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Enhancing Health Diplomacy in BRICS

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Executive summary

COVID-19 illuminated some of the weaknesses in health diplomacy in BRICS. Although it presented great opportunities for cooperation, especially on vaccine development and distribution, the bloc fell short of harnessing this opportunity. There were no evident BRICS partnerships on vaccine development, and there were certainly no collaborative efforts on research and innovation. Each of the countries had its own vaccine preferences and policies and no BRICS stance was visible on acceptance of vaccines developed in other BRICS countries. It is recommended that the bloc enhance its health diplomacy by maximizing knowledge and technology transfer. There should also be sector-specific programmes and institutions that look after the interests on the bloc. Although there were many missed opportunities, BRICS still stands a good chance of representing the voice of developing countries on global health issues.

Introduction

The coronavirus pandemic necessitated careful global reflection on the value of multilateral cooperation and health diplomacy as viable tools for maximising access to public health. The urgency with which responses had to be developed and implemented starkly contrasted with the realities of infrastructure and resource constraints in most of the countries in the Global South. This became a foundation for calls for bi/multilateral cooperation. Given the well-documented BRICS advocacy for multilateralism in other domains such as global governance and trade, the COVID response cast a spotlight on intra-BRICS partnerships, especially in vaccine development and distribution.

The need for intra-BRICS cooperation in health had been identified as a priority in 2011, and it was affirmed in the 13th BRICS Summit hosted by India in 2021 when the bloc agreed on cooperation in COVID-19 vaccine development and distribution. [The New Delhi Declaration](#) articulated the need for efforts to strengthen preparedness for, and response to, the COVID-19 pandemic. This was accompanied by several enabling global initiatives such as the New Development Bank's extension of \$4 billion to Brazil, Russia, India and South Africa towards mitigating the health impacts of COVID-19, as well as the World Trade Organisation (WTO) [Agreement on Trade-Related Aspects of Intellectual Property Rights \(TRIPS\) waiver](#), which is meant to promote access to vaccines globally.

Available literature shows that despite these efforts, and the undertakings made in several BRICS declarations, the bloc missed out on harnessing the opportunity to collectively build a public health response that was beneficial to all. This paper provides insights into the experience of BRICS cooperation on vaccine development and distribution and provides recommendations on preparedness for future pandemics.

Understanding the context of health diplomacy in BRICS

The emergence of COVID-19 came at a time when BRICS health diplomacy was mainly focused on concerted efforts to fight the burden of health inequalities and non-communicable diseases, as well as strengthening health systems. Until China's presidency in 2011, health had not been included in the BRICS agenda. On the forum's potential for developing national health systems and contributing to global health governance, BRICS policymakers committed to 'strengthen dialogue and cooperation in the fields of ... public health, including the fight against HIV/ AIDS',¹ and to host the first health ministers meeting in China in 2011.²

Health diplomacy was targeted at achieving a cohesive approach to shape and manage the policy environment for effective and universal health coverage (UHC).³ Since then, there has been a lot of activity on institutionalising the conversations on cooperation in health. BRICS has also had widely documented involvement in the global movement supporting UHC, although there was a stronger focus by each of the countries on domestic challenges. BRICS countries also became increasingly influential players in global health, showing growing potential to illuminate the agenda of low- and middle-income countries in global health governance. Their activities became increasingly relevant in supporting the UHC movement in its claim to a hearing in global health arenas and promoting UHC regionally.⁴

Given this context of already existing collaborations on health policy issues, cooperation in vaccine development would not have been a new agenda item for the BRICS. Prior to COVID-19, BRICS played a substantial role in increasing production capacity for vaccines with global demand and produced vaccines specifically required by developing countries for other diseases.⁵ This pandemic, although unprecedented, provided an opportunity for strengthened cooperation, governance and multilateralism across BRICS.

Indeed, the need for collaboration was expressed several times in declarations that the bloc made during the COVID pandemic. One of these was the XII BRICS Summit Moscow Declaration intended to address the COVID-19 pandemic and vaccines. The declaration recognised the need for 'safe, quality, efficacious, effective, accessible and affordable vaccines' to immunise populations against COVID-19. In this declaration, initiatives by the World Health Organisation (WHO) and other organisations were also acknowledged, and the bloc was in favour of 'cooperative approaches' in the research, innovation and

1 BRICS, Sanya Declaration, Sanya, Hainan, China (April 14, 2011), <http://www.brics.utoronto.ca/docs/110414-leaders.html>.

2 BRICS, Sanya Declaration.

3 Ilona Kickbusch, Gaudenz Silberschmidt, and Paulo Buss, 'Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health,' *Bulletin of the World Health Organization*, 85 (2007): 230-232.

4 Fabrizio Tediosi et al., 'BRICS countries and the global movement for universal health coverage,' *Health Policy and Planning*, 31, no. 6 (July 2016): 717-728.

5 Miloud Kaddar, Julie Milstien and Sarah Schmitt, 'Impact of BRICS' investment in vaccine development on global vaccine market,' *Bulletin of the World Health Organization*, 92, (2014): 436-446.

development of the COVID-19 vaccine and therapeutics. The cohort also agreed to disseminate the vaccine on a 'fair, equitable and affordable basis'.⁶ The five countries also committed to making vaccines a global public good, enhancing capacities to prevent infectious diseases and respond to public health emergencies, and conducting exchanges and cooperation ranging from vaccine development to epidemiological surveillance.

While the COVID-19 vaccine development environment presented seemingly immense potential to the BRICS countries, in a context where there was already existing health diplomacy around UHC, inherent discord was visible. The pandemic evidently tested the BRICS countries' collective strength to bolster advocacy for equitable health and for effective health diplomacy, and weaknesses in the collective handling of crises were on display.

Although weaknesses were highlighted during COVID, it is noteworthy that BRICS' multilateral approach was under stress even before the advent of the pandemic.⁷ Experts describe BRICS cooperation on the vaccine as 'really moderate' with visible signs of discordance in efforts and approaches to research, development and distribution. A key characteristic of this weakened state of health diplomacy during the pandemic was the tendency for states to develop response mechanisms that were individually focused and somewhat detached from the multilateral agenda. These were based on calculations made by the member states in terms of their defined national interests and quest for the achievement of foreign policy goals. The strengthening and reform of the multilateral system of cooperation remains elusive among the BRICS members. It should be noted, however, that this was not unique to BRICS, as it happened across the world, even in bigger regional groupings such as the EU, where France and Germany instituted export bans on medical equipment and medication.⁸

Another contributing factor seems to be the restrictive focus of the BRICS health agenda, although this is not unique to BRICS. A comparison of health priorities among the BRICS, G7 and G20 in respect of Sustainable Development Goal 3 targets on health show that issues relating to the burden of disease were missing from the agenda of all these political formations.⁹ Despite considerable progress on health policy, there is a relatively narrow focus on the potential impact of ill health in relation to the economy and trade. To work towards promoting health equity and attaining an inclusive approach to health, BRICS member states need to expand the focus to neglected aspects of the health sector. In essence it is apparent that strengthening and reforming the multilateral system remains a key need for cooperation among the BRICS countries.

6 BRICS, XII BRICS Summit Moscow Declaration (2020), <http://www.brics.utoronto.ca/docs/201117-moscow-declaration.html>.

7 Godwell Nhamo et al., 'COVID-19 vaccines and treatments nationalism: Challenges for low-income countries and the attainment of the SDGs,' *Global Public Health* 16, no.3 (2021): 319–339.

8 EU Commission, *EU and BRICS: Challenges and opportunities for European competitiveness and cooperation*, Industrial Policy and Economic Reform Papers No. 13, (Brussels: EU, 2009).

9 Bronwyn McBride, Sarah Hawkes and Kent Buse, 'Soft power and global health: The sustainable development goals (SDGs) era health agendas of the G7, G20 and BRICS,' *BMC Public Health* 19, no. 1 (2019): 1–14.

Member countries' Covid experiences: Missed opportunities in health diplomacy

There were no clear 'all-BRICS' partnerships that emerged on COVID-19 response and vaccine development, but collaborations did form between China and Russia; China and Brazil; and Russia and India. South Africa seemed to have no direct partnership with any of the vaccine-developing countries - India, Russia and China - from the BRICS cohort. An analysis of the BRICS countries' responses to COVID-19 shows very weakened cooperation in the bloc and heavy reliance on government-to-government relations to respond to the pandemic through multilevel responses.¹⁰ China, for example, adopted containment strategies to stabilise the potential resurgence of infection cases, while South Africa and India adopted moderate lockdown strategies to combat the pandemic. As suggested by Prof Hongoro, an expert consulted during the writing of this paper, '... there was a glaring absence of a BRICS protocol for interventions during pandemics'.¹¹

In much the same way that the potential opportunity to cooperate on inclusive policies and to deepen BRICS epidemic cooperation and health diplomacy was missed, additionally, BRICS let slip the opportunity to advocate for multilateralism and demonstrate its fitness for leading multilateral responses to critical global crises.¹² The inability to co-creatively conceptualise and implement a collective yet contextualised response protocol to a global crisis cast doubt over the bloc's purported strength as the custodian of a multilateral agenda on health.

In addition, the bloc experienced much divergence and inconsistency in vaccine-related research and innovation, despite anticipated cooperation. The bloc proposed the establishment of a Vaccine Research Centre stemming from a resolution in the BRICS Johannesburg Declaration of 2018 and the center was launched in 2022.¹³ However, the vaccines that were developed by some of the bloc nations received a mixed reception within the bloc itself. Russia was the first nation in the bloc, and the world, to register a COVID-19 vaccine – Sputnik V – in August 2020.¹⁴ Some of the countries within the bloc criticised the rapidity of Sputnik V trials and raised concerns regarding the transparency

10 Jose Oliveira et al., 'The role of intergovernmental relations in response to a wicked problem: an analysis of the COVID-19 crisis in the BRICS countries' *Revista de Administração Pública* 55, (2021): 243-260.

11 Professor Charles Hongoro, Strategic lead Developmental, Capable and Ethical State, HSRC, Conversation with author, April 2022.

12 Luanda Mpungose, 'The BRICS' lagging vaccine diplomacy', *Project Syndicate*, August 16, 2021.

13 Blade Nzimande, 'Minister Blade Nzimande: Launch of BRICS Vaccine R&D Centre initiative,' March 22, 2022 <https://www.gov.za/speeches/minister-blade-nzimande-launch-brics-vaccine-rd-centre-initiative-22-mar-2022-0000>; Rosaline Daniel and Vladimir Shubin, 'Africa and Russia: The Pursuit of Strengthened Relations in the Post-Cold War Era,' in *Africa and the World*, eds. D. Nagar and C. Mutasa (Cham: Palgrave Macmillan, 2018), 51-69.

14 Serena Giusti and Eleonora Tafuro Ambrosetti, 'Making the Best Out of a Crisis: Russia's Health Diplomacy during COVID-19-19', *Social Sciences* 11, no. 2 (2022): 53.

of the data,¹⁵ yet this vaccine was later approved by the WHO. By October 2021, the South African Health Products Regulatory Authority had not yet approved Sputnik V for use.¹⁶

The Drug Controller General of India (DCGI) approved the emergency use of the Oxford-AstraZeneca vaccine (Covishield) in January 2021, and on the 2nd of January 2021, the DCGI also granted the interim emergency use of the BBV152 (Covaxin) developed by Bharat Biotech together with the Indian Council of Medical Research and National Institute of Virology. However, this approval was met with some concerns, not least the failure of the vaccine to complete phase 3 of the trial. The vaccines were received with varying degrees of appreciation and questions were raised over the safety, efficacy, manufacturing quality, and transparency of the trial data.¹⁷ Sinovac enjoyed some support from some of the BRICS countries, with Brazil participating in Sinovac trials and, following positive results, continuing to use this vaccine. Brazil and South Africa were the only BRICS countries that did not develop their own COVID-19 vaccine.

Another visible area of the bloc's discordance in health diplomacy was in their handling of the petition to the WTO in November 2020. South Africa and India petitioned the WTO to waive any COVID-19 vaccines, treatments, and associated accessories from patent enforcement for low- and middle-income countries (LMICs) who until then, had not created their own vaccines.¹⁸ The BRICS bloc resorted to a joint statement of agreement in support of the flexibilities of TRIPS and the Doha Declaration on TRIPS Agreement and Public Health. This statement emphasised the need for sharing of vaccine doses, transfer of technology, development of local production capacities and medical product supply chains, promotion of price transparency and the implementation of measures that promote the flow of COVID-19 vaccines. The proposal was faced with serious objections by some of the member states of the WTO from developed nations, thus, unintentionally strengthening the unilateral and protectionist measures and urgency for individual expeditious developments. The debates regarding the WTO TRIPS waiver were more politicised and economic-oriented than approached as an opportunity for an international corporation during the existing crisis. This presented an opportunity for BRICS countries to be formally committed to strengthening and legitimising their principles of multilateralism, instead of individual BRICS countries seeking to raise separate profiles of COVID-19 vaccine progress, but this opportunity was missed.

15 Niladri Chatterjee, Zaad Mahmood and Eleonor Marcussen, 'Politics of vaccine nationalism in India: Global and domestic implications', *Forum for Development Studies* 48, No. 2 (2021): 357-369.

16 SAHPRA, Update on the SAHPRA review of the Sputnik V Vaccine, https://www.sahpra.org.za/wp-content/uploads/2021/10/MEDIA-RELEASE-Sputnik-Vaccine_18Oct-2021.pdf (18 October 2021).

17 Kamala Thiagarajan, 'COVID-19: India is at centre of global vaccine manufacturing, but opacity threatens public trust', *Journal of Investigative Medicine* (2021).

18 WTO, 'Waiver from certain provisions of the TRIPS agreement for the prevention, containment and treatment of COVID-19', October 2, 2020, <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669R1.pdf&Open=True>.

There were also visible late starts in research collaborations that would have provided useful insights into response mechanisms and vaccine development. As Professor Inyang, a renowned energy scholar and BRICS researcher, notes: ¹⁹

... a number of the BRICS sponsored research programmes and clinical trials and even the mechanisms are just coming out now when the peak of COVID-19 has actually gone down. So, the losses would have been much less if BRICS had been much [better] prepared.

The impression here is that if BRICS had started much earlier in research and innovation collaborations, they would have developed a sufficient number and quality of vaccines to distribute to affected countries.

Expert views on BRICS COVID-19 discordance

There is ample evidence associating BRICS health diplomacy failures on COVID-19 vaccines with transitions from a multilateral system to bilateral arrangements. As Vazquez²⁰ notes, this 'bi-lateralization' of BRICS expands the 'menu' of the BRICS 'multilateralism à la carte' by allowing members to 'limit cooperation when their interests diverge and to benefit from collective action through BRICS when their interests converge'. While to some extent this can be beneficial in that it is an avenue that gives BRICS member countries more flexibility as they manage various domestic and international challenges, at another level, it compromises the development of a common narrative on issues like global health and crisis response as seen during the COVID-19 pandemic.

Other experts lay the source of this discordance at the door of international geopolitics. Each of the large BRICS countries would like to be recognised as more active in interventions, while some of the big European pharmaceutical organisations would like to be seen as intervening quickly at the primary level, thus working with these BRICS countries to dominate this sphere. Professor Inyang notes that BRICS countries like Russia did not have such a geo-political partnership in place and therefore its vaccine did not get much support.

In addition, the discordance was fueled by the way big pharmaceutical companies operate. The marketing protocols and procedures of pharmaceuticals are still dominated by European and American companies, and with no partnerships with such companies, BRICS countries could not successfully penetrate the market. Given these dynamics, it is important for BRICS pharmaceutical firms to work together and leverage their systems and partnerships to successfully compete in this market.

19 Professor Hilary Inyang (CEO Global Institute of Sustainable Development, Advanced Analysis and Design, North Carolina), and International Research Associate, AISA, HSRC, Interviewed by Konosoang Sobane, April 2022.

20 Karin Costa Vazquez, 'Brazil and BRICS multilateralism à la Carte: From bilateralism to community interest,' *Global Policy* 12, no. 4 (2021): 534-538.

The success of health diplomacy within BRICS depends on members' ability to strengthen policy coherence for development purposes, the strength of cooperation and their ability to translate their ministerial declarations and communiqués more actively into concrete health policy, practice and action. In the case of the COVID-19 vaccine, a number of important commitments toward reforming health practices were made, but the collective commitments are still to be put into action.²¹

Unlike the UN's health-specific institution the WHO, for example, BRICS does not have an equivalent regional institution to facilitate the cooperation

The success of this diplomacy also largely depends on the availability of sector-specific institutions that can facilitate and enable conversations around health. Unlike the UN's health-specific institution the WHO, for example, BRICS does not have an equivalent regional institution to facilitate the cooperation. This creates a vacuum and makes it difficult for health diplomacy to be concretised into action plans.

Member country COVID-19 response: Hallmarks of strained collaboration

The dynamics and experiences of cooperation around COVID-19 vaccines in the BRICS bloc revealed complex dynamics around public health crises and demand a critical conceptualisation and understanding of multilateralism.²² The growing global political and socio-economic divide and the strengthening of different political, cultural and socio-economic alliances is affecting common interests among the BRICS member states.²³ These developments within global socio-economic and political networks constitute a pivotal moment for a critical rethinking of policy priorities and practices around the globe, the BRICS bloc included. There were visible challenges with intra-BRICS vaccine cooperation, with fragmented attempts at collaboration across the bloc. On the one hand, Russia and China, and at some point also India, tried to engage in maximising the reach of their vaccine production market, while on the other hand South Africa and Brazil were focused more on fast-tracking their COVID-19 vaccine uptake. This demonstrable clash of interests starkly contrasted with the BRICS objectives of intra-collaboration, solidarity

21 Andrew Harmer et al., 'BRICS without straw? A systematic literature review of newly emerging economies' influence in global health,' *Globalization and Health* 9, no. 1 (2013): 1-11.

22 Yanqiu Zhou, 'Vaccine nationalism: contested relationships between COVID-19 and globalization,' *Globalization* 19, no. 3 (2021): 450-465.

23 Zhou, 'Vaccine nationalism'.

and reform of global governance institutions. Given this evident lack of cooperation and the implications it has for successful health diplomacy during future pandemics, recommendations can be found in the literature and in experts' conversations.

There were visible challenges with intra-BRICS vaccine cooperation, with fragmented attempts at collaboration across the bloc

Recommendations

Intervention frameworks

BRICS should be prepared for pandemics, with research entities and frameworks in place to guide intervention. These intervention protocols for pandemics need to be in key areas of science such as energy and public health. For example, it emerged during COVID that the South African research support programme for protocols like this was not as strong as those of other countries. The South African Medical Research Council has to strengthen and expand its research support programme for intervention protocols in preparation for future pandemics.

Science and health diplomacy

BRICS should enhance its science diplomacy, specifically knowledge transfer and technology diffusion. One of the experts suggested the development of visible and clear programmes and knowledge exchange. According to these comments, India has progressed a lot in the area of traditional medicine, while South Africa has something to offer in the area of indigenous knowledge systems in healthcare. Others could have learned much from these if science diplomacy in BRICS had been successful. The bloc should consider having a collaborative think tank on health and medicine, as well as a joint research centre to enhance science diplomacy.

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Improved research and innovation capacity

Access to approved COVID-19 vaccines remained a serious concern for LMICs. Although there have been efforts to subsidise vaccines where possible, there have been a number of other factors that have acted as barriers to access including physical and behavioural aspects. Efforts must be made to increase research development and innovation capacity in BRICS, and to crystallise public communication efforts.

Vaccine nationalism

Efforts should also be made to move away from 'vaccine nationalism' to 'vaccine diplomacy'. This practice hampered the potential for countries to engage fully with vaccination needs in the bloc. Many of the population groups that were in greatest need were left out because of evident nationalism and attention to their 'own' in countries that could most afford it.

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