



## Regional and Sub-regional Cooperation in Health Security: India and China

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The main focus areas in international relations include security studies, strategic affairs and foreign policy. Public health has mostly been peripheral in international relations and has been limited to being a domestic policy concern. More recently, however, there is an acknowledgement of health as an important domain of international relations (Labonté and Gagnon 2010; Feldbaum et al 2010). In the context of a globalised world, health has received much attention especially due to rise in the incidence of infectious diseases and threats posed by transnational disease epidemics.

It is often argued that a healthy population contributes to stability and security both nationally and globally. Global health security pursues a multilateral and multi-sectoral approach to strengthen global capacities and nations' capacities to prevent,

detect and respond to diseases. Therefore, the scope of global health security recognises the need for regional co-operation in order to avert pandemics and secure neighbouring nations from infectious diseases.

### Health Security in International Relations

Health security, in recent times, is recognised as a legitimate concern when it comes to foreign and security policies. In most instances, this concern is reduced to securitisation of health, dominated by fear of spread of infections and formulating policies in response to a perceived threat where countries seek self-protection. By and large, the industrialised nations emphasise on protection of their population from

pandemics and bio-terrorism and understand the term in a security context. It is the HIV/AIDS epidemics of the late 1990s and early 2000s that became a matter of international security. This was because the disease had already created havoc and disrupted many communities across the world (Ossola 2017). And similarly with SARS (Severe Acute Respiratory Syndrome) in 2003, international agencies came into action to curb the spread of infection when cases started getting reported in countries other than China. Health security has since then become an important component within multilateral initiatives and cooperation.

There is, nevertheless, a hierarchy within foreign policy that ranks human development and aid, which includes health as ‘low politics’ and policies that are driven by national security and economic interests as ‘high politics’ (Labonté and Gagnon 2010). As a result, human security that attempts to move away from narrow state-centred policies of national interest to people-centred policies focusing on vulnerable populations and human suffering, receives little mention. The United Nations Development Programme (UNDP) has categorised seven threats to human security: economic, environment, food, health, personal, community and political (UNDP 1994). Securing health itself is therefore, an important component of human security.

It is well known that good health leads to human development and secured lives that add to gains at the global level. Global public health discourse emphasises on equity in health, a normative concept, and

the need for developed countries to respond to inequalities that exist in access to health services and health outcomes across the world. Strong public health systems - sanitation, water, housing, disease surveillance mechanisms and effective health service delivery – are necessary conditions for better health outcomes which are, by and large, lacking in middle and low income countries.

*It is important that public health approaches be integrated with foreign policies on health security and move beyond epidemic containment*

Global, regional, national and local public health organisations make attempts to respond in their varying capacities and prioritise areas that need attention with the help of state and non-state actors in developing countries. These have included addressing - strengthening of public health service systems, maternal and child health issues, nutrition security, preventing and controlling the spread of infectious diseases, encouraging community involvement for better health outcomes and prioritising health needs of vulnerable and marginalised population in any given region. All this entails securing health of a population that is fundamental to human security, stability and peace in the region. It is important that global public health approaches be integrated with foreign policies on health security and move beyond outbreak and epidemic containment to a more sustained response to securing health of population.

Developing countries that are still struggling with basic human security issues seek a more comprehensive public health approach to health security.

## **Development Assistance for Health**

At the global level, both India and China are part of multilateral initiatives and in the last decade both have emerged as donors for development assistance for health to many low-income countries. This aid for development sector to low-income countries has been termed as soft power. India and China provide aid to their neighbours during natural calamities as well as for long-term sustained assistance for other health services. Nepal, Sri Lanka, Bangladesh, Myanmar, Afghanistan and so on receive aid from both countries. India has played a big role in providing low-priced and quality antiretroviral medicines to Africa facilitated by its generic manufacturers. This has improved access to medicines for those affected by HIV in sub-Saharan Africa. China's development aid to Africa is huge and it has provided aid for health infrastructure. Foreign aid medical teams from all provinces in China have increased in the last decade and many of these go to Africa. These teams provide support during outbreaks as observed during Ebola and also provide training to health personnel (Lu Boynton 2011).

As two big nations with such large populations that are globally connected there needs to be space for dialogue on health security in the region. China and India

together account for more than one-third of the world's population and in Asia they comprise of over 60 per cent of the population. As responsible nations it is imperative that they ensure health security in the region.

The burden of infectious diseases is significantly high in India and China. Although China had witnessed an epidemiological transition from communicable to non-communicable diseases as a major cause of mortality, in recent times with rising socio-economic and regional inequities, there has been a resurgence of infectious diseases during the last three decades. There are important lessons to learn from one another when it comes to dealing with preventing, detecting, treating and managing diseases. Greater cooperation between neighbouring nations can lead to better and effective prevention, cross-border management, surveillance and treatment of diseases. There is scope for dialogue and debate on the challenges faced in managing infections. There can be learnings from innovations in technology, drugs and best practices that emerge as successes in a given context but have possibilities of replicability.

## **Regional cooperation for Tuberculosis, Pandemics and Vector-borne Diseases**

Within communicable diseases, the following areas of concern should be the focus since both countries together share the greater burden of these infections.

*Tuberculosis (TB)* - Of the estimated total TB burden in 2013, India and China alone accounted for over 40 per cent of total TB cases (Creswell et al 2014). Poverty, socio-economic inequalities, dense populations, high rural to urban migration and inequalities in health systems across states /provinces, pose major challenges for TB control in both these countries.

***Both India and China face the greater burden of communicable diseases in the region and in the world***

Tuberculosis is a disease of poverty, a huge challenge that confronts both countries, which is exacerbated by the huge inter-provincial and inter-state migration in China and India respectively where cases go untreated. This has given rise to multi-drug resistant TB (MDR-TB) and has posed a great challenge for health service systems. A dialogue that was organised in early 2016 by the Institute of Chinese Studies, Jawaharlal Nehru University, Indian Council of Medical Research and Indian Council of Social Science Research looked at the epidemiology of the disease, structure, organisation, financing and responsiveness of health services, diagnostics and drugs used for detection and treatment and so on. This work needs to be taken forward to look at innovations in managing TB closely.

*Pandemics (Virus borne infections/influenzas)*  
- With the SARS epidemic of 2003 in China and several outbreaks of different strains of influenza viruses at various points, China

has been at the receiving end of the international community in the past for not managing its infections well. The SARS epidemic was an international embarrassment for China, especially for not reporting it initially and resisting entry of the World Health Organisation (WHO). The Centre for Disease and Control of the United States had laid strict protocols for China and deployed their staff to control the epidemic that had spread to health care providers and was threatening to be a pandemic. China subsequently has worked on its surveillance systems and community-based response mechanisms which is something to learn from. China recently saw an outbreak of H7N9 (a strain of avian influenza) with few deaths but the government enhanced measures to contain the spread through active surveillance, early diagnosis and treatment and was able to contain the spread effectively (WHO 2017).

India has experienced several rounds of H1N1 (Swine flu), first in 2009 when there were several deaths reported and in 2015 when there was a resurgence of the virus with over 2,000 deaths (Mishra 2015). With a weak public health service system, India is in a precarious situation where surveillance systems are weak and responses are delayed and fragmented. There are many lessons to learn here.

*Vector (mosquito)-borne: Malaria, Dengue and Chikungunya* - Malaria and dengue have a high burden again in both countries. Malaria is endemic to many states in India and the northeastern border while in China it is concentrated in Yunnan and Hainan provinces.

Since the 1990s, dengue epidemics have spread gradually from Guangdong, Hainan, and Guangxi provinces in the southern coastal regions to the relatively northern and western regions including Fujian, Zhejiang, and Yunnan provinces of China (Wu et al 2010). India too, has seen over the last decade, a resurgence in incidences of dengue and chikungunya in many states, which keep recurring annually. It has yet not been able to sustainably manage these infections.

## **BCIM Sub-regional Cooperation**

The health of the population living in India's border areas has been relatively neglected in national programmes and policies. This is particularly so in the mountainous, forested or riverine terrain that comprise much of the border areas between India and her near neighbours. This is particularly visible in the Bangladesh-China-India-Myanmar (BCIM) partner countries. The burden of infectious diseases is particularly high in this sub-region. In the BCIM sub-region in particular, morbidities are reportedly high for malaria, diarrhoea, acute respiratory infections, tuberculosis and HIV (Nundy 2014). Cross-border cooperation is not only potentially useful, but indeed essential. These diseases also disproportionately affect the poor and vulnerable population in the region. Cross-border initiatives like those at the Greater Mekong Sub-region (GMS) are of particular significance and emphasise the necessity of a sustained programme in the region. The success of malaria control in the GMS is

something important to study and draw lessons from (WHO 2010).

*Trans-border cooperation in controlling the transmission and spread of communicable diseases is absolutely vital for human security and human*

Existing policies must converge to work collectively towards a common policy in the region by increasing surveillance sites at the border that must include identifying drug-resistant cases of malaria and TB, community participation in vector control, and strengthening public health systems in the region. Cross-border collaboration in terms of regional networking, data sharing, identifying hotspots, mapping terrains and formulating focussed plans using GIS/GPS methods. The role of local health traditions and indigenous systems in preventing malaria and alternative supportive therapies is also important and should be part of the policy (Nundy 2014).

Trans-border cooperation in controlling the transmission and spread of communicable diseases is absolutely vital for human security and human development. The heavy burden of malaria, tuberculosis and HIV/AIDS in the sub-region calls for some immediate attention to aspects of prevention and early diagnosis. Such collaboration requires inter-country and inter-province communication to integrate into a single information system the sentinel sites for all three infectious diseases across the BCIM sub-region and to bring about the

harmonisation of operational processes, interventions and treatment protocols while still enabling the local contexts and local initiatives to feed into programmes.

*India and China can mutually benefit from dialogues on key health issues in order to minimise the burden of mortality, morbidity and suffering*

## **Towards a Framework for Cooperation in Health Security**

As Huang (2010) explains, the Chinese state wants to be viewed as a responsible state, ‘even though moving in this direction entails acceptance of more restraints on its sovereignty’. During the SARS epidemic, Beijing’s response of asserting its sovereignty in the initial phase of denial led to further pressure from the international community. When China realised that its image was in question after the failure to contain the spread, it was willing to accommodate the WHO protocols (Huang 2010). He adds that, ‘one of the main challenges China faces in handling health as a foreign policy issue is to find the proper balance between the traditional emphasis on state sovereignty and universalist ambitions inherent in addressing the global spread of infectious diseases’ (Huang 2010). At the global level, China has definitely become responsible but how cooperation will work out at the regional level is something that needs to be seen. It is also to be seen

whether India takes this up as a priority issue in its engagement with China. Health security could be a way to jointly work together on issues that are affecting population in the region adversely.

India and China can mutually benefit from dialogues on key health issues in order to minimise the burden of mortality, morbidity and suffering. WHO Offices of the South East Asia Regional Office and Western Pacific Region Office that include India and China respectively, have been extremely keen on developing a regional cooperation framework to address management and surveillance of infectious diseases but this support has to be initiated by the governments of the two countries.

China and India can play significant roles in taking a lead by giving primary consideration to not only commercial and economic interests in the region but also to transnational human security. They could take the initiative in coherently developing a multilateral agreement to institutionalise an integrated regional and sub-regional strategy for the control of infectious diseases and ensure equal participation from the other countries in the region.

There are implications of trade and economic cooperation on population health and hence, health security should be well-integrated within foreign policies. A broader sustainable policy on health security in the region to mitigate spread of infectious diseases must be integrated within the regional cooperation framework. The policy has to move beyond addressing only public

health emergencies and threat of pandemics. It is imperative to address existing and silent epidemics that account for high mortalities and morbidities. The magnitude of human suffering that governments choose to ignore as they are restricted to a particular region and affect the poor and marginalised, must be accounted for in policies of human development in the region as an important component of cooperation. China and India can set an example for the world to develop coherent health security policies and in the process build trust in the region.

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