PubMed]
- Rajan, S. Irudaya. 2020. Migrants at a crossroads: COVID-19 and challenges to migration. *Migration and Development* 9: 323–30. [CrossRef]
- Research Unit for Political Economy. 2021. Crisis and Predation: India, COVID-19, and Global Finance. Available online: <https://www.rupe-india.org/CAP.pdf> (accessed on 21 February 2021).
- Safi, Michael. 2021. 'We Are Not Special': How Triumphalism Led India to Covid-19 Disaster. *The Guardian*, April 29. Available online: <https://www.theguardian.com/world/2021/apr/29/we-are-not-special-how-triumphalism-led-india-to-covid-19-disaster> (accessed on 25 May 2021).
- Santhoshini, Saritha. 2021. Vaccine Diplomacy: Will Free Shipments Pay Off for India?'. March 9. Available online: https://finance.yahoo.com/news/vaccine-diplomacy-free-shipments-pay-165038356.html?guccounter=1&guce_referrer=aHR0cHM6Ly9nZXRwb2NrZXQuY29tLw&guce_referrer_sig=AQAAALuEOLm4spnTz2Mpoil8rB99cLrX-J1UcTpMNmp9ZXbhosJmd_1din2qz0O28RICj4vYT-_xj200mliGXpurtvFMYa3ZQsq2MjTjGckZmp_3zoVOIkW6Rw1uIc6q2HxLCad4dNIn2MLCTecaQCfEE_zKc7S2nvb8nLUUIJPwWeM (accessed on 26 March 2021).
- Slater, Joanna. 2020. India's Economy Contracts by Nearly 24 Percent, Its Sharpest Drop on Record. *The Washington Post*, August 31. Available online: https://www.washingtonpost.com/world/asia_pacific/indias-economy-contracts-by-nearly-24-percent-amid-pandemic/2020/08/31/92318fbc-eb70-11ea-bd08-1b10132b458f_story.html (accessed on 30 September 2020).
- Suresh, Rajani, Justine James, and Balraju R. S. J. 2020. Migrant Workers at Crossroads—The Covid-19 Pandemic and the Migrant Experience in India. *Social Work in Public Health* 35: 633–43. [CrossRef] [PubMed]
- Taneja, Pradeep, and Azad Singh Bali. 2021. India's domestic and foreign policy responses to COVID-19. *The Round Table* 110: 46–61. [CrossRef]
- The Hindu Special Correspondent. 2021. Vaccination drive More Than 82 Lakh Shots Administered in a Day. *The Hindu*, June 21. Available online: <https://www.thehindu.com/news/national/vaccination-drive-record-80-lakh-doses-given-on-day-one-of-revised-guidelines/article34892076.ece> (accessed on 23 June 2021).