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Analyzing Public Health Policies in BRICS Countries: A Comparative Study of Brazil, Russia, India, China, and South Africa

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ABSTRACT

Recently, there has been a renewed interest in the role of BRICS countries within the global health space. Collectively, these five member nations have the potential to significantly transform global health. However, there are vast differences and inequalities within their individual public health systems. Hence, this paper analyzes the public health policies in BRICS nations across different spheres. Primarily, it focuses on comparing health outcomes, disease prevention and control strategies, access to universal healthcare, and healthcare financing mechanisms among the five member nations. It also evaluates the performance of BRICS healthcare systems in the last two decades using existing studies and data. Additionally, it examines how BRICS countries responded to the recent COVID-19 pandemic. Based on these comparative findings, it argues for the need to strengthen inter-BRICS cooperation among member countries. By pooling their knowledge and resources, BRICS countries can harness their collective strength to combat the similar public health challenges that lie ahead.

Keywords: Pandemic, World Health Organization, Economic, Global Health

INTRODUCTION

Over the years, the BRICS countries—Brazil, Russia, India, China, and South Africa—have witnessed a substantial rise in their influence on the global health stage. After all, these five nations alone once accounted for about 40% of the global burden of disease (Acharya et al., 2014). Even in recent decades, communicable diseases have posed a crucial challenge to the BRICS countries. In 2019, nearly 550,000 tuberculosis deaths were recorded across the member nations, accounting for an alarming 39.3% of global deaths (Zou et al., 2022). They also report higher road accident injuries and fatalities linked to air and water pollution than their counterparts (Hyder & Vecino-Ortiz, 2014).

However, throughout the 21st century, there have been significant healthcare developments across all five BRICS nations, impacting millions in the process. Yet the unique position of BRICS, along with its potential to influence and transform the global health landscape, is often overlooked. Even before the recent COVID-19 pandemic, global health governance seemed to be at a critical juncture. This is mainly because the World Health Organization (WHO) and the United Nations (UN) were faced with several challenges and struggled to navigate their way effectively in the international domain (Lee & Piper, 2020). But the pandemic has further exposed the weaknesses in global health governance. As the WHO and the UN are confronted with the challenge of adapting health goals to the rapidly changing environments of developing countries, it has left the space open for a new kind of leadership to emerge.

But in order for BRICS to close this gap in the global health system, it must first address the challenges that lie within the bloc. Firstly, there are considerable differences among the five nations regarding their disease burdens, healthcare systems, interests in global pharmaceutical trade, and engagement in international affairs, among others (McKee et al., 2014, p. 452). The goal, however, is not to work towards uniformity within BRICS but to strengthen international cooperation and coordination.

As a large group of emerging economies, BRICS can revolutionize the global health space. Hence, a comparative analysis can offer crucial insights. In this paper, I attempt to explore public health policies implemented by the BRICS countries. By examining different aspects of their policies—healthcare infrastructure, disease prevention and control strategies, access to healthcare services, health promotion initiatives, and healthcare financing mechanisms—this paper will shed

light on where the bloc's collective strengths and weaknesses lie as well as the role of intra-BRICS cooperation in the healthcare field.

BACKGROUND

Historically, the BRICS countries have been grouped together primarily because of their similar levels of economic development and economic transformation processes (O'Neill, 2001; Piotr et al., 2020). In 2001, this included Brazil, the Russian Federation, India, China, and later, South Africa, which joined in 2010. The following year, they held their first collective meeting of health ministers on 11 July 2011. Prior to this, health was never included in the BRICS agenda.

Shortly after the first meeting, BRICS institutionalized the healthcare discourse and noted that "most of BRICS countries face a number of similar public health challenges, including universal access to health services…" and agreed to "address these common challenges in the most cost-effective, equitable and sustainable manner" (BRICS, 2012). Over time, these challenges would come to include tackling diseases like HIV , tuberculosis, and malaria, making health service coverage universal, and improving preparedness for health emergency outbreaks , among others (Larionova et al ., 2014; World Health Organization, 2017). Several discussions from the time also reiterated the importance of "technology transfer" as a means to strengthen domestic health systems, innovation, and public healthcare in developing countries, demonstrating that the potential strength of intra-BRICS cooperation in the health sector was already acknowledged (Larionova et al., 2014). The influence of BRICS in the global health space was also noted as countries affirmed the need to "support and undertake inclusive global public health cooperation projects" to advance healthcare in developing countries (BRICS Health Ministers, 2011).

Though these agendas place a notable emphasis on collaborating in the field of health, the BRICS countries, as Piotr et al. (2020) summarize, have varying healthcare models, solutions, and challenges. In Brazil, they note that healthcare is provided universally and is free to all citizens, with primary care being a crucial component. In Russia, the system has evolved from the Semashko model of the communist era and now relies on mixed revenue sources, including compulsory health insurance, an additional voluntary health insurance system, and funds from enterprises and institutions. India's healthcare system is a mix of public and private entities, with compulsory social insurance mainly applicable to the formal sector. However, India's healthcare sector is largely privatized, with out-of-pocket payments being the predominant source of spending. In China, Piotr et al. (2020) observe that changes in population demographics and government initiatives to expand medical access are driving reforms in the healthcare market. However, the system is increasingly moving towards privatization, which could prove to be a challenge in making healthcare accessible, especially for those living in rural regions. Issues include hospitals setting limits on treatment costs and patient hospital stays, leading to overcrowding and disorganized administrative systems. Moreover, a shortage of qualified healthcare personnel is a significant obstacle. In the Republic of South Africa, the healthcare system can be divided into two branches: one funded by the public sector and the other by an emerging private sector. The state-funded basic healthcare system is underfunded and overburdened. Challenges include a shortage of trained medical professionals and the prevalence of diseases like HIV, tuberculosis, cholera, and malaria, which strain the national budget and escalate treatment costs.

Some commonalities, however, also seem to emerge here. For instance, all five BRICS countries use a mixed public-private approach to fund their healthcare systems (Rao et al., 2014). Moreover, issues like insufficient funding, healthcare staff shortages, and limited capacity in publicly funded systems appear to be common challenges among the BRICS nations. Hence, a comparative evaluation of their approaches, successes, and failures can allow BRICS to formulate healthcare strategies that are proven, effective, and backed by empirical results. Such strategies can exploit the collective strength of the five member countries in order to transform public health and the way the benefits of medical and scientific progress are distributed globally.

DISCUSSION

While there have been studies of the BRICS countries, few have compared their health systems, policies, and performance. Some researchers have assessed how the health systems of the five BRICS countries are performing and found similar results (Petrie and Tang, 2014; Piotr et al., 2020). Though Russia, Brazil, and China scored better than South Africa and India, Piotr et al. (2020) highlight how their respective trajectories in the 2000−2017 period point to the emergence of two major players.

The first is China, which showed a remarkable improvement and even surpassed Russia to continually exhibit the best result of all five BRICS countries from 2010 onwards. Another significant finding was that India, which previously

lagged behind, managed to greatly catch up with other members from 2003 onwards and even overtook South Africa in the process. Russia's health system performance remained stable alongside Brazil's, though the latter appeared to experience a visible decline between 2015 and 2016 before rising upwards again.

While these results do not detail the strategies or policy changes that could have influenced their trajectories, they offer a practical overview of comparative health performance in the BRICS nations. During these two decades, it is important to note that the BRICS nations also made some health system reforms to guarantee Universal Health Coverage

(UHC), which can offer a further explanation of their health outcomes. UHC has received extensive attention across all five member countries during the last 20 years. In fact, data about the backstopping missions to BRICS show that the largest share—33%—went to health systems and UHC (World Health Organization , 2017). In this context, India has undertaken major efforts to expand UHC to its population (Sharma & Popli, 2023). After noticing problems related to underfunding, rising out-of-pocket payments to the private healthcare sector, as well as the high medical expenses borne by the poor, they set out to implement and expand government-sponsored insurance and various other national health programs (Government of India, 2005). In 2009, similar problems drove the impetus to China, which led to ambitious healthcare reform initiatives that doubled health spending, made changes to lower the cost of healthcare, and expanded health insurance coverage nationally (Yip & Hsiao, 2009, p. 613).

On the other hand, Brazil and the Russian Federation have had a comparatively longer history of implementing and granting UHC to citizens (Momen & Rosa-Freitas, 2015; Reshetnikov et al., 2019). Like India and China, South Africa is also a relatively new player. However, it is worth noting that South Africa emerged as the second-highest spender per gross domestic product (GDP) on health, amounting to 7.5% during the 1995 to 2017 period (Jakovljevic et al., 2022). Brazil spent the most, which accounted for 8.4%. These numbers are telling, as it is generally accepted that a country that spends at least 5–6% of its gross domestic product on health is often able to subsidize healthcare and provide equitable access to health services (World Health Organization, 2010). Despite China's and India's growth, they still have a long way to go in this regard. This is because both countries accounted for the lowest health spending per GDP during 1995–2017, at 4.2% and 3.7%, respectively (Jakovljevic et al., 2022). Out-of-pocket spending was also high in China and India and was the main source of health spending. It is interesting, however, that though the Russian Federation's UHC timeline is comparable to Brazil's, its expenditure only accounted for 5.1%, which is less than that of a new entrant like South Africa. Yet, out of all the BRICS nations, it is Russia where the largest health spending is done by the state rather than emerging from out-of-pocket expenditure (Jakovljevic et al., 2023).

Additionally, the BRICS countries implemented diverse approaches to combat the spread of COVID-19. Disease prevention includes interventions for preventing, detecting, and minimizing the burden of diseases and associated risk factors, which is an important consideration in public health policy (World Health Organization, n.d.). However, its relevance has heightened following the pandemic. Hence, Jiao et al. (2022) evaluated the responses to the recent COVID-19 pandemic among the BRICS countries, which can help compare the efficacy and preparedness of their health systems. They found that China adopted a containment strategy, while South Africa and India employed an intermediate strategy combining containment with mitigation measures. On the other hand, Brazil and Russia pursued a mitigation strategy. After comparing and evaluating COVID-19-related data, Jiao et al. (2022) demonstrated how China had not only escaped a second pandemic peak but also had lower total deaths per million compared to the other four countries. Yu & Li (2021) conclude that though the pandemic highlighted a "lack of protective facilities, inadequate protection information and unscientific diagnosis and treatment system" in China, the containment strategies adopted later by the state had significant successes in limiting the spread of COVID-19 (p. 352).

While there were some successes in India and South Africa too, premature relaxation of health measures appears to have caused a second wave in these countries. Moreover, in 2018, both nations had relatively low health expenditure per capita, which stood at US$72.83 for India and US$525.96 for South Africa, which might explain their death rates (World Health Organization Global Health Expenditure database, n.d.). Russia, like Brazil, adopted mitigation strategies. However, the latter was slow in proactively responding to the pandemic. Moreover, Brazil's reluctance to accept vaccine assistance from other BRICS nations in the initial phase meant that it had the poorest pandemic performance among the five member countries.

Noting these failings in intra-BRICS cooperation during the pandemic, Moore (2022) asked an important question: "Why were the BRICS unable, or unwilling, to assume a leadership role as a collective at the height of the global COVID pandemic in 2020-2021?" (p. 2). The expansion of the BRICS health dialogue during the 2010s and their emerging health priorities seemed to signal to the world that a new bloc was rising in the health space. Yet, its inability to act as a

collective during the COVID-19 pandemic proves that BRICS still needs considerable reform in order to emerge as a leader in this field.

CONCLUSION

When O'Neill (2001) first introduced the acronym BRICS, he also predicted that these five countries would dominate the global economy by 2050. As of today, the BRICS nations already represent more than one-quarter of the global GDP as well as 42% of the world's population (United Nations, 2023). When combined, China and India alone are estimated to be home to one-third of the world's total population (United Nations, 2022). Hence, translating this growth into better health outcomes will not just improve healthcare within their respective countries, but it will also be a considerable step forward for global health.

As this paper shows, sufficient funding is essential to improve healthcare infrastructure and ensure equitable access to quality services. Despite having differences in their health policies, BRICS have recognized that there is a crucial need for robust health financing systems. Each country has also made a significant contribution to global UHC by advancing progress towards it within domestic boundaries.

Though they have different epidemiological profiles, intra-BRICS collaboration can present many opportunities in the healthcare field. By pooling their knowledge, technology, and resources, member nations can address some of the major common challenges they face today. This can range from reducing the burden of communicable and non-communicable diseases to enhancing their capacity for responding to health crises effectively, among several others. Working together, these five emerging economies can pave the way for transformative improvements in public health and make a positive impact on global health advancements.

Harnessing the bloc's greatest strength, intra-health collaboration may be beneficial in the future. Rather than being divided by their differences or conflicts in health and development approaches, Moore (2022) suggests that BRICS can increase collaboration in the spaces they do agree on. This can include medical and health technologies, health surveillance and promotion initiatives, and drug research and development. Investments in such avenues can significantly impact the global health agenda, ensure better health outcomes, and ultimately result in better-quality healthcare that is equitable and accessible to all.

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