

EXPERTS' VIEW

MOVING TOWARDS DECOLONIALITY: THE UNDOING OF THE WESTERN LIBERAL ORDER THROUGH INDIA'S SWADESHI RESPONSE TO COVID-19

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1. INTRODUCTION: THE PANDEMIC AS AN EPISTEMOLOGICAL RUPTURE

The global catastrophe precipitated by the SARS-CoV-2 virus was not merely a biological event; it was a profound geopolitical and epistemological rupture that laid bare the decaying foundations of the post-1945 Western Liberal International Order (LIO). For decades, this order has been sustained by a Eurocentric logic of "universality," a framework that scholars of decoloniality, such as Walter Mignolo and Aníbal Quijano, argue is inextricably bound to the "colonial matrix of power". This matrix dictates that modernity, scientific truth, and effective governance are the exclusive provenance of the West, while the Global South remains a site of dependency, raw material extraction, and passive consumption. However, the pandemic served as a stress test that

In this vacuum of global leadership, India's response emerged as a significant counter-narrative, grounded in the retrieval and reimagining of Swadeshi—a concept deeply rooted in the anti-colonial struggle against the British Empire. This report posits that India's pandemic strategy—encompassing the economic doctrine of Atmanirbhar Bharat (Self-Reliant India), the diplomatic praxis of Vaccine Maitri (Vaccine Friendship), and the assertion of digital sovereignty through platforms like CoWIN—constitutes an active project of "decoloniality". Decoloniality, in this context, is distinct from the historical event of decolonization; it is an ongoing epistemological and political project to "delink" from the dependencies that

By operationalizing Swadeshi steps, India did not merely manage a health crisis; it challenged the neoliberal consensus that prioritizes global supply chain efficiency over national resilience. It engaged in "epistemic disobedience" by validating indigenous scientific capacity (Covaxin) against Western skepticism, and it championed a "Global South agency" rooted in non-Western ethical frameworks like Vasudhaiva Kutumbakam (the world is one family). This report offers an exhaustive analysis of how these actions accelerated the undoing of the Western Liberal Order, suggesting a movement toward a "pluriversal" world where multiple centers of knowledge and power coexist without hierarchy.

2. THE IMPLOSION OF THE LIBERAL ORDER AND THE IMPERATIVE TO DELINK

To understand the decolonial significance of India's response, one must first anatomize the failure of the existing global architecture. The pandemic acted as a particle accelerator for trends that were already eroding the legitimacy of the LIO. The "implosion from within" was characterized by the retreat of the United States under the Trump administration and the fragmentation of the European Union's solidarity, both of which undermined the multilateral institutions they once championed.

2.1 THE FAILURE OF MULTILATERALISM AND THE RISE OF "SCIENTIFIC APARTHEID"

The World Health Organization (WHO) and the World Trade Organization (WTO)—the twin pillars of liberal global governance—found themselves paralyzed by the structural

into their design. The crisis revealed that these institutions were not neutral arbiters of global welfare but were tethered to the interests of their primary donors in the Global North. This was most visible in the phenomenon scholars have termed "scientific apartheid". While the Global North successfully mobilized resources to develop vaccines at unprecedented speed, the subsequent distribution followed the fault lines of colonial extraction. Wealthy nations, representing less than 15% of the world's population, pre-purchased over 50% of the vaccine candidates, effectively hoarding the means of survival.

This hoarding was defended through the rigid application of Intellectual Property (IP) rights, a legal architecture codified by the WTO's TRIPS agreement. By blocking the temporary waiver of IP rights proposed by India and South Africa, the European Union and other Western powers prioritized the profit margins of pharmaceutical corporations over human lives in the Global South. This moment crystallized the "necropolitics" of the liberal order: the implicit assumption that some lives (Western) are more valuable than others (Southern).

In this context, the "colonial tropes" of the One Health paradigm became evident. Western narratives often framed the Global South as a "zone of disease"—a reservoir of pathogens like Ebola or Zika that

threatened the civilized North—rather than as a partner in scientific collaboration. The global response was thus securitized to protect the "garden" of the West from the "jungle" of the Rest, to borrow the controversial metaphor used by EU foreign policy chief Josep Borrell. This betrayal necessitated a radical shift in the strategic calculus of the Global South. Dependency was no longer just an economic disadvantage; it was a mortal threat.

2.2 THE THEORETICAL NECESSITY OF DELINKING

The concept of "delinking" (*déconnexion*), originally articulated by dependency theorist Samir Amin and later expanded by decolonial scholar Walter D. Mignolo, posits that peripheral nations cannot achieve true sovereignty while integrated into a global system designed to exploit them. Delinking does not imply autarky or isolationism; rather, it signifies a strategic disengagement from the "colonial matrix of power"—the web of economic, epistemic, and political dependencies that subordinate the South to the North.

The pandemic transformed delinking from a theoretical abstraction into a survival imperative. India's realization that it could not rely on global supply chains for critical medical supplies—from Active Pharmaceutical Ingredients (APIs) to Personal Protective Equipment (PPE)—forced a re-evaluation of its integration into the global economy. The "Just-in-Time" efficiency models championed by Western management theory proved catastrophic when borders closed. India, therefore, pivoted toward a "Just-in-Case" model of resilience, seeking to build domestic capacity

not just for economic growth, but for the preservation of national life. This shift was the genesis of *Atmanirbhar Bharat*, a policy framework that seeks to fracture the neoliberal consensus by asserting that the state has a moral obligation to secure the material basis of its own survival, independent of Western benevolence.

3. ATMANIRBHAR BHARAT: ECONOMIC SOVEREIGNTY AS DECOLONIAL PRAXIS

Atmanirbhar Bharat Abhiyan (Self-Reliant India Mission), launched in May 2020, is frequently mischaracterized by Western economists as a regression to pre-1991 protectionism. However, a decolonial analysis reveals it to be a sophisticated attempt to negotiate terms of engagement with the global economy that favor indigenous agency over neocolonial subservience. It represents a "third way," distinct from both Western neoliberalism and the command economies of the Soviet bloc, aiming for what can be termed "Strategic Autonomy" in a multipolar world.

3.1 DECONSTRUCTING DEPENDENCY: THE PPE AND PHARMACEUTICAL REVOLUTION

The most visceral demonstration of *Atmanirbhar Bharat* as a decolonial praxis was the rapid industrial conversion undertaken to produce PPE. At the onset of the pandemic, India

produced zero PPE kits domestically, relying entirely on imports. This dependency was a legacy of the colonial division of labor, where the Global South is designated as a consumer of high-value manufactured goods rather than a producer. Within a span of three months, through state-directed mobilization of textile clusters and MSMEs (Micro, Small, and Medium Enterprises), India became the world's second-largest producer of PPE kits.

This transformation challenges the "comparative advantage" logic of the LIO, which dictates that nations should only produce what they are "most efficient" at, leaving complex manufacturing to the advanced industrial economies. By defying this logic, India proved that the "incapacity" of the Global South is a myth sustained by market structures, not a lack of inherent ability. The domestic production of N-95 masks, ventilators, and testing kits was an act of "economic disobedience," breaking the monopoly of Western medical supply chains that were simultaneously failing to deliver due to export bans.

3.2 DECOLONIZING DEFENSE AND STRATEGIC AUTONOMY

The extension of Atmanirbhar Bharat into the defense sector marks a critical deepening of the decolonial project. For decades, India has been one of the world's largest importers of arms, a dependency that creates a vulnerability to external pressure—a hallmark of neocolonial relationships. The introduction of "negative import lists" (now positive indigenization lists) and the "Operation Sindoor" initiative to promote indigenous defense technologies signal a structural break from this dependency.

The decision to reserve a significant portion of the capital acquisition budget for domestic industry is an explicit rejection of the "military-industrial complex" of the West (and Russia) that thrives on perpetual conflict and dependency in the Global South. By aiming for self-reliance in critical technologies like jet engines and semiconductors, India is attempting to secure the "technological sovereignty" required to act as an independent pole in the international system. This aligns with the decolonial goal of "reclaiming sovereignty and self-determination" from the clutches of conditional aid and strategic clientelism.

3.3 THE INTERNAL CRITIQUE: NUANCING THE NARRATIVE

However, a rigorous decolonial analysis must acknowledge the internal contradictions of this project. Scholars have critiqued Atmanirbhar Bharat for its potential to serve as a vehicle for right-wing nationalism rather than genuine subaltern liberation. The focus on "self-reliance" during the migrant worker crisis of 2020—where millions of laborers were left to walk home due to a sudden lockdown—exposed the class fissures within the nation. Critics argued that while the state spoke of Swadeshi, the burden of "delinking" fell disproportionately on the poor, who were delinked from their livelihoods without adequate social protection.

Economic Dimension	Neocolonial Dependency Model (Pre-Pandemic)	Atmanirbhar Bharat (Decolonial Praxis)	Decolonial Implication
Supply Chains	"Just-in-Time" efficiency; Reliance on global (Western/Chinese) hubs.	"Just-in-Case" resilience; Production Linked Incentives (PLI) for local capacity.	Reclaiming material sovereignty; rejecting the peripheral role in the world system.
Defense	High import dependence; Security hostage to supplier nations.	"Operation Sindoor"; Negative import lists; Indigenous R&D.	Breaking the cycle of security dependence; asserting the right to self-defense without external permission.
Technology	Consumption of Western platforms (Silicon Valley); Data extraction.	Creation of Indigenous Stacks (CoWIN, UPI); Semiconductor Mission.	Resisting "Digital Colonialism" and data extraction; asserting "Techno-Nationalism."
Energy	Fossil fuel imports priced in USD; Petrodollar hegemony	Green Energy Transition (Solar/Hydrogen) by 2047.	Delinking from the hydrocarbon capitalism that underpins Western geopolitical dominance

True decoloniality, as argued by scholars like Shiv Visvanathan, requires a "cognitive justice" that includes the vulnerable, not just a strengthening of the state apparatus.

4. EPISTEMIC DISOBEDIENCE: INDIGENOUS VACCINES AND THE BATTLE FOR KNOWLEDGE

Walter Mignolo's concept of "epistemic disobedience" calls for a rejection of the assumption that knowledge produced in the West is universal, while knowledge

produced elsewhere is merely "local" or "traditional". The development of Covaxin (BBV152) by Bharat Biotech, in collaboration with the Indian Council of Medical Research (ICMR), became a primary theater for this epistemic conflict.

4.1 CHALLENGING THE "WEST IS BEST" EPISTEMOLOGY

When India announced its indigenous vaccine program, it was met with skepticism from the Western scientific establishment and media. The "Western gaze" often pathologizes the governance and scientific capabilities of the

Global South, viewing them through lenses of corruption, opacity, or incompetence. The rapid development of Covaxin was frequently contrasted unfavorably with the mRNA vaccines (Pfizer, Moderna), which were hailed as technological miracles. This comparison implicitly reinforced a hierarchy of knowledge: the "cutting-edge" innovation of the West versus the "traditional" (inactivated virion) approach of the South.

However, India's persistence with the inactivated virion platform was a calculated act of epistemic autonomy. Indian scientists argued that this established technology offered a known safety profile and, crucially, was more suitable for the logistical realities of the Global South (easier storage at 2-8°C) compared to the ultra-cold chain requirements of mRNA vaccines. By refusing to abandon its indigenous program in favor of importing Western vaccines, India engaged in "epistemic disobedience," asserting that solutions to Southern problems must be rooted in Southern realities.

The eventual validation of Covaxin by the WHO—despite what Indian officials perceived as a discriminatory delay and shifting goalposts compared to Western candidates—was a vindication of this stance. It demonstrated that "scientific truth" is not a Western monopoly and that the Global South possesses the capacity for high-level biomedical innovation. This act of creating a life-saving technology within the Global South for the Global South is a fundamental undoing of the "scientific apartheid" that characterizes the LIO.

4.2 RECLAIMING INDIGENOUS KNOWLEDGE SYSTEMS (IKS)

Beyond biomedicine, the pandemic saw the Indian state actively promote Ayurveda and Yoga as prophylactic measures and for post-COVID rehabilitation. This move was highly controversial, drawing ire from rationalist critics who viewed it as pseudoscience. However, structurally, this can be read as an attempt to reverse "epistemicide"—the systematic destruction of non-Western knowledge systems by colonial modernity.

Sundar Sarukkai, a philosopher of science, argues that the Western definition of "science" often excludes other logical systems and empirical traditions that do not conform to its specific methodological norms. By integrating Ayurveda into the pandemic response protocol (e.g., the distribution of Ayush-64), the state attempted to legitimize a "plural health system." While the efficacy of specific formulations remains a subject of debate, the political act of elevating indigenous medical systems to the level of national policy challenges the hegemony of allopathy, which has been the dominant medical epistemology since the colonial era. It suggests that a decolonial future is one of "medical pluralism," where multiple systems of healing coexist.

5. VACCINE MAITRI: A DECOLONIAL GEOPOLITICS OF CARE

If Atmanirbhar Bharat was the shield, Vaccine Maitri (Vaccine Friendship) was the sword—a proactive diplomatic initiative that projected India’s decolonial worldview onto the international stage. By supplying over 160 million vaccine doses to 96 countries, largely in the Global South, India operationalized a foreign policy based on "solidarity" rather than the "realism" that dictates Western behavior.

5.1 VASUDHAIVA KUTUMBAKAM VS. VACCINE NATIONALISM

The initiative was grounded in the Indic philosophy of Vasudhaiva Kutumbakam ("The World is One Family"). In the lexicon of International Relations (IR), this is often dismissed as soft power rhetoric. However, decolonial scholars argue that embedding IR in indigenous ethics offers a necessary corrective to the Westphalian model, which normalizes selfishness and competition. While the US invoked the Defense Production Act to ban exports of vaccine raw materials (protecting "Americans first"), India began exporting vaccines to neighbors like Bhutan, Nepal, and Bangladesh within days of starting its own domestic drive.

This contrast highlighted a fundamental ethical divergence. The LIO, for all its talk of human rights, reverted to a "Hobbesian state of nature" during the crisis. India, conversely, championed a "care ethics" approach, prioritizing relational responsibility over transactional gain. The supply of vaccines to Caribbean nations, often ignored by major powers, elicited profound gratitude and

recognition of a new "South-South" bond. The Prime Minister of Dominica, for instance, credited India with saving his nation's population, a sentiment echoed across Africa and Latin America.

Feature	Western "Vaccine Nationalism" (LIO Model)	India's "Vaccine Maitri" (Decolonial Model)
Ethical basis	Realism; National Interest; Charity (surplus disposal).	<i>Vasudhaiva Kutumbakam</i> ; Solidarity; Shared Destiny.
Distribution logic	Pre-purchasing >400% of population needs; Hoarding.	Concurrent export with domestic use; Prioritizing neighbors.
Target Geography	Citizens of the Global North first.	Global South (South Asia, Africa, Caribbean, Latin America).
Mechanism	COVAX (Western-led, donor-recipient model).	Global South (South Asia, Africa, Caribbean, Latin America).
IP Policy	Protection of Corporate Monopolies (TRIPS).	Advocacy for TRIPS Waiver (People over Profit).

5.2 FRACTURE IN THE SAVIOR NARRATIVE

Vaccine Maitri disrupted the "White Savior" industrial complex. Historically, global health has been structured as a vertical relationship where the West gives and the South receives. India's role as the "First Responder" flipped this dynamic. By supplying vaccines to Brazil or Canada, India positioned itself not as a subordinate but as a solution-provider. This shift in agency is crucial for decoloniality; it transforms the Global South from a site of lack to a site of abundance and capacity.

However, the initiative was not without its domestic costs. The devastating second wave in India (April-May 2021) forced a suspension of exports, drawing criticism that the government had prioritized global image over domestic safety. While valid, this critique does not negate the structural significance of the initial outreach. It highlights the tension between "national obligation" and "cosmopolitan duty" that any postcolonial state aspiring to global leadership must navigate.

6. DIGITAL SOVEREIGNTY AND COWIN: RESISTING TECHNO-COLONIALISM

The digital domain has emerged as the new frontier of coloniality, often termed "Digital Colonialism" or "Data Colonialism." Western Big Tech corporations (Google, Meta, Amazon) treat the Global South as "data plantations," extracting behavioral data from users to train algorithms that are then monetized, creating a cycle of dependency and value extraction. India's response to the pandemic included the deployment of CoWIN (Covid Vaccine Intelligence Network), a platform

that asserts digital sovereignty against this neocolonial extraction.

6.1 PUBLIC GOODS VS. PLATFORM CAPITALISM

CoWIN was built as a "Digital Public Good" (DPG) within the framework of India's Digital Public Infrastructure (DPI) or "India Stack". Unlike the proprietary, siloed solutions offered by Silicon Valley, CoWIN was designed as an open, interoperable layer managed by the state. This distinction is vital. In the Western model, digital health often becomes a vector for privatization and data capitalization. In the Indian model, the "techno-nationalist" approach treats the digital backbone as a public utility, similar to roads or electricity, ensuring that the state retains control over citizen data and the rules of the game.

By linking vaccination to the Aadhaar identity system, India created a portable, verifiable digital certificate that was recognized globally. While critics rightly point out the "digital divide" and the exclusion of those without smartphones, the architectural ambition of CoWIN was to create a system that could not be captured by foreign capital. It was a declaration that the digital infrastructure of the 21st century would be "Made in India," not rented from California.

6.2 EXPORTING THE STACK: A NEW NON-ALIGNED MOVEMENT?

India's decision to offer the CoWIN technology stack as an open-source good to other developing nations (Philippines, Nepal, Bhutan) is a radical act of decolonial diplomacy. Traditionally, technology transfer flows from North to South, accompanied by expensive licensing fees and restrictive IP covenants. India reversed this flow. By empowering other Global South nations to build their own sovereign health platforms, India is fostering a "digital non-alignment"—a third path between the surveillance authoritarianism of China and the surveillance capitalism of the US. This "South-South Digital Cooperation" builds the technical capacity for other nations to "delink" from Western tech dependence.

7. THE BATTLE OF NARRATIVES: CONFRONTING THE COLONIAL GAZE

Decoloniality is also a struggle over representation. The Western media's coverage of India's pandemic, particularly during the Delta wave, was replete with what scholars have identified as "colonial tropes" and "disaster porn".

7.1 THE NECROPOLITICS OF IMAGES

Images of mass cremations and burning pyres graced the front pages of the New York Times and The Guardian, framed in an aesthetic that emphasized chaos, filth, and the "otherness" of Indian death. Critics argued that this coverage was not merely reporting but a form of

It reinforced the stereotype of the "failed state" in the tropics, validating the unconscious bias that "civilization" resides in the West. The contrast with the coverage of mass deaths in New York or Lombardy—which were treated with somber dignity and privacy—was stark. This narrative warfare serves a geopolitical function: it justifies the continued intervention and tutelage of the West. If the South is portrayed as perpetually chaotic, then the "Liberal Order" remains the only viable solution. India's pushback against these narratives—through both official channels and civil society discourse—was an assertion of "narrative sovereignty." It was a refusal to accept the West's definition of India's reality.

7.2 THE FAILURE OF STORYTELLING

Sociologist Shiv Visvanathan offers a profound critique of this moment, arguing that the crisis was also a "failure of storytelling". He recounts a Kafkaesque parable of a tiger eating a priest to illustrate how modern governance and science often fail to account for the "sacrificial" nature of their systems. The Western media's obsession with numbers and "flattening the curve" erased the human vulnerability and the specific cultural contexts of suffering in India. The decolonial response, therefore, also involves reclaiming the power to tell one's own story—one that acknowledges tragedy without surrendering dignity.

8. INTERNAL CONTRADICTIONS: THE DECOLONIAL CRITIQUE OF THE STATE

A robust decolonial analysis must resist the temptation to simply valorize the postcolonial state. The state itself can function as an agent of "internal colonialism." The swadeshi response, while challenging external hegemony, generated internal exclusions that must be addressed.

8.1 THE MIGRANT CRISIS AND THE CLASS DIVIDE

The imposition of the lockdown in March 2020, while intended to stop the virus, triggered a massive humanitarian crisis for migrant laborers. As noted in research, the "delinking" of individuals from their households for the purpose of benefits meant that migrants stranded in cities could not access food rations. This bureaucratic invisibility is a form of coloniality practiced by the Indian elite against its own subaltern citizens. The Atmanirbhar rhetoric rang hollow for workers walking hundreds of kilometers home. A true decolonial praxis must be "ubuntu-like," recognizing the interconnectedness of all citizens and dismantling the class/caste apartheid that persists within the nation.

8.2 THE RISK OF NATIVISM

There is also the risk that "decoloniality" can be co-opted by right-wing nativism to shield the government from accountability. If "epistemic disobedience" implies that any critique from the West is dismissed as "anti-national," it becomes a tool of oppression rather than liberation.

The critique of "Western media bias" must not become a cover for suppressing domestic dissent regarding oxygen shortages or governance failures. The decolonial project, as envisioned by Mignolo, is "pluriversal"—it fights for a world where many worlds fit, including the worlds of the marginalized within the nation-state.

9. CONCLUSION: TOWARD A PLURIVERSAL WORLD ORDER

India's engagement with the COVID-19 pandemic, articulated through the swadeshi frameworks of Atmanirbhar Bharat, Vaccine Maitri, and CoWIN, represents a historic rupture in the logic of the Western Liberal Order. By refusing to accept the role of a supplicant in a time of global crisis, India has actively worked to "delink" from the economic, epistemic, and technological dependencies that constitute the colonial matrix of power. This report establishes that the "Swadeshi" steps were not merely reactionary measures but a strategic assertion of Global South agency. They demonstrate that the unipolar moment is over. In its place, a "pluriversal" order is emerging—one where the Global South creates its own vaccines, builds its own digital infrastructure, and defines its own ethical obligations to the world.

KEY TAKEAWAYS FOR THE DECOLONIAL FUTURE:

1. Material Sovereignty is Prerequisite: Epistemic freedom is impossible without economic autonomy. The ability to manufacture vaccines (material) allowed India to challenge Western pharmaceutical norms (epistemic).

2. Solidarity is the Only Strategy: The Global South cannot decolonize in isolation. Initiatives like Vaccine Maitri prove that South-South cooperation is the only viable counterweight to Northern hegemony.

3. Techno-Nationalism as Resistance: Control over digital infrastructure is the new battleground of sovereignty. Open-source DPGs offer a path to "delink" from Silicon Valley.

4. The Vigilance of the Internal: Decoloniality is not just a foreign policy; it is a domestic imperative. The state must ensure that its "self-reliance" does not become "self-interest" for the elite, but translates into justice for the migrant, the worker, and the marginalized. In fighting COVID-19 through Swadeshi steps, India did not just fight a virus; it fought the geopolitical antibodies of a dying order. The "pharmacy of the world" dispensed more than just medicine; it dispensed a vision of a future where the Global South breathes, speaks, and exists on its own terms.