## Peer – Reviewed & Refereed Journal

The Law Journal strives to provide a platform for discussion of International as well as National Developments in the Field of Law.

## **DISCLAIMER**

No part of this publication may be reproduced or copied in any form by any means without prior written permission of Editor-in-chief of White Black Legal – The Law Journal. The Editorial Team of White Black Legal holds the copyright to all articles contributed to this publication. The views expressed in this publication are purely personal opinions of the authors and do not reflect the views of the Editorial Team of White Black Legal. Though all efforts are made to ensure the accuracy and correctness of the information published, White Black Legal shall not be responsible for any errors caused due to oversight or otherwise.

# EDITORIAL
# TEAM

## Raju Narayana Swamy (IAS) Indian Administrative Service officer

Dr. Raju Narayana Swamy popularly known as Kerala's Anti Corruption Crusader is the All India Topper of the 1991 batch of the IAS and is currently posted as Principal Secretary to the Government of Kerala. He has earned many accolades as he hit against the political-bureaucrat corruption nexus in India. Dr Swamy holds a B.Tech in Computer Science and Engineering from the IIT Madras and a Ph. D. in Cyber Law from Gujarat National Law University . He also has an LLM (Pro) (with specialization in IPR) as well as three PG Diplomas from the National Law University, Delhi- one in Urban Environmental Management and Law, another in Environmental Law and Policy and a third one in Tourism and Environmental Law. He also holds a post-graduate diploma in IPR from the National Law School, Bengaluru and a professional diploma in Public Procurement from the World Bank.

## Dr. R. K. Upadhyay

Dr. R. K. Upadhyay is Registrar, University of Kota (Raj.), Dr Upadhyay obtained LLB, LLM degrees from Banaras Hindu University & Phd from university of Kota.He has succesfully completed UGC sponsored M.R.P for the work in the ares of the various prisoners reforms in the state of the Rajasthan.

# Senior Editor

## Dr. Neha Mishra

Dr. Neha Mishra is Associate Professor & Associate Dean (Scholarships) in Jindal Global Law School, OP Jindal Global University. She was awarded both her PhD degree and Associate Professor & Associate Dean M.A.; LL.B. (University of Delhi); LL.M.; Ph.D. (NLSIU, Bangalore) LLM from National Law School of India University, Bengaluru; she did her LL.B. from Faculty of Law, Delhi University as well as M.A. and B.A. from Hindu College and DCAC from DU respectively. Neha has been a Visiting Fellow, School of Social Work, Michigan State University, 2016 and invited speaker Panelist at Global Conference, Whitney R. Harris World Law Institute, Washington University in St.Louis, 2015.

## Ms. Sumiti Ahuja

Ms. Sumiti Ahuja, Assistant Professor, Faculty of Law, University of Delhi, Ms. Sumiti Ahuja completed her LL.M. from the Indian Law Institute with specialization in Criminal Law and Corporate Law, and has over nine years of teaching experience. She has done her LL.B. from the Faculty of Law, University of Delhi. She is currently pursuing Ph.D. in the area of Forensics and Law. Prior to joining the teaching profession, she has worked as Research Assistant for projects funded by different agencies of Govt. of India. She has developed various audio-video teaching modules under UGC e-PG Pathshala programme in the area of Criminology, under the aegis of an MHRD Project. Her areas of interest are Criminal Law, Law of Evidence, Interpretation of Statutes, and Clinical Legal Education.

## Dr. Navtika Singh Nautiyal

Dr. Navtika Singh Nautiyal presently working as an Assistant Professor in School of law, Forensic Justice and Policy studies at National Forensic Sciences University, Gandhinagar, Gujarat. She has 9 years of Teaching and Research Experience. She has completed her Philosophy of Doctorate in 'Intercountry adoption laws from Uttranchal University, Dehradun' and LLM from Indian Law Institute, New Delhi.

# Dr. Rinu Saraswat

Associate Professor at School of Law, Apex University, Jaipur, M.A, LL.M, Ph.D,

Dr. Rinu have 5 yrs of teaching experience in renowned institutions like Jagannath University and Apex University. Participated in more than 20 national and international seminars and conferences and 5 workshops and training programmes.

# Dr. Nitesh Saraswat

E.MBA, LL.M, Ph.D, PGDSAPM
Currently working as Assistant Professor at Law Centre II, Faculty of Law, University of Delhi. Dr. Nitesh have 14 years of Teaching, Administrative and research experience in Renowned Institutions like Amity University, Tata Institute of Social Sciences, Jai Narain Vyas University Jodhpur, Jagannath University and Nirma University.
More than 25 Publications in renowned National and International Journals and has authored a Text book on Cr.P.C and Juvenile Delinquency law.

# Subhrajit Chanda

BBA. LL.B. (Hons.) (Amity University, Rajasthan); LL. M. (UPES, Dehradun) (Nottingham Trent University, UK); Ph.D. Candidate (G.D. Goenka University)

Subhrajit did his LL.M. in Sports Law, from Nottingham Trent University of United Kingdoms, with international scholarship provided by university; he has also completed another LL.M. in Energy Law from University of Petroleum and Energy Studies, India. He did his B.B.A.LL.B. (Hons.) focussing on International Trade Law.

## ABOUT US

WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal providededicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

# HOW INDIA STOOD UP TO IT's TITLE AS "PHARMACY OF THE WORLD" DURING COVID-19 CRISIS

AUTHORED BY - ASHUTOSH TRIPATHI

These are exceptional times for the strong and independent India, where a public healthcare disaster has taken the world to a position where almost everybody is becoming submissive, countries are giving up and losing all hopes. For all that we know, the last time such global panic and terror prevailed was during the World Wars. The discussion on human culpability in the spread of the novel coronavirus Covid-19 has just started and is probably going to overwhelm global talk and governmental issues for times to come.[1] The main aim of India is to focus on the prevention, mitigation and control of Covid-19 not only in India but also at the same time helping its immediate neighbour as much as possible and also helping the world as far as possible. Though India is one of the worst hit Covid-19 crisis country but still it proved that why it is hailed as the "Pharmacy of the world". Even India wrestles with the spread of the coronavirus infection inside, it has stretched out its assistance to adjoining nations like Bangladesh, Sri Lanka, Bhutan and Nepal — all nations having a place with the South Asian Association for Regional Cooperation (SAARC)  and also the world at large as much as possible.

India stood by its traditional ethos of its humanitarian approach and implementing the vaccine diplomacy vis-à-vis COVID-19 pandemic, India had sent the teams of Indian military doctors to the countries like Nepal, the Maldives and Kuwait to help the local administrations draw up plans to combat the spread of the COVID-19 pandemic .Not, only that Indian medical staff also conducted various online training sessions for the medical fraternity of SAARC and other countries which eventually helped them in preparing effectively tackling this virus.[2]

---

[1] Wendy K. Mariner, Reconsidering Constitutional Protection for Health Information Privacy, (2016) 18 (3) U. Pa. J. Const. L. 975 < https://scholarship.law.upenn.edu/jcl/vol18/iss3/6 > accessed 13 May 2022.

[2]            https://www.hindustantimes.com/india-news/mea-announces-covid-19-training-programme-for-saarc-countries/story-eBFdtVLN5geSqyGi2Aw0EJ.html accessed 14th May,2022

Apart from these initiatives, India also helped its neighbour by evacuating their people from different parts of the World when the lockdown was enforced in those countries

## I.     Maitri Initiative and Vaccine Diplomacy

India is world leader in manufacturing of the vaccinnes, almost 50 percent of global demand for immunizations are met by India. So no doubt India played a significant role in the fight against various diseases one of the largest manufacturers of pharmaceutical drugs and a home to half a dozen vaccine makers for various diseases like polio, rotavirus, meningitis, measles, pneumonia, tuberculosis, mumps, rubella and so on. These vaccine makers include Serum Institute of India (AstraZeneca), Bharat Biotech (Covaxin), Biological E. Ltd, Cadila Healthcare Ltd (ZyCoV-D), Hetero Biopharma and so on. Several other Indian vaccine manufacturing companies, including Dr Reddy's Laboratories (Sputnik V), Biological E Limited (Janssen Ad26.COV2.S and Bio E COVID-19), Aurobindo Pharma (UB-612) and Indian Immunologicals (Live attenuated SARSCoV-2 vaccine developed by Griffith University), have also obtained licences to manufacture vaccine candidates developed in other countries. Amid the novel COVID-19 pandemic, the Indian firms, for example, SII, has started developing anti-viral vaccines collaborating with the United Kingdom and the United States.

In this background India started its Vaccine Maitri diplomacy has enhanced its credibility as a leading and reliable vaccine producer in the new world order, where equitable access to vaccines had become a challenge which can be further substantiated by the statement of WHO Director-General, Dr Tedros Adhanom during his speech in the January 2021 session, expressed concern over unequal access to COVID-19 vaccines where humankind has been facing 'catastrophic moral failures'. He added, 'the developed countries monopolized the Pfizer and Moderna vaccines for their populations' and failed to ensure access to vaccines in the developing countries. In stark contrast to this statement, India has taken a humanitarian view through its 'Vaccine Maitri' initiative. Days after vaccinating some of its population, New Delhi had started delivering millions of doses of its COVID-19 vaccines to the SAARC countries including Myanmar and other parts of the world.

Keeping its commitment of the 'Neighbourhood First' policy, India started supplying the initial

consignment of Covishield and Covaxin to its immediate neighbour mostly belonging to SAARC Countries – Afghanistan, Bhutan, Bangladesh, Nepal, Maldives, Sri Lanka and Myanmar .[3] It is worth mentioning that the SII manufactures the Covishield vaccine with the help of AstraZeneca and Oxford University. In addition, Covaxin has been locally developed and manufactured by Bharat Biotech[4]. Besides this, the SII has also signed a multi-million dollar contract with Bill and Melinda Gates Foundation. As a part of this agreement, India has demonstrated its humanitarian approach by agreeing to provide GAVI (Global Alliance for Vaccine and Immunisation), and its COVAX facility with 100 million vaccine jabs. In addition, India had shown its commitment to helping 95 underdeveloped countries worldwide, focusing on those in its immediate neighbourhood.[5]

Bangladesh Health Minister, "India had remained by Bangladesh during the (1971) Liberation War, and today, when the pandemic is shaking the world, India again accompanied gifts of vaccines, acknowledged India response [6]

The approach of India also reflects its respect for India International Human Rights Law, namely under the UDHR, 1948 and ICCPR 1966. For, eg Art.7 of the UDHR talks about the equality before the law and Art.3 which talks about right to life. Similarly, Art 2 and Art 6, which talks about right to equality and right to life respectively. Another important aspect of these initiatives of India can be traced to Art 25 of the UDHR, which talks about to right to health which is of paramount importance during the Covid 19 specially keeping in mind the divide between the developed and developing countries pertaining to access to health facilities.[7]

The Indian response was well acknowledged globally also as is evident from various global leaders' tweets and messages from the WHO.[8] India's proactive approach during this crisis,

[3] https://www.thehindubusinessline.com/news/variety/vaccine-maitri-a-sanjeevini-for-the-world/article62178717.ece accessed on 15th May, 2022
[4] https://www.nytimes.com/2021/11/03/world/asia/covaxin-covid-vaccine-who.html accessed on 15th May, 2022
[5] https://journals.sagepub.com/doi/pdf/10.1177/00219096221079310 accessed on 15th May, 2022
[6] https://www.livemint.com/news/india/india-hands-over-2-million-vaccine-doses-to-bangladesh-11611227496160.html accessed on 15th May, 2022
[7] https://www.imf.org/external/pubs/ft/fandd/2020/09/COVID19-and-global-inequality-joseph-stiglitz.htm accessed on 16th May, 2022
[8] https://economictimes.indiatimes.com/news/politics-and-nation/india-evacuates-maldivians-bangladesh-citizens-from-wuhan-as-part-of-neighbourhood-first-policy/articleshow/73890602.cms?from=mdr accessed on 14th May, 2022

whether in terms of setting the global agenda or engaging in multilateral diplomacy, has highlighted India's global health diplomacy (by supplying drugs and essential medicines, sending teams of doctors, evacuating people in distress from most infected areas and partnering with countries for vaccine development) for global good.[9]

In a nutshell, India really followed spirit of 'Vasudhaiva Kutumbakam' (regarding the world as one family) has initially supported with supply of medicines to over 150 countries besides COVID-19 vaccine supply to over 75 nations from India

## II. Digital Assistance

During the initial outbreak of COVID 19, India developed an indigenous application namely, Arogya Setu app in a very short time for tracking and tracing COVID-19 patients which helped in controlling the spread of the deadly virus. Similarly, later on India developed Co-Win portal, which is used for vaccination India fight against Covid 19, got a boost due to Cowin app. Cowin reflects the citizen-centric design of India's vaccination programme. The portal has a simple user interface to register and select a convenient facility, with an option to choose the vaccine type. A digital vaccine certificate is delivered in a QR-code via a text message, or a printed copy at the facility. In fact, immunization coverage in rural and hard-to-reach areas is higher than the national average. Real-time online dashboards allow programme managers to visualize and disaggregate demographic data on vaccine coverage, consumption, and waste.

India took a step to make Co-Win open source for all countries to access, adapt and use. This is perhaps the first time that any country is making a software platform developed by its public sector open for the world.[10]
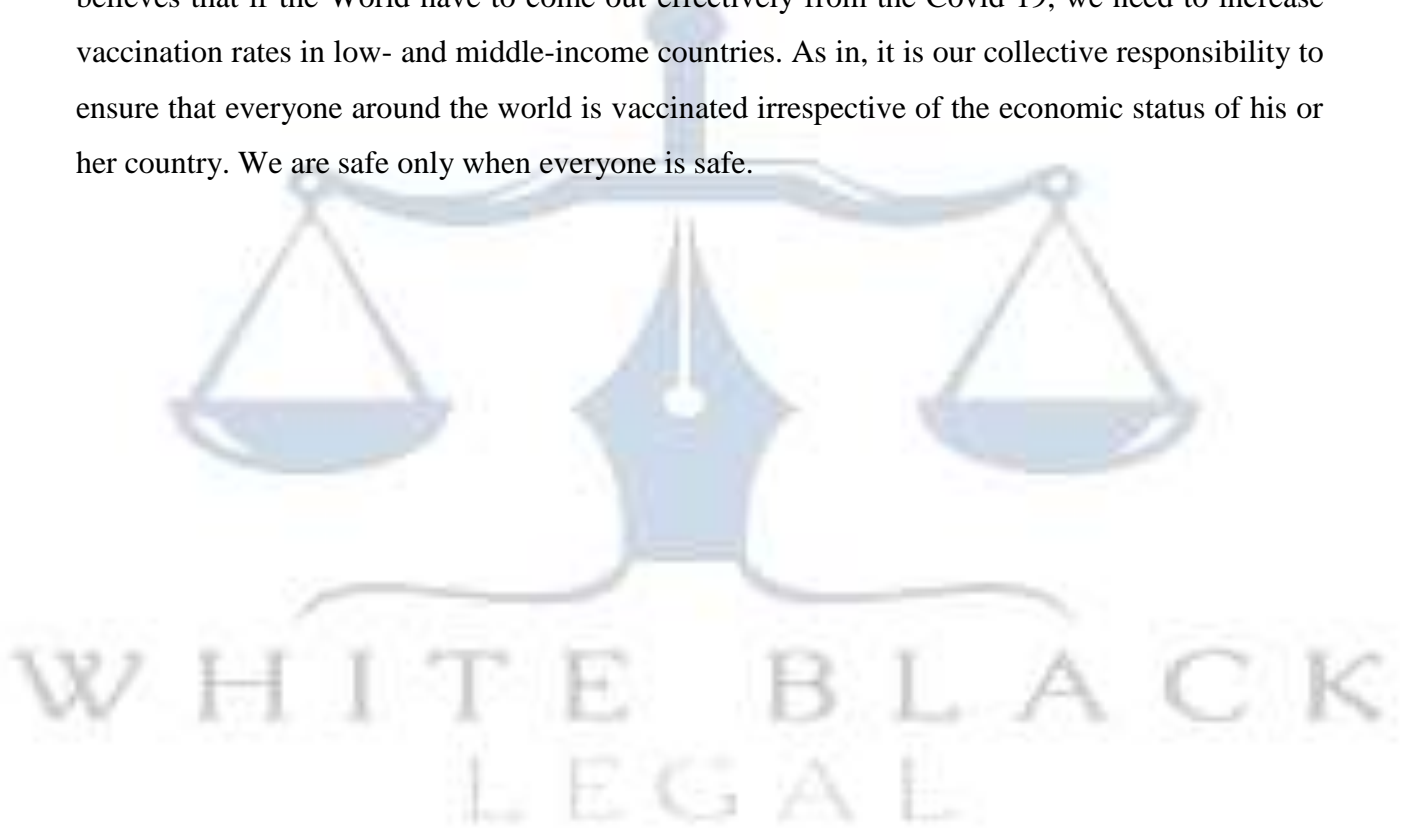
COVID-19 pandemic crisis exacerbates the importance of a hidden form of social inequality, digital inequalities. Indeed, differences exist between individuals and social groups in terms of

9        https://theprint.in/india/world-leaders-thank-india-at-unga-session-for-covid-vaccine-shipments-medical-supplies/742394/

10   https://www.business-standard.com/article/current-affairs/cowin-goes-global-india-makes-tech-open-source-142-nations-show-interest-121070501046_1.html accessed on 15th May, 2022

access to technologies[11] but also in terms of their capacity to obtain benefices from their use of technology by making Cowin a open source for all the countries, India tries its bit to reduce this digital divide From the above arguments, it can be confidently said that India's vaccine/health diplomacy in giving humanitarian and economic aid has drawn the world's attention and neighbouring countries. Through 'Vande Bharat' mission, India has endeavoured to develop a model of regional partnerships and proved itself as the first responder to the natural calamities and current health crisis in its neighbourhood during the first wave of COVID-19 and also India firmly believes that if the World have to come out effectively from the Covid 19, we need to increase vaccination rates in low- and middle-income countries. As in, it is our collective responsibility to ensure that everyone around the world is vaccinated irrespective of the economic status of his or her country. We are safe only when everyone is safe.

---

[11] https://www.un.org/press/en/2021/dsgsm1579.doc.htm