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Health Security Post COVID Opportunity to Reinvigorate India's Medical Diplomacy?

Tejusvi Shukla

Field Marshal Sam Hormusji Framji Jamshedji Manekshaw, better known as Sam “Bahadur”, was the 8th Chief of the Army Staff (COAS). It was under his command that the Indian forces achieved a spectacular victory in the Indo-Pakistan War of 1971. Starting from 1932, when he joined the first batch at the Indian Military Academy (IMA), his distinguished military career spanned over four decades and five wars, including World War II. He was the first of only two Field Marshals in the Indian Army. Sam Manekshaw’s contributions to the Indian Army are legendary. He was a soldier’s soldier and a General’s General. He was outspoken and stood by his convictions. He was immensely popular within the Services and among civilians of all ages. Boyish charm, wit and humour were other notable qualities of independent India’s best known soldier. Apart from hardcore military affairs, the Field Marshal took immense interest in strategic studies and national security issues. Owing to this unique blend of qualities, a grateful nation honoured him with the Padma Bhushan and Padma Vibhushan in 1968 and 1972 respectively.



Photographs courtesy: The Manekshaw family/FORCE

Field Marshal SHFJ Manekshaw, MC
1914-2008

CLAWS Occasional Papers are dedicated to the memory of Field Marshal Sam Manekshaw

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Tejusvi Shukla



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Centre for Land Warfare Studies

RPSO Complex, Parade Road, Delhi Cantt, New Delhi 110010

Phone: +91-11-25691308 Fax: +91-11-25692347

email: landwarfare@gmail.com; website: www.claws.in

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Health Security Post COVID Opportunity to Reinvigorate India's Medical Diplomacy?

“Global health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people’s health across geographical regions and international boundaries”¹.

– World Health Organization

These ‘public health events’, in the form of frequent epidemics, as fallouts of wars, and acts by state and non-state actors, etc. continue to expand their extent of victimisation, only now at a faster pace. Moreover, in an era when the world has already graduated to non-conventional warfare (especially to the possibilities of bio-wars using next generation bio-weapons (both by state and non-state actors), prospects of similar unprecedented health calamities, or targeted attacks, appear alarming. Unfortunately, unlike the emphasis on building military capabilities, preparedness against global health calamities – natural as well as man-made – have been denied their share of prioritisation in international diplomacy for long. The unpreparedness of the countries to deal with such threats, as evident during the COVID-19 crisis – that can be considered a watershed moment – has thereby equally vexed international security experts apart from the global health community. International diplomacy is thereby increasingly seeing prospects of a global medical diplomacy, being recognised as an integral as well as a high-priority agenda in international relations.

Scholars have defined medical diplomacy as “an emerging field that addresses the dual goals of improving global health and bettering international relations”². Given the current context, it has become essential to understand medical diplomacy in a much broader sense—expanding from just the provision of medical assistance towards ensuring health security to employing means and devising collective solutions against imminent security, economic, and strategic threats as well as further national interests. In this light, this paper tries to explore the potential gains and opportunity costs attached to the need for India to reinvigorate its medical diplomacy, especially post COVID. This

paper is divided into five sections. Section I attempts to trace the emergence of health security as a global concern. Section II, having assessed the evolving threats, explores the prospects of medical diplomacy in the Indian context. Section III attempts to assess Indian capabilities concerning medical diplomacy through recounting Indian aid and relief work – amidst the current pandemic and historically – as well as the standing of India's health sector at the global platform. In Section IV, the paper offers certain implementable and necessary policy recommendations that could help India enhance its capabilities in the sector and use it as a leverage point in international relations. The paper concludes with Section V.

Section I: Tracing the Emergence of Health Security as a Global Concern

Human security, as an 'umbrella term' for seven interdependent components (including economic security, environmental security, personal security, food security, community security, political security, and health security) was initially defined by the United Nations Development Programme (UNDP) in its Human Development Reports in the early 1990s.³ Of these, it is notable that while each of the seven components critically impacts human security individually, due to their overlapping character, they additionally impact their co-components, thereby multiplying their collective impact on human security. The emergence of health security as a global concern, unlike hitherto singularly being a concern for the global medical community, can be majorly credited to the unexpected transformations experienced by two of its co-components in the recent times through unprecedented environmental degradation (environmental security) and the rapid evolution in the character of warfare which specifically involves the rise of non-state actors (political security).

Fig 1: Author's depiction of factors whose exponential evolution has elevated health security as a global concern in the past few decades



Environmental Degradation/Evolution. The degradation, as well as the evolution of the environment around the world, has been a continuous process for a long time now. But, the acceleration of this process especially with rising urbanisation has been exponential. Apart from global warming and carbon emission, this has increased instances of the human-animal interface, which in addition to culinary adventurism across the world, has begun resulting in viral spillovers from animals causing recurrent epidemics. Apart from COVID-19, according to a WHO report, between 2011 and 2017 itself, over 1307 epidemics were recorded across 172 countries.⁴ This has given rise to not only gradually deteriorated human health (mental and physical) and impacted general immunity levels, but has also triggered massive human displacement – both of which bring along major national security concerns.

Evolving Character of Warfare. The evolving character of warfare – which has become increasingly population-centric in time – is another factor worsening the existing threats to global health security. The rise of non-state actors in the post Cold War era is a prominent manifestation of this evolving character of wars. Over the years, this has resulted in prominent refugee crisis all across the war-torn regions. This generation of mass grievances due to ‘consequentially reduced’ access to life-sustaining facilities – significantly impacting standards of health of the affected populations in addition to the post war trauma and human rights violations, creates an unending cycle of violence – thereby offering a breeding ground for future conflicts. Additionally, instances of terror attacks on health missions (during epidemics or refugee care) further worsens the health security risks. Over 15 attacks on healthcare workers in Afghanistan amidst the deadly COVID crisis is the most recent instance validating the seriousness of the mentioned threat.⁵ Another aspect of this changing character involves prospects of employment of advanced bio-weapons by both state and non-state actors for targeted attacks as bio-wars or bioterrorism have been shifting the targets of the attacks exclusively from trained militaries to the unarmed civilian populations. The unpreparedness of the states against such non-conventional means of warfare appears critically threatening to national security.

Cumulatively, from singularly being a public health concern, the aforementioned deterioration/evolution of the existing global environment has made global health security a crucial subject of concern, and interest, in international politics. The profound implications of global health security on regional, economic, and strategic stability have consequentially elevated the significance of medical diplomacy in international diplomatic discourse.

Section II: Measuring the Gains and Opportunity Costs of Reinventing India's Medical Diplomacy

Owing to its far-reaching impact on practically every aspect of national interest, while on one hand, the current state of affairs has generated a requirement for investments in ensuring health security of the population in general, this has also come as a remarkable opportunity for nations to exploit this 'requirement' to extract potential diplomatic gains. Given the geopolitical location of the country, reinventing its 'already flourishing' medical diplomacy comes not only with significant opportunity costs in terms of India's domestic stability but also as potential economic and strategic gains.

Fig 2: Author's Depiction of the overlapping gains and opportunity costs served by India's Medical Diplomatic Initiatives



Domestic Stability. As immediate repercussions, instability in the neighbourhood (as well as extended neighbourhoods) poses ripple-over effects to domestic stability. This regional/extra-regional instability could be categorised as an outgrowth of epidemics, natural disasters, or violence (civil wars/external wars/armed insurgencies). Each of this has a crucial aspect of 'health security' attached to them which merits diplomatic attention.

- To begin with, the **transnational transmission of health risks** in a globalised world is a reality. There is no better and recent case in point than the COVID crisis to testify this statement. Moreover, not only epidemics but even the countries with inadequate polio vaccination drives have ended up transmitting it to their neighbours in the past. As a matter of fact, India continues to stay at the risk of having polio re-transmitted owing to its outbreaks in Pakistan and Afghanistan.⁶ In the absence of transnational response mechanisms, controlling such spillovers becomes

near-impossible and puts immense pressure on domestic response structures. Home to some of the most densely populated cities in the world, the transnational mechanisms – aimed at directing resources at the origination point to prevent a scenario of transmission – are ultimately in India's interest.

- Similarly, in cases of **natural disasters**, insufficiency of medical infrastructure in the home country raises influx of the displaced victim populations to neighbouring ones, like was noticed during the 2015 Nepal earthquake. This influx, in sizeable numbers, can potentially result in conflicts for resource sharing, or ethnic/religious conflicts between the citizens and the refugees.
- In the event of **violent conflicts**, this challenge becomes twofold: the influx of victimised displaced populations added to the threat of radicalisation of the local population. While the impact of the influx of refugees remain the same as during natural disasters, displacement due to violence is supplemented with grave political and social grievances. The populations, especially in South Asia, are deeply connected due to cultural/ethnic/linguistic similarities. They share not only cultural values but also concerns regarding grievances emerging from these cultural/ethnic/linguistic conflicts across borders. With the influx of aggrieved victims of such conflicts, possibilities of radicalisation of the local population, owing to their emotional/political/social attachments, can pose serious threats to India's internal security.

The violence of this nature emerges out of political and socio-economic conflicts and requires similar solutions that cover a vast spectrum of diplomatic sectors. **Medical diplomacy** becomes crucial at this juncture because it not only helps contain human suffering, but also helps contain worsening grievances to some extent, but the goodwill developed by medical assistance also opens other channels for wider engagements with major stakeholders. The seriousness of these situations has only graven in the context of porous South Asian borders and deeply interconnected populations – socially, culturally, and linguistically. Ensuring that health insecurity be catered to through adequate investment in medical diplomacy, in such circumstances would only enable India to ensure that its highly sensitive internal security situations remain largely stable.

Economic Prospects. India's pharmaceutical industry alone, which already stands at US\$ 43 billion, is only expected to expand in terms of scale and value following the COVID-19 pandemic. It forms over 1.72 per cent of the national GDP,⁷ which when added to the US\$ 9 billion medical tourism

industry contributes significantly to India's economic might. Pre-pandemic projections estimated that the pharmaceutical industry is expected to expand to US\$ 55 billion by 2025,⁸ which is now expected to considerably inflate, following the demand generated by the pandemic. An adequate diplomatic push to this industry could help expand the industry as a whole, thereby catering to a section of the existing economic grievances (threatening national stability) by generating greater employment, etc. along with bringing remarkable economic gains for the country.

- **Subsidiary industries** like medical equipment manufacturing, aviation, shipping, hospitality (for medical tourists) as well as those for processing of food and agricultural goods are expected to expand as situations gradually improve. Growing requirement for greater innovation would offer the much-awaited space for medical startups as well as initiate the convergence of varied streams with the health sector, including data analysis (recording and studying health related data globally to aid in national/regional/global policy formulations), the IT sector (development of feasible virtual communication platforms for the exchange of information) as well as the defence sector (studying emerging prospects and possibilities of bio-wars). Opportunities in the fields of traditional Indian remedies offering fitness and wellness – including Yoga, Ayurveda, Siddha, Unani, and Homeopathy – that offer India an exclusive, competitive advantage over other global players are expected to further expand given the added emphasis to fitness and wellness post COVID.
- Further, India's increased engagement in this sector abroad offers an opportunity for greater **commercial expansion by India's public and private players**. Commercial players like Apollo and Dr Agarwal's eye hospitals have already marked their presence with over 10 facilities across the African countries.⁹ Joint ventures with countries for the development of health infrastructure further offer wide possibilities for Indian entrepreneurs. Cases in point are the initiation of joint ventures by Indian healthcare firms in countries including Egypt, Ethiopia, Kenya, Mauritius, and Mozambique,¹⁰ or of Fortis Malar Hospitals that entered in a joint venture with the Oasis hospital in Sri Lanka in 2011.¹¹
- It is notable that such initiatives not only lead to the generation of greater economic activity for all parties but also generate enough goodwill, thereby offering **avenues for improving people-to-people engagement** between the concerned countries. This should specifically bother India which has a sizeable diaspora across the world (which is only growing every year) whose well-being – economically and otherwise – is India's concern. Case in point is the presence of Indian diaspora

equalling 10 million in the Middle East, with remittances received by India from this region amounting to approximately US\$ 40 billion annually.¹² The health sector specifically plays a part in this for two reasons: one, currently, a sizeable number of health workers – either Indian nationals or of Indian origin – are working in the health sector in the Middle East. This includes over 40,000 to 60,000 Indian nurses working in the region,¹³ apart from other health professionals. Two, India is one of the most preferred destinations for medical tourism for the countries in the Middle East, thereby contributing significantly to the domestic industry. An inflow as well as outflow, both in population exchange as well as in monetary terms, through this sector raises its significance. Moreover, a positive engagement contributes to developing a generally positive mutual sentiment, thus enabling wider mutual economic engagement in other related as well as non-related sectors. Similarly, India's existing engagement in direct and indirect forms in the health sector in Africa (which, like the Middle East, has a significant Indian diaspora), South Asia, and Southeast Asia as well as in the developed world, broadens the significance this sector holds in Indian diplomacy – especially after the current crisis.

Strategic Interests. India aims at marking its significance in global politics and establishing itself as a global power. Owing to the limited resources, when compared with its adversaries, most strategic analysts believe that India must focus on the impact of its strategic investments instead of their scale. New Delhi's soft power approach can largely be looked at as a manifestation of a similar assessment. Strategically, medical diplomacy thereby holds crucial importance – in terms of the extent of its impact as well as its greater sustainability. India has had a notable history in medical diplomacy (explored at length in Section III of this paper) and its growing importance in the following time should offer India an obvious advantage. Medical diplomacy holds the potential of playing in India's strategic interests primarily through three aspects: widened engagement with friendly countries; initiation of engagement with countries with strained bilateral ties; and subtle, yet marked Indian presence in geo-strategically important locations.

- First, it offers **prospects for wider engagement** with friendly countries in crucial, yet underexplored areas. Cases in point include a number of MoUs signed between India and countries in the Middle East including Israel (January 2018), Oman (February 2018), and Jordan (March 2018) in the fields of health, medical science, medical education, and research,¹⁴ to further cooperation from the traditionally energy-

specific India-Middle East relations to newer areas of collective relevance. The generation of goodwill through investment in this sector, coupled with economic interdependence emerging out of it (as stated earlier), gradually opens up channels for engagement in other sectors, including engagement concerning conventional security dynamics at a bilateral or multilateral level. Specifically, in terms of joint research, this could pave way for greater military engagement with friendly countries exploring and building capabilities of dealing with possibilities of bio-wars and next generation bio-weapons – which shall otherwise be a challenging task for any country to carry out singularly.

- Second, the **initiation of engagement with countries with otherwise strained relations** with India is another aspect this sector offers. Recently, for example, initiation of engagement for medical assistance by Iran and Malaysia amidst the COVID crisis has been a breather for India's bilateral relations with these two countries. But, this isolated incident of limited engagement cannot be looked at as the sole resolution for the existing tensions. This needs to be carried forward to gradually enable a mutual agreement to bring the countries back to the talking tables.
- Third, development of health infrastructure, exchange of workforce, as well as tangible and non-tangible Indian efforts in the sector aimed at capacity building holds significant potential to **mark Indian presence in crucial, geo-strategically located countries** as well as work towards countering the growing footprints of adversaries in those regions. Given the growing Chinese footprint, Southeast Asia in particular holds immense potential in this respect. Gestures including the provision of medical radiation equipment Bhabhatron-2 for treatment of cancer patients in Myanmar (February 2020),¹⁵ initiating joint working group meetings for health cooperation with Vietnam (November 2018),¹⁶ signing of MoUs for cooperation in R&D, API and IT based medical equipment with Indonesia (May 2018),¹⁷ among others, in Southeast Asia are positive initiatives in this direction and must be further boosted.

In addition to this, the revival of the South Asian Association for Regional Cooperation (SAARC) platform amidst COVID, is a positive development. On the contrary, a point of discussion during this pandemic has been the leadership vacuum emerging out of the 'inward-looking approach' of most of the developed world. The reliability that lasted with the developed countries has certainly come under question in a situation when they are struggling to deal with the crisis at home, let alone offering a robust leadership to

the rest of the world. Strategic analysts believe that this has headed the world towards a kind of ‘international anarchy’ offering space for the ‘middle powers’ to assume leadership roles.¹⁸ In a post COVID world, New Delhi’s potential to leverage its medical diplomacy to the occasion appears decisive in strengthening India’s position as a reliable global stakeholder in international politics.

Section III: Assessing India’s Capabilities in the Global Context

While it posed several challenges, the COVID-19 crisis has only highlighted one segment of the unpreparedness of countries the world over – to deal with viral outbreaks. Most other segments, including response mechanism against possibilities of bio-wars in similar situations, remain unknown as well as unexplored. While the necessity of reinvigorating India’s medical diplomacy has been sufficiently established in the previous section, given its far reaching influence on various other arms of national interest and the country’s geographical location, assessing India’s existing capabilities in the health sector becomes crucial. A close assessment of India’s efforts amidst the COVID crisis that earned universal appreciation for the country – in terms of initiating constructive dialogue and offering medical assistance – depicts a fairly positive scenario. Although this cannot be looked at in a transactional sense, it is undeniable that India’s proactive efforts, despite its domestic crisis, do bear a potential boost to India’s overall interests in international diplomacy. The table below lists India’s efforts in details between February 2020 and June 2020.

Table I: India’s COVID Response

Timeline	Event	Countries/Regions Impacted	Additional Information
February	Evacuation from Wuhan	India, Bangladesh, Myanmar, Maldives, China (Chinese citizens who are residents of other countries), South Africa, USA, and Madagascar	<ul style="list-style-type: none"> • Evacuated foreign nationals quarantined in India and sent back. • Delivery of 15 tonnes of medical supplies to China.¹⁹

March	SAARC Summit	SAARC Countries	<ul style="list-style-type: none"> • Establishment of COVID Emergency Fund – US\$ 10 bn contribution by India.²⁰ • Medical teams sent to Nepal, Mauritius, and Maldives. • Rapid Response Teams sent to countries in need.²¹ • Online training sessions of health professionals across SAARC nations through an e-ITEC network by Indian experts through the COVID Information Exchange Platform (COINEX).²²
March-April	G20 Summit ²³ and BRICS Summit ²⁴	G20 countries and BRICS countries	<ul style="list-style-type: none"> • Call for collective global support and reformation of WHO.
April-May onwards	Operation Sagar	Western and Southern Indian Ocean island countries	<ul style="list-style-type: none"> • Additional 600 tonnes of food items sent to Maldives.²⁵ • First single assistance mission covering all of western and Southern Indian Ocean island countries, which extended to Comoros and Madagascar.²⁶
		South Asian Countries	<ul style="list-style-type: none"> • Disposable gloves, surgical masks, digital thermometers, sanitisers, among other essentials were delivered to Sri Lanka, Bhutan, Bangladesh, and Afghanistan. • Wheat consignment as aid was delivered to Afghanistan through Iran's Chahbahar port in late April.²⁷

	NAM Summit	NAM Countries	<ul style="list-style-type: none"> • Themed ‘United Against COVID-19’ and attended by 30 Heads of States and Governments and other leaders.²⁸ • 59 NAM countries among recipients of Indian Medical Assistance.²⁹
	Assistance to extended neighbourhood	African countries	<ul style="list-style-type: none"> • 32 recipients belong to African countries.³⁰ • Grant of listed 17 products including essential medical equipment, drugs [Hydroxychloroquine (HCQ), Ibuprofen, Paracetamol, etc].³¹ • Telemedicine support through collaboration with the All India Institute of Medical Sciences (AIIMS), Raipur.³²
		Latin American and Caribbean Countries	<ul style="list-style-type: none"> • Earmarked over 5 million HCQ tablets for the same as early as mid-May.³³ • Brazil, Argentina, Chile, Ecuador, El Salvador, among others sought India’s help for supplies.



		Middle Eastern Countries	<ul style="list-style-type: none"> • As grants and commercially – by Kuwait, the UAE, Saudi Arabia, Oman, Qatar, Palestine, Iran, and Israel, among others. • Team of 15 medical professionals dispatched to Kuwait.³⁴ • 5 tonnes of medicines (including HCQ) delivered to Israel.³⁵ • Permissions given to send a batch of 88 healthcare professionals to the UAE and over 835 of them to Saudi Arabia.³⁶
		Central Asian and Western Countries	<ul style="list-style-type: none"> • Assistance to Kazakhstan, Armenia, Tajikistan, Ukraine, etc.³⁷ • Supplied essential drugs and medical equipment to West, including the US.

Source: Compiled by Author

Moreover, it is notable that India's medical diplomatic outreach has engaged with over 150 countries amidst the COVID-19 crisis so far, as mentioned by the Prime Minister while addressing a segment of the United Nations Economic and Social Council (ECOSOC) Session, via video conference in July 2020.³⁸ This outreach is expected to have collectively cost New Delhi around INR 1.1-1.2 billion.³⁹

India's Historical Medical Linkage. Notably, India's contribution to the global medical supply chain is not newfound. Currently, it is the largest provider for generic medicines occupying over 20 per cent share of the global supply by volume and fulfils 62 per cent of the global demand for vaccines.⁴⁰ India's US\$ 9 billion medical tourism industry is another important case in point to mark India's relevance in this sector. It is the fifth most preferred destination among 41 most favoured ones and invites tourists from across the world – highest from Afghanistan and Bangladesh, followed by Africa, countries in the Gulf, and Southeast Asian countries – owing to quality treatment at affordable rates.⁴¹ The prevalence of traditional Indian medicine

makes India a comparatively more favourable destination for medical tourism.

Besides commercial contribution, the history of India's medical assistance abroad dates back to as early as the late 1960s. It has continued ever since – thus establishing its capacities as well as potential in the field. The following table attempts to trace the long history of India's involvement in providing medical assistance to a diverse group of countries worldwide – thereby highlighting India's existing capacities and bilateral/multilateral engagement in the medical sector.

Table 2: India's Legacy of Medical Diplomacy

Year/Event	Country/Region Impacted	Assistance
1960s	Afghanistan	<ul style="list-style-type: none"> • Built Indira Gandhi Hospital for Child Health (IGHCH) in Kabul (400 beds), Afghanistan – treats 3 lakh children annually. • Grant of US\$ 1 million to support the hospital announced in 2015.⁴² • Indian Medical Missions set up at the stake of Indian health workers' personal security in Kabul, Herat, Jalalabad, Mazar-e-Sharif, and Kandahar to treat victims of the ongoing civil war between 2001-08.⁴³ • MoUs worth US\$ 9.5 million signed for infrastructure development, including the establishment of health clinics across Afghanistan in Jan 2019.⁴⁴ • Online training of Afghan doctors by their counterparts in AIIMS, New Delhi.
1990s	Somalia (Africa)	<ul style="list-style-type: none"> • UN Operation in Somalia (UNOSOM-II) – operational responsibility of one-third of the country including humanitarian relief by Indian troops providing medical care to those affected⁴⁵ (1993-94).
	Indian Ocean Region: Maldives	<ul style="list-style-type: none"> • Built 25-storey Indira Gandhi Memorial Hospital in 1995 – being financed with US\$ 7.76 million for upgradation and renovation since 2011.⁴⁶

2002 onwards	Africa	<ul style="list-style-type: none"> • Establishment of the 'Focus Africa Programme' enabled trading of affordable pharmaceuticals to fight HIV/AIDS. • Cipla (Indian multinational pharmaceutical company) cut the cost of antiretroviral drugs for HIV/AIDS from US\$ 12,000 to US\$ 365 per person annually.⁴⁷ • Since 2017, Mylan and Aurobindo (two Indian companies) aimed to further cut this down to US\$ 75 per person per year.⁴⁸ • India's Pan-African e-Network Project, established in 2009, provides telemedicine across 53 African countries by connecting with 12 Indian hospitals (2015: 460 telemedicine consultations have taken place under this initiative).⁴⁹ • US\$ 10 million was announced as India-Africa Health Fund in 2015.⁵⁰ • Indian healthcare firms have been increasingly entering into joint ventures with countries like Egypt, Ethiopia, Mozambique, Mauritius, and Kenya.⁵¹
	Indian Ocean Region: Indonesia, Maldives, Sri Lanka	<ul style="list-style-type: none"> • 40 tonnes of relief supplies and three tonnes of medical aid sent to Indonesia plus additional hospital ships placed off the coast of Aceh (2004 Tsunami). • US\$ 1.1 million was given to the Maldives along with four medical camps set up by the Indian Navy⁵² (2004 Tsunami). • Medical equipment worth US\$ 22 million to Sri Lanka under DPA and built a 150 bed Super Speciality hospital at Dickoya in 2011-12 – inaugurated in 2018.⁵³ • Operation of the 1990 Suwasariya Emergency Ambulance Service in Sri Lanka, by a grant of US\$ 15.02 million, across all the 9 provinces of Sri Lanka, which was launched in 2018 in Jaffna.⁵⁴

Source: Compiled by Author

Section IV: Policy Recommendations

Quite evidently, a lot has changed in the world over the years. With the COVID crisis, this change has only been accentuated at an exponential scale. While this has revealed the health, economic, and security vulnerabilities faced by the countries worldwide, this has also opened areas of opportunities primarily in the health sector. Given its existing capabilities and the multiple implications that the sector casts on India's national interests (domestically as well as abroad), harnessing the domestic potential to achieve a diplomatic and security high-ground seems pragmatic and necessary. Certain crucial things that must be considered while framing policies for expanding India's diplomatic outreach through the health sector can be listed as below.

Fig 3: Author's depiction of India's Way Ahead to Boost its Medical Diplomacy



Domestic Infrastructure. Any country's primary responsibility lies in ensuring the well-being of its domestic population. This impacts not only the domestic situations but also India's economic and diplomatic prospects. India will certainly need to balance its domestic requirements with its outreach abroad. It must be acknowledged that it has largely attempted to be able to ensure the same – the most recent example being lifting of bans on the export of essential drugs during the COVID crisis only after ensuring the required surplus for domestic consumption. But, the shortfalls in public spending in the health sector require much more planning and even more on-ground implementation. According to a report published in 2019 by the Centre for Disease Dynamics, Economy and Policy, a US based think tank, India currently faces a shortage of 6,00,000 doctors and over 2 million nurses.⁵⁵ Affordable healthcare is still nowhere close to reality. Presenting the worst dichotomy,

despite India being the supplier of affordable essential drugs, over 50 per cent of the country's 2.39 million HIV infected people do not have access to ARV treatment.⁵⁶ Expanding India's outreach abroad in such circumstances not only creates ethical dilemmas, but also presents internal security threats emerging from inadequate healthcare of the domestic population as well as a vehement internal opposition of diverting funds, capital, and capabilities elsewhere – as it rightly should.

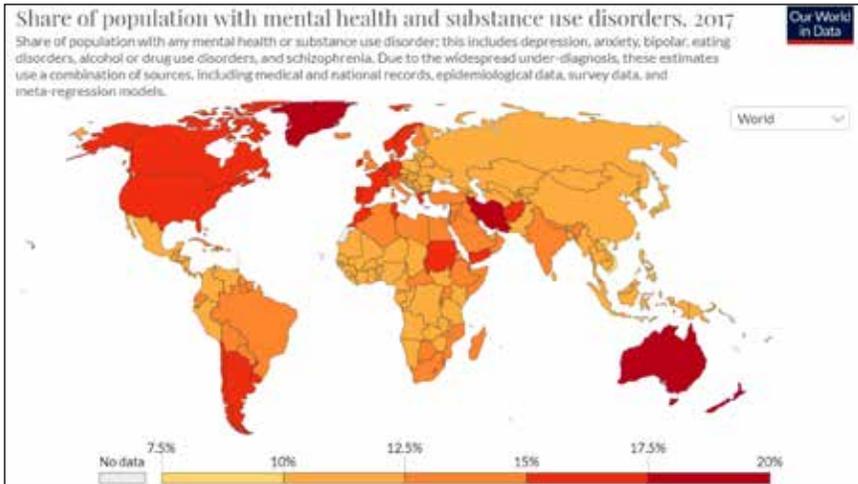
- Existing facilities must be upgraded and newer ones be developed (in border states particularly, unlike just in the mainland). Establishment of new AIIMS facilities through Pradhan Mantri Swasthya Suraksha Yojana and health packages through Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana are indeed laudable steps. But, the fact remains that over 40 per cent of foreign medical tourists and 45 per cent of domestic medical tourists singularly visit the state of Tamil Nadu.⁵⁷ Attempts must be made to diversify this at the earliest.
- Emphasis must be put on training healthcare workers with regard to upgraded and modern medical practices. This could be done by replicating the tele-training model used during Indo-Africa medical training sessions for Indian medical facilities in remote areas. For dearth of adequate logistics, in the short term, this should be done through regular training camps.
- In the long term, expanding tele-medicine networks in rural and remote parts of India could be feasible, provided that the required logistics and training is made available. First, this would reduce pressure on the existing major government hospitals. Second, an upgraded health infrastructure will enhance the international preference for India as a destination for medical tourism – enhancing the economic returns and strengthen India as a global stakeholder in the health sector
- The northeastern states hold maximum potential for being developed as medical tourism hubs, in terms of enhancing domestic health accessibility and affordability as well as simultaneously engaging with Southeast Asian countries through medical diplomacy.

Encouraging Traditional Indian Remedies and Mental Health.

In terms of the global market for medical services, fitness, and wellness, traditional Indian remedies and practices – Yoga, Ayurveda, Unani, Siddha, and Homeopathy – offer India a competitive advantage. These remedies and practices attract significant chunks of medical tourists in India. While physical and mental wellness is a combined requirement in most of the developing and underdeveloped world, an increasing emphasis is being laid on mental

wellness in the developed world and remedies for the same are being sought after.

Fig 4: A 2017 Heat Map depicting populations with mental health and substance use disorders



Source: Our World in Data, available at <https://ourworldindata.org/grapher/share-with-mental-and-substance-disorders>

The 2017 depiction in the map shows the share of the population with mental health and substance-use disorders across the world. With unemployment on the rise due to global recession that has followed the pandemic and psychological impacts that the crisis has left the world population with – of losing their loved ones, personal sufferings, etc. – the existing statistics of issues surrounding mental health are only expected to inflate worldwide. This offers a sizeable requirement for mental health assistance in the developing and underdeveloped world and a huge market in the developed countries. While modern medicine does offer solutions for the same, which India too should take into consideration in its post COVID medical diplomacy, traditional Indian remedies must be encouraged at this stage. Unlike modern medicine, traditional Indian remedies can offer not only curative but also preventive means by encouraging an overall lifestyle change in individuals across age groups and sexes. The Ministry of AYUSH in collaboration with the Ministry of Tourism has been working on the expansion of these practices since its inception, and the Ministry of External Affairs duly recognises the importance of the same in the era.

The domestic popularisation of the same shall precede our outreach abroad. The Ministry of AYUSH has been working significantly so far. An All India Institute of Ayurveda, on the lines of AIIMS, was established in 2017 in Delhi's Sarita Vihar. From 400 patients initially, the tally had risen to 1200 by 2018. MoUs have been signed with over 12 countries for collaboration in R&D for AYUSH and approximately 10 chairs have been set up in foreign universities to teach yoga and other ancient medicine.⁵⁸ The Northeastern Institute for Ayurveda and Homeopathy set up in Shillong, Meghalaya is another positive initiative in this direction.

But, a lot still needs to be done, especially in terms of the PR and scale of awareness – domestically, followed by that abroad. The apt target population for the same is India's 356 million youth⁵⁹ population that is currently dealing with cut-throat competition coupled with an unhealthy lifestyle and impacts of environmental degradation. Enhanced mental health of India's youth will directly serve three purposes: help raise the overall health of the domestic youth leading to enhanced security situations and an economic boost; leading by example, add to India's standing as a net security provider in terms of health; and with a bulk of consumers and benefiterers being the "highly active netizen-youth population" who is extensively social media savvy, will help initiate a global discourse surrounding traditional Indian remedies and creating a brand for India – a powerful PR.

A Mix of 'Atmanirbhar' and Collaboration. Despite the aims of becoming the 'pharmacy of the world', dependence, especially on China, for Active Pharmaceutical Ingredients (APIs) is an issue that has been raising concerns for quite some time. Over 80-85 per cent API is imported from China currently.⁶⁰

- In light of the same, 3 mega bulk Drug Parks for 'Promotion of domestic manufacturing of critical Key Starting Materials/Drug Intermediates and Active Pharmaceutical Ingredients' in the country has been approved by the Centre only this March.⁶¹ It is important that its timely completion is ensured to strengthen the Indian Pharmaceutical Industry as well as make it more self-reliant.
- Greater opportunities for medical startups and involvement of medical professionals, educators, and practitioners during R&D and innovation in the sector must be encouraged. Keeping in mind the threats that zoonotic transmissions pose, it is necessary that wildlife experts, veterinary professionals, and ecologists, as well as agricultural experts, are involved in research projects.
- Research and Development (R&D) in the health sector lacked adequate monetary as well as political backing for very long. Since, funding will

continue to remain an issue given the scale and expanse of the research required, collaboration – with the private sector in India, as well as public/private parties abroad – to enhance the quality of research of vaccines, sharing of expertise, and generation of a global cooperation mechanism as a response to similar unexpected and unprecedented health emergencies in the future must be initiated.

- Apart from what has already been discussed ad nauseam, a comprehensive global platform on the lines of COINEX (data and expertise sharing platform for SAARC countries) needs to be established to ensure adequate and timely sharing of data to ease processes of providing relief and assistance.
- Global mapping of specific requirements of medical assistance (in underdeveloped/developing countries) (developing/developed countries) would be an appropriate base to build this collaboration on.
- This collaboration can further form the basis of developing internationally recognised health regulations and mechanisms to ensure their compliance. This, while positively boosting India's medical diplomacy, will help the country assume a leadership role in ensuring global health security.

The convergence of Multiple Fields. This is one of the most important areas where India needs to focus while imagining its medical diplomacy in the time following the pandemic. Among many subsidiary sectors that will play an important role, four crucial sectors need to be carefully developed – food and agricultural goods processing, data analysis, information technology (IT), and defence.

- **Food security** is a crucial component of human security and forms an essential requisite for global health security. India, being at an advantage in this sector, must work towards enhancing its productivity. The recent amendment to the Essential Commodities Act, dropping agricultural produce from the listed essential commodities, holds the potential to boost agricultural productivity along with detangling the unsolved 'agricultural distress' in the country. This amendment has removed stock limits from important agricultural produce as well as enabled its barrier-free trade across the country. These relaxations are expected to incentivise greater investment in infrastructure building for storage and related logistics, thus clearing opportunities for growing exports along with releasing the domestic 'agricultural distress'. What is required is continued reforms and fair implementation in the sector cutting any more farmer exploitation – which can best be ensured through mass awareness.

- **Data analysis and IT** are the other two important fields that will be needed for the execution of a successful medical diplomacy strategy. Collation and maintenance of a comprehensive database of varied variables – national and global vulnerabilities to environmental damage, areas marking ongoing refugees’ outflow and inflow in conflicted zones into zones of possible future conflicts, outbreaks and epidemics in the past and their worldwide response, worldwide culinary habits and populations’ immunity levels, doctors and health professionals with their areas of expertise nationally and globally, among many others – for analysis will form the base of structuring proactive responses by India for directing its resources while balancing its efforts for aid and diplomatic interests. The IT genius of the country will play a huge role in collation, maintenance, and analysis of data in such large quantities. Further, the development of collaboration between partners from across the world for more extensive research in the field, in the post COVID era, will require more virtual interaction platforms and techniques that are simultaneously feasible and efficient.
- The **defence sector** is another very important sector in terms of health security. The way the world has responded to the pandemic only reveals the urgency of the requirement for capacity building of the defence structures worldwide against non-traditional security threats. With the world moving towards non-conventional warfare, the weaponisation of virology and similar sciences should not come as a surprise. It is important that the R&D, that shall follow the pandemic to study and predict such situations in the future, must include the possibilities of weaponisation of microorganisms and focus on building military capabilities and counter-capabilities. Such research and its findings might introduce overlapping of medical and military diplomacy at the international level. Attaching officers from the Army Medical Corps to India’s selected diplomatic missions could help achieve a twofold objective: validate India’s commitment to identifying health security as an important part of its diplomacy and help balance military and medical diplomacy serving India’s strategic interests abroad.

Section V: Conclusion

Overall, quite evidently, the COVID crisis has rattled the world order in an unprecedented manner. Ensuring adequate space to medical diplomacy has therefore never been more imminent – neither have the developed and the developing world faced such converging dilemmas. With the wide-reaching implications of the impacts and causes of health security on overall national security and stability of the countries, ignorance towards this sector comes

with significant opportunity costs. While it must be acknowledged that like every other aspect of international diplomacy, medical diplomacy too shall be incapable to singularly bear many fruits, it is time that it is recognised at par with other traditionally relevant aspects. It will only be in a time that one shall be able to assess how far India can flex its diplomatic muscle through its medical sector to make use of this opportunity.

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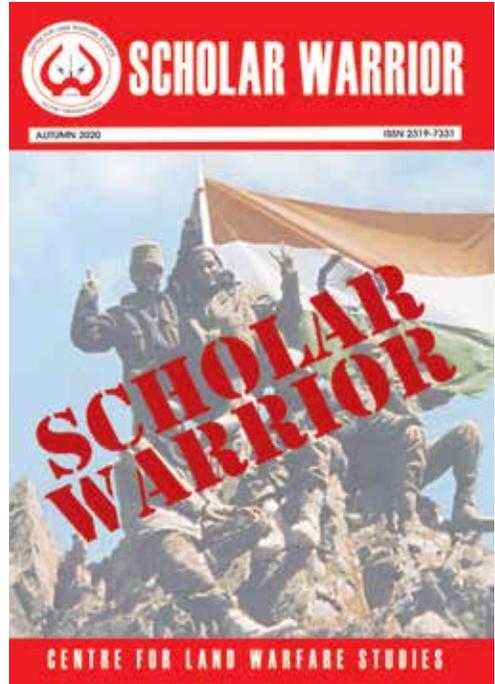
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Defined as “an emerging field that addresses the dual goals of improving global health and bettering international relations”, the significance of medical diplomacy has tremendously risen due to the increasing threats to global health security in the recent decades. Post COVID-19, it has become essential to understand medical diplomacy in a much broader sense expanding it from just the provision of medical assistance towards ensuring health security to employing means and devising collective solutions against imminent security, economic, and strategic threats attached to it, as well as furthering national interests. Through this paper, the author attempts to highlight these economic, security, strategic and military implications of global health security and thereby explore the potential gains and opportunity costs attached to the need for India to reinvigorate its medical diplomacy in the current global environment.



Tejusvi Shukla is a Research Assistant at the Centre for Land Warfare Studies (CLAWS), New Delhi. She has graduated with BA Programme (Economics & History) from Miranda House, University of Delhi. Her areas of interest include issues concerning Internal Security and Peace & Conflict Studies, with a special focus on Left-wing Extremism in India. She aspires to build a career in peace, conflict and strategic studies.

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