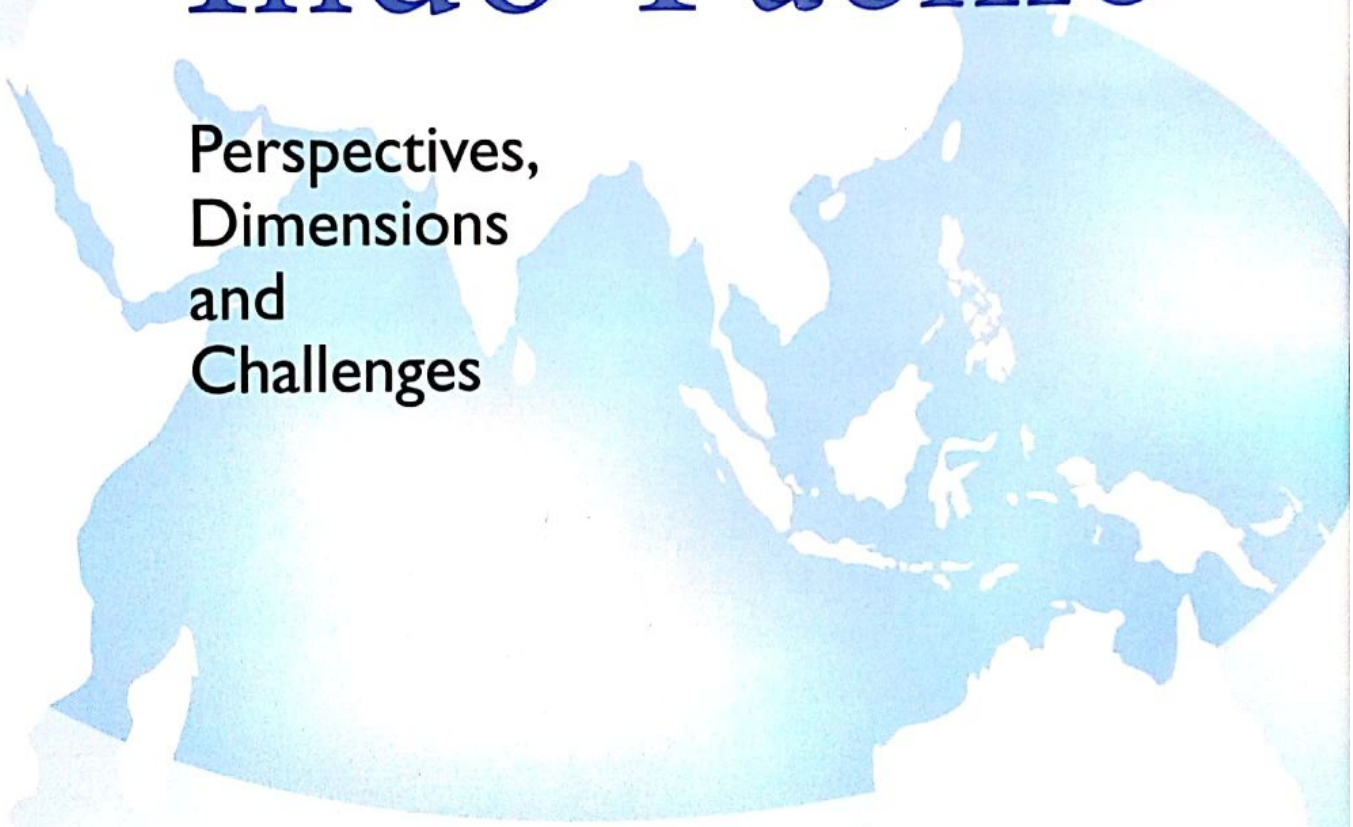
Rise of the Indo-Pacific

Perspectives, Dimensions and Challenges



Edited by
Chintamani Mahapatra

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Health in Foreign Policy: A Study of the Indo-Pacific Region

Shantesh K. Singh

ABSTRACT

In 1999 WHO Director-General, Gro Harlem Brundtland rightly stated that the world had changed and that furthering national interests in health requires international cooperation. Followed by another similar event in 2006 when the ministers of foreign affairs from France, Indonesia, Norway, Senegal, South Africa and Thailand announced to adopt the cooperative measures on health and foreign policy. The result of this meeting was 'Oslo Declaration', which stated that 'health is one of the most important foreign policy issue of our time. To link health and foreign policy, the UN General Assembly validated the Oslo Declaration at the multinational political level by adopting Resolution 64/108. Further the link between health and foreign policy was also affirmed by the US government.

Since 2011, the BRICS Health Ministers have held annual meetings to discuss their cooperation for health. Major countries from the Indo-pacific region, i. e. Japan, China and India have also considered health as a foreign policy priority in the tune of developed countries. The recent Japanese global health policy states that "contributing toward global health is an integral part of Japan's foreign policy strategy". Foreign policy makers of Japan have been agreed to set out the values and priorities for global health action and establish mechanisms for cooperation. Another rising super power of the region, China, has pushed health cooperation more broadly as part of its foreign policy outreach. Through its foreign policy, it is trying to maximise its national interest by engaging developing countries of Asia and Africa in heath discussions and related initiatives. Being a recent arena of diplomacy, Indian diplomats and foreign policy practitioners have started growing an understanding and developing

India's diplomatic initiatives in the health sector. With the dynamism brought into foreign policy decision making in India, health is turning into a major fulcrum which will be playing a major determinant in building relations between nations. Nations from the Indo-Pacific region have several national interest goals, i.e. humanitarian, security and economic, which they want to achieve by linking health and foreign policy. The paper will discuss the relationship between health and foreign policy and will make the case that health is an integral part of the foreign policy agenda in Indo-Pacific region.

Introduction

A country's foreign policy must necessarily have domestic implications, which play a critical role in its activities, particularly its democratic polity. With the rapid unification of regions, both domestic and international borders keep changing, while at other times, due to nationalistic compulsions, it becomes protectionist. Policy initiatives are increasingly being dictated by new non-traditional challenges that are fast gaining ground. In such circumstances, foreign policy has to address subjects that were not discussed or dealt with earlier. Decision makers are searching for avenues that have scope for empirical investigation in developing a political space for policymakers to enable them to make the right policy choices during periods of peace, transition as well as crisis. The discourse on democratic polity centres on strengthening structures that would be able to effectively respond to conditions that threaten the social, political and financial elements within states, locally as well as globally.

With the United States taking on the dominant role in world affairs after the conclusion of World War II, its foreign policy concerning global health developed rapidly. During, and immediately after the war, the United States Army and Navy were confronted with great challenges with regard to civilian health in the far-flung war-ravaged areas. In Europe, during the course of the war, epidemic typhus fever broke out in Naples in 1943.[1] Prompt and proper use of DDT and anti-typhus vaccine rapidly brought the epidemic under control, and a pandemic was averted. Later, when the campaign in North-Western Europe was being planned, the public health and preventive remedy personnel of Supreme Headquarters Allied Expeditionary Force anticipated an outbreak of typhus fever in German-occupied territory. Plans were immediately put in place to deal with this possibility. Epidemic typhus was rampant in the German concentration camps, and, as the Germans deserted the camps after their defeat, the prisoners still in camps, continued to spread the disease to surrounding areas. By administering the same vaccines that had

worked so well in Naples, a possible epidemic was averted, saving tens of thousands of lives.[2] These events are mentioned here to assert that health issues that have the capacity of turning into a pandemic overlaps borders.

Today, health challenges are treated as a national security issue, and appear consistently on the agenda of meetings of leading economic powers affecting the bilateral and regional political relationships between developed and developing countries, which gives an impetus to alter the strategies wherever required by international non-state actors like the United Nations.[3] This paper will determine that health is an important issue, which plays a key role in foreign policy thinking, both as a security concept as well as an essential element of diplomacy.

Health in Foreign Policy: A Conceptual Overview

Health was always a part of foreign policy, but due to inattention, it became more of a domestic policy measure across the world. With the rise in infectious diseases and the end of the Cold War, in the 1990s, health became an increasing concern of foreign policy. After that, an epistemological change was seen in both policy and academic circles. This highlights the fact that health is an essential element of development and security. In September 2006, the foreign ministers of seven countries launched the Foreign Policy and Global Health Initiative (FPGHI). The ministers emphasised the importance of global health security, describing health as a 'defining lens' which countries could use as important elements in foreign policy and development strategies. They declared that "health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time." The emerging economies in global health politics appear to have overcome the potential health challenges and the unsustainability of the existing health financing model. Their share of the global gross domestic product (GDP) rose from 17 per cent in the 1960s to nearly 40 per cent today.[4]

Hillary Clinton once stated that, "there are four ways in which foreign policy and health can interact. Foreign policy can endanger health when diplomacy breaks down or when trade considerations trump health; health can be used as an instrument of foreign policy to achieve other goals; health can be an integral part of foreign policy, and foreign policy can be used to promote health".[5]

Former UN Secretary-General Ban Ki-moon stated that the core function of 21st-century foreign policy is "achieving security, creating economic wealth,

supporting development in low-income countries, and protecting human dignity".[6] Health is identified as a specific objective of foreign policy that is on a par with security or trade. The instruments developed over the past 160 years to control the spread of infectious diseases and narcotic drugs or to address occupational safety and health, testify to the historical importance of global health diplomacy in foreign policy.[7] These instruments were specifically designed to protect international commerce, promote political stability, and ensure economic security; at a time when health was not a distinct foreign policy objective. The health focus is not limited to the prevention and treatment of specific diseases; it involves a larger view of the social determinants of health as well as the economic, commercial, and security implications related to public health.[8] Infections such as pandemic influenza virus A, subtype H1N1, and severe acute respiratory syndrome (SARS) are considered as risks that could severely disrupt commerce and curtail the movement of peoples; besides the specific health consequences of these illnesses, especially for vulnerable persons.[9]

Health as an objective of foreign policy requires new perceptions of global solidarity to change or transform "the conditions in which people are born, grow, live, work, and age."[10] These are in turn "shaped by the distribution of money, power, and resources at global, national, and local levels," and they may radically transform the nature of foreign policy.[11]

Health Scenario of the Indo-Pacific Region: Foreign Policy Perspective

Two formerly separate areas of tropical waters of the Indian Ocean and the Pacific Ocean, have come together to form the Indo-Pacific region which links Asia through mutually beneficial interactions and interdependence. Since 2010, Australia, India, Japan and the US, four major powers in the region, formally adopted the term Indo-Pacific into their foreign policy and defence strategies.[12]

The Indo-Pacific combines the Indian Ocean Region (IOR) and the Western Pacific Region (WPR) into a single regional construct. There are specific geopolitical and geoeconomical differences between the IOR and the WPR, which also include the security environment. The WPR faces severe and persistent military threats, unlike the IOR. This is a result of the dominant military governments who have been in power in most of the countries in the region since the 20th century. For example, one witnessed heightened nationalism in Japan, and now it is the turn of China. These were and are

attempts to redraw sovereign boundaries, including 'territorialisation' of the seas. The attempts at hegemonic domination grew due to their economic advancement. It began with Japan, which later influenced the other East Asian economies to grow through outsourcing of lower-end manufacturing industries —the so-called 'Flying Geese Paradigm'.

Japan had been openly propagating its regional strategy of an 'open and free Indo-Pacific', which was soon emulated by the Indian leadership when they agreed to interact with an 'Indo-Pacific strategy' in its 'Act East Policy'. In December 2017, the United States adopted a similar approach in its National Security Strategy. Australia had referred to the Indo-Pacific in it's 2013 and 2016 Defence White Papers and again cited it in its 2017 Foreign Policy White Paper. In January 2018, Indonesia, while outlining its foreign policy priorities, included the term Indo-Pacific. The above-mentioned points reinforce the growing geostrategic significance and acceptance of the Indo-Pacific concept.[13]

Albeit Indo does not refer to India, but the entire Indian Ocean; the term Indo-Pacific strengthens India's growing ambition for regional hegemony. While some feel that the dominant Asia-Pacific construct is not a true indicator of India's increasing role in the region, others connect the Indo-Pacific construct to a China-balancing agenda. But all said and done; the term can be read as a validation of India's regional hegemony, downplaying a Sino-centric regional order.[14]

Several health-related issues have emerged in the Indo-Pacific region which has resulted in deterioration in its health parameters despite the economic progress made by some of these countries. The high level of deaths due to diseases in the region are shocking. Though India is a rising power in the region, 1.2 million children died of preventable diseases in 2015, which is a staggeringly high number.

Often, healthcare facilities are unreliable and grossly inadequate in many developing or under-developed countries in the Asia-Pacific region. Access to basic health services for the very poor is still at a nascent stage; for the relatively well-off it is a matter of making health-related choices based on availability or access to resources and choosing between government or private facilities. Though it is essential for the government to provide free or affordable health services, the private sector has an equally important role to play in the health sector. There is a need for a coordinated understanding of the challenges faced by the nations and its people in the Indo-Pacific region. Systems such as the

Asia Pacific Strategy for Emerging Diseases under the World Health Organisation, try to connect the countries in the Indo-Pacific region, by strategising on a wider global health response.

The Indo-Pacific region is host to several of the world's fastest growing as well as four of 12 biggest economies—China, Japan, India and South Korea—both in terms of nominal GDP and GDP (PPP) criteria.[15] Growing integration with the global economy has meant the region is experienced rapid economic transformation, with domestic GDP growth rates for much of the region in the past decade being in the close to around 5 per cent per annum. The fact that most of the emerging Asian economies were relatively untouched by the global financial crisis of 2008 also spurred foreign investment and consequent growth.[16] The exceptional pace of growth assumes even greater significance when viewed in light of the fact that this region is home to 60 per cent of the global population (approx. 4.2 billion).[17]

Parameters and definitions of public health and the associated challenges constantly evolve. With the advent of the Industrial Revolution, Europe underwent tremendous growth, albeit accompanied by major social upheavals and rising inequalities. These inequalities, especially in the fast urbanising rural and semi-urban spaces, necessitated policies and strategies to deal with the growing problems in the public domain, such as education and health, the latter made urgent by frequent outbreak of diseases, like plague and cholera. One important response was the establishment of national health systems across European states in the period immediately after World War II. Policy makers understood that an adequate and responsive public health infrastructure was essential to attain sustainable economic development. Similar challenges and responses are being witnessed today in the Indo-Pacific region. These challenges are made more daunting by the widespread inequalities, especially rampant poverty, with 1.63 billion people of the region living below the poverty line, subsisting at US$ 2 or less per day.[18] Decision makers recognise that the pursuit of wealth must be balanced by building healthy societies.[19]

The present fiscal challenges that are being experienced by nations are because of the rise in health care costs due to population growth, demographic shifts and technological developments. Across population groups, changing patterns of health and disease, coupled with epidemiological changes in lifestyles, work patterns and dietary practices, are increasingly being seen. Given the diversity of health needs across the Indo-Pacific region, what measures must countries adapt for their health policies was the question agitating the

minds of policy and decision makers. Particularly so, in an era of globalisation where many of the health determinants, risks and outcomes cannot be geographically confined since health policies have local, regional and even global implications.

Given the variations in the geographical composition of Indo-Pacific, and unavailability of standardised data, it is indeed a challenge to undertake a detailed and long-term assessment of the health needs of specific population groups in the region. Equally challenging is the question of how best to respond to the changing health needs, in the face of rapid epidemiological transition witnessed across the region.[20]

Growing economic development and rising living standards have led to a marked improvement in heath indicators across the region. In the period of 1970-2010, life expectancy in 22 Indo-Pacific countries, excluding the much more developed Japan, South Korea, Australia and New Zealand, recorded a remarkable growth of an average 15 years, the figure for 2010 standing at an average 72.2 years. Similarly, Infant Mortality Rates have declined at an average of 26 deaths per 1000 live births, during 1980-2010. Further, maternal mortality rates have been halved since the 1990s.[21]

The impressive improvements in the field of health indicators is dampened by the wide regional disparities across the region. Life expectancy at birth varies from over 80 years in Australia, Japan and Singapore to less than 65 years in Cambodia, India and Myanmar. Even countries with higher than regional average for national wealth, such as Malaysia and Brunei Darrussalam, record lower life expectancy than economically weaker countries like Vietnam, highlighting the fact that factors besides national GDP and wealth contribute to such health indicators. In general, health indicators are better in East Asian as compared to countries in South and South-East Asia. For example, in 2010, Infant Mortality rates in Japan and South Korea were less than 5 deaths per 1000 live births, whereas in countries like Cambodia, India, Myanmar and Pakistan, the rates were in excess of 40. As per WHO reports only 4 out of 43 countries in the region had reduced their Under 5 Mortality Rates (U5MRs) and IMRs to one-third of 1990 values by 2010, and 28 of them could not even meet the Millennium Development Goal target by 2015.[22]

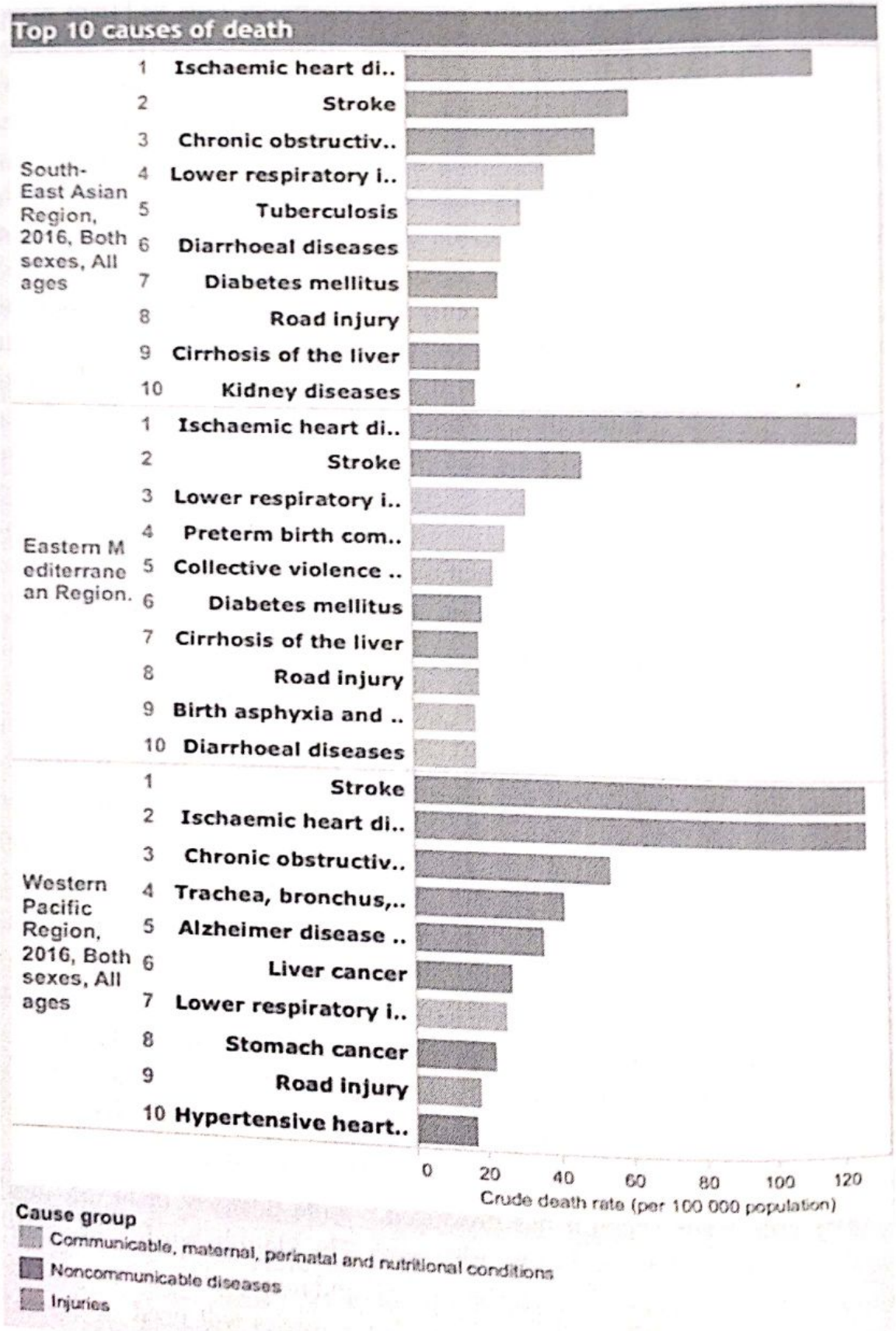
Inter-regional comparisons also highlight the differences in terms of causes of death, a special focus here being on the deaths caused by communicable vis-à-vis non-communicable diseases. In 2010, the average mortality in 20 selected Asian countries, from all causes, was 90.2 per 1000 people, which

was almost twice the rate for the developed OECD countries.[23] Within the Indo-Pacific region, high-income countries/territories such as Hong Kong, Singapore and South Korea have witnessed an epidemiological transition from communicable to non-communicable diseases as the more prevalent cause of death,[24] while in the low- and middle-income countries, such as China and India, communicable diseases remain a major cause along with the growing prevalence of non-communicable diseases. In lower-income countries of the Asia-pacific region, communicable diseases have an especially higher prevalence.[25] In 2009, Papua New Guinea had the highest prevalence of HIV among 15- to 49-year-olds (0.9 per cent), followed by Southeast Asian countries like Thailand (1.3 per cent), Myanmar (0.6 per cent), Cambodia (0.5 per cent) and Malaysia (0.5 per cent). Access to medication for HIV, primarily anti-retroviral drugs is also abysmal. Affected individuals in countries like Papua New Guinea and Thailand only had 50 per cent access to such life-saving medicines, and even this was the highest in the region. The Global Burden of Disease Study (1990–2010) affirms the link between economic and epidemiological trends in Indo-Pacific Region defined as South-East Asian Region, Eastern Mediterranean Region and Western Pacific Region (Figure 1).

Owing to the distinct rural environmental settings and socio-economic lifestyle, where human and animals—both wild and domesticated—are in close contact, the region is also susceptible to relatively unknown communicable diseases called Zoonoses—diseases that are transmitted from animals to humans.[27] Diseases in the broad category of Zoonoses are caused by more than 800 pathogens. In the recent decades, several new zoonotic pathogens have been identified including the avian-origin H5N1, severe acute respiratory syndrome (SARS) and Nipah viruses. The factors that have contributed to the spread of Zoonoses in the Indo-Pacific region: widespread poverty, accompanied by poor housing; close proximity of humans and animals; weak public health infrastructure; diversification in the farming sector including animal husbandry; destruction of natural animal habitats, etc. Rapid urbanisation and industrialisation and the resultant change in food habits and lifestyles also indirectly impact the spread of Zoonoses.

The Indo-Pacific region has produced a wide diversity of health needs across countries which need to be addressed. The 'double burden' of dealing with alarming increases in both communicable and non-communicable diseases put additional pressure on governments.[28] Countries will need to diversify their health policies to tackle the shifting burden of disease, and link them

Figure 1: 10 Causes of Deaths in Indo-Pacific Region (1990–2010)[26]



Source: http://www.who.int/gho/mortality_burden_disease/causes_death/top_10/en/

with economic policies to better understand the broader context of these epidemiological trends?

In this dynamic global environment, health policy has not been given sufficient attention. The negative effects of the major outbreak of diseases, like SARS and pandemic influenza, on the economy of affected countries, have attracted significant concern within the trading community, which has also be seen in recent past during the spread of diseases, such as H1N1, Ebola and Zika, etc.[29] There has been a lack of interest in understanding and examining the possible links between regional/global trade on the one hand and the rise in the spread of non-communicable diseases on the other. For example, the opening up of the market in this region to multinational tobacco companies has resulted in an increase in the spread of infections from tobacco-related diseases.[30]

While insufficient data on the issue makes it hard to draw definite conclusions on the links between changing dietary habits in the Indo-Pacific region and consequent health risks,[31] it is clear that the rapid rise in the incidents of non-communicable diseases has coincided with globalisation. Obesity and Diabetes, once considered disorders confined to the developed societies of the Western world, have become seen a rise in several low- and middle-income countries of this region.[32] Many factors, such as sedentary lifestyles and increased intake of food products with high dietary fat and high sugar content, have contributed to this trend. For example, the Pacific Island countries have among the world's highest rates of obesity (75%) and diabetes (47%). A marked shift from traditional high-protein diets to processed foods of low nutritional value.[33]

Health and Foreign Policy in the Indo-Pacific: As an Instrument to Advance National Interest

Development assistance, a vital component of foreign policy, serves the national interests and humanitarian needs of countries in the Indo-Pacific region. In this context, in the field of health policy and diplomacy, the role of Japan, China and India remain significant.

In Japan, a generation of people have grown up with a strong sense of pacifism that arose from firsthand experience of the devastation of World War II. The Japanese need to develop a new motivation to overcome their pacifism. Attempts to secure its position in an ever-changing world, Japan realised that human security offers a framework for future-oriented pragmatic pacifism in

its politics. 'The evolution of the human security concept into a pillar of Japanese foreign policy thus reflects Japan's quest to solidify its position in the international community as a global civilian power'.[34]

Japan is particularly well-placed to play a leading role in promoting global health in the Indo-Pacific region since it has the longest life expectancy and the lowest infant mortality among the G8 nations. It was Japan that first put global health on the G8 agenda. At the 2000 Kyushu-Okinawa G8 Summit, Japan drew the world's attention to infectious diseases around the world.[35] The discussions led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has contributed to saving 2.5 million lives until 2007. Since 2000, global health has had a continuous presence on the G8 agenda and resources deployed in the field globally have increased dramatically from $6 billion in 2000 to $14 billion in 2005.[36]

According to a Japanese estimate, 6 million people, or one person every 5 seconds, die of AIDs, tuberculosis and malaria around the world annually. Half a million mothers die during pregnancy and delivery, and 10 million children under 5 die each year. These preventable deaths are concentrated in poor regions of Sub-Sahara Africa where infant mortality is 50 times that of Japan, and maternal mortality more than 200 times.[37] Being a soft power, Japan firstly raised the issue of global health in the G8 and allocated a dedicated fund of $60 billion to fight against infectious diseases and strengthen health systems in Africa. It has also promised to provide 100 million insecticide-embedded bed nets by 2010 to fight against malaria to achieve the target of 2.3 health practitioners per 1,000 patients in Africa. Japan established a review mechanism to monitor and asses the past commitments, which are being implemented.[38]

According to James M Kondo[39] (2009), three things made Japan a public health leader in the Indo-Pacific region:[40]

1. *The Japanese political leaders stepped up and carried the G8 agenda forward:* Foreign Minister Masahiko Koumura, writing in the medical journal *The Lancet*, almost a year before the G8 summit, rallied the world to take immediate steps to address global health. In January 2008, Japanese Prime Minister Yasuo Fukuda announced global health as a G8 agenda in front of world leaders at Davos. Meanwhile, former Prime Minister Junichiro Koizumi created the Hideyo Noguchi Africa Prize to honour eminent global health researchers. Another former Prime Minister Yoshiro Mori chaired a discussion on health issues with

some African heads of state at the annual Tokyo International Conference on African Development.

2. *Other Japanese stakeholders also contributed:* For example, in business, Sumitomo Chemical, the producer of the innovative insecticide-embedded malaria bed nets central to the global fight against malaria, was one of the two companies named by Bill Gates as embodying 'creative capitalism' to address critical global issues. In the non-government organisation sector, more than 140 NGOs gathered to create the G8 Summit NGO Forum whose special task-force on global health organised events to galvanize the public, led advocacy, and built up a global coalition to demand G8 action.
3. *Multi-stakeholder platforms were created to connect government, business, NGOs, academia and the media:* One was the Global Health Summit co-organised by Health Policy Institute, Japan and the World Bank, six months before the G8 Summit, to build national momentum for the G8. Another was a cross-stakeholder working group organised by the Japan Centre for International Exchange that identified better coordination among various disease-specific initiatives, and a renewed focus on strengthening the overall health system (as opposed to building disjointed and suboptimal systems for each disease-specific initiative), as a key issue to be addressed at the island town of Toyako.

In the case of China, it is facing multiple challenges to its health care system on account of the changing demographics and politics of the country, the evolving dynamics of health care, and the emerging epidemiology of health as well as diseases. While China accounts for one-fifth of the world's population, its disease burden, measured in years of healthy life lost, is one-seventh in the world. Historically, China has been home to some of the world's major epidemics—the 1957 Asian flu, the 1968 Hong Kong flu, the 1977 Russian influenza, and the 2003 acute respiratory syndrome (SARS) epidemic.[41] Since 1949, the People's Republic of China has successfully used health as a tool to promote foreign relations. On April 6, 1963, Premier Zhou Enlai sent the country's very first medical team to Algeria.[42] Over the years it has continued to send medical teams to Africa and West Asia.[43] Such humanitarian efforts have helped generate favourable images of China globally; at the same time, helping it to improve its diplomatic relations. China is playing a vital role in ensuring global health security in the 21st century.

Its rise as a major economic power in the region, since the 1990s, generated

strong interest in China to use foreign aid as a diplomatic tool to expand its influence in global health governance.[44] Since the 1990s, China has prioritised the economic side of foreign aid and encouraged the use of Development Assistance for Health (DAH) to secure its economic interests. One of the senior officials of the Ministry of Health rightly said that China's health assistance should "not only serve China's foreign policy but also act as a broker for economic development in China and recipient countries."[45] A major characteristic of China's new foreign policy, especially pertaining to health, centres on multilateral diplomacy with active international participation. With ongoing globalisation, inter-regional transmission of diseases has become a reality, requiring concerted remedial efforts at the global level.[46]

China understood the importance of ASEAN nations to its health security, and therefore, started paying special attention to the ASEAN nations. Putting public health on its priority list, China set up a Sino-ASEAN Foundation on Public Health Cooperation in April 2003, spending 10 million RMB (Malaysian Ringgit). In March 2008, information sharing among China and ASEAN countries became a reality when they put into operation information technology to enable prior notification of emerging infectious diseases. This made it possible to predict and respond to disease outbreaks well in advance.[47]

India, another important player in the Indo-Pacific region, also adopted a robust global health policy after Indian diplomats and foreign policy mandarins pushed for diplomatic initiatives in the health sector. The United Nations (UN) and the World Health Organisation (WHO) are the nerve centres for global health initiatives. Considering the importance of health in foreign policy dialogues, many countries have added permanent health attaché to their diplomatic staff, besides appointing diplomats to international health departments. Their brief is to take quick decisions and manoeuvre negotiations when faced with outbreaks of disease, security threats or other serious health-related issues that have global ramifications.[48]

Health is turning out to be a major determinant in relation-building between nations. With the infusion of new dynamism into foreign policy deliberations, India has started taking an interest in global health aid politics, making it an integral part of India's foreign assistance program and its impact has been growing exponentially over the years. Believing that the program will continue to expand in the coming years, Indian policymakers want to involve the country's private health sector players in health assistance initiatives.[49] Health assistance typically encompasses bilateral health support,

health IT and Pharma etc., and involves infrastructure, human resources, education and capacity building. It is commendable that since 2009, India has committed at least US$100 million to several health programmes in the countries across South Asia, Southeast Asia and Africa. India, with its reputation as an IT expert hub, could help develop things like pan-Africa tele-medicine and tele-education networks, where hospitals and universities throughout Western Africa would be linked with counterparts in India to facilitate sharing of best medical practices.[50]

Policy makers in India are committed to strengthening cooperation and sharing of experiences in the public health sector. India uses foreign assistance as a diplomatic tool to further global trade and investment and offers a stable relationship with many emerging countries from Asia and Africa. India believes in the concept of south-south cooperation and is critical about the Western donor-aid model. Indian foreign aid includes technical assistance, grants and contributions to international organisations, soft loans, and Export-Import (EXIM) Bank credit with subsidized interest rates.[51] India's engagement with global health diplomacy is predominantly to increase its political presence internationally, though it has been formulated and implemented in a limited sense to also generate revenue.[52]

Rising Health Concerns and Indo-Pacific: Issues and Challenges

Another area of policy concern for all countries in the region, including Japan, China and India, is trade and investment in health-related goods and services. Health-related businesses such as pharmaceutical and biotechnology companies, health insurers, medical equipment manufacturers, and e-health providers would gain from a more prosperous Asia-Pacific. Four of the world's largest drug companies—Pfizer, Novartis, Sanofi and GlaxoSmithKline—earn a third of their revenue from outside their domestic markets. Established local pharmaceutical companies in Asia are competing with 'Big Pharma' companies to capture the region's markets by expanding their presence beyond their home bases. China, for example, is expected to overtake Japan to become the world's second-largest market for pharmaceutical products by the year 2016, with sales of around US$160 billion, while a relatively less-developed country like Indonesia promises to become the sixth largest pharmaceutical market.[53]

Since the 1990s, access to medicines in the Indo-Pacific region has been adversely impacted by trade liberalisation and become a subject of concern to NGOs such as Oxfam. Global trade dialogues and negotiations under the

World Trade Organisation have been continually interrupted. INGOs and human rights organisations argue that the new forms of intellectual property rights are being adopted under local (bilateral) and regional trade negotiations,[54] which, in turn, affects the access to medicines by the poor. As governments of the Indo-Pacific region have made integration with the world economy their priority, economic policy has taken precedence over health policy. Asserting that health policy is constrained by a lack of transparency, resources, technical expertise and regulatory frameworks, the public health community of the Indo-Pacific region has justified its non-participant in trade negotiations.

Despite, an alarming number of deaths from NCDs, the challenge for the region in the coming decades would be to see how best the region's growth can take a healthier course. More comprehensive data and analyses are needed to improve regulatory measures such as labelling, taxation and social marketing related to health. For instance, a report by the Asian Development Bank found that increasing tobacco pricing by 50 per cent through taxation in the five highest burdened countries from Asia would reduce the number of users by almost 70 million and tobacco-related casualties by 30 million.[55] Equally revealing was the fact that higher taxes would generate a tax revenue average of 0.30 per cent of GDP (US$24 billion per year), enough to cover the direct medical costs of treating tobacco-related illnesses.

Concluding Observations

The Indo-Pacific region is seen largely as a major source of global health 'threats' in the form of disease outbreaks, and unregulated use of tainted products such as illicit drugs, cigarettes or counterfeit medicines. The region has been categorised in relation to the concept of 'vulnerability', defined by Woodward as sensitivity to displacement (resistance) and adaptation (or resilience).[56] The two are closely linked. Similar to the upheavals of the Industrial Revolution, the large-scale de-territorialisation brought about by contemporary globalisation have made some human populations vulnerable to newer forms of diseases, both communicable and non-communicable.

New research needs to be conducted to ascertain the impact on human health resulting from the rapid transitions taking place. Governments must measure and monitor national well-being at the individual and population levels. The differing concepts of well-being have developed as a reaction to the limitations of economic indicators such as gross domestic products (GDP) as

a measure of a society's achievements and progress.[57] Definitions of well-being are inspiring new approaches to defining and measuring economic and social goals, and how best to achieve them. The adaptation and implementation of such a way in the Indo-Pacific region are both timely and urgent.

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