

## The United States' COVID-19 Vaccine Diplomacy Strategy: A Case Study of Thailand in the Context of U.S.-China Rivalry

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### Abstract

This study explores the United States' COVID-19 vaccine diplomacy strategy, using Thailand as a case study in the context of U.S.-China rivalry. Vaccine diplomacy was used as a soft power tool during the pandemic. The research aims to explore whether U.S. vaccine diplomacy enhanced its soft power in Thailand more effectively than China's, and to assess its impact and implications for future global health governance and diplomatic positioning. It fills both practical and theoretical knowledge gaps concerning the deployment of global health tools to exert strategic influence. Using qualitative research and thematic analysis, the study draws on semi-structured interviews with experts from public health and foreign affairs sectors, supported by analysis of official documents, policy reports, and media sources. Findings reveal that although China first provided vaccine donations, public skepticism around the efficacy of inactivated vaccines curbed its long-term contribution. On the other hand, the U.S., with a sluggish start, had public trust in mRNA technology and a multilateral distribution strategy, to reap more lasting soft power returns. Thailand's achievement of neutrality illustrates middle powers' strategic resilience in global crises. The study suggests increased investment in the health sector, increased domestic vaccine manufacturing, balanced foreign policy, improved public diplomacy, and equitable access to vaccines. Future research should explore the long-term impact of vaccine diplomacy, its relations with hard power, its effectiveness in enhancing soft power, and its implications for pandemic preparedness and domestic political dynamics.

**Keywords:** COVID-19, vaccine diplomacy, soft power, strategic competition, diplomatic positioning

### 1. Introduction

The COVID-19 pandemic has remade global politics in ways that extend far beyond the confines of public health. As governments worldwide scrambled to contain the spread of the virus, maintain their economies, and protect their citizens, the quest for vaccinations emerged as a matter of medical urgency as well as diplomatic necessity. In particular, the crisis witnessed the rise of vaccine diplomacy—a strategic utilization of vaccines by donor nations as a foreign policy tool, instrument of power, and soft power (Lee, 2023; Mendez, 2021). The pandemic, therefore, hastened a new phase of global rivalry between the United States and China where vaccine provision became a mechanism of recruiting allies, restoring world credibility, and reconfiguring regional orders, especially in the Global South.

While the US began with focusing on vaccinating its own citizens, it later became one of the largest donors to the COVID-19 Vaccines Global Access (COVAX) facility, contributing \$4 billion for equitable global access to the vaccine to low- and middle-income countries (Gavi, 2022). This multi-lateral effort, spearheaded by President Joe Biden, was framed as part of a broader umbrella campaign to reassert U.S. leadership in global health and revitalize the Global Health Security Agenda (The White House, 2022). China, however, pursued a more bilateral route by utilizing state-owned entities like Sinopharm and Sinovac to provide millions of doses of vaccine—typically before the conclusion of final trial results—to distribute under its Health Silk Road, a health-focused spin-off of the Belt and Road Initiative (China Power Team, 2021; Huang, 2022).

Thailand is a fascinating case study in this international context. Being a member of ASEAN and a U.S. treaty ally since 1954, Thailand enjoys close diplomatic and security ties with the United States (Chanlett-Avery, 2009). Simultaneously, Thailand has become economically reliant on China and engaged in Belt and Road Initiative infrastructure construction, which has placed it in the position of having to balance between rival great powers (Goh, 2007; Kuik, 2008; Xiao, 2024). This balancing strategy—synonymously called bamboo diplomacy—allows Thailand to reap maximum dividends from no firm commitment in alliances (Chachavalpongpun, 2018; Pongsudhirak, 2024). The early pandemic strategy in Thailand was aligned with this cautious, pragmatic strategy. In January 2021, the Ministry of Public Health embarked on a countrywide campaign

against COVID-19 based on public health, medical, and social interventions (Ministry of Public Health, 2021). But Thailand's vaccine policy was slowed by last-minute acquisition, limited diversification, and slow rollout. Having initially rejected membership in COVAX over delivery risk and advance purchase commitments, Thailand subsequently resorted instead to a bilateral approach—getting early doses of Chinese vaccine gifts while not locking into bigger tie-ups with multilaterals (Reuters, 2021). America, though, despite Thailand's initial opposition to COVAX, persisted with bilateral aid in the form of vaccine donations and medical aid, maintaining its long strategic relationship with Bangkok (U.S. Embassy & Consulate in Thailand, 2021). Being prodded by growing popular pressures and the Delta variant, Thailand eventually had a change of heart and joined COVAX in mid-2021 to boost its vaccine supply (Ekvittayavechnukul, 2021).

This history is only one sign of a broader trend in global politics: the increasing convergence of national security and health security. In times of crisis, health aid is not just humanitarian—it is geopolitical. Vaccine diplomacy was then a battlefield of soft power, famously defined by Nye (2004) as the ability to get others to do things through attraction, not because they are coerced. Both China and the U.S. shifted to transform vaccine delivery into legitimacy, trust, and influence, especially in contested regions like Southeast Asia (Repnikova, 2022). The U.S., through multilateralism and public-private partnerships (i.e., COVAX, the Quad Vaccine Partnership), framed its response in terms of liberal democratic values, openness, and scientific cooperation (Michaud & Kates, 2021). China, by contrast, focused on state-driven distribution and infrastructure-associated diplomacy (Huang, 2022).

The effectiveness of vaccine diplomacy as an instrument of soft power has been challenged, however. Scholars point out that China's effort was undermined at times by distrust regarding transparency, product efficacy, and lack of multilateral oversight (Lee, 2023). On the other hand, America was hampered by sluggish delivery timelines and local domestic priorities, initially curtailing its global reach (Prasad, 2021). Both giants viewed vaccine diplomacy as a necessary tool for image-building, image refurbishment, and the pursuit of normative power (Nye, 2021). Vaccination efforts were often preceded by symbolic narratives. As an example, China presented its approach as rapid, centralized, and effective, while the U.S. framed its strategy in terms of liberal internationalist values and multilateral unity (Brands & Gavin, 2020).

Thailand's place within this great power rivalry provides a rare chance to consider how vaccine diplomacy is received, rather than pursued. Most studies focus on donor countries and few attempt to examine how recipient nations, especially middle powers, respond to, perceive, and strategically utilize vaccine diplomacy. The Thai case provides a snapshot of the limitation and promise of soft power in a multipolar world. Its dual-track embracing of China and U.S. vaccines bears witness not just to its hedging policy but to the subtlety of reconciling health security, national interest, diplomatic prestige, and regional independence (Heydarian, 2024). Additionally, there are few empirical studies of how vaccine diplomacy translates into influence, whether as citizens' trust, policy coordination, or soft power dividend. Although both China and the U.S. applied media narratives and symbolic actions to promote their diplomatic role as well, their overall effects on bilateral ties in the long term are doubtful.

This work aims to fill these gaps through examination of how the United States practiced vaccine diplomacy in Thailand during the COVID-19 pandemic, and to what level such action enhanced its soft power relative to China. It examines Thailand's acceptance of vaccines, strategic choices, diplomacy and public opinion regarding U.S. involvement. Along the way, the research informs enhanced conceptualization of how health assistance functions within the broad architecture of great-power rivalry and middle-power diplomacy in the Indo-Pacific. Outcomes of the research inform scholarly and policy debate over the future of health diplomacy as a strategic tool in shifting global order.

## 2. Objectives

1. To study the use of vaccine diplomacy as a means to gain soft power, particularly during the COVID-19 pandemic.
2. To assess the impact of U.S. vaccine diplomacy in Thailand, and in particular whether or not it served to increase U.S. soft power in Thailand.
3. To examine whether the U.S.' vaccine diplomacy during the COVID-19 pandemic contributed to an increase in its soft power in Thailand within the context of U.S.-China rivalry.

### 3. Materials and Methods

This study adopted a qualitative research design based on semi-structured interviews with open-ended questions. This method was chosen to obtain a deep and multifaceted understanding of the United States' COVID-19 vaccine diplomacy strategy in Thailand, particularly in the context of U.S.–China geopolitical competition. Semi-structured interviews provided the necessary flexibility to explore diverse perspectives while maintaining consistency in core thematic areas across different participant groups.

Participants were selected through purposive sampling, targeting individuals with relevant professional backgrounds who could contribute meaningful insight to the research questions. The sample consisted of seven participants divided into three groups: three academics with expertise in U.S. foreign policy, three officers from the Ministry of Public Health (MoPH), and one officer from the Ministry of Foreign Affairs (MFA). Participants were selected based on three criteria: a minimum of five years' professional experience in their respective fields, direct engagement with COVID-19 policy or diplomacy, and availability and willingness to participate in an in-depth interview. All participants were based in Thailand and were assigned alphabetical pseudonyms (A–G) to protect their identities. Recruitment was carried out via email or official institutional contact, and all participants gave informed consent prior to the interviews.

Data collection was conducted between March and April 2025. Each participant received the interview questions in advance to allow them to prepare. Depending on availability and COVID-19 precautions, interviews were conducted either in person or via secure online platforms such as Zoom. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with the participant's consent. Three interview guides were developed, one for each participant group, with a shared structure comprising background questions, perceptions of U.S. and Chinese vaccine diplomacy, and assessments of the diplomatic and public reception of these efforts. Open-ended questions allowed participants to elaborate freely, encouraging the emergence of new themes beyond the prepared prompts.

The interview guide was designed by the researcher, drawing on the work of Mathers et al. (1998) and Adams (2015), who emphasize that semi-structured interviews are effective tools for eliciting detailed personal and professional insights. The guides were refined based on informal pilot testing with one academic to ensure question clarity and logical flow. The interviews were supported by secondary sources to enrich contextual understanding and enable triangulation. These sources included government policy reports, international and Thai media coverage, academic literature on vaccine diplomacy and soft power, and panel discussions from leading policy institutions such as the Center for Strategic and International Studies (CSIS), the Stimson Center, and the Council on Foreign Relations.

The data were analyzed using thematic analysis in accordance with the six-step framework proposed by Braun and Clarke (2006): familiarization with the data, generating initial codes, identifying and reviewing themes, defining and naming themes, and producing the final report. Coding was performed manually. Frequently recurring words and phrases—such as effectiveness, perception, trust, slow, influence, and soft power—were identified and grouped into broader thematic categories. These included conceptual understandings of vaccine diplomacy, comparisons between the U.S. and China, Thai public and official perceptions, policy implementation, and diplomatic strategy. Secondary sources were used to support and validate the interview findings, ensuring credibility and depth. Triangulating primary and secondary data not only strengthened the internal validity of the study but also positioned the findings within the broader landscape of global vaccine diplomacy and U.S.–Thailand relations.

### 4. Results and Discussion

#### 4.1 Research Results

##### 4.1.1 Thailand at the Time of Outbreak

Thailand's response to the COVID-19 pandemic was shaped by several critical factors, including its early detection of the virus, initial containment efforts, and the challenges it faced in securing vaccines during the global supply shortage. Thailand's first COVID-19 case was detected on January 13, 2020, but the country faced numerous obstacles in the procurement of vaccines due to the global supply chain disruptions (Division of Communicable Diseases, 2024). As the pandemic worsened, Thailand's vulnerability was exacerbated by its relatively low pandemic readiness and lack of a domestic vaccine production capacity, which placed the country in a precarious position amidst the global competition for vaccines (Participant D, MoPH Officer, Personal Communication, 31 March 2025).

Participant D (MoPH Officer, Personal Communication, 31 March 2025) also added that Thailand lacked the bargaining power to secure vaccines quickly despite its willingness to invest in procurement. In the face of logistical challenges and bureaucratic delays, Thai citizens expressed significant frustration with the government's slow vaccine rollout. Notably, the criticism was directed at both the Thai government's failure to quickly negotiate for vaccines and the public perception that decision-making around procurement was inefficient. As Thailand's vaccine rollout began in February 2021, the introduction of vaccines, particularly Sinovac's CoronaVac and the AstraZeneca vaccine, was marked by public skepticism. The delayed approval of the Sinovac vaccine, coupled with its relatively unproven efficacy, raised concerns, with some segments of the population questioning the adequacy of the vaccines provided.

The first vaccination milestone in Thailand was marked by the vaccination of the Deputy Prime Minister, Anutin Charnvirakul, with the Sinovac vaccine in February 2021, which served as a symbolic act to boost public confidence (BBC News Thai, 2021a). Even the jabs arrived early in 2021, the public still criticized over the slow procurement process (BBC News Thai, 2021b).

#### 4.1.2 Vaccine Diplomacy as Soft Power

COVID-19 vaccine diplomacy was a tool that combined national branding, foreign policy, and public health. Unlike traditional humanitarian assistance, which typically reacts to human emergencies without specific political agenda, vaccine diplomacy employs life-saving vaccines as an effort to establish political clout and bolster diplomatic ties. Participant C (Academic, Personal Communication, 21 April 2025) also mentioned that humanitarian aid reflects leadership, but vaccine diplomacy reflects the scientific strength of a nation, how much it can produce, and the efficacy of the government. The pandemic made vaccine supply a high-risk game of competition among the great powers in which different models of governance and narratives were demonstrated by the United States and China through varying modes of diplomacy. China's Health Silk Road, for example, was bilateral agreement-centric and centralized control-centric (Huang, 2022), while the U.S. adopted multilateralism within COVAX to reaffirm leadership in the liberal international order.

Vaccine diplomacy is an expression of soft power, as it has the capacity to shape other nations through attraction, rather than coercion, according to Nye (2004). During the COVID-19 period, vaccine distribution was a powerful instrument through which states could accrue credibility and enhance global image. Lee (2023) is of the opinion that vaccine diplomacy is a nation-branding experiment in which governments prioritize competence and beneficence with a view to shaping external perception. This reading aligns with Participant E's (MoPH Officer, Personal Communication, 4 April 2025) declaration that altruism and a motivation for eventual strategic reciprocity inform national-level vaccine diplomacy.

A few interview participants referenced the urgency of vaccines to save lives as a particular diplomatic resource. Participant B (Academic, Personal Communication, 2 April 2025) credited its achievement to three factors: the keen demand on the global scene, the ability of recipient countries to show concern about their people, and the tangible means of donor generosity, especially when provided in openness. Participant F (MoPH Officer, Personal Communication, 11 April 2025) proceeded to explain that health assistance to the population deeply resonates with ordinary people as it translates to human lives. Most of the developing nations, Participant D (MoPH Officer, Personal Communication, 31 March 2025) added, were never exposed to advanced vaccine production, especially mRNA, and became reliant not only on donations but also on facilitation infrastructure and technical capability.

Whilst vaccine diplomacy addressed short-term health needs, it also enhanced the geopolitical influence of the donor countries. It operated in the nexus of political discourse, humanitarian aid, and technology leadership. Vaccines became symbols of national competence, stability, and strategic vision. Achievements of vaccine diplomacy were not necessarily determined by the volume of aid. Success was dependent on the credibility of the provider country, its responsiveness to the priorities of the recipient country, and complementarity with long-standing diplomatic relations. Participant G (MoPH Officer, Personal Communication, 2 April 2025) demonstrated this by mentioning Thailand's long-standing experience of relations with China, starting with SARS outbreaks and cooperation in combating avian flu. The early backing of China in 2003 when H5N1 erupted was compounded by China's quick vaccine donations amid the COVID-19 pandemic. This consistency of health diplomacy was retested when, after local vaccine immunity, Thailand donated surplus vaccines to neighboring nations—a humanitarian act evoking regional power.



These acts indicate that vaccine diplomacy is reciprocal. It is conditioned by shared memory, collective trust, and shared interest. Chinese active vaccine diplomacy was also a counter-narrative of China's role in the virus origin and international criticism. Vaccines given to states that avoided accusations against China—e.g., Thailand—were interpreted as expressions of gratitude and friendship. Vaccine diplomacy is here not an issue of crisis management but an experiment in long-term affinity (Participant G, MoPH Officer, Personal Communication, 2 April 2025).

This diplomacy was reflective of broader geopolitical competition. America engaged in vaccine diplomacy through multilateralism and value-based leadership, and China distributed the vaccines bilaterally based on the bilateral relations. Participant C (Academic, Personal Communication, 21 April 2025) made analogies with Cold War tactics: whereas the U.S. launched a foray to prove technological superiority and global leadership through advanced mRNA vaccines, China rode on speed, transparency, and conditionality—often in the form of data sharing or infrastructure deals.

Power Transition Theory by Kenneth Organski, as applied by Participant C, is a manifestation of this contradiction. The U.S. aimed to maintain its dominant role on the global stage by questioning Chinese legitimacy as a giver and promoting liberal democratic values. China, in turn, practiced vaccine diplomacy to signal its ascendance, especially among rising powers in the Global South, portraying itself as a responsible actor and alternative development partner. Participant D (MoPH Officer, Personal Communication, 21 March 2025) pointed out that vaccine diplomacy exposed the asymmetries of the international health system and monopoly on the vaccine technology and thereby legitimized global hierarchies.

In the meantime, Thai analysts criticized Chinese and U.S. motives, doubting whether both were truly free of strategic motivations. Challenging donor motivations—particularly if the donations were politico-strategic or humanitarian in nature, was common (Participant G, MoPH Officer, Personal Communication, 2 April 2025). Milton Friedman's (1975) evergreen statement that "there's no such thing as a free lunch" comes into play because vaccine diplomacy blurred altruism with political negotiating clout. Participant B noted that this will strike a chord with historical precedents, when global health programs were used by the U.S. and European powers to demarcate post-colonial nations—now the stakes are higher due to rising multipolarity and politicization of global health (Academic, Personal Communication, 2 April 2025).

Participant C (Academic, Personal Communication, 21 April 2025) had the view that vaccine diplomacy extends beyond soft power—there are elements of hard power too. While the U.S. was pulling on multilateral institutions and unconditioned aid, China was delighted to make deals bilaterally and on conditioned terms committing recipient countries to decades-long projects, like BRI. These are but part of the broader ideological and strategic calculus. As BRICS countries continue to push back against Western hegemony, if not outright dominance, by creating alternatives to the American economic paradigm, vaccine diplomacy is another area in which power is contested and influence realigned.

#### 4.1.3 Chronology of U.S.-China Vaccine Diplomacy in Thailand

China was the first to supply COVID-19 vaccines to Thailand when the global supply was still low and Western vaccines were in short supply (BBC News Thai, 2021b; Prasad, 2021). The early supply filled a significant gap in Thailand's vaccination scheme during the first wave of the infections. China's inactivated vaccines were already certified and ready for use when they arrived in Thailand, according to Participants A (Academic, Personal Communication, 2 April 2025), D (MoPH Officer, Personal Communication, 31 March 2025), and G (MoPH Officer, Personal Communication, 2 April 2025). These vaccines were given largely to frontline health workers and teachers and formed Thailand's first line of defense during the early phases of the pandemic. On the other hand, countries with fewer bargaining chips experienced delays in receiving vaccines, which made them further reliant on initial donors such as China. When vaccine donations from the U.S. eventually materialized, their impact was felt as being too late in comparison (Participant D, MoPH Officer, Personal Communication, 31 March 2025).

Thailand had limited access to a diversified vaccine portfolio during the initial phase of the pandemic and depended first on Chinese supplies. China, according to Participant A (Academic, Personal Communication, 2 April 2025), took advantage of this opportunity not only to act in response to a global health emergency but also to reinvent its global image, using vaccine diplomacy as a tool for projecting technological and scientific leadership. Despite the virus originating in Wuhan, Thailand resisted blaming China, which had the effect of consolidating Thailand's reputation as a pragmatic and solid regional partner. This restraint was in turn perceived

positively by Beijing. As Thailand's own vaccination campaign gained momentum, it began donating surplus vaccines to nations in the vicinity, such as Myanmar, thereby boosting regional cooperation and promoting herd immunity (Participant G, MoPH Officer, Personal Communication, 2 April 2025).

The pandemic thus provided a stage for China to construct soft power and illustrate international leadership. China's response timeliness generated credibility among public health officials in Thailand, particularly in comparison to delayed U.S. contributions (Participant D, MoPH Officer, Personal Communication, 31 March 2025). According to Participant G (MFA Officer, Personal Communication, 2 April 2025), Thailand's neutrality towards the virus's origin resulted in improved diplomatic relations with China. Furthermore, China's health cooperation was framed as both a demonstration of scientific capability and a reciprocal gesture following previous acts of solidarity, such as that of Thailand during the SARS and bird flu outbreaks. In this regard, China's vaccine diplomacy in Thailand was not just pragmatic but based on a longer history of regional health cooperation and confidence (Matichon Online, 2021).

However, Thailand's vaccine rollout was also plagued by operational problems that revealed the limitations of donor-driven aid. Participants D, E, and F had differing accounts of the structural and logistical problems involved. Participant D (MoPH Officer, Personal Communication, 2 April 2025) noted that the Ministry had institutionalized processes for receiving and distributing vaccines, but such processes often lacked inherent support for cold-chain logistics or transportation, which had to be individually procured. Budget limitations, as identified by Participant F (MoPH Officer, Personal Communication, 11 April 2025), also delayed timely procurement of equipment and slowed down rollout efforts. Piecemeal donations, such as vaccine vials exported without accompanying syringes, also made distribution more difficult and imposed unexpected costs on already overwhelmed budgets (Participant E, MoPH Officer, Personal Communication, 4 April 2025). These problems illustrate the challenge of implementing foreign-donated vaccine programs in middle-income countries with weaker health infrastructure.

Thailand did not participate in the COVAX facility at first, opting to rely on bilateral vaccine donations from China instead. Policy later shifted after intense pressure from Thai medical professionals and increased public pressure. Even Prime Minister Prayut Chan-o-cha acknowledged the necessity of diversified procurement by looking to Western vaccines (Participant B, Academic, Personal Communication, 2 April 2025). As domestic discontent with crisis management escalated and domestic vaccine production remained limited, foreign vaccine access became both a public health necessity and a diplomatic balancing act.

#### 4.1.4 Overview and Analysis of U.S. Vaccine Diplomacy Strategy in Thailand

American COVID-19 vaccine diplomacy was not only a gracious gesture, but most importantly, it also formed part of its larger foreign policy endeavor in an attempt to reclaim its leadership in global health and push back China's growing influence, especially in Southeast Asia (Cahayani, 2022). In Biden's initiative and leadership during the pandemic, the United States committed to donating billion vaccine doses to the world, of which some 25 million would be distributed to Southeast Asian nations through multilateral channels such as COVAX and bilateral arrangements (U.S. Embassy & Consulates in Indonesia, 2022). The policy allowed the United States to become involved in health security worldwide without necessarily having to confront China's transactional vaccine diplomacy approach directly (Rinaldi et al., 2024). By advocating for vaccine equity and utilizing new mRNA technologies such as Pfizer's and Moderna's, the U.S. emerged as a scientific and virtuous leader (Lalani et al., 2023). American efforts were more justified in countries such as Thailand, where public allegiance was in sync with the sentiments towards the home country and effectiveness of vaccines, which improved its reputation (Participant D, MoPH Officer, Personal Communication, 31 March 2025). Much of this was, however, realized due to popular American belief in medical advancements and not as a planned diplomatic initiative.

Participant A (Academic, Personal Communication, 2 April 2025) gave an account of Thai politics that informed the availability of the vaccine and how the present ruling party had risen into power through a coup d'état. This had made China provided aids fast to secure its global power, but the Western nations were slow to do the same. Contrary to America, which had the old culture of responding to authoritarian states, China pursued a policy of non-interference in which it expanded greater bilateral collaboration. This must have implied that Thailand was allocated fewer Western vaccines than it wanted. Participant A (Academic, Personal Communication, 2 April 2025) went on to add that China used the pandemic to construct medical clout, propel research, and establish soft power. China also tactically moved to present itself as a medical giant by distributing

vaccines in low numbers to test recipient nations' reaction. America reciprocally and intensively focused on vaccinating strategic partners like Israel, Japan, Taiwan, and India.

Participant B (Academic, Personal Communication, 2 April 2025) reflected on how America's vaccine diplomacy changed its standing in Thailand. The policy helped the U.S. regain status as a superpower nation and as a go-to partner again during a crisis. The face lift had demonstrated the efficacy of soft power in international politics, as trust and moral leadership were restored. America, responded Participant B (Academic, Personal Communication, 2 April 2025), had been perceived as a savior and big brother, returning to Southeast Asia once more after the ebb and flow of its diplomatic footprint over the years.

The U.S. vaccine donations to Thailand shaped its reputation not as a superpower but as an ally and moral leader. Participants A (Academic, Personal Communication, 2 April 2025) and D (MoPH Officer, Personal Communication, 31 March 2025) observed that vaccine diplomacy extended beyond immediate health needs but also facilitated knowledge sharing, technology innovation, and international collaboration. Participant B (Academic, Personal Communication, 2 April 2025) noted that vaccine gifts provided scientists and industry stakeholders vaccine production know-how as well as future-proofed Thailand's capabilities in managing diseases. Participant E (MoPH Officer, Personal Communication, 4 April 2025) revealed that public health collaborations such as skill transfer and technology transfer were promoted under the program.

In addition to vaccine assistance alone, U.S.–Thailand academic and public health partnerships were enhanced. Participant D (MoPH Officer, Personal Communication, 31 March 2025) noted how Thailand contributed to vaccine security in the region where vaccine diplomacy forged an alliance among the Ministry of Public Health and Thailand–U.S.' Centers for Disease Control and Prevention [CDC] programs. The momentum also compelled diplomats to demand vaccine security for the whole ASEAN, such as Thailand's initiative for the ASEAN Vaccine Security and Self-Reliance (AVSSR) program to make the region independent.

Vaccine diplomacy was soft power, but its use was tried in the Thai domestic politics arena. The new Thailand government that came into office via coup was not greatly trusted by the Western democracies, and these are probably calling the shot on the size and pace of the U.S. vaccine donations. China, by contrast, followed an instrumental engagement strategy of nonpolitical conditionality and administered the vaccines speedily, earning early diplomatic dividends (Hemmaphat, 2021).

#### 4.1.5 Thailand as a Case Study

Thailand's foreign policy has long been characterized by pragmatism and selective engagement, an indication of the enduring strategic hedging approach of the nation. Southeast Asian governments, according to Goh (2007), prefer to cultivate ties with competing great powers in a bid to maximize autonomy and minimize strategic risk. Kuik (2008) also positions hedging not as a sign of indecision, but as a strategic stance, an evaluation shared by interview participants who explained Thailand's simultaneous balancing act between China and the United States during the pandemic. While Thailand has historically presented its approach as bamboo diplomacy, surrendering to the stronger geopolitical winds, it has, in recent decades shifted toward a more deliberate hedging strategy, opportunistically engaging in forms that support national priorities without compromising ties to either side (Heydarian, 2024).

Participant G (MoPH Officer, Personal Communication, 2 April 2025) pointed out that this pragmatism is applied to Thailand's broader foreign policy, for example, adhering to the One China policy, i.e., no formal diplomatic recognition of Taiwan but continued robust economic links. Thailand is a regular and trustworthy friend in Chinese perception, which rests on deep economic interdependence and cultural bond. Participant A (Academic, Personal Communication, 2 April 2025) further added that, in the early stages of the pandemic, Thailand's limited vaccine choice and faith in Chinese ones such as Sinopharm were reflective of pragmatic constraints in addition to the absence of political tensions in bilateral relations. Western access was hampered by political as well as process intricacies. The longstanding China-Thailand relationship is often framed in fraternal terms, as in the popular saying "China and Thailand are brothers" (Tungkeunkunt & Phuphakdi, 2018, p. 1), despite the relatively recent establishment of formal diplomatic ties. Historical interactions also include symbolic moments such as King Rama VII's acknowledgment of his Chinese heritage during the inauguration of a Chinese school (Editorial Department of Silpa Wattanatham, 2023).

Both the United States and China placed vaccine donations within broader diplomatic framings. Participant B (Academic, Personal Communication, 2 April 2025) also stated that China framed its donations as acts of bilateral solidarity and friendship, while the United States cast itself as a world leader, situating its aid

within a context of advancing the health and welfare of all humanity. This rhetorical distinction draws on diplomatic traditions across history: China's emphasis calls on its traditional tributary system, which imposed long-term relationships with no expectation of reciprocity (Phondee, 2023). As discussed in Section 4.1.2, these practices demonstrate the role of soft power in making international images. Participant G (MoPH Officer, Personal Communication, 2 April 2025) remembered that China's medical aid to Thailand during the pandemic was not entirely altruistic but designed to further its global reputation and consolidate bilateral relations.

Thailand also received more than 2.5 million doses of U.S.-donated Moderna vaccines by mid-2021. Official American government releases framed these donations in terms of humanitarian gestures and reaffirmation of the U.S.-Thai partnership (U.S. Embassy & Consulate in Thailand, 2021). Participant C (Academic, Personal Communication, 21 April 2025), however, questioned whether vaccine diplomacy was actually increasing bilateral cooperation, noting that Thailand had other avenues of communication with America through multilateral institutions. He contrasted the U.S. approach, unconditional aid to demonstrate leadership, with China's conditional one, often hinged on specific conditions such as tourism agreements or negotiations for the return of Uyghur nationals. For him, this reflected a hidden asymmetry of policy diplomacy: the United States was exerting vaccine diplomacy as unilateral benevolence, while China pursued it as mutual conditionality. Ultimately, he argued, vaccine diplomacy, whether American or Chinese, may enhance reputation and symbolic power but remains insufficient to transform bilateral relations unless accompanied by substantive policy change.

#### 4.1.6 Policy Framing for Thailand

US COVID-19 vaccine diplomacy was framed as a democratic responsibility and an act of leadership, consistently reinforced by statements from Secretary of State Antony Blinken (Runde et al., 2021). This rhetoric was different from China's transactional view, where vaccine donations were framed in terms of bilateral requirements and conditional tools. Both powers framed Thailand in a competitive regional narrative where vaccine diplomacy entered the space of great-power competition.

Thailand's geostrategic location in ASEAN and its traditional alliances and pragmatic neutrality have made it a valuable ally to both the United States and China. While the U.S. is a classic ally, post-Cold War recasting of American strategic interests and Thailand's domestic politics provided a chance for China to reinforce relations, particularly by capitalizing on political convergences and cultural affinity. Participant B (Academic, Personal Communication, 2 April 2025) noted that both powers now view Thailand as a major contributor to the establishment of regional power, and therefore vaccine diplomacy is a part of greater strategic rivalry.

Participant A (Academic, Personal Communication, 2 April 2025), B (Academic, Personal Communication, 2 April 2025), C (Academic, Personal Communication, 21 April 2025), and D (MoPH Officer, Personal Communication, 31 March 2025) cautioned that vaccine diplomacy could create the same dependence on the recipient nation as is common in military purchases when the recipient nation becomes long-term dependent on a specific supplier. In future pandemics, donor interests would similarly be predisposed toward loyalty, and less favored nations could be those which had chosen other suppliers in earlier crises. They also proposed that Thailand must enhance its negotiating leverage by: (1) pursuing balanced technology transfer in medicine and public health from the U.S. and China; (2) pursuing security cooperation—particularly Humanitarian Assistance and Disaster Relief (HADR)—as a diplomatic tool in cooperative exercises; (3) reconstituting an active middle-power diplomatic role, engaging more extensively with partners like Malaysia, Indonesia, India, Qatar, the UAE, Australia, and European nations, to bolster institutions like the ASEAN Regional Forum (ARF) and ASEAN+3; and (4) building up domestic capacities in pharmaceuticals, vaccine manufacture, and defense industry expansion, as much as possible independent of foreign supply sources.

The consensus among participants was that Thailand should remain in a bamboo diplomacy position—pragmatic neutrality with selective cooperation—with neither identifying excessively with either superpower. In this manner, Thailand could derive benefits from both Chinese and American policies without giving up strategic independence.

Ultimately, Thailand is faced with a choice: continue as a passive recipient of rival great-power wooing or reclaim its status as an active middle power capable of influencing the regional health and security governance. Through diversified alliances, enhanced self-reliance in priority sectors, and strengthened non-alignment, Thailand can prepare itself better for future crises in which vaccine diplomacy, or similar strategic assistance, will increasingly serve as a geopolitical instrument.



#### 4.1.7 Challenges and Limitations

While US vaccine diplomacy overall was top-notch, it took a beating in Thailand. As health workers tell the story, bureaucratic requirements to test, license, and register every one of the vaccines arriving for distribution held things up. Participant E (MoPH Officer, Personal Communication, 4 April 2025) added that these processes, which had to be completed in the interest of safety, were compounded by the Ministry of Public Health's multiple sub-units and levels of processes. Participant F (MoPH Officer, Personal Communication, 11 April 2025) concurred, adding that each batch had to be certified and quality-tested for no negative side effects, which further delayed rollout.

Scholar views were quite different. Participant A (Academic, Personal Communication, 2 April 2025) viewed no significant hurdles, while Participant B (Academic, Personal Communication, 2 April 2025) identified several limitations: multinational bureaucratic processes behind U.S. shipments relative to China's more urgent approach; existing vaccine contracts limiting procurement flexibility; reluctance of hospitals to buy vaccines with near use-by dates; and legal restrictions on agencies officially accepting donations.

Overall, the leading U.S. vaccine donation constraints to Thailand fall into five categories: (1) Speed of delivery – Compared to China's rapid Sinovac deployment, U.S. mRNA vaccines required more advanced logistics, which kept them from arriving earlier. (2) Infrastructure constraints – Limited cold-chain capacity, lack of freezers, and restricted shelf life after thawing placed a substantial strain on Thai infrastructure. (3) Regulatory constraints – Procedural and legal frameworks on suitable receiving agencies created additional bottlenecks. (4) Public opinion – Early public opinion in Thailand and the rest of ASEAN was inclined towards China's faster assistance, but more firmly believing in the efficacy of Western vaccines. Media coverage, particularly of the lesser levels of protection provided by Sinovac, continued to fuel skepticism about Chinese donations, while it championed Western alternatives such as Pfizer and Moderna. (5) Geopolitical context – While the U.S. avoided overt political messaging, others viewed its vaccine diplomacy as part of a grand China containment strategy, which complicated diplomatic reception.

These challenges underscore the challenge of projecting global health aid in the midst of competing geopolitical flows. While technically advanced, American vaccines were slowed by bureaucratic, logistical, and regulatory hurdles, with China's early and explicit donations defining the narrative of effectiveness. These subsequent delays affected not only Thailand's health response, but also diplomatic cables, public opinion. To be ready for the future, Thailand will need to fill gaps in infrastructure—primarily cold storage—streamline regulatory procedures and actively manage public and media narrative to build resilience in vaccine procurement and delivery.

#### 4.2 Research Discussion

##### 4.2.1 Vaccine Diplomacy and Soft Power

COVID-19 vaccine diplomacy was an innovative application of soft power, a combination of humanitarianism and attractive policy. Characterizing Nye's (2008) definition of soft power as the ability of agenda-setting through attraction, it combined scientific potential, capability of production, and moral leadership. In contrast with previous aid, it was used in a global crisis with more openness and urgency.

The pandemic created a record global demand which crossed ideology and blocs. There had never been a crisis which shook health systems of the world simultaneously, and thus there was a shared platform from which donor nations could provide evidence of leadership, Participant B (Academic, Personal Communication, 2 April 2025) noted.

Vaccines were tangible expressions of donor commitment without compromising recipient sovereignty. They represented the substance of scientific wizardry and state capacity, developing multiplier soft power impacts beyond health outcomes (Taghizade et al., 2021). The principle of mortality in health aid enhanced emotional value, ensuring positive attitudes among policymakers and the general population (Hotez & Narayan, 2021).

Structural dependencies in vaccine manufacturing made additional leverage. There were very few nations that could produce sophisticated vaccines like mRNA, thus efficient producers were of vital significance. Such imbalance had produced long-term health security arrangements and over-reliance and politicization risk.

Media reporting amplified such effects. Favorable reporting improved donor reputations; delays or seeming politicization gave rise to negative reporting. Still, as Kobierecka (2022) also discovers, vaccine diplomacy effect is highly timing-sensitive, delivery-sensitive, recipient politics-sensitive, and other competitor for the donors-sensitive.

In short, vaccine diplomacy operated most effectively as a strategy within a long-term soft power strategy. Its positive good will effects were tangible but often temporary, supporting but not altering alliances. Future initiatives will need to balance speed, transparency, and reciprocal access to sustain power while advancing global health. As Van Dijk and Lo (2023) mentioned, its long-term record has yet to be estimated in full.

#### 4.2.2 Did the U.S.' Vaccine Diplomacy Increase Its Soft Power in Thailand?

The research is a factual account of US vaccine diplomacy in Thailand—one of cumulative growth driven by structural, temporal, and political determinants. US vaccine aid reaped measurable soft power gains, but they were not epoch-making nor disconnected from US competition with China (Surianta & Dressel, 2025). US contributions reshaped America from a superpower to a donor and ally capable of providing a helping hand in times of need (Suporn, 2023). Its contribution of over million doses of vaccines left America as the biggest donor to Thailand (Lee, 2021), lending confidence to US medical science. The support extended beyond bi-lateral donations, making capacity building, technology transfer, and professional exchange possible (CDC, 2024). CDC-USAID collaborations institutionalized partnership, enabling long-term coordination (Hemmaphat, 2021).

There were, however, some reasons why this chain of such successes came to an end. First and foremost, most crucial was a timing handicap—China's early shipments had the psychological and political advantage of being ahead (Chongkittavorn, 2021). Political restrictions also came into play; post-coup leadership made America's engagement more difficult, and the policy of non-interference by China kept their lines open (Li et al., 2024). Multilateral bureaucracy, pre-vaccine arrangements, and regulation constraints also put brakes on the speed of American deliveries compared to China's streamlining delivery (Dalsey, Hillblom and Lynn [DHL], 2021).

The U.S.-China rivalry had an impact on American power and American evaluation of American aid in the pandemic period. China had originally established a strategic advantage through speed, but fell behind due to waning confidence in the efficacy of Sinovac. US mRNA vaccines, on the other hand, maintained levels of high-trust (Nittayasoot et al., 2022; Suporn, 2023).

#### 4.2.3 Vaccine Diplomacy and U.S.-China Rivalry

The COVID-19 pandemic was a moment of U.S.-China strategic rivalry during which vaccine diplomacy was an important instrument of soft power in Southeast Asian. The outcomes reveal variant strategies imbued with the strategic cultures, geopolitical agendas, and relative capacities of each state (Surianta & Dressel, 2025).

Chinese strategy was a relationship-driven practice with emphasis on speed, closeness, and personalized diplomacy. According to Huang (2022), China used bilateral modalities so as to build dependency and coordination. Existing health collaboration in the context of the SARS and avian flu period generated trustworthiness (Engel, 2023; Suporn, 2023). Policymakers' personal trust built among themselves created virtually instant Sinovac deliveries, which established early standing. China's policy of non-interference, especially after the 2014 coup of Thailand, solidified its status where Western intervention was extremely low (Li et al., 2024).

America, on the other hand, applied value-oriented multilateralism in the context of vaccine integrity, democratic values, and world leadership. The Biden administration delivered over 1.2 billion vaccines around the world, 25 million to Southeast Asia, through COVAX and bilateral donations (Surianta & Dressel, 2025). US aid was framed as a matter of moral imperative with the emphasis put on mRNA technology. Providing for flexibility in delivery, however, allowed Chinese delivery to get there ahead of American donations, producing smaller short-term diplomatic dividends (Engel, 2023).

Both the approaches had other inherent structural features: China's centralized authority facilitated rapid implementation with minimal latency in regulation, and the U.S.' institution quality and multilateralism enabled quality but with lag. Though China was able to seize an early initiative momentum advantage, the research finds that ultimately, the U.S. had greater long-term leverage in Thailand on three pillars.

In the first place, promises of vaccine quality rescued the day. Sinovac's strength generated fears that sabotaged China's initial momentum, but U.S. science and technology won over Thai confidence thanks to Pfizer and Moderna (Nittayasoot et al., 2022). Second, capacity-building alliances gave U.S. diplomacy lasting channels of influence. Initiatives under USAID and the CDC infused partnership well beyond the crisis (Hemmaphat, 2021). Third, values-based communication was rooted deep in the United States as a moral, rather than transactional, world health leader (Suporn, 2023). Finally, political pragmatism and China's initial response had a short-term advantage, while the U.S. gained more strategic leverage with quality, values, and allies (Li et al., 2024). The Thai

case establishes that timing context-dependency applies to early influence in vaccine diplomacy, whereas soft power long-term returns depend on framing and quality context.

## **5. Conclusion**

### **5.1 Conclusion**

The COVID-19 pandemic brought higher the nexus between diplomacy and health, and vaccine diplomacy was the strongest weapon of soft power. The U.S. and China both tried to exercise their influence in Thailand through vaccine donation, and Thailand walked a tight rope by both sides of its bamboo diplomacy. It employed this for availing vaccines from both sides while playing a balancing act.

China also was quick to produce inactivated vaccines but was unable to capture popular Thais' trust. The U.S., which was late to join, could then provide mRNA vaccines that were enjoyed more thoroughly. There was no clear victory for either, since Thailand utilized its diplomatic flexibility to emerge strategically victorious at the expense of not losing sovereignty.

In the future, Thailand needs to increase healthcare capacity, local vaccine production, and multilateral cooperation and public crisis communication. The experience shows that middle powers are able to manage great-power competition by linking health security with diplomacy and asserting themselves in regional stability.

### **5.2 Recommendations**

Based on the findings of this study, several recommendations can be made to enhance Thailand's preparedness for future health crises, strengthen its diplomatic positioning, and improve its health security strategies.

#### **5.2.1 Government Should Allocate More Budget to the Health Sector**

The Thai government should consider allocating more budget to the health sector in order that people could be assured of the government's robust future pandemic preparedness. Additionally, when there is money, health agencies can spend more budget on other areas for development, such as developing people, medicine, vaccines, healthcare systems, and more. In addition, additional health sector investment places countries as trusted partners in international health collaboration and establishes opportunities for successful health diplomacy prior to crises. Stronger actors with robust health systems and manufacturing capacity will strengthen their positions in future pandemic response, which could protect their population and assist international allies with medical needs and expertise sharing.

#### **5.2.2 Strengthening Domestic Vaccine Production Capacity**

To reduce foreign dependence on suppliers, Thailand must make investments in the development of local vaccine production capabilities, e.g., mRNA and other emerging vaccine technologies research. The government must also pursue bilateral collaboration with technologically advanced allied nations to facilitate knowledge transfer and specialist exchanges in vaccine manufacturing and medical research. This would achieve maximum national independence in cases of public health emergencies and enhance Thailand's bargaining power in future diplomatic negotiations.

#### **5.2.3 Maintaining a Balanced Foreign Policy Approach**

Thailand's foreign policy during the pandemic demonstrates a hedging approach, wooing the U.S. and China alike to get access to health aid without getting fully aligned with either of the blocs. Hedging allows middle powers to maintain independence in the face of great-power competition through diversified exposure and pragmatic flexibility. Thailand did not take sides but used vaccine diplomacy to reassert its non-alignment. In the years to come, maintaining this hedging approach through multilateral action and regional coordination will be essential in maintaining strategic space in an increasingly polarized international system.

#### **5.2.4 Thailand and ASEAN Vaccine Security and Self-Reliance (AVSSR)**

Thailand should leverage the ASEAN Vaccine Security and Self-Reliance (AVSSR) framework to strengthen collaboration among ASEAN member states and development partners. Through this mechanism, member states can facilitate knowledge exchange in vaccine development and expand the regional aggregate vaccine manufacturing capacity to enhance regional self-reliance and enhance preparedness for future health emergencies. Such a strategic focus would position Thailand as an influential actor in regional health diplomacy.

#### **5.2.5 Improving Public Relations and Communications**

One of the things that caused a lot of controversy during the time of the outbreak was the lack of clear-cut public communication. Even though the government created a working group to daily inform people about the situation, it still could not reach them effectively. Thus, the Thai government should consider using younger

generations or influencers to promote its plans or communicate current developments. Moreover, the Thai government should positively use Information Operations (IO) as well as utilize social media channels that are used by teenagers and middle-aged adults to inform them and create mutual understanding. We have social media as a valuable tool, so use it wisely.

#### **5.2.6 Ensuring Equitable Healthcare and Vaccine Access**

During the beginning of the pandemic, frontline workers and many high-level officers got vaccines before any others. This diminishes confidence, which was a consequence of the people's existing lack of confidence in Thailand's previous military government. Thus, if the government has reasons for giving vaccinations before or after, it should communicate this to the public so that they can understand and gain more public acceptance.

### **5.3 Limitations of the Research**

While this study provides valuable insights into the dynamics of vaccine diplomacy, several limitations should be acknowledged that could affect the generalizability and depth of the findings.

#### **5.3.1 Constraints on Interview Scope**

A key limitation of this study is the limited number and variety of participants involved in the interviews. The initial research plan involved participants' views from more diversified stakeholders, such as U.S. Embassy diplomats in Thailand and high-ranking officials of the Thai Ministry of Foreign Affairs. Institutional contacts were not initiated on formal terms; however, because of the sensitivity of the topic matter, most notably its relevance to increasing great-power competition strategy, presence was ultimately not granted. This was appropriately a response based on diplomacy discretion concerns and the fast-changing foreign policy environment under which the research took place. A lack of explicit institutional input from these actors hindered depth of analysis regarding formal diplomatic planning and intergovernmental policymaking.

#### **5.3.2 Balancing Disciplinary Focus**

A second limitation involves the selective inclusion of public health officials. Although the Ministry of Public Health of Thailand was the focal point for pandemic response, extending deeper into that sphere with policy or expert interviews would have risked carrying the analytical agenda further along the axis of medical and epidemiological concerns. That would have directed attention further away from the disciplinary home of this research, political science and international relations. To maintain thematic coherence, the researcher opted to limit contact with public health practitioners, so fewer voices were represented from the implementation or operational side of vaccine rollout. Although this choice maintained conceptual coherence with soft power theory and diplomatic practice, it potentially excluded practical perspectives on implementation issues and public health diplomacy.

#### **5.3.3 Impact on Triangulation and Comparative Depth**

As a consequence of these limitations, evidence triangulation across policy levels from frontline practice to top-level diplomacy was curtailed. Whilst richness was added by scholarly and ministerial viewpoints, absence of immediacy in impact from diplomatic and embassy stakeholders diminished comparative depth of research. In addition, eye-witness accounts of bilateral negotiations, vaccine donation framing, and strategic comms campaigns were measured against second-order sources and specialist opinion instead of direct diplomatic testimony.

#### **5.3.4 Navigating Political Sensitivity**

Though vaccine diplomacy is framed as soft power, it is interdependent with hard power, pouring into global influence, economic interdependence, and security cooperation. Donor states have the capacity to deploy vaccine aid to determine foreign policy, business, or alliances just like weapon aid, and yield long-term economic and technological dependence in recipient states. In practice, vaccine diplomacy imitates defense cooperation, for instance, during the pandemic in U.S.–China competition, where both used vaccine aid to extend influence in Southeast Asia. Moreover, health infrastructure built by donors can inscribe lasting control of recipient nations' health security. Thus, apart from its humanitarian standing, vaccine diplomacy is also a strategic tool of hard power that affects regional balance, defense relations, and extended interdependencies, an element of international politics requiring more in-depth analysis.

### **5.4 Recommendations for Future Research**



This study offers important insights into the intersection of global health and international diplomacy, but several areas warrant further exploration to better understand the role of vaccine diplomacy in geopolitics, public opinion, and international relations. The following are recommendations of areas that are to be studied in the future:

#### **5.4.1 Long-Term Impact of Vaccine Diplomacy on Bilateral and Multilateral Relations**

Though this research is concerned with the short-term diplomatic and health impacts, there need to be more researches to determine the long-term impact of vaccine diplomacy on international relations. Investigating whether vaccine donations strengthened diplomatic ties, affected trade agreements, or influenced security cooperation could provide a broader understanding of its enduring effects.

#### **5.4.2 Vaccine Diplomacy and Hard Power**

Whereas vaccine diplomacy is framed as soft power, it has intimate relations with hard power in the sense that it affects world power, economic interdependence, and security cooperation. Recipient governments have the ability to leverage vaccine aid to impact foreign policy, trade, or alliances in a similar manner to weapons aid and induce long-term economic and technological dependency in donors. In fact, vaccine diplomacy is a sequel to defense cooperation, i.e., U.S.–China rivalry in pandemic terms, where both employed vaccine aid in exerting influence in Southeast Asia. Moreover, health infrastructure built with donors' money can include long-term influence on the health security of the recipient nations. Thus, aside from its humanitarians' appeal, vaccine diplomacy is a hard power tool of strategy, and it has an effect on regional equilibrium, defense issues, and enduring interdependence, a topic worth more studies in international politics.

#### **5.4.3 Effectiveness of Vaccine Diplomacy in Strengthening Soft Power**

While this study demonstrates that vaccine diplomacy brought soft power dividends, future research may try to quantify the effectiveness of it. Public opinion surveys, the level of diplomatic activity, and media content analysis can yield empirical evidence on the influence of public health donations on the image of donor nations in the eyes of the recipients and their international reputation.

#### **5.4.4 Lessons for Future Global Health Governance and Pandemic Preparedness**

The COVID-19 pandemic was a new world health crisis that caught countries all over the world unprepared. Because it was an emerging new disease, there were no existing vaccines produced, and developing new vaccines took a number of months for research, testing, and approvals before mass vaccination could be started. Delays of extended periods of time in reporting outbreaks and having vaccines available indicated some of the most glaring vulnerabilities to being ready for a pandemic. Therefore, further research should be done on the issue of global health governance and pandemic preparedness in order that governments could deal with other outbreaks that may occur in the future to reduce infection and fatality.

#### **5.4.5 Influence of Domestic Political Contexts on Vaccine Diplomacy Outcomes**

As observed in Thailand, domestic political conditions—such as government credibility, political stability, and diplomatic positioning—impacted the acceptance and distribution of the vaccine domestically. Political conditions within the recipient countries should be studied in future research on how they impact the success or failure of the vaccine diplomacy efforts.

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