INDO-AMERICAN GLOBAL HEALTH DIPLOMACY CAN INFLUENCE RISK MANAGEMENT OUTCOMES

Posted on August 29, 2019 by Edmond

Category: Opinions

India and the United States of America have one thing in common, among the many other things and that is: faced with disasters from time to time, having complicated health systems and aiding other nations on humanitarian parameters.

The craft of diplomacy must no longer be viewed in terms of traditionally guided position within the framework of the Vienna Convention of 1949. It must rather include a more liberal interpretation which includes the idea of trans-boundary humanitarian diplomacy as the new world order continues to shape up. Repeated natural disasters, conflicts, refugee crisis, global militancy, diseases without borders and psychological war games are compelling enough to strengthen the risk management outcomes by promoting impartiality, neutrality and independence and by creating a more robust health system.

Economic stability and growth cannot be realized without strengthening risk management outcomes and building a disease free society which also promotes health. However, given the background that US spends about 4.3 % of their GDP on healthcare and Indian spends around 1.3 % on healthcare, both countries today face unprecedented challenges.

The global health diplomacy effort I am referring to out here is not to push embassy representations to act on risk management or on global health system strengthening. Embassies are usually under-staffed, overworked houses respectively. But this global health diplomacy ought to be built by the

respective Health Ministries and the Disaster Management Departments. Secondly it cannot be built by Governments alone and the problem of hubris remains. It must factor in private institutions and civil society enterprises without whom; a meaningful world cannot be realized.

The effort involves trade-offs, tough bargaining with adversarial interests in search of promoting health and searching for common ground. When healthcare workers provide humanitarian assistance in disaster zones, in conflict zones, they are not entirely informed about humanitarian laws, norms or principles and usually only focus on providing clinical care, not aware of risk management guidelines which may be required in the context of care. Health care institutions never teach negotiation as part of medical education and as such humanitarianism takes a backseat among the list of priorities thereby. It is here that institutional mechanisms within governments taking help of non governments play a role to capacity build trained responders in risk management processes. There are number of occasions when healthcare providers have been attacked, abused and also kidnapped for want of money and material during humanitarian crisis. India and the United States can expand co-operation with each other by strengthening health departments and thereby health-workers first through academic enhancement and thereafter through field interventions. India must with American assistance lead the efforts for trans-boundary global health diplomacy in the global south and the United States must also learn lessons from India which can be implemented in the Americas.

Diplomacy in terms of global health and humanitarianism can no longer be left in the hands of few selected agencies, but rather begin to engage with new and regional stakeholders as well. It is a well-known fact that as one moves from a headquarter level to a more sub-regional office or at a county/district level, the familiarity with humanitarian processes tends to decrease even as the familiarity with local geography and context remains high.

As a matter of fact, healthcare in India is clouded by inequality ranging from quality of care, to access, shifting asymmetry from states and a complete lack of preventive healthcare with mere focus on curative care alone. The United States while ambitious in GDP spending for health, continues to have concerted problems ranging from healthcare that is not so affordable, primary health care which is usually not championed by most state governments and antibiotic hyper-regulations which make it difficult even for temporary visitors, let alone native Americans besides opiod crisis and gun-violence. Solutions for risk management must emerge through such troubled waters inspite of other pressing priorities for which we may have to work hard, however.

India and the United States certainly would have outcomes towards risk management based on particularistic factors. However successful outcomes on risk management and regional co-operation stems from the utilisation of institutional experience and memory with past work, in-depth knowledge of the geography and with creative practitioners along with enlightened administrators.

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