

Reimagining diaspora diplomacy during the COVID-19 crisis in India

Rahul M. Jindal ^{a,b,c,*}, Lyndsay S. Baines^{d,e} and Deena Mehjabeen^f

^aDepartment of Surgery & Division of Global Health, Uniformed Services University, Bethesda, MD 20814, Maryland, USA; ^bIndian Institute of Public Health, Gandhinagar, Gujarat 382042, India; ^cOffice of Human Rights, Montgomery County, MD 20850, Maryland, USA; ^dDepartment of Health & Social Care, Anglia Ruskin University, London EC1N 6RA, UK; ^eGlobal Health Diplomacy Working Group, University of Oxford, Oxford OX1 2JD, UK; ^fTranslational Health Research Institute, Western Sydney University, Penrith NSW 2751, Australia

*Corresponding author: Tel: 001 718-916-9241; E-mail: jindalr@msn.com

Received 4 November 2021; revised 1 March 2022; editorial decision 15 March 2022; accepted 18 March 2022

Diasporas are organized groups motivated by common cultural, ideological, political and religious values and common concerns for their countries of origin. Diaspora diplomacy has gained prominence worldwide, particularly in India, spurred by harrowing images of deaths and devastation due to the COVID-19 pandemic. A new generation of diaspora professionals modeled as social entrepreneurs uses collaborative and non-profit models to establish relationships with their counterparts to facilitate medical services and research. Teleradiology and telepsychiatry facilitate communication between diaspora members and their counterparts. We propose a common telehealth platform to standardize advice given by the Indian diaspora in the Global North as protocols change rapidly in acute pandemics. Consideration should be given to the well-known digital divide in India and other low- and middle-income countries. We advocate for diaspora members to train themselves in the art of global health diplomacy, to promote transparency and accountability in the collection of funds and a mandatory provision of outcome measurement by independent monitors rather than through social media. In the long run, Indian-Americans should play an active role in strengthening the domain of public health, which has historically been neglected in India, by focusing on the country's long-term infrastructure needs. The lessons learned from various diaspora efforts should be independently evaluated and recorded as best practice for future pandemics and humanitarian crises.

Keywords: Diaspora, COVID-19, Global health diplomacy, India, Social media, Teleradiology and telepsychiatry.

Introduction

In May 2021, India registered around 400 000 new cases and 4500 deaths from coronavirus disease 2019 (COVID-19) in a single day, the highest recorded globally. The almost vertical rise in infections was attributed to the B.1.167 variant and a lack of regional preventative measures being in place, and complacency, despite the first wave of COVID-19.¹ The harrowing images that ensued and which were broadcast around the world prompted a surge in diaspora diplomacy, and organized groups motivated by common cultural, ideological, political and religious values and common concerns for India, their country of origin, arranged medical supplies and food to assist the Indian population.

Long considered a tool for 'soft power diplomacy', diaspora became an even greater strategic asset for India in advocacy, lobby groups, mediation and bridging the gap in economic interests and national security. Unable to travel to India to assist in person, Indian-Americans leveraged their influence and financial assets to apply political pressure, mobilize resources and organize

local aid. As a result, the Biden administration deployed ventilators and vaccines to India and made the unprecedented move of waiving intellectual property protections on vaccine production to increase manufacture.^{2,3}

However, it was the vital role of social media, which acted as a news feed regarding updates on the pandemic and provided directives as to the nature of the supplies needed and in determining supply lines to ensure that the needs of the Indian population were met.⁴ In fact, during the second wave of COVID-19, social media activity became one of the main sources of intelligence regarding sustaining supply deficits such as hospital beds, ventilators, oxygen cylinders and medicine, despite sporadic media shutdowns, sustaining medical infrastructure. The diaspora was able to direct its efforts to those most in need and provide a forum to discuss the Indian government's management and lack of preparedness for the pandemic.⁵

Currently, although the peak of the COVID-19 epidemic in the Global North may have subsided, there is uncertainty whether

Table 1. The challenges faced by Indians during the COVID-19 pandemic, particularly in the second wave, and the contributions from the Indian-American diaspora to address the crisis, including the role of diaspora members in future pandemics and humanitarian disasters

CHALLENGES IN INDIA DURING THE COVID-19 CRISIS	INDIAN-AMERICAN DIASPORA CONTRIBUTIONS	FUTURE IMPLICATIONS
<ol style="list-style-type: none"> 1. Health system collapse, mainly overburdening, with the surge of COVID-19 cases and due to existing limits on financing and budget allocation. 2. Lack of robust medical infrastructure, that is, medical supply deficit (oxygen concentrators, generators, medications and vaccines), insufficient trained on-the-ground healthcare workers and cold chain transport issues for vaccines. 3. Bureaucracy, red-tape, corruption and censoring of news. 	<ol style="list-style-type: none"> 1. The diaspora, including many influential and prominent members, advocated through social media to raise political clout and awareness for prompt action from the US government regarding vaccine and medical supply donations, sharing patents, raw materials and the know-how for generic vaccine manufacture. 2. Collected donations to extend support for medical supplies (e.g. oxygen canisters, medications, rapid virus tests, arranging hospital beds and other equipment). 3. Collective mutual aid such as sending money to family members in India, organizing grief support and community pantries within the diaspora to cope with the crisis. 4. Indian-American doctors and public health experts used their platforms, and social networks, to demand US intervention to address oxygen shortages and raised finances to ship essential medical supplies to India. 5. Indian-American physicians liaised with both countries for them to practice in India and were actively involved in tele-consultations and follow-ups during the COVID-19 surge. 	<ol style="list-style-type: none"> 1. <i>Infrastructure and policy:</i> Develop a policy framework, governance and national decision making in order to generate political and economic clout. It will connect people in peacetime and during disasters. 2. <i>Social media and technology:</i> Advancements in social media and technology to overcome the digital divide through PPPs, and collaborations with local NGOs, governmental organizations and cross-political and multidisciplinary stakeholders within industries dealing with screening tools, testing kits, drugs, portable ventilators, vaccine equity, drones and robots. 3. <i>Efficient supply chain:</i> Ensure transparency and accountability in the collection of funds and vital life-saving supplies through mandatory outcome measurement by independent monitors, joint commissions to monitor progress and by working with ethical local partners. 4. <i>Capacity building:</i> Training the diaspora in GHD; create a common telehealth platform to standardize advice given from the Global North to their counterparts residing in areas of critical need. 5. <i>Partnership with the Heads of Indian Missions:</i> Creation of a skills database in collaboration with heads of missions/embassies; research training and dissemination through publication, seminars and conferences, which can ensure accuracy of information; enhance economic partnership, R&D, innovation and entrepreneurship. 6. <i>Promoting Indian healthcare and IT industry:</i> Promote India as a healthcare destination and help to expand the pharmaceutical and IT industries.

advances in the vaccination program will prevail over the different variants of COVID-19. The ready availability of a variety of vaccines against COVID-19 has enabled the gradual reopening of educational institutions and the economy in the USA and several countries; however, the ravages of COVID-19 continue to blight South Asian countries and are beginning to take a heavy toll on life and economies in Africa and South America⁶.

In this article, we discuss the emerging role of diaspora diplomacy in global health, its effectiveness and political implications, with a focus on the work of the Indian-American diaspora, and briefly present the types of global health diplomacy (GHD). We make a case for diaspora members to train themselves in the art of diplomacy, whereby they could liaise with the embassies of the Indian government and health attachés of the US Government to create a seamless supply line so that vital equipment is equitably distributed to far-flung corners of India. There should also be transparency in collecting funds and independent assessment of outcomes (Table 1).⁷ The lessons from this viewpoint could be

extrapolated to other diaspora communities in the Global North and for future humanitarian catastrophes.

Diaspora diplomacy

Diaspora, also known as ‘transnational communities’, refers to ‘[a] people with a common origin who reside, more or less permanently, outside the borders of their ethnic or religious homeland—whether that homeland is real or symbolic, independent or under foreign control. Diaspora members identify themselves, or are identified by others inside and outside their homeland as part of the homeland’s national community, and as such are often called upon to participate, or are entangled, in homeland related affairs.’⁸ They often maintain strong sentimental and material ties with their original home countries and homelands.⁹ These ties are potentially beneficial to achieving developmental

goals in the diasporas' homeland. Diasporas play an important role in promoting foreign investment, trade, innovation, access to technology and financial inclusion, providing economic and military assistance, or influencing political outcomes in their original home countries.¹⁰ They send remittances that are invested in education, health, sanitation, housing and other infrastructure, which improve the livelihoods of families and communities in their countries of origin.¹¹ However, diasporas can offer more than just economic aid: they can lobby state, intergovernmental or supranational organizations, civic bodies, the market, international and national non-governmental organizations (NGOs), the media, the private sector and other diaspora actors to reach out to support a 'cause'.¹² 'Diaspora diplomacy' is the collective practice of engaging in diplomatic actions undertaken by members of the diaspora rather than the state, either through the formal designation of honorary consuls¹³ or informally as citizen diplomats.^{14,15} Over time, migrants living outside their countries of origin have engaged in activism and peace advocacy and showcased diaspora diplomacy.

The Indian-American diaspora is still relatively new and small and it consists mostly of highly educated, well-paid migrants who are in a better position to contribute financially and use their political clout and cultural power in the USA to raise concerns about the COVID-19 crisis in recent times.¹⁶ It can be said that diaspora diplomacy is a promising branch of GHD that requires further exploration.

Global health diplomacy

The ongoing COVID-19 pandemic, and previously the 2003 severe acute respiratory syndrome (SARS) outbreak, followed by the 2009 H1N1 influenza A pandemic, exemplified how rapidly emerging infections can spread, affecting lives and halting travel and trade among interdependent economies. The increased occurrence of disease outbreaks has led to the rising concern regarding global cooperation in public health surveillance and response. Subsequently, the USA and other nations focused on integrating health into their foreign policy strategies, leading to new demands on legal instruments and agreements between and among nations regarding national security, trade and diplomacy.¹⁷ Thus GHD is a means to address such public health concerns. The types and subtypes of GHD, especially those playing significant roles during COVID-19 management, are listed as classical diplomacy, which refers to maintaining formal negotiations between and among nations. It allows effective and permanent communication between nation states through envoys (ambassadors, negotiators). During COVID-19, bilateral health diplomacy resulted in developing countries providing aid to developed countries. An instance of this form of diplomacy was evident when India sent a shipment of 50 million hydroxychloroquine tablets to the USA, at the request of then-President Donald Trump, as the drug was publicized to be suitable for treating COVID-19 patients in the USA, despite not being an effective prophylactic.^{18,19} Multilateral diplomacy is essentially the practice of achieving diplomatic solutions through more than two nations or parties.²⁰ These negotiations are between or among nations, states, non-states and other actors to address

common issues and can also be referred to as multistakeholder diplomacy. It can be achieved through partnerships between government agencies by forming separate agreements (a memorandum of understanding or a cooperative agreement) with a particular country's health ministry and global health initiatives and partnerships between international organizations, public- and private-sector institutions.²¹ The COVAX Initiative is the best example of public-private partnerships (PPP).²² Moreover, the Indian Prime Minister, Narendra Modi, extended about US\$1 million for the Emergency Fund for COVID-19 at the South Asian Association for Regional Cooperation (SAARC) Summit 2020, which was a significant step in controlling and combating the pandemic.²³

Disaster disease diplomacy

Disaster disease diplomacy is a category of GHD involving trans-boundary disease surveillance and control. Furthermore, it has subcategories such as vaccine/vaccine science diplomacy, medical diplomacy and mask diplomacy.

Vaccine diplomacy

Vaccine diplomacy can be defined as the branch of GHD 'that promotes the use and delivery of vaccines to achieve larger global health goals and shared foreign policy objectives'.^{24,25} International organizations such as Gavi (the Vaccine Alliance) and the WHO, as well as the Gates Foundation, contribute to vaccine diplomacy.²⁶ Furthermore, vaccine science diplomacy is a subset of vaccine diplomacy and refers to 'the joint development of life-saving vaccines and related technologies, with the major actors typically scientists'.²⁶ Besides the recent example of setting up the COVAX Initiative to address the COVID-19 pandemic, the US President's Emergency Plan for AIDS Relief (PEPFAR) launch in 2003 to address HIV/AIDS, with an investment of more than US\$85 billion,²⁷ was a major success for vaccine diplomacy.

Medical diplomacy

Medical diplomacy is the provision of medical assistance to strengthen diplomatic relations and further national interests.²⁸ Over several decades, Cuba and China have bolstered their international standing through medical diplomacy by sending medical personnel to developing countries and supporting medical education. During the COVID-19 pandemic, the USA engaged in medical diplomacy immediately after Germany, France and the UK displayed public support and sent emergency medical aid supplies, including ventilators and masks.²⁹

Mask diplomacy

Recently, China engaged in mask diplomacy during the early period of the COVID-19 pandemic, especially in Europe and Latin America. The USA and Taiwan also engaged in mask diplomacy, where surgical masks are the primary goods transferred.³⁰ Taiwan provided weekly donations of 100 000 masks as part of a cooperative project for close allies and friends of the nation. In

addition, Taiwan donated approximately 2 million surgical masks to the USA to support frontline healthcare workers.

Challenges during the COVID-19 crisis in India

The pandemic has caused the Indian healthcare system to collapse, struggling with a limited budget and resource allocation.³¹ As India battled with the second wave of the coronavirus outbreak, the healthcare system was overburdened and reached a tipping point, with the death toll exceeding 200 000.³² The Indian Health Ministry noted that only 5–10% of the infected sought hospitalization in January 2022 with Omicron variants compared with 20–23% during the Delta-driven infections in May 2021. During the Delta wave, the number of ICU beds occupied in Delhi, the capital of India, was nearly 10 times higher than that during the Omicron wave,³³ which indicated that the situation was less severe than before. Furthermore, manufacturing COVID-19 vaccines increased production capacity. Companies had to keep up with the increasing demand, and it was challenging to organize a cold chain to transport the vaccines at short notice, given their shelf life and specific storage requirements. With lockdowns in place in several countries, the transport costs increased, so it was not surprising that the cost of medicines was less than that of transporting them.³⁴ There is a sense of uncertainty about whether adequate supplies are reaching rural areas in India, which have poor infrastructure and low penetration of the internet.

Several Indian media outlets reported that donated goods were often held up by bureaucracy at airports and were not reaching their intended targets.^{35,36} In addition, the government of India has denied that there is a shortage of critical supplies such as oxygen or trained personnel and has claimed that the COVID-19 crisis was overblown by Western media.³⁷ Human Rights Watch³⁸ reported that the current government seemed to care more about its image than the crisis itself. At one point in time, there was a government order to remove content criticizing the handling of the pandemic on social media.^{39,40}

Although a special fund was set up in late March 2020 by Prime Minister Modi to address the emergency caused by the COVID-19 pandemic—the Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM-CARES Fund)—it has attracted controversy due to a lack of transparency and accountability, leading to litigation.^{41–43} The fund was set up to collect donations from India and abroad to 'undertake and support relief or assistance of any kind relating to a public health emergency or any other kind of emergency'⁴⁴; however, human rights activists have been unable to obtain precise details of donations or disbursement of the funds. Indeed, there were cases of denying or hiding the bad news instead of setting up systems and organizing consultations with experts to build a prompt and efficient response.⁴⁰ According to Human Rights Watch, India's human rights record during the COVID-19 crisis leaves much to be desired. The report blamed the Indian government for trumped-up litigation against human rights activists, intellectuals and detractors by invoking sedition and terrorism laws that are traditionally used in rare circumstances.⁴⁵

The Indian-American diaspora and its contributions during the COVID-19 crisis in India

There is an active and politically savvy diaspora from the Global South in several countries of the Global North. India has the largest transnational community (diaspora) globally, distributed across several countries of destination, mostly middle- or high-income countries. The United Arab Emirates (3.5 million), the USA (2.7 million) and Saudi Arabia (2.5 million) host the largest numbers of migrants from India. Other countries hosting large numbers of migrants from India include Australia, Canada, Kuwait, Oman, Pakistan, Qatar and the UK. China and the Russian Federation also have small numbers of Indian diaspora. In 2020, 18 million people from India were living outside of their birth country.¹¹ As noted, a large number of Indian immigrants reside in the USA and, during this time, Indian-Americans have founded and established US-based organizations that focus on philanthropic projects to improve health and education in India; the diaspora has led advocacy organizations, business and professional networks, media outlets and societies to promote Indian culture, linguistics and religion.⁴⁶ The Indian-American diaspora made efforts to establish a chain of business councils and chambers of commerce, foster trade and investment, and serves as a means of promoting India's image abroad and lobbying for political influence.⁴⁷ Over the years, diaspora members have achieved economic and political power, as evidenced by the election of Vice-President Kamala Harris and the appointment of key cabinet members in the UK.⁴⁸ In addition, members of the diaspora hold important senate-confirmed positions in the current Biden administration, such as Dr. Vivek Murthy, the Surgeon-General.

With rising numbers of COVID-19 cases in India, thousands of Indian-Americans struggled to help Indian relatives back home to survive, searching for hospital beds, oxygen canisters and basic medication. To address the COVID-19 challenges, many highly influential Indian-Americans in the corporate and private sectors tried to collect donations to extend support. The devastation of COVID-19 and the daily harrowing images of deaths in India⁴⁹ led to a huge impetus for humanism. Indian-Americans in positions of authority voiced their support and urged the US government to address the COVID-19 second wave crisis as their own. For example, Dr. Ashish Jha, the Indian-born Dean of the Brown University School of Public Health, wrote newspaper editorials and used Twitter for broader outreach and impact.¹⁶ The Indian-born chief executives of Google and Microsoft pledged millions of dollars to address the shortage of medical oxygen, beds and other equipment. Indian-American politicians, Congress members and similar political groups asked President Joe Biden to step up aid operations.⁵⁰ The diaspora organized various forms of collective mutual aid, such as sending money to family members in India, grief support and community pantries to help those experiencing the crisis.

During India's battle with COVID-19, particularly the Delta variant, prominent Indian-American doctors and public health experts used their platforms to demand US intervention to address oxygen shortages. They activated their social networks, initiated fundraisers and utilized their knowledge in specialized infectious diseases to assist colleagues in India. Organizations such as The Federation of Indian Associations dispatched medical supplies to

Mumbai and Delhi, and expatriate communities in the UK and Canada have dispatched rapid virus tests and oxygen and raw material to allow India to increase its vaccination production. The American Association of Physicians of Indian Origin, with about 100 000 doctors of Indian descent, has reported raising finances to send oxygen concentrators and other essential medical supplies to India since the second wave began,^{51,52} and have worked with both governments to allow US physicians to practice in India. Indian-American political groups and members of Congress worked with the Biden administration to ramp up assistance, including shipping raw vaccine material, sharing patents to develop generic coronavirus vaccines and sending surplus vaccine doses, oxygen and therapeutics to India.¹⁶

Many Non-Resident Indians (NRI) and Persons of Indian Origin (PIO) physicians and health personnel have been actively involved in teleconsultations and follow-ups during the COVID-19 surge, in addition to existing teleradiology and telepsychiatry helplines.⁵³ Teleradiology is a healthcare product of information technology (IT) and is gradually becoming popular worldwide. With the advent of teleradiology, these limitations have been overcome. Using broadband internet, high-speed telephone lines and cloud services, a radiologist sitting in one country can evaluate scans from other countries.⁵⁴ Telepsychiatry is also maturing in India, so, with a reliable and high-speed internet connection, psychiatric consultation is accessible via real-time video conferencing.⁵⁵ The consultation results are saved in the patient's medical record electronically. Thus IT and social networking have further globalized the world and transformed it into a compact and connected domain. The diaspora has used these newer modalities to counsel and give a second opinion on advanced and complicated cases of COVID-19.

In the modern era, globalization is not limited to establishing a franchise or business center in other parts of the world. The latest example of this is the 'Ice Bucket Challenge' for the Amyotrophic Lateral Sclerosis awareness campaign, which went viral on social media platforms like Facebook and Twitter.⁵⁶ Without such well-spread social networks, the campaign might not have reached this level of global penetration. Additionally, social media reported widely on technology advancements that were much more sophisticated in the face of COVID-19 due to scientific progress during the SARS outbreak in 2002. For example, while it took 1 y to decode the genome of the SARS virus, scientists identified the COVID-19 genome within 1 mo.

Implications for the future

Infrastructure and policy

In the long term, the Indian-American diaspora should play an active role in empowering and strengthening public health research, surveillance and policy-making tasks at the national and state level. The diaspora should also focus on the country's long-term infrastructure needs in crisis and not merely short-term assistance.⁵⁷ With its growing political and economic clout, the diaspora is ideally suited for the art of digital diplomacy,⁵⁸ which will connect people, both during disasters and in peacetime. However, its members should be aware of the digital divide between the haves and the have nots in low- and middle-income

countries (LMICs).⁵⁹ India can also develop a policy framework that will involve the Indian-American diaspora in the political system, governance and national decision-making.⁶⁰

Social media and technology

This article suggests that, going forward, the Indian-American diaspora would do well to build upon its success in mitigating the COVID-19 challenges through further development of social media and technological advancements to address future humanitarian crises. Its members should work towards minimizing the digital divide between the rural and the urban, as well as the rich and the poor. The diaspora is encouraged to mobilize PPPs and collaborate with crosspolitical and multidisciplinary stakeholders within industries dealing with screening tools, testing kits, drugs, portable ventilators, vaccine equity, drones and robots.

Efficient supply chain

It is clear to the authors, who have visited India on numerous occasions, that some of the shortages could be due to supply chain problems rather than an actual lack of supplies. However, it is impossible for a diaspora from the USA or the UK to micro-manage the distribution of vital life-saving supplies and ensure transparency. In this situation, a diaspora is advised to work with ethical local partners to ensure that supplies reach their intended population without corruption, favoritism or nepotism. Local partners have to be vetted in advance so that the diaspora has collegial working relationships with them, which cannot be fostered in an acute crisis. In addition, the diaspora should develop working relationships with local governments and US health attachés (or equivalent officers) and create working groups of diaspora and government members (e.g. a joint commission) to monitor progress. The diaspora should liaise with the various US or UK aid agencies, such as the United States Agency for International Aid (USAID), as well as medical and public health agencies such as the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC).

Capacity building

Although India has increased global political engagement within the healthcare field, there is still a need for capacity building in GHD by training the diaspora, including public health professionals and diplomats.⁶¹ The diaspora can work with international agencies and the Indian government during peacetime to facilitate good governance, which could prevent a repetition of the disastrous consequences of the Delta and subsequent COVID-19 variants. There have been numerous reports in the US media showing physicians interacting in real time with their counterparts. However, the authors believe there is a need to create a common platform that will reduce duplication of effort and standardize advice given from the Global North.⁶² The Indian-American diaspora can utilize telehealth to organize systems for drug development, artificial intelligence, virtual collaboration and data tracking, which can potentially strengthen the future pandemic response.

Partnership with heads of Indian missions

Diplomatic missions should allocate adequate financial resources to organize meetings and other activities with the diaspora instead of relying on their goodwill. Because consulates play an essential role in linking the diaspora with the governments of their countries of origin, there is scope for heads of Indian missions and ambassadors to partner with the Indian diaspora in the USA.⁶⁰ Furthermore, given the highly skilled Indian diaspora in the USA, it might be beneficial to create a skills database for future pandemics and develop partnerships based on the needs of the countries of origin and the Indian-American diaspora. The diaspora and the Indian heads of missions/embassies can work together to collect data on the numbers, skills and experiences of the diaspora in the USA. Indian-American researchers can share their expertise and train others in the country of origin. The Indian-American diaspora can partner with the heads of missions/embassies to mobilize resources and scholarships for publications, organizing and attending conferences, symposia, public lectures and other forums to discuss current affairs and issues in the homeland. These ventures can help to enhance economic partnerships, act as a platform for knowledge dissemination and as incentives for research and development (R&D), innovation and entrepreneurship.⁶⁰

Promoting Indian healthcare and the IT industry

The diaspora can help to promote India as a healthcare destination, linking hospitals and universities with India to facilitate sharing best medical practices⁶³ and contribute to the pharmaceutical industry's expansion and growth.⁶⁴ India is widely acknowledged as the 'pharmacy of the world'⁶⁵ and as a source of cost-effective, reliable vaccines, medications and medical equipment. Further, India is the country with the largest number of US Food and Drug Administration-compliant pharma plants (>262, including Active Pharmaceutical Ingredients) outside the USA.⁶⁶ As one of the world's largest vaccine manufacturers, India can become a major supplier of approved vaccines against COVID-19, especially for the underprivileged people in India and other LMICs.⁶⁷ The diaspora can potentially increase India's international profile and bolster its credentials as a global player by leveraging its world-class pharmaceutical and IT industries. Therefore India can utilize its vast potential of R&D backup, cheap labor, technical personnel and global aid and resources to support other countries, including the USA. This might involve extensive discussions at the political level, and the diaspora can facilitate this during peacetime, thus increasing India's soft power.³⁹

Political implications of humanitarian activity by the diaspora

India has a track record of engaging with the diaspora to develop mutually beneficial global collaborations, in particular the resources and skills of NRIs and PIOs to promote 'Brand India'. Several NGOs have urged that the government of India should ensure equitable distribution, particularly to the vast hinterland, of vital life-saving supplies pouring in from around the world. There were collaborations among in-country NGOs, professional

associations and diaspora-led organizations. In this way, formal links were created with home country institutions and development was sustained through the 'South-South' initiatives and the Global North. Other diaspora communities have also made similar efforts for a better and more equitable pandemic response and policies. The COVID-19 pandemic has demonstrated the potential for much-needed global cooperation beyond the influence of multinational companies and corporations, which often focus on a profit-seeking agenda and achieving their corporate interests. Because bureaucratic and administrative procedures sometimes prevent governments from scaling up a rapid response, a well-organized diaspora can quickly target vulnerable groups in need and eventually influence improved legislation.

Conclusion

We make a case for diaspora members to train themselves in the art of GHD, which will facilitate their humanitarian efforts, enable them to gain professional expertise, achieve their intended targets and build solid intercountry ties. There should be transparency and accountability in collecting funds and a mandatory provision of outcome measurement by independent monitors. Currently, most of the information about the distribution of vital supplies to India is gleaned from social media, which may be inaccurate and exaggerated. Ideally, there should be a telehealth platform to standardize advice given from the Global North to their counterparts residing in areas of critical need as protocols change rapidly in acute pandemics (Table 1). We advise that the diaspora ensure that recommendations are consistent with those of the WHO, the CDC or the NIH, as the case may be, for optimal care. Steps should be taken to ensure that diaspora members adhere to the medical licensing and legal requirements of the home country. The lessons learned from various diaspora efforts should be independently evaluated and recorded as best practice for future pandemics and humanitarian crises.

Authors' contributions: RMJ and LSB conceived the study; RMJ, LSB and DM carried out the data collection and interpretation of the data. RMJ drafted the manuscript; RMJ, LSB, DM critically revised the manuscript. All authors have read and approved the final version. RMJ is guarantor of the paper.

Funding: The Fulbright Commission & the United States—India Educational Foundation (USIEF; <https://www.usief.org.in/>) for supporting RMJ's work.

Competing interests: The views and opinions expressed in this article are solely those of the authors and do not reflect the official position or policy of the Department of the Army, the Department of the Navy, the Department of Defense or the US Government. No competing or financial conflict of interest exists.

Ethical approval: Not required.

Data availability: Data sharing is not applicable to this article as no new data were created or analysed in this study.

References

- Parpiani K. Friendships, Reciprocity, and Diplomacy in the Time of COVID-19: the World Comes to India's Aid. In: Parpiani Ks (ed). Observer Research Foundation; 2021.
- Chattu VK, Singh B, Kaur J, et al. COVID-19 vaccine, TRIPS and global health diplomacy: India's role at the WTO platform. *Biomed Res Int.* 2021;2021:1–9.
- Jecker NS, Atuire CA. What's yours is ours: waiving intellectual property protections for COVID-19 vaccines. *J Med Ethics.* 2021;47:595–8.
- Sharma V. How social media is saving lives during India's COVID crisis. <https://www.pbs.org/newshour/world/how-social-media-is-saving-lives-during-indias-covid-crisis> [accessed 25 February 2022].
- Singh M. 'Like purgatory': diaspora in despair as India sinks deeper into Covid crisis. *The Guardian* (10 May 2021).
- Southeast Asia Covid-19 Tracker. <https://www.csis.org/programs/southeast-asia-program/projects/southeast-asia-covid-19-tracker> [accessed 25 February 2022].
- Zitzman E, Berkley H, Jindal RM. Accountability in global surgery missions. *BMJ Glob. Health* 2018;3(6):e001025.
- Nurse K. Migration, diasporas, remittances and the sustainable development goals in least developed countries. *J Glob Dev.* 2018;9(2):1–13.
- Sheffer G. Modern diasporas in international politics. In: Sheffer Gs (ed). Sydney: Croom Helm; 1986.
- Esman MJ. Diasporas and international relations. In: Sheffer Gs (ed). Modern Diasporas in International Politics. London and Sydney: Croom Helm; 1986: 333–50.
- United Nations Department of Economic and Social Affairs, Population Division International Migration 2020 Highlights (ST/ESA/SER.A/452). 2020.
- Ho ELE, McConnell F. Conceptualizing 'diaspora diplomacy': Territory and populations betwixt the domestic and foreign. *Prog Hum Geogr.* 2019;43(2):235–55.
- Leira H, Neumann I. Consular diplomacy. In: Kerr P, Wiseman Gs (eds). *Diplomacy in a Globalizing World*. Oxford: Oxford University Press; 2013: 160–74.
- Shain Y, Barth A. Diasporas and International Relations Theory *Int Organ* 2003;57(3):449–79.
- Tyler MC, Beyerinck C. Citizen diplomacy. In: Constantinou C, Kerr P Sharp Ps (eds). *The SAGE Handbook of Diplomacy*. London: Sage; 2016: 521–9.
- Nirappil F, Ali A. 'Living in Two Realities': Indian Diaspora Reckons with Crisis Abroad. *Washington Post* (2 May 2021).
- Katz R, Kornblat S, Arnold G, et al. Defining health diplomacy: changing demands in the era of globalization. *Milbank Q.* 2011;89(3):503–23.
- Boulware DR, Pullen MF, Bangdiwala AS, et al. A Randomized Trial of Hydroxychloroquine as Postexposure Prophylaxis for Covid-19. *N Engl J Med.* 2020;383(6):517–25.
- BBC. Hydroxychloroquine: India Agrees to Release Drug after Trump Retaliation Threat. <https://www.bbc.com/news/world-asia-india-52196730> (accessed 8 August 2021)
- Mahbubani K. Multilateral diplomacy. In: Cooper AF, Heines J Thakur Rs (eds). *The Oxford Handbook of Modern Diplomacy*. Oxford, U.K.: Oxford University Press: 2013.
- Thokwane K, Baines LS, Mehjabeen D, et al. Global health diplomacy: Provision of specialist medical services in the Republic of Botswana. *Surgeon* 2021; S1479-666X(21)00099-8:1-4. doi: 10.1016/j.surge.2021.04.011.
- Gupta N, Singh B, Kaur J, et al. COVID-19 pandemic and reimagination of multilateralism through global health diplomacy. *Sustainability.* 2021;13(11551):1–12.
- Chaudhary DR. PM Modi Proposes Emergency COVID-19 Fund for Saarc Nations. *The Economic Times* (16 March 2020).
- Shakeel SI, Brown M, Sethi S, et al. Achieving the end game: employing "vaccine diplomacy" to eradicate polio in Pakistan. *BMC Public Health.* 2019;19(1):79.
- Su Z, McDonnell D, Li X, et al. COVID-19 vaccine donations-vaccine empathy or vaccine diplomacy? A narrative literature review. *Vaccines (Basel).* 2021;15(9):1024.
- Hotez PJ. 'Vaccine diplomacy': historical perspectives and future directions. *PLOS Negl Trop Dis.* 2014;8(6):e2808.
- Kickbusch I, Nikogosian H, Kazatchkine M, et al. *A guide to global health diplomacy*. Geneva, Switzerland: Graduate Institute of International and Development Studies; 2021.
- Volodzko D. Medical diplomacy. *The Diplomat* (26 April 2016).
- Macias A. U.S. to Give India Raw Materials for Vaccines, Medical Supplies to Help Fight Covid Surge. *CNBC* (25 April 2021).
- Taiwan News Staff Writer. US Secretary of State Expresses Gratitude for Taiwan's Face Mask Donations. *Taiwan News* (9 April 2020).
- Bala S. India's Covid Crisis Exposes Deep-Rooted Problems in Public Health after years of Neglect. *CNBC* (17 May 2021).
- Zargar AR. In India, a Scramble for Scarce Vaccines as COVID Deaths top 200,000. *CBS News* (28 April 2021).
- Bhatnagar A. Delta vs Omicron: Despite Record Surge, These Numbers from Delhi & Mumbai give us hope. *The Times of India* (10 January 2022).
- Pattanaik S. COVID-19 Pandemic and India's Regional Diplomacy. *South Asian Surv.* 2021;28:92–110.
- Faleiro S. What Went so Wrong with Covid in India? Everything. <https://www.technologyreview.com/2021/07/05/1027834/covid-india-crisis-mistake-failure-modi/> [accessed February 26, 2022].
- Yeung J, Suri M, Gupta S. The World Sent India Millions in Covid aid. Why is it not Reaching Those Who Need it Most? *CNN* (5 May 2021).
- Chellaney B. The Lurid Orientalism of Western Media. <https://www.project-syndicate.org/commentary/western-media-double-standard-for-crisis-in-foreign-countries-by-brahma-chellaney-2021-05> [accessed February 26, 2022].
- Braunschweiger A, Ganguly M. Interview: The Human Rights Crisis Behind India's Covid-19 Surge. <https://www.hrw.org/news/2021/05/10/interview-human-rights-crisis-behind-indias-covid-19-surge> [accessed February 26, 2022].
- Purushothaman U, Moolakkattu JS. The Politics of the COVID-19 Pandemic in India. *Soc Sci.* 2021;10:381.
- Sankaran V. India Coronavirus: Facebook Temporarily Blocks Hashtag Calling on PM Modi to Resign. *Independent* (29 April 2021).
- Venkat V. India: Why Secrecy Over Narendra Modi's Coronavirus Relief Fund Damages Democracy. <https://theconversation.com/india-why-secrecy-over-narendra-modis-coronavirus-relief-fund-damages-democracy-144897> [accessed February 26, 2022].

- 42 Sharma A. COVID: How is an Emergency Fund Stirring Controversy in India? DW (10 October 2021).
- 43 Verma D. Corruption at the Heart of India's Coronavirus Crisis? Prime Minister Modi Must Answer for the PM Cares Fund. <https://globalanticorruptionblog.com/2021/05/14/corruption-at-the-heart-of-indias-coronavirus-crisis-prime-minister-modi-must-answer-for-the-pm-cares-fund/> [accessed February 26, 2022].
- 44 PM Cares. About PM Cares. https://www.pmcared.gov.in/en/web/page/about_us [accessed February 26, 2022].
- 45 Ganguly M. India Falters Amid Growing Covid-19 Crisis. <https://www.hrw.org/news/2021/04/22/india-falters-amid-growing-covid-19-crisis> [accessed February 26, 2022].
- 46 Agarwala R. Tapping the Indian Diaspora for Indian Development, Working Papers. 2011, 1346.
- 47 Hall I. India's new public diplomacy. *Asian Surv.* 2012;52(6):1089–1110.
- 48 Carnegie Endowment. Social Realities of Indian Americans: Results From the 2020 Indian American Attitudes Survey. <https://carnegieendowment.org/2021/06/09/social-realities-of-indian-americans-results-from-2020-indian-american-attitudes-survey-pub-84667> [accessed 29 July 2021].
- 49 Singh KD. India's True Pandemic Death Toll is Likely to be Well Over 3 Million, a New Study Finds. *New York Times* (20 July 2021).
- 50 Schemm P, Hassan J, Shammas B, et al. Biden pledges to help India amid worsening crisis; U.S. to share 60 million vaccine doses with the world. *Washington Post* (26 April 2021).
- 51 Dattagupta I. Covid-19: How Indian Americans Based in Texas are Supporting Their Country of Origin. *Times of India* (26 April 2021).
- 52 Gandhi L. Indian Diaspora Helping Amid Covid Crisis Says Government not doing Enough. *NBC News* (11 May 2021).
- 53 The Times of India. Indian-American Doctors Launch Telemedicine Helpline for Covid-19 Patients. *The Times of India* (27 April 2021).
- 54 Teleradiology Solutions. Teleradiology Solutions to Telereport Chest CT Scans for Free as Part of Its 'COVID SUPPORT' Initiative. *PRNewswire* (20 May 2021).
- 55 Singh GP. Telepsychiatry: a game-changer during Covid-19 pandemic and a wave of future psychiatry in India. *Asian J Psychiatr.* 2021;64:102795.
- 56 Steel E. Ice Bucket Challenge' Has Raised Millions for ALS Association. *New York Times* (17 August 2014).
- 57 Guy-Frank CJ, Persaud K, Butsenko D, et al. Developing a sustainable renal transplant program in low- and middle-income countries: outcome, challenges, and solutions. *World J Surg.* 2019;43(11):2658–65.
- 58 Adesina OS. Foreign policy in an era of digital diplomacy. *Cogent Soc. Sci.* 2017;3(1):1–13.
- 59 Jain M. Why India's Digital Divide is Hampering Vaccine Access. <https://www.devex.com/news/why-india-s-digital-divide-is-hampering-vaccine-access-99943> [accessed February 25, 2022].
- 60 Kerubo J. Diaspora diplomacy: opportunities and challenges for African countries. Special issue: Africanist Public Intellectuals, Progressive Politics, and Youth Agency in a Digital Age. 2021;9:36–52.
- 61 Singh SK. Global Health Diplomacy: A Strategic Opportunity for India. <https://iigh.unu.edu/publications/articles/global-health-diplomacy-a-strategic-opportunity-for-india.html> (accessed 9 February 2022).
- 62 Menon H. Heeding Lessons From India's Second Wave. <https://www.gatesfoundation.org/ideas/articles/covid-india-response> [accessed February 25, 2022].
- 63 Madhu R, Reddy S. An Opportune time for India to play the Global Health Diplomacy Card. <http://www.globalpolicyjournal.com/blog/22/09/2014/opportune-time-india-play-global-health-diplomacy-card> [accessed 10 February 2022].
- 64 Sharma JC. India's Foreign Policy, National Security & Development. <http://www.mea.gov.in/foreign-policy.htm> [accessed 9 February 2022].
- 65 Shringla HV. Foreign Secretary's Virtual Address to MIT World Peace University, Pune on the Importance of Multilateralism in the Time of a Global Pandemic—An Indian Perspective. https://mea.gov.in/Speeches-Statements.htm?dtl/32683/Foreign_Secretarys_virtual_address_to_MIT_World_Peace_University_Pune_on_the_Importance_of_Multilateralism_in_the_Time_of_a_Global_Pandemic_an_Indian [accessed 9 February 2022].
- 66 Kulkarni M. Indian Pharma Sector Set to Grow 3 Times in Next Decade, Says Economic Survey. *Deccan Herald* (29 January 2021).
- 67 Laxminarayan R, Jameel S, Sarkar S. India's battle against COVID-19: progress and challenges. *Am J Trop Med.* 2020;103(4):1343–7.