

# China-India Rivalry in Health Diplomacy: Issue in South Asia

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## Abstract

This paper focuses on China-India rivalry in health diplomacy in South Asia. To increase their geopolitical influence particularly in South Asia, both countries continue to prioritize health diplomacy in their foreign policies. China was given the responsibility for starting COVID-19, but concurrently, the same nation had taken advantage of the global-health crisis using its health diplomacy at global level as a soft power instrument for expanding its strategic influence in terms of hegemony. The paper also highlights the tussle between India and China for strategic influence in South Asia. This paper examines India and China's global health diplomacy during COVID-19 particularly in South Asia. According to author, both countries compete with each other in South Asia. The author concludes that China utilized the COVID situation better than India to improve its relations with South Asian countries.

**Key words:** China, diplomacy, health, India, pharmaceuticals, South Asia, vaccines

## THEORETICAL ANALYSIS OF HEALTH DIPLOMACY

The definition and application of "security" have altered in an era of escalating global issues. The definition of globalization is the "process of increasing human interaction across spatial, temporal, and cognitive boundaries, leading to greater connectivity",<sup>[1]</sup> challenges including population movements, disease epidemics, and the necessity for nations to work together greater than ever to solve shared threats. Nations must work together more than ever to confront shared threats. The international community has shifted its attention from high-level political security, traditional security, and hard power to low-level political security, unconventional security, and soft power; or "security," referring not only to the macro-level security of states and other large entities but also to individual and community group security. This shift in the international political environment is a result of the rapid pace of globalization. It also covers security at the individual and group level. Historically, the topic of Health has been seen as less important in international relations, associated with science and technology, non-political events, and humanitarian activities. Health has never been associated with traditional threats to security. It

is believed that international health tends to concentrate on normative values of human dignity and is not relevant to the pursuit of material gain, power, and security by states.

Notably, the past undervaluation of health in foreign policy does not suggest that health is unimportant to factors like financial stability and security of the nation, but instead indicates that it has not received sufficient importance and consideration. A primary function of foreign affairs is to ensure the achievement of the state's fundamental goals of security, financial interests, progress, and human dignity. However, this does not mean that the state can strike an equilibrium between each objective. In the past, financial considerations controlled international affairs, and the connection between economics and wellness was mistakenly seen as a causative one – "wealth health," with the erroneous presumption that the generation of riches would eventually lead to health.<sup>[2]</sup> The social, economic, and political changes brought about by the three plague pandemics throughout history show that this is not the case; rather, the link is reciprocal. The terrible destruction caused by the development and use of biological

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weapons during World Wars I and II laid the groundwork for connecting health with security for the nation, but this connection did not materialize, States have not complemented arms control treaties with health cooperation tools such as education, exchange of public health knowledge, and public health protection (e.g., development of drugs and vaccines) as a means of disarming the threat of biological weapons, despite the fact that the international community used arms control bans to successfully mitigate the threat of biological weapons.

Given the rapid pace of globalization and the greater danger that health issues present to the development and expansion of nation-state security and economic objectives as a result of volume, diversity of change, and speed, the global community has started paying greater focus on public health issues in foreign policy. The basis for international health cooperation, according to pertinent scholarly research, was the shared danger encountered by nations (epidemic infectious diseases) and the interest of global community.<sup>[3]</sup> Global health congresses during this time, however, were hampered by a lack of scientific knowledge, and the participating countries frequently struggled to come to agreement on important health issues. The 1966 International Covenant on Economic, Social, and Cultural Rights and the 1946 and the World Health Organization Constitution are two documents that helped increase understanding of the connection between health and human rights after the Second World War. Despite the fact that the initial World Conference on Health took place more than 160 years ago, in 1851, the connection between health and diplomacy has recently become clear. A considerable effort was made to incorporate health issues into foreign policy in the Oslo Ministerial Declaration in 2007, which was released by the ministers of foreign affairs of eight nations. The Foreign Policy and Global Health Initiative strives to better the achievement of health governance goals through diplomatic cooperation and argues for closer connections between foreign policy of a nation and global health issues.<sup>[4]</sup> The UN General Assembly noted the “close connection between global health and foreign policy and their interdependence” in 2008, and subsequent resolutions 64/108 (2009), 65/95 (2010), and 66/115 (2011) reaffirmed this connection.

## DEFINITION OF HEALTH DIPLOMACY

The field of health diplomacy, also known as “health diplomacy” or “medical diplomacy,” is still in its early stages, and definitions have not yet been developed, despite the fact that researchers and specialists have investigated it to different extents and offered various definitions. Conditions and parameters of health diplomacy in today’s globalized world can no longer be preserved by its government alone in the 21<sup>st</sup> century and the global community as whole has widely recognized the global reach of health challenges.<sup>[5]</sup> The international community has come to

recognize the universality of health issues, and the term “health” has gradually changed into “global health,” which is now used by academics and professionals in a variety of contexts. As a result, health diplomacy now primarily refers to international health diplomacy. Most experts and academics see worldwide health as the most recent growth and development of tropical medicine, international health, and international public health. This development also reflects the growing range of health issues that have emerged at the national, international, and global scales. The phrase “global health” is used to describe “health issues that cross national borders and nations and need the application of global forces determining human health” in order to advance global health and achieve global health equity. This includes responding to widespread epidemics, the emergence of infectious diseases, climate change, issues related to international development, and the steadily growing global health insurance market. The scope of health diplomacy in this new era is therefore global and can cover any health-related challenges on the planet.

A variety of actors and a strategy known as “multi-levels, multi-participants” by many experts characterise health diplomacy in the modern day.<sup>[6]</sup> Through the help of foreign Ministry consolidating diplomatic influence, historically, the state has been the main figure in the field of health diplomacy. The interconnectedness in the globalized world has increased the variety and complexity of health issues, obfuscating state boundaries and outstripping the capacity of governments to address them through local agencies, the health sector, and other sectors of the economy. In addition, the health diplomacy around the world includes many discipline such as diplomacy, international affairs, economics, law, economics, and medicine; as a result, it calls for a blend of expert skills, legal understanding, and diplomatic talents. As a result, the practice of medical negotiation does not just apply to traditional diplomats but also involves many other actors. Many agreements between nations have been materialized not just through traditional way and at diplomatic level, but also through different institutions. Cooperation between different sectors of nations is more visible in today’s time. In addition, it is significant to point out that the division and diversity of participants engaged in health diplomacy have resulted in the rise of numerous trustworthy diplomatic authorities. This suggests that “the more significant centers of authority there include, the more vital discussion, negotiation, and building alliances,”<sup>[7]</sup> which exemplifies the importance of collaborative effort in health diplomacy.

Both on a national and global scale, one can examine the goals of health diplomacy. The health-care diplomacy between countries “creates possibilities for strengthening political allies and economic relations”,<sup>[8]</sup> and can “help those in the need most and win the trust and hearts of citizens of underdeveloped countries”.<sup>[9]</sup> In addition to “offering more apparent chances for promoting trust and mutually beneficial discussions in the backdrop of global health goals”.<sup>[10]</sup> At this level, the defense of national interests, the growth of

international influence, the growth and maintenance of relations with other nations, and in some cases, even the mending of diplomatic blunders, which shows egotism, are closely related to the goals of health diplomacy. At International level, the goals of medical diplomacy are frequently linked to development and security of nations, the defense of rights for people, and morality. The goal could be to “promote stability and growth, to stop the growth of extremism, relax migration challenges, and decrease the requirement for development and humanitarian support” or it could be to perform, collaborate, settle differences, enhance healthcare systems, and make sure the right to adequate health of vulnerable populations.<sup>[8]</sup> Global health diplomacy is viewed by some academics as a “bridge between peace and security”.<sup>[11]</sup>

Negotiation and health aid are the two main strategies used in health diplomacy in practice, and they work together and complement one another. Although the term “health diplomacy” has not yet been defined, it is generally accepted that negotiating is a key component of this profession. Negotiation is not restricted between states and public institutions but it also includes negotiations on various health-related issues aimed at reaching formal and informal consensus which are related to international health challenges. With agreements like the Framework Convention on Tobacco Control and the International Health Regulations (2015) being formal treaties reached through collective bargaining. Health assistance is an alternative option that emphasizes action that can be bilateral or multilateral. Each party can provide, among other things, humanitarian aid, monetary support, development of infrastructure related to health, capacity building, medical services, skill exchange programs, and support with human resources based on their own circumstances and those of the recipient.

The analysis presented above shows that: First, the scope of health diplomacy differs in various times and situations, but typically shows an evolving pattern of continuous growth; second, the interdisciplinary awareness connected with health diplomacy and the international reach of health problems demonstrate the broad range of those who participate in health diplomacy; and third, even though the aims of health diplomacy are varied, whether at the regional level or international levels, they are typically progressive. Finally, negotiation and health aid are the main tools of health diplomacy. In health diplomacy, major component of management of global affairs involves relationship-building among its participants.<sup>[7]</sup>

## CHINA'S GLOBAL HEALTH DIPLOMACY

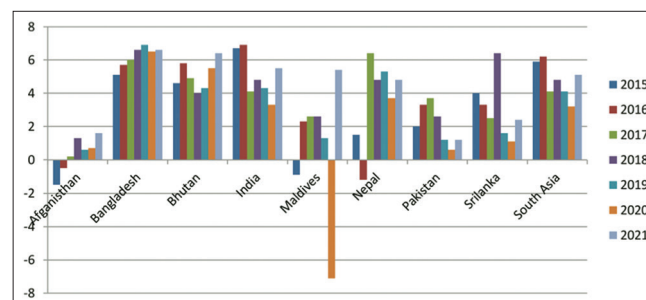
Earlier before COVID-19, South Asian region was the fastest growing region in the world with GDP growth of around 7% in 2018; however, the pandemic is predicted to lead it to decline by 7.7% in 2020.<sup>[12]</sup> The region's economic operations

have been hardest damaged by the different steps taken by the governments of the South Asian nations to safeguard human lives. The macroeconomic picture of South Asian countries' GDP per capita indicates that during 2015 to 2019, the area experienced one of Asia's greatest growth rates [Figure 1].<sup>[13]</sup> The nations with the greatest growth in per capita GDP rates in the region are in India and Bangladesh, followed by Bhutan, Nepal, and other countries.

China has strategic and economic interests in South Asia and due to this reason, it is working closely with smaller countries of the region except India. The country was in no position to keep mute as the health crisis slammed the region hard. Since the COVID-19 breakout, China has made extensive utilization of the pandemic to improve the legitimacy of Xi Jinping and the Communist Party of China domestically and internationally. By “enhancing its worldwide image and championing the authoritarian system as a substitute,” China has taken advantage of the pandemic to reshape the global order.<sup>[14]</sup> To achieve this, China has adopted a strategy that mixes “red face” (hostile face) and “white face” (friendly face) to strengthen China's status as an international power post-COVID-19.<sup>[15]</sup>

China has exploited the COVID-19 outbreak as a weapon to increase its authority as a responsible superpower in the world, as evidenced by its declaration of USD 2 billion payment to the World Health Organization over 2 years, when US President broke ties with the agency. China has helped countries by supplying medical and financial aids. At the same time, it took harsh actions against countries like Australia which were seen as adversaries. Beijing also demonstrated its reputation as a reliable partner by providing financial and medical aid to other nations. Due to the fact that these countries typically see New Delhi as an aggressor, China's engagement with smaller South Asian nations has also been intended to strengthen its status as a responsible major power. It has begun pumping in huge aid to countries around the world, particularly smaller countries in South Asia. This goes well beyond testing supplies and medications that China is producing in large quantities to suit global demand.<sup>[16]</sup>

China has made an effort to unite certain South Asian countries to battle the pandemic together. In response to



**Figure 1:** Per Capita GDP Growth Rate in South Asian Economies

China's request, the ministers of Pakistan, Nepal, China and Afghanistan, organized online conference in 2020. In the conference China declared that it will help public health systems and supply them with vaccines as soon as they are available. China organized another online conference on November 2020 and Nepal, Pakistan, Bangladesh, and Sri Lanka attended it. In this conference, they to "jointly defeat COVID-19, protect people's life, safety, and health, and accelerate economic and social recovery and development".<sup>[4]</sup>

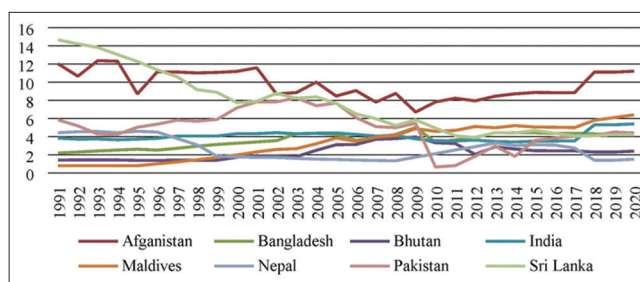
China reaffirmed its readiness to help these smaller nations of South Asia with diagnostics, medicine and testing, as well as its continued the distribution of containment supplies. The Asian behemoth gave Pakistan medical assistance totaling \$15 million by July 2020, including 1000 ventilators. Several South Asian countries have received regular medical supplies from it. For instance, Nepal got medical supplies in May 2020, including PCR testing kits, N95 masks, surgical masks, and PPE kits. Sri Lanka received USD 500 million from China in along with medical supplies to minimize the economic effects of COVID-19. The Maldives received a USD 500 million aid package from India in 2020, which was considered as India's genuine endeavor to prevent the Maldives from falling completely under Chinese control. Even China's non-government sector has aggressively arrived to provide international assistance. For example, Nepal received testing kits and N95 masks from the Alibaba Foundation and the Jack Ma Foundation.

China is vigorously utilizing pandemic diplomacy to retain these countries on its side to use them for its economic and military interests in the post-COVID-19 world. This is demonstrated by its major role in organizing various virtual conferences of high-level government officials from the region and its significant financial and medical support to them.

## INDIA'S HANDLING OF PANDEMIC DIPLOMACY

With an estimated 8 billion people, or about 25% of the world's population, the South Asian region is densely inhabited. With around 1.7 billion people of working age, it also has the largest population of employed individuals in the world. Despite this, the region's rate of unemployment is only about 4% at the moment. The region's individual economies' rate of unemployment from 2015 to 2020, demonstrating how the pandemic has raised jobless rates [Figure 2].<sup>[13]</sup>

Vaccine diplomacy and the idea of health diplomacy have grown to be significant components of New Delhi's soft power. Following the pandemic's declaration, on March 15, 2020, Indian PM Narendra Modi assumed a leadership position and convened an online meeting with all SAARC members to determine a plan of action for fighting the epidemic in the SAARC area. He suggested setting up a fund for COVID-19



**Figure 2:** Unemployment Level in South Asian Region (2015–2020)

emergency and offered US\$10 million donation from India. Member nations pledged to work together to combat the outbreak of COVID, and within the 1<sup>st</sup> week, they had raised USD 18 million for the emergency fund, to which Pakistan later contributed USD 3 million. India's neighborhood first policy was reaffirmed by PM Narendra Modi. He said "Our neighborhood collaboration should be a model for the world. We have to fight this battle together, and we have to win it together."<sup>[4]</sup> After the conference, Disaster Management Centre of SAARC was revived and created a website to assist nations in sharing their information and the management methods that worked best for them. It was also decided to have trade and health-related meetings of SAARC nations.

There is not much information available regarding how the emergency fund was used, but a recent study showed that New Delhi has given member states around USD 2 million, while Kathmandu was the major recipient of the fund.<sup>[17]</sup> Although India initially expressed a sincere interest in uniting the SAARC member states to combat the pandemic, the lack of proof of strict regional cooperation and proper functioning to fight the pandemic suggests that neither India nor the other member states have given the initiative enough attention to ensure its success. A further indication of this is the fact that no additional contributions have been made to the fund from any countries, and that only <\$2 million out of 21 million dollars have been distributed.

In adding to this regional project, India helped its less developed neighbors with their medical needs. In the 1<sup>st</sup> week of March 2020, India also sent a medical team and medical supplies to the Maldives. In June 2020, India had donated basic medical equipment to SAARC countries with of USD 1.6 million. However, it is unclear if this assistance came from either the regional grouping (SAARC) emergency fund or was given separately by the government of India. In a similar manner, India also evacuated foreign nationals from China which was epicenter of the new Coronavirus, including citizens of some South Asian countries.

It can be viewed the role of India's leadership in the area as both a humanitarian act and a strategy for securing its place as the region's preeminent power. Given that SAARC has been inactive for the previous 4 years due to New Delhi's own reservations, the Prime Minister Narendra Modi decision



to revive regional integration under the SAARC banner was unexpected. India's unwillingness to continue SAARC is primarily due to its animosity with Pakistan. Recently, India has concentrated on other multilateral organizations like the Bangladesh-Bhutan-India-Nepal and the Bay of Bengal Initiative for multi-sectoral Technical and Economic Cooperation as substitutes to SAARC in an effort to exclude Pakistan in South Asia. The main drivers of this action are India's need to improve its tense relations with its neighbors, namely, Bangladesh, Nepal, and Sri Lanka, and its concern that China would replace it as the commanding external force in region. Similar to this, India sought to project an image of a reliable regional power by taking the lead in the area. Beijing had already been a prominent international participant in the region for a long time well before pandemic time; therefore, India's engagement could not stop its influence there. In addition, India is vulnerable to China in its own terms.

## CHINA-INDIA COMPETITION

Funding, distribution, and production of vaccines were already agreed on at the high-level Quadrilateral Security summit. In light of QUAD's current focus on restricting Chinese activity, the vaccine diplomacy of India can be seen as a response to Chinese vaccine propaganda. China is likewise battling for fair access to capital and infrastructure projects. To compete with China, India has a solid position thanks to its huge pharmaceutical sector. India must play a significant role in vaccine diplomacy after the second wave and make further advancements. 5 billion doses may be produced annually by all Indian companies together. Sinovac, Anhui Zhifei, CanSino, and Sinopharm are the four vaccines that China has so far manufactured. Yet China's production capability is unknown. According to the official Chinese media, they might manufacture as many as two billion shots by 2021. However, China has described its diplomatic efforts to promote vaccines as serving the "global public interest." China also supported vaccine production outside of its borders as Brazil and Indonesia are already manufacturing Sinopharm' and UAE and Serbia have agreed to do so in collaboration with Chinese pharmaceutical companies. In addition, China has not released cohesive and transparent data on vaccine supplies, whereas India regularly updated data on its vaccine distribution.<sup>[18]</sup>

Yet, the vaccine diplomacy between India and China sparked international rivalry and placed India under pressure. India sent its vaccines in April 2021 to around 80 nations in the world, including UN peacekeepers. According to Indian Minister Of foreign affairs S. Jaishankar, "vaccine maitri" enhanced India's standing and created significant international positive reputation. However, through this type of diplomacy, "China and India" were able to accentuate their soft power and demonstrate their scientific prowess. However, due to a boundary dispute, the current strategic conflict between both nations has experienced more

contradictions.<sup>[19]</sup> Nevertheless, when India released a new map that included Pakistan-occupied Kashmir and Aksai chin, it greatly heightened tensions in the region. Nepal too retaliated, claiming that the fresh maps provided by Indian government covered its territory. Nepal, Pakistan and China later turned to cartographical diplomacy. As a result, China was in a position where it could influence Nepal and Pakistan, both of which already had close ties with China. The second wave of COVID-19 devastated India and this has given opportunity to China. It provided vaccines and medical help to small South Asian countries to influence them in its favor.<sup>[20]</sup> The COVID-19 pandemic has already caused shock throughout the world, and a total lockdown is thought to be locking down local businesses. International supply chains required to be rearranged. In general, it has impacted numerous industries. The two industries that were most severely impacted were automobiles and electronics. The more recent distribution network gap is being filled by China. However, due to the trade tension between China and United States, manufacturing is moving to India. India's recovery is likely to occur after the fiscal year 2022. According to the World Bank report, India can recover from COVID-19 damage after 2022.<sup>[21]</sup> The 15<sup>th</sup> G20 Summit was held in November 2020 and members saw India as a "compelling, credible, and trustworthy significant power." The Summit believed in a better coordinated partnership in the area of climate change, technology advancements, and health diplomacy and acknowledged India's capacity to manage economic and political issues. New Delhi continuously supports international community when it comes to existing norms, rules and principles of multilateralism. India already supported multilateralism with the spirit of improved cooperation, equality, and the rule of law. India is committed to playing a significant part in the manufacturing of the 'CoviShield' vaccine known as AstraZeneca around the world and it is capable of generating billions of COVID vaccinations annually. India is regarded as a potentially important and efficient nation that could contribute significantly to the global process of revival following COVID-19.<sup>[22]</sup>

## CONCLUSION

A regional platform for coordination is essential since such health crisis disregard national boundaries and governments must cooperate internationally to create win-win circumstances. In the immediate term, in the context of current epidemic, and in the long-term, for upcoming partnerships in health, trade, education, etc., these platforms will be crucial for smaller countries such as Nepal, Sri Lanka, and Pakistan to make their voices heard. All nations on the planet are anticipating COVID-19 vaccines as a way to escape this catastrophe at this time. It is beneficial for smaller South Asian nations that India and China both got approval for their COVID-19 vaccine candidate. India is also the world's biggest producer of vaccines. On the other side, China produces vast quantities of medical products, including vaccinations. The

United States' financial assistance may be more important for small South Asian nations like Nepal than medical supplies. These little powers must determine their needs now, and in the future, and they must proactively express these needs to the major nations. This is done to receive enough support to tenaciously combat the health crisis and join collaborative global efforts to eradicate it. Since "credible objectives for ensuring sufficient vaccine supplies are important, such as through multilateral vaccine distribution initiatives."<sup>[23]</sup> Small powers of South Asia should aggressively negotiate with major economies of the region and multilateral organizations to guarantee the vaccines and other medical supplies needed to recover from the pandemic's brutal assault.

In addition, the regional efforts should focus on learning the best practices from each other by means of data sharing through digital technologies such as virtual doctors, telemedicine, health portals, building public health infrastructures, broadband networks, and remote learning. It is commendable that SAARC leaders have already started this initiative. This can be made more extensive and useful by means of robust collaboration with the active participation of and initiatives from small powers. There are obviously some political issues between countries that may come as obstacles, but countries need to rise beyond a minimum level of trust and confidence during such pandemic by keeping their politics aside. There is a need for careful coordination with these great powers for the relief of debt or delay of debt repayments because the smaller nations are currently grappling with significant amounts of debt and need additional fiscal room and public debt to invest in basic medical facilities.<sup>[24]</sup> They can also put out a well-coordinated plan to reduce their debt, loosen the loan eligibility requirements, and raise the loan maximum.<sup>[25]</sup>

Since equitable access to vaccines is currently the starting point for combating the pandemic, smaller nations should negotiate with large economies on the grounds that vaccines are not diplomatic tools but rather "a global public good".<sup>[26]</sup> to obtain a fair proportion of the vaccines that the major nations produce. In terms of developing their capacity to combat the pandemic, the South Asian small states can greatly gain from China, India, and the United States if they use their diplomatic efforts to deal with these big powers bilaterally and on regional fronts. Instead, they risk facing deadly repercussions in the intricate geopolitical rivalry among South Asia's major nations if they choose to pit one strong power against another.

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