

China's Vaccine Diplomacy in Southeast Asia

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Vivekananda
International
Foundation

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Published in 2021 by

Vivekananda International Foundation

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Introduction

The COVID-19 pandemic has unleashed power play amongst nations. The first year of the COVID-19 pandemic saw a race of sorts to provide essential medical supplies and in the second year, a competition for vaccines is underway. Vaccine diplomacy, as it is called, is believed to yield diplomatic dividends immediately as well as in the long term. Vaccines were also seen as a powerful tool to reward friendly countries (or otherwise). Southeast Asian states have always attached a great value to economic development. The coronavirus pandemic has brought the growth wheel to a standstill, and according to experts, the only way out is through rapid mass vaccination programmes. Thus, economic recovery is contingent on immunisation.

China had a natural advantage in the vaccine race in Southeast Asia because of geographical proximity. What also worked in China's favour is that the US and Europe had prioritised vaccines for their citizens, leaving much of the world vulnerable. India too, after initial success of *Vaccine Maitri*, had to suspend its supplies as it faced the disastrous second wave. China's vaccine diplomacy piled on the narrative of global good and brotherhood, to contrast itself from vaccine nationalism of US and Europe.

This brief examines China's pandemic assistance to Southeast Asia and further delves upon the question of whether China would make any diplomatic gains in Southeast Asia through its vaccines.

China's COVID-19 assistance to Southeast Asia

ASEAN had decided to set up a COVID-19 Regional Fund in April 2020 to respond to the coronavirus pandemic. China was the first of ASEAN's partners to complete the process of contributing USD 1 million to the ASEAN COVID-19 Response Fund. In an editorial in *The Jakarta Post* in March 2021, Deng Xijung, China's ambassador to ASEAN listed out all the cooperative measures that China undertook in Southeast Asia. These included over ten meetings with health experts from China and Southeast Asia, how China supplied medical supplies, dispatched its own health experts and also helped many ASEAN members to set up virus-testing labs.¹

Earlier this year, in a statement marking the 30th anniversary of China-ASEAN relations, Deng Xijung, declared that public health cooperation between China and ASEAN will be deepened '*to end the pandemic at an early date*'.² China would also explore R&D facilities and production capacities to manufacture vaccines with ASEAN partners.³ The narrative was to make vaccines accessible and affordable to ASEAN member states. Further:

*'China will work with ASEAN to enhance joint pandemic response, including setting up reserves of medical supplies and a liaison mechanism for public health emergencies, and help strengthen ASEAN's public health performance, such as in personnel training, resource allocation and capacity building.'*⁴

In June this year, Chinese Foreign Minister hosted his ASEAN counterparts in Chongqing on the formal occasion to celebrate the three decades of partnership, pledged to further China's aid to ASEAN. Wang Yi reiterated the cooperative approach in China-ASEAN over pandemic response with the usual similitude of brotherhood and good neighbourhood spirit.⁵ Wang also sought to urgently implement the China-ASEAN Public Health Cooperation Initiative, and

averred that China would continue to support ASEAN Emergency Medical Materials Reserve, and strengthen regional public health capacity-building. In terms of vaccination, Wang called for setting up an expert panel from both sides to cooperate in vaccine research, usage, building production and distribution facilities 'to make vaccines affordable and accessible' in the region.⁶

China's vaccine distribution/supplies

So far, China has delivered vaccines to 102 countries in the world. The total delivered dosages are 476.8 million, (27 million doses are donations.) Out of this, over half the deliveries were in Asia-Pacific at 245.5 million.⁷ The following table displays China's vaccine supplies to Southeast Asia:

| Country | Vaccine [In million] (donation/purchased) | Total delivery/ total order |
|-------------|--|-----------------------------|
| Thailand | 1.0/12.5 Sinopharm, Sinovac | 13.5/18.6 |
| Singapore | 0/0.2 Sinovac | 0.2/0.2 |
| Myanmar | 0.5/0 Sinopharm | 0.5/NA |
| Cambodia | 2.2/13.5 Sinopharm, Sinovac | 15.7/18.5 |
| Vietnam | 0.5/0 Sinopharm | 0.5/NA |
| Laos | 1.902/0 Sinopharm | 1.902/NA |
| Indonesia | 0.5/131.408 Sinopharm, Sinovac | 131.908/140 |
| Malaysia | 0/3.5 Sinovac | 3.5/14 |
| Philippines | 1/13.5 Sinovac | 14.5/26 |
| Brunei | 0.025/0 Sinopharm | 0.025/N.A. |
| Total | | 182.235/217.3 |

Source: Bridge Consultancy.

China has donated vaccines to Brunei, Laos, Myanmar and Vietnam. These four countries have not commercially purchased vaccines from China. In the rest of the ASEAN, countries have purchased vaccines from China, either through government, or also privately, as in the Philippines.

On the basis of above data, China has so far supplied approximately 182 million vaccine dosages to the ten ASEAN members. Out of this, 174,608 dosages constitute as donations.

China's total commercial commitment is of 217 million dosages, and so far it has supplied 42,892 dosages. Hence at present, as far as supply is concerned, China's donations are significantly higher than its commercial sales. China was reported to contribute 10 million dosages to COVAX initiative.⁸ It was also reported that China plans to supply 120 million dosages to ASEAN members, ten times more the number that COVAX allocated to the region.⁹ The three Chinese manufacturers to play this role are Sinovac Biotech, China National Pharmaceutical Group (Sinopharm), and GanSino Biologics. But none of these companies had publicly released detailed data about their vaccine's efficacy.¹⁰ It is said that, irrespective of lack of data, countries have opted for Chinese vaccines because that was the only accessible vaccine.¹¹

Interestingly, China has also set up licensed production facilities for its vaccines all over the world. In Southeast Asia, China has set up such facilities in Malaysia and Indonesia with local manufacturers. In Malaysia, Sinovac has partnered with Pharmangia with an estimated annual production of two million doses. In Indonesia, Sinovac has tied up with Bio Farma to produce 250 million vaccines each year. The Malaysian facility has begun production at full capacity, whereas there's no head start to manufacturing in Indonesia as yet.

Country Experience with Chinese Vaccines

China's vaccines have had some roadblocks in Southeast Asia. The biggest problem has been the Delta variant, which has shown to evade immunisation. In Indonesia, Thailand, Malaysia, and now Vietnam, the Delta variant has led to

resurgence, with daily cases reaching record highs and putting the health systems under duress. Both Sinopharm and Sinovac are made from inactivated virus. According to Prof. Benjamin Cowling of Hong Kong University, the Chinese vaccines possibly offer 20 per cent less protection against the delta variant.¹² Latest study in Thailand found that antibodies were halved every 40 days in those who were fully vaccinated with Sinovac.¹³ Hong Kong University was published in *Lancet Microbe* on 15 July found that Sinovac produced 1/10th of anti-bodies produced by Pfizer-BioNTech.¹⁴

Indonesia

Indonesia has been severely affected by COVID, where daily cases reached to 21,000 in last week of June and the number of cases has further increased to 30,625 as on 12th of August. Indonesia started mass vaccination drive in January and that would not have been possible without supply from Sinovac.¹⁵ This was also acknowledged by a government official. In order to reach herd immunity, Indonesia needs to vaccinate 70 percent of its population (181.5 million people), and the estimated number of vaccines required are 426.8 million.¹⁶ Indonesian Health Ministry conducted a study to examine efficacy of Chinese vaccines and they found that it prevented hospitalisation and severe symptoms. Besides, the vaccines were also effective amongst its health workers.¹⁷ As per WHO data, Sinovac had shown 51 per cent efficacy in the third phase trials in Brazil; whereas two shots of Sinopharm had 79 percent efficacy against symptomatic infections and hospitalisation.¹⁸ Besides the advantage in terms of availability, what also helped Chinese vaccines was that the Ulema Council of Indonesia has certified it as Halal.¹⁹ The top Islamic body had sort of permitted AstraZeneca too, but did not certify it as halal.²⁰

In June, 26 doctors died due to COVID. Out of the 26, ten doctors were fully vaccinated with Sinovac. This has raised doubts over efficacy of Sinovac and the Indonesian Medical Association was discussing if an additional dose of Pfizer or Moderna or AstraZeneca can provide greater protection.²¹ In July, Novilia Sjafri Bachtiar, the lead scientist on Sinovac trials in Indonesia died, possibly due to

Covid.²²Indonesia has vaccinated 95 percent of its healthcare workers and most of it with Sinovac. According to Lapoer COVID-19, an independent data group, 131 healthcare workers had died since June, and most of them were vaccinated with Sinovac.²³

Indonesian Health Minister, Budi Gunadi Sadikin stated that Sinovac was not responsible, and how Israel and Britain that had taken other vaccines, had experienced surges. The minister blamed the rising cases and the deaths on the delta variant, and he also added that Sinovac was the only manufacturer that stood by its commitment.²⁴

Be that as it may, Kimia Pharma, a state-owned enterprise has decided to postpone direct sale of Sinovac to the general public amidst popular scepticism.²⁵

Vietnam

When Vietnam began its vaccination drive, it was the only Southeast Asian country that did not rely on its communist neighbour. Instead, it chose the AstraZeneca vaccine.²⁶ Compared to other Southeast Asian states, Vietnam was not as affected with the coronavirus, hence it would be racing against time to procure vaccines. That said, Vietnam got about 500,000 dosages of the Sinopharm but those were meant for Chinese citizens in Vietnam, Vietnamese who travel to China for work and those Vietnamese living in areas bordering China.²⁷

Vietnam and China relations in general have been far from cordial and that seems to have trickled down during the period of the pandemic. First, there is popular angst against China since the coronavirus originated from there. It was also reported that for an average Vietnamese citizen, the priority of vaccination was Russian, followed by American, and if there is no choice, then Chinese vaccine.²⁸ This sentiment was also seen officially as Vietnam approved Sinopharm vaccines for emergency use²⁹ as late as June 4, mainly because vaccination drive was stalled³⁰ whereas Pfizer, AstraZeneca and Sputnik were approved already. Global Times reported about 'negative sentiment' created by the media that raised doubts about Chinese vaccines.³¹ Vietnam is also trying to develop indigenous vaccines, one

being Nanocovax that is yet to complete requisite trials for regulatory approval.³²

Myanmar

During his visit to Myanmar in September 2020, politburo member of the CPC central committee Yang Jiechi had stated that China would prioritise Myanmar once COVID-19 vaccines were developed.³³ China wanted to provide vaccines to Myanmar before any other country does and Wang Yi had promised 300,000 vaccine doses to Myanmar during his visit.³⁴ However, India had donated 1.5 million vaccines to Myanmar at the right time, in January 2021 much before Chinese vaccines made their way. Myanmar had in fact, ordered vaccines from India. By April, Myanmar had inoculated 1.5 million citizens with SII-Covishield.³⁵

In the first week of May, China donated 500,000 dosages of COVID-19 vaccines to Myanmar,³⁶ a higher number than what Wang Yi had promised. The Chinese vaccines seem to have made its way just as Indian stock was consumed. Myanmar has recently sought seven million vaccines from Russia as its cases rise.³⁷

Deng Xijung, China's ambassador to ASEAN tweeted on Friday that China would donate two million doses to Myanmar. The first batch of 736,000 doses of Sinopharm reached Yangon on 23 July 2021.³⁸

Cambodia and Laos

Cambodia started its vaccination drive from 10 February 2021. So far 6.33 million people have been vaccinated.³⁹ Cambodia begun its drive after receiving Sinopharm from China and Covishield (AstraZeneca] from India.⁴⁰ Chinese Ambassador to Cambodia has stated that Chinese aid to Cambodia will continue until the pandemic is over.⁴¹

Laos has been receiving regular supplies of Sinopharm vaccines since December 2020. The first batch came with 2000 doses, the next batch of 300,000 doses arrived in February and 800,000 doses in April. These vaccines were all grants, the

last batch was donated partly from the Chinese government (500,000) and partly from the PLA (300,000)⁴² India had supplied 132,000 doses of SII-Covishield to Laos under COVAX in March 2021.⁴³

In both Laos and Cambodia, there were no reports of issues or popular suspicion of Chinese vaccines.

Malaysia

This month Malaysia declared that it would stop administering Sinovac once the existing stock is used up. This move comes in the wake of doubts about the Chinese vaccine's efficacy.⁴⁴ Malaysian Health Minister, Adham Baba at a press conference said that the country had received 45 million dosages of the Pfizer-Biontec vaccines, and these dosages were sufficient to inoculate 70 per cent of the population.⁴⁵ In contrast, Malaysia had 16 million dosages of Sinovac, half of it were already administered and the remainder will be utilised for the second dose. All new vaccinations would be Pfizer's.⁴⁶ It is also being said that Chinese may have leveraged vaccine supply to have its fishermen freed by Malaysian authorities.⁴⁷

Thailand

Thailand has a story similar to Malaysia's. Thailand had administered Sinovac to health workers. Sinovac or rather its efficacy came under limelight when a memo was leaked to the press. The memo was about giving booster shot of mRNA vaccine. The memo carried comment of an unnamed official who noted that a booster shot will raise doubts about Sinovac Biotech's vaccine and would be also seen as admitting that Sinovac is not effective.⁴⁸ This leaked document appeared in the media and was also widely shared on social media. A Twitter hashtag with 'Give Pfizer to medical personnel' was trending with 624,000 retweets.⁴⁹ The Thai Health Minister acknowledged about the veracity of the memo, while a senior official told reporters that the document was not real.⁵⁰

Interestingly, a swift change in stance was visible in Thailand's vaccination policy. About two weeks later Thailand revised its vaccination policy so as to not rely solely on the AstraZeneca vaccine, that it would administer five million Sinovac dosages each month.⁵¹ This move comes after AstraZeneca was unable to fulfil its commitment. AstraZeneca had tied up with local firm Siam Bioscience to produce 10 million shots per month, out of which half were to be set for exports.⁵² As a result, (also public pressure) Thailand was scouting for more 'good quality' vaccines, from Pfizer.⁵³ This is where the authorities reverted to Sinovac, and begun its usage in areas with high cases. Till mid-July, Thailand had inoculated ten percent of its population, where share of Sinovac was 53 per cent, AstraZeneca 44 per cent and Sinopharm at 3 per cent.⁵⁴ Thai PM Prayuth had to face the ire because the country did not procure enough vaccines and also over lack of efficacy of Sinovac against the Delta variant.⁵⁵ Thailand did not join COVAX initially and preferred to buy directly from manufacturers since the government saw cost-efficiency. But eventually it had to procure Sinovac at a high price.⁵⁶

The Philippines

The Philippines was one of the worst affected ASEAN members but it was the last one to procure vaccines. It is also the only Southeast Asian country to procure maximum vaccines form China. Right from the onset there was vaccine hesitancy in the country, due to an episode of dengue vaccination drive in 2016.⁵⁷ In February, Philippines received 600,000 doses of Sinovac Bio Tech's Coronavac.⁵⁸ President Duterte was himself present during the arrival of the vaccines. This shipment was the first, and more batches would arrive to supply a total of 25 million doses of CoronaVac throughout 2021.⁵⁹ At the press briefing, Duterte stated that he wanted to take the vaccine but that his doctors had recommended another brand of Chinese vaccine.⁶⁰ This is believed to have added to vaccine fears of an already apprehensive population.

In the month of May Duterte himself was administered Sinopharm. By then Sinopharm was yet to received approval in the Philippines. Till then only Sinovac and AstraZeneca were approved in the Philippines. In fact, Sinopharm and

Sinovac were also awaiting approval from WHO that time. Hence, Duterte came under severe criticism for taking the unapproved vaccine.⁶¹ The Filipino president apologised to his people and then asked the Chinese embassy to take back all of the 1000 doses of Sinopharm.⁶² The president had got his bodyguard inoculated with Chinese vaccines even before any vaccine officially arrived in the country.⁶³ In May 1.5 million doses of Sinovac arrived in Manila, said to be the largest shipment of Chinese vaccine to a Southeast Asian country.⁶⁴

In April, Chinese Ambassador to the Philippines Huang Xilian, spoke at the 'vaccine summit' organised by the Philippines International Chamber of Commerce. Huang spoke of how Chinese PPE and other medical equipment falsified suspicions as "*real gold can withstand the test of fire*".⁶⁵ The Chinese ambassador also called out US's vaccine nationalism in the following words⁶⁶-

'Certain vaccine-producing countries hoard large amounts of vaccines far beyond their real needs. They also prohibit the export of raw materials for vaccine production, resulting in serious shortage of vaccines in developing countries. Vaccine nationalism, contrary to international fairness and justice, undermines international community's hard work to fight against the pandemic.'

Huang said that China would prioritise Philippines in vaccine supplies. (The same promise made to Myanmar) and reiterated Xi Jinping's proclamation that Chinese vaccines will be a global good.⁶⁷

In his television address, Duterte assured his citizens that Philippines will not compromise its sovereignty over vaccines from China and that Xi Jinping had not asked for anything in return.⁶⁸

"We accepted the vaccines, but it doesn't mean that I will forget our claims to the West Philippine Sea,"

Towards the end of May, there were reports that common Filipinos were rejecting Chinese vaccines owing to '*repeated delays, disorganisation, and erratic supplies*'.⁶⁹

Citizens were reportedly not turning up for their appointments (at centres where Chinese vaccines were administered) and were instead flocking to centres that were administering Pfizer, causing overcrowding for American vaccine and leaving centres with Chinese vaccines deserted and with surplus doses.⁷⁰

Conclusion

According to Sebastian Strangio, the public attitude towards Chinese vaccines is that 'something is better than nothing'. He further adds that Chinese would be expecting some sort of quid-pro quo⁷¹

Southeast Asian countries were reliant on Chinese vaccines since there was no alternative available at that time. But now as the US and European countries have rapidly vaccinated their populations, western vaccines are now available for export. Many of Southeast Asian countries would receive western vaccines in millions towards the end of 2021.⁷² Specifically these would be US-made vaccines. US vaccines are said to have raced ahead of EU-made vaccines in Southeast Asia.⁷³

President Biden has declared that US would donate 25 per cent of vaccines and 75 per cent would go to COVAX, thus enabling countries to administer vaccines free of cost to its population.⁷⁴ If the US is able to serve ASEAN members' need for vaccination and help bring back the economy on track, it will be a complete win for the US.

But vaccine diplomacy is not a zero-sum game. China's vaccines may have generated controversy over its efficacy, but the fact remains that China supplied vaccines when the West had prioritised its population over the global good, thus exposing Western hypocrisy over internationalism/nationalism. China would enjoy the benefits of arriving first. But the question is, can all the above factors yield diplomatic dividends for Beijing? To answer this, it's important to understand Chinese position in Southeast Asia. Is China trying to make a breakthrough in Southeast Asia- indeed not. China already enjoys great advantage in Southeast Asia for nearly three decades. China and ASEAN are already close through trade and economy. Southeast Asian nations have prospered, thanks to China's growth.

China has been enjoying that advantage and thus wields influence, impacting regional security developments- South China Sea being the classic example.

Irrespective of China's aggression, ASEAN members would not jeopardise the economic (or even overall) relationship with China; though hedging will always continue. Per se, vaccine diplomacy is unlikely to yield any additional advantage to China. It would also hold true for other countries, be it India or US or Europe. This is not a matter of a country but the very complication of the coronavirus, the process of vaccine development and production, and also the efficacy of vaccines. So far, we know how western vaccines have also had serious side effects and fatalities.

Where China had a natural disadvantage in Southeast Asia is its conduct- wherein its territorial aggression and increasingly, maritime intrusions are too serious a concern to be overshadowed by vaccine donations. Even during pandemic, instances of Chinese aggressions have taken place. Southeast Asian countries are well aware of this dynamic, so governments are also diversifying vaccine procurement including obtaining Russian vaccines.

As far as implications for New Delhi are concerned, India did well by timely supplying vaccines to Southeast Asia. But the unfortunate suspension of *Vaccine Maitri* was a negative development. It needs to be resumed. Southeast Asian voices always lament about India's delivery deficit, and vaccine suspension could bolster this sentiment. While Indian contributions to COVAX would continue, efforts should be made to secure commercial orders for home-grown vaccines. Licensed-production could be explored as well. Vaccine rollout has been slow in Southeast Asia with problems about accessibility to remote areas. Perhaps India can offer its experience in this endeavour.

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