


Chapter 9


China and India in Africa: Cooperation and Competition in Global South Health Strategies

Maziar Mozaffari Falarti

 <https://orcid.org/0000-0001-5305-8589>

University of Tehran, Iran

Behzad Abdollahpour

 <https://orcid.org/0000-0002-8004-1878>

Istanbul University, Turkey

ABSTRACT

This chapter examines the health strategies of China and India in Africa, using the geo-health strategy framework to integrate health diplomacy with geopolitical and economic objectives. It analyzes how China's Health Silk Road and India's Maitri Initiative leverage health interventions to expand influence in the Global South. China's state-led approach prioritizes medical infrastructure, vaccine diplomacy, and Traditional Chinese Medicine (TCM), while India's market-driven model focuses on affordable pharmaceuticals, digital health, and medical tourism. Despite promoting South-South cooperation, both nations intertwine humanitarian efforts with economic gains and strategic competition. The chapter argues that health diplomacy serves not only humanitarian goals but also functions as a geopolitical tool for reshaping power dynamics and challenging Western dominance in African healthcare sectors.

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INTRODUCTION

China and India have significantly expanded their health strategies across Africa, intertwining health diplomacy with broader geopolitical and economic objectives. While previous analyses predominantly rely on soft power and health diplomacy frameworks (Nye, 2004; Fauci, 2007), these perspectives fail to comprehensively capture the strategic and economic underpinnings of their engagements. This study proposes the concept of “geo-health strategy” as a more holistic framework to explain how health initiatives serve as geopolitical tools to achieve broader strategic goals. Geo-health strategy integrates global health diplomacy with power dynamics, economic interests, and regional influence, revealing that health interventions are not solely humanitarian but can also reinforce geopolitical competition, economic advantage, and strategic balancing. In recent decades, the international relations landscape has undergone transformative changes, particularly regarding the roles of emerging powers like China and India in executing health diplomacy in Africa. The increasing prominence of health diplomacy within broader foreign policy agendas reflects the evolving dynamics of global governance, where health is no longer viewed merely as a humanitarian issue but as a strategic component of international relations (Adams et al., 2008; Mol et al., 2021). Both China and India have positioned themselves as critical players in addressing pressing health challenges on the continent while simultaneously competing for influence. As two of the most influential actors in the Global South, both nations have sought to expand their presence on the continent through health diplomacy, employing various approaches to improve public health infrastructure, provide medical assistance, and enhance pharmaceutical accessibility. These initiatives are not only driven by humanitarian concerns but also by broader strategic imperatives that seek to reshape power dynamics in Africa. While these efforts have contributed to addressing Africa’s pressing health challenges, they have also fueled a competitive dynamic between China and India as they vie for geopolitical leverage (Cabana, 2014).

The rivalry between China and India in Africa’s health sector is rooted in their broader foreign policy strategies that emphasize South-South cooperation (Grovogu, 2011). However, the motivations and mechanisms underlying their health diplomacy strategies differ significantly. China’s Health Silk Road (HSR) initiative, a component of the Belt and Road Initiative (BRI), reflects a top-down, state-driven approach that integrates medical infrastructure development, pharmaceutical investments, vaccine diplomacy, and the promotion of Traditional Chinese Medicine (TCM) (Chan, 2024; Rolland, 2024). India, by contrast, adopts a more decentralized, market-oriented approach, leveraging its robust pharmaceutical industry, medical tourism, and digital health platforms such as the Maitri Initiative (MEA, 2020; PWC, 2020). This divergence highlights how both countries employ different models of health

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