

## **India-Africa Health Cooperation**

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### Introduction

Independent India spearheaded a global anti-colonial movement and provided spiritual and material assistance to African countries fighting for freedom. In recent years, India has increased its global objectives and foreign policy interactions with African nations. New Delhi can now go beyond the fundamentals by using the strengths of India's private sector in healthcare. Africa would embrace such an endeavour, which will boost African countries' health and hence their development possibilities. This will also help the Indian state's geopolitical ambitions. Providing universal quality healthcare to their populations, who confront similar issues, is a top priority for both India and Africa, as seen by their respective health agendas.

### Why Africa?

In comparison to other parts of the globe, Africa suffers more acute health difficulties, a large load of illnesses, and severely limited resources to address these issues. Natural catastrophes, poor economic performance, and military wars have aggravated the situation. According to World Health Statistics (WHO 2015), the African area has a life expectancy of 58 years, which is lower than the South East Asia region's life expectancy of 68 years. Infant mortality and under-five mortality rates are 59.9 and 90.1 per 1000 live births, respectively, which are also higher than the values for South East Asia - (37.3 and 46.9 respectively). HIV & Aids, TB, malaria, Ebola, hepatitis, meningitis, sleeping sickness, SARS, and other illnesses are developing and re-emerging. HIV/AIDS, in particular, has ravaged Africa more than any other area on the planet. These illnesses can be avoided or cured if suitable and cheap medications, vaccinations, and other health services are available on time. However, fewer than 2% of pharmaceuticals taken in Africa are produced on the continent, implying that many sick individuals lack access to locally-made drugs and may be unable to pay for imported ones.

Plagues, such as those caused by the Ebola virus, have exacerbated the situation. In Africa, maternal and child mortality rates are more than double the global norm. Regrettably, Sub-Saharan Africa has 11% of the world's population yet carries 24% of the global illness

burden. Thirty-six of the world's 57 nations with serious shortages in healthcare services are located in Africa.

According to the World Health Organization, there are around 930 recognised hospitals on the African continent (as of November 2015), compared to 650 registered hospitals in India alone. A consistent supply chain of inexpensive medications and pharmaceuticals is also lacking due to limited indigenous drug manufacture and insufficient medical research facilities.

The World Bank and other organisations' present assistance is frequently event-driven. For example, the horrors of Ebola were mitigated by immediate help aimed at curing the underlying disease. Even when global financing is dedicated toward capacity-building and improving Africa's health sector, it falls well short of the continent's vast requirements.

#### Historical Partnership Between India and Africa

India and Africa have many historical linkages and similarities, including a colonial past. Since India's independence, India and Africa have had regular interactions in every domain, including trade, culture, education, and, in recent years, the energy, agricultural, and healthcare sectors. Both Africa and India have rich traditional medical systems, which have been incorporated to some extent into contemporary medicine systems, and the exchange of experience, knowledge, and know-how in this field might result in a win-win situation in healthcare for both the Indian and African people.

Many contagious illnesses have been successfully controlled in India, and the country has developed as a destination for economical and high-quality healthcare. India has long worked with various African countries to combat infectious illnesses by making generic medicines and vaccines affordable.

The African Union Summit in 2015 unveiled Agenda 2063, which aims to make Africa richer via inclusive and sustainable development. The key component of SDG 3 and Agenda 2063 is to ensure the excellent health and welfare of all residents by 2063 through access to inexpensive and high-quality healthcare services. India, too, is committed to the SDGs, and its National Health Policy 2017 outlines its vision in the healthcare sector to achieve "the highest possible level of good health and well-being through a preventive and promotive health care orientation in all development policies, and universal access to good quality health care services without anyone facing financial hardship as a result." This has been taken

into account in India-Africa development cooperation in the health sector, with a focus on areas where Indian expertise and cures may be most effectively adapted to Africa's healthcare demands.

The Government of India has established mechanisms to strengthen its involvement with African nations through several agencies, such as the triennial India-Africa Summits, the Duty-free Tariff Preference Scheme for LDCs, and the Pan African e-Network (PAeN). The PAeN, founded in 2009, aspires to share India's knowledge in tele-education, tele-medicine, and ICT services in order to address issues in the healthcare sector and to create capacity through continuing medical education lectures in super speciality courses as required by the AU. The telemedicine component, which connects rural hospitals in 53 African countries to 12 Indian hospitals, has proven rather effective in offering free medical consultations from famous doctors/specialists in India to patients throughout Africa.

#### Capacity of India

Telecommunications Consultants India Ltd. (TCIL), with financial support from the government of India, established India's Pan-African e-Network Project, which provides tele-medicine services by Indian medical specialists via online consultation to medical practitioners at patients' locations in Africa. These are undertaken regularly from super-speciality hospitals in India to various African nations based on necessity. Furthermore, 11 Indian super-speciality hospitals on this network provide regular 'Continuing Medical Education seminars. These contributions have been positively appreciated by African governments.

In such circumstances, the private sector may make a big contribution. Large Indian hospital firms such as Apollo and Fortis already have a tertiary hospital presence on the ground in countries such as the Democratic Republic of the Congo, Nigeria, and Tanzania. India might give 3 different types of financial models for constructing healthcare infrastructure in Africa: building hospitals, LOC (Lines of Credit) granted by India Exim Bank, Buyer's Credit under the National Export Insurance Account (NEIA), and Commercial Buyer's Credit.

At the third India-Africa Forum Summit in New Delhi in October 2015, Prime Minister Narendra Modi said that, in addition to the ongoing loan programme, India will contribute \$10 billion in concessional credit over the next five years, as well as enhanced grant support of \$600 million. A \$100 million India-Africa Development Fund and a \$10 million India-Africa Health Fund will be established. The additional funding—the \$10 million India-Africa

Health Fund and the \$10 billion concessional credit—would be best spent in a continent-wide 'Madiba-Mahatma Initiative' to enhance African people's health and capabilities.

- how this fund can be utilized –
  1. The unutilized \$10 million India-Africa Health Fund can be used to establish tertiary hospitals in six to eight African towns. To encourage local ownership of the initiative, New Delhi might seek assistance from the African Union in determining the number and location of these facilities. This will assure broad support from recipient nations and avoid the idea that a solution is being imposed on them.
  2. Hospitals, on the other hand, cannot function in a vacuum. While primary and secondary health centres are the responsibility of the host governments, the prospective hospitals will need to engage in seeding activities through nursing colleges and, eventually, medical colleges. This will assist to lessen reliance while also promoting local jobs and knowledge.

For the time being, the practical factors of economics and politics point to a continuance of the tied-aid policy. It necessitates the greatest level of Indian skill and experience in hospital design, building, operation, and maintenance. This, fortunately, is not difficult to establish.

- COVID 19
  1. Domestically, India and African countries prioritise public health security, and the epidemic has undoubtedly revealed the frailty of healthcare systems in both regions.
  2. India's ability to develop and readiness to supply COVID-19 vaccinations has increased its diplomatic clout. In addition, India sent medications like hydroxychloroquine, paracetamol, and other treatments to 25 African nations to help them battle the epidemic. Africa's reliance on cost and quality medications, as well as affordable Covid 19 vaccines, has grown as a result of India's aggressive medical diplomacy. In keeping with tradition, India has volunteered to assist Omicron variant-affected nations by supplying vaccines, life-saving medications, test kits, gloves, PPE kits, and medical equipment such as ventilators, among other things, through WHO's Covax facility or bilaterally. India has also shown interest in cooperating on genomic monitoring and viral characterisation studies.

3. India stood in solidarity with Africa during the COVID-19 epidemic. Both sides collaborated intensively to facilitate the seamless return of each other's citizens through the use of special planes. Furthermore, despite acute shortages at home, India made every effort to send immunisation doses to African countries to the greatest degree feasible. This includes \$5 million in medical support to 25 African nations and 39.65 million doses of 'Made in India' Covid vaccines to 42 African countries.

- The role of 'AYUSH' Ministry

With growing knowledge about fitness, health, and changing lifestyles, the demand for AYUSH Systems, particularly Ayurveda and Yoga, has grown globally. The AYUSH system of medicine is playing an important role across the world, and the Ministry has taken several steps to promote and strengthen the AYUSH system of medicine. Several nations have collaborated with the ministry on research. The Ministry of AYUSH has signed Country-to-Country Memorandums of Understanding (MoUs) for Cooperation in the Field of Traditional Medicine and Homoeopathy with other governments, with the aim of promoting and recognising AYUSH in the international practice of medicines.

AYUSH professionals are sent to other countries to participate in international meetings, conferences, training programmes, and seminars, as well as on special assignments from the Government of India to promote and propagate AYUSH systems, including Ayurveda. Many nations have acknowledged AYUSH medical systems as a result of the Ministry's ongoing efforts.

The Government of India is actively propagating and popularising all streams of AYUSH among all age groups, particularly youth, in the country through various initiatives such as celebrating National and International Days of Yoga, Ayurveda, Homeopathy, Unani, and so on, as well as National/State level health and wellness outreach programmes such as viz.

EXIM Bank of India issued 12 Lines of Credit (LOC) totalling \$1.6 billion for health projects, mostly hospitals and labs. EXIM Bank provides three types of financing methods for establishing healthcare infrastructure in Africa: EXIM Lines of Credit for hospital construction, Buyers Credit under National Export Insurance Access (NEIA), and Commercial Buyers Credit.

Indian enterprises with experience in developing health infrastructures, such as hospitals, health centres, and digitally linked medical facilities, may capitalise on these prospects in Africa. Apart from Indian economic presence, this also entails temporary mobility of professionals such as physicians and nurses, which necessitates some trade policy changes in recipient nations.

### Private sector

Umbrella organisations drawn from India's private healthcare industry and the African Union will work together to improve medical value travel, skill transfer and training, healthcare infrastructure development, and pharmaceutical product production within the regions they represent.

In India, NATHEALTH represents the country's top healthcare service providers, medical technology suppliers (devices and equipment), diagnostic service providers, health insurance firms, health education institutes, and healthcare publications. The African Healthcare Federation (AHF) is a pan-African umbrella organisation that now unites 27 private federations under two regional federations, the West African Healthcare Federation (FAOSPS) and the East African Healthcare Federation (EAHF) (EAHF). The partnership between the two federations is intended to enhance healthcare investment and trade between India and Africa.

On the front of skill transfer and training, NATHEALTH and AHF will map the existing gaps that need to be addressed and examine the possibility of e-learning and the use of additional technologies (simulation, augmented virtual reality, etc.) to reduce costs. They will also aim to develop twinning programmes between Indian and African institutions, as well as expand the scope and possibilities for capacity building among local healthcare providers and financial intermediaries.

Cipla Ltd and Serum Institute of India, for example, led campaigns and played a critical role in making affordable medicines and vaccines available in African countries for the treatment and prevention of HIV/AIDS and Meningitis, resulting in a significant decrease in their incidence, spread, and fatalities. Indian companies have made investments in Africa's healthcare industry, including the establishment of hospitals to provide quality treatment to the people of Africa, which has been applauded. Dr Aggarwal's Eye Centres, for example, have locations in 10 countries and Apollo hospitals in six. Medical tourism from Africa to

India seeking low-cost medical care has expanded in recent years, as has the temporary transfer of Indian physicians and nurses to Africa for short-term missions.

### Collaboration

African countries have several healthcare issues, ranging from acute shortages of healthcare workers to poor governance, inadequate infrastructure, and regulatory impediments. The triennial India Africa Summit, the duty-free preferential trading programme, and the Pan African e-network have all promoted India-Africa health collaboration.

A key barrier to boosting access to generic medications is negotiated intellectual property rights exemptions at the World Trade Organization, where India and South Africa have joined forces to combat "vaccine nationalism." India and South Africa presented the first proposal for a temporary waiver of the TRIPS agreement for pharmaceuticals and Covid 19 vaccines for prevention and containment in October 2020, with no results. However, primarily African countries have demonstrated significant support for the concept since then.

The triennial Summits have been a major step in increasing engagement with Africa. The Indian Ministry of External Affairs (MEA), in collaboration with the Indian Council of Medical Research (ICMR), held the first India-Africa Health Sciences meeting in New Delhi in 2016 to carry forward the strategic vision of the India Africa Forum Summit (IAFS) III through a structured and concrete partnership in the health sector. Following this summit, the ICMR took the first step toward formalising cooperation by creating an India-Africa Health Sciences Collaborative Platform (IAHSP).

Major illnesses have afflicted the African people's life, impeding progress and well-being. Africa has bought generic and branded pharmaceutical items from India at a considerably cheaper cost than western countries in its attempts to eliminate illness. This has reduced the prevalence and spread of illnesses such as HIV, Meningitis, Malaria, and Tuberculosis, among others, and has saved countless lives in Africa.

The hospital building is a speciality of Indian enterprises such as Larsen & Toubro, Shapoorji Pallonji, and others (at the high end in the GCC countries, as well as more budget-oriented hospitals in India and other emerging economies). In India, hospital organisations such as Apollo, Fortis, and others have created the skills, experience, systems, and vision required for JCI certification. Twinning India's hospital building and management capabilities would be a targeted, win-win strategy for the Africa-India relationship.

India's pharmaceutical business plays an important role in Africa's healthcare sector by producing some pharmaceuticals and medical equipment locally, providing jobs and capacity, and it is a significant supplier of formulations and bulk drugs to Africa. Faced with comparable healthcare concerns, India and Africa may collaborate, exchange experiences, and learn from one another on how to address and mitigate the growing hazards to people's health. The signing of the MOU and the establishment of the IAHSF are expected to strengthen collaboration in this sector, and combined R&D projects will create a new paradigm in the critical field of developing solutions to tackle common risks such as new and emerging illnesses, epidemics, pandemics, and so on. In the next years, India and Africa may forge a new route toward a more sustainable and disease-free world.

### Digital Spectrum

Trade in the health sector has brought several answers in recent years, such as eHealth (the use of information and communication technology for health) and mHealth (the use of mobile devices for health). India was the driving force behind the Digital Health Resolution in WHO, which prioritised the global framework for digital health. Digital health is a tremendous equaliser and facilitator for Universal Health Coverage and the SDGs, and it may assist assure the accessibility and affordability of healthcare delivery. Africa's health system has been growing for many years. The achievement of the third Sustainable Development Goal (SDG) - universal health coverage encouraging cheap, accessible, and high-quality healthcare services - is an aim shared by nearly the whole continent. Because Africa has distinct reimbursement systems, both state and non-state players are involved in this endeavour.

### Medical Education

In terms of demography, disease load, issues, and remedies, India and Africa are mirror images. Together, the two areas account for around one-quarter of the world's land area, one-third of its population, and half of its disease load. India and African countries have committed to take significant initiatives to increase collaboration in collaborative medical research. According to the statement, both India and Africa have decided to make efforts to ensure that health services are accessible and affordable for all, as well as to initiate more scholarships, exchange programmes, and collaborative research projects to facilitate and expedite research work for improved understanding of common diseases.

The largest common advantage between India and Africa is their youth — over half of each region's population is under the age of 25, eager to participate in economic progress. These



young people have the chance to benefit from others' experiences since they are equipped with information and technological skills to tackle local challenges. As a result, science and technology must become the focal point of public debate to provide long-term solutions in all areas, including health and well-being, food security and nutrition, energy, climate change, water, and sanitation.

International research funding may be a catalyst for knowledge development, collaboration, and innovation, as well as bringing managerial best practices to local financing. However, because local decisions are more informed and consequential, research, policy planning, and decision-making must be mostly local. India's experience in developing innovative small and medium-sized biotech businesses may be readily translated to Africa. Last year, India contributed \$100 million to an India-Africa Development Fund and 50,000 scholarships for African students to study at Indian colleges, in addition to the \$10 million India-Africa Health Fund. The Indian experience gives a chance to improve health research and create health system capacity throughout Africa.

### Medical tourism

African citizens are extremely concerned about their health. Patients prefer to fly overseas for medical treatment since African nations' medical infrastructure is not as developed. This was also true in the past when only the wealthy could afford to go to the United States and Europe for medical treatment. With India rising as one of the world's medical centres, people from Africa, like patients from other nations, have begun to go to India for all health and medical difficulties. The medical tourism sector in India began to acquire traction at the beginning of the previous decade, as more private hospitals began to go out to neighbouring nations to service their patients.

India has grown as a medical tourism destination due to its cutting-edge medical facilities. India has World Class Medical Facilities on par with any Western country. However, offshore treatment is not sustainable because it does not result in capacity creation or aid local economies. Today, about 2 million patients from these regions visit India each year, producing \$4 billion in yearly currency. Medical tourism costs Africa over \$1 billion every year, with over 50,000 patients visiting India each year. Some Indian corporations have established hospitals in Africa.

The government is going all out to make India the world's No. 1 destination for medical tourism, doubling it to \$12 billion in four years and developing a new business that will

employ millions of people across states. Significant investment has already been made to bring Indian hospitals up to a level with global quality in terms of equipment and people. However, practically little effort has been made to create an environment that will attract overseas patients.

Patients spend 80-85 per cent of their time in guesthouses near hospitals, where they have a negative experience and a significant risk of infection. 80-90 per cent of overseas patients arrive in India via a Medical Travel Facilitator, who serves as both a travel agency and a health counsellor to the patient.

- Significant investment is required in these organisations, which sell Indian healthcare in over 70 countries via offices, internet marketing, and frequent events. This category of service providers desperately needs standardisation.
- Another huge possibility is insurance. Indian insurers should seek the potential to market Indian health insurance to foreigners aggressively. This might result in an extra \$9 billion in premium and patient inflows to India.
- Another possibility for cross-border telemedicine. Given its edge in talent and affordability, India has already become the world's call centre. It might also become the world's Telehealth hub, curing people in and around India.

### Challenges

Health systems in India and Africa confront similar difficulties, such as an increase in the prevalence of noncommunicable illnesses, growing urbanisation, and a high prevalence of diseases such as TB and HIV/AIDS. There are also systemic issues, such as a scarcity of healthcare staff, restricted availability of equipment, pharmaceuticals, and supplies, inadequate monitoring and evaluation systems, limited finance methods, and a lack of continuity of treatment. Africa's healthcare systems are neglected and underfunded, resulting in serious issues across the six World Health Organization (WHO) pillars of healthcare delivery.

Even though medicine policies are in place, medicine availability has not been satisfactory. Medicine shortages wreaked havoc on public health institutions in the 2013/2014 and 2014/2015 fiscal years. The reasons for the shortages included provinces' refusal to pay suppliers, suppliers' inability to satisfy tender expectations, and a lack of competence to supervise operations along the supply chain. The South African health system was plagued by

poor drug stock availability. The shortage of vital medicines has an impact on the cure and treatment of infectious and noncommunicable illnesses.

Dilapidated healthcare systems, for example, have encouraged medical tourism, with over 5000 persons departing Nigeria each month for various sorts of treatment overseas and around 1.2 billion US dollars lost from the Nigerian economy to medical tourism each year. Financial obstacles to healthcare services, as well as high rates of out-of-pocket expenditure, are also prominent throughout Africa, owing to inadequate national health insurance systems and insufficient service integration.

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There are two types of problems in the context of COVID-19: geographical and financial. The first is concerned with distance, human resources, infrastructure, and service quality. While certain capital cities have well-equipped healthcare facilities, the vast bulk of the population has limited access to treatment. The healthcare budget is another impediment. Health expenditures per capita in Europe's high-income countries range between \$4000-5000 USD. It is over \$10,000 in the United States, but it is only \$100-200 in African nations. It is sometimes even less.

Indian bilateral assistance is now connected to aid with a minimum Indian content through the export of products and services. It is critical to remember that India is a capital-scarce country with substantial poverty and development issues of its own. For the time being, the practical factors of economics and politics point to a continuance of the tied-aid policy. It necessitates the greatest level of Indian skill and experience in hospital design, building, operation, and maintenance. This, fortunately, is not difficult to establish.

### Conclusion

The Government of India has always taken the policy interests and needs of Africans into account. The Indian private sector, which has already spent \$35 billion in Africa in industries ranging from consumer goods to electricity, would generate goodwill and brand awareness at

no cost. Simultaneously, the Indian government will attain its strategic objectives while enlisting the reputable Indian business sector in its economic diplomacy agenda. What the Indian model provides African countries is a one-of-a-kind combination of development assistance, technology transfers and skill development, and infrastructure development that is tailored to African needs and objectives and is unconditional.

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