

Ashutosh Sheshabalaya

EYE ON THE TIGERS

China leads the rush for Africa's raw materials. India is nowhere in the neighbourhood. Or so goes conventional wisdom.

As it happens, India is also a front-runner in the African race – commodities included – but its presence goes significantly beyond. India's Oil and Natural Gas Corporation has invested heavily in Sudan. Its National Thermal Power Corporation plans two major liquefied natural gas plants in Nigeria. Mining giant Vedanta controls 51 percent of Zambia's Konkola Copper Mines, and its strategic plans – which have already made it the African nation's largest foreign investor – entail a 150 percent hike in output to 6 million tonnes. There are more examples.

Indian manufacturers too have made their African presence felt. Tata Motors (now a key contender for Jaguar and Land Rover) intends to make its bus plant in Senegal a hub for a proposed new "Third World truck". Jeeps from Tata's Indian competitor Mahindra equip the militaries of several African countries. Both Indian firms plan plants in South Africa, the continent's largest automotive market.

It is, however, in "knowledge economy" areas that India's lead over China has the most far-reaching implications. Indian Railways has long provided engineering services across the continent, while pharmaceutical firms from India dominate much of Africa's generic medicines market. Their frontline role in Africa's AIDS battle was a high-profile initiative by former US President Bill Clinton. Elsewhere, India's supercomputing and social high-tech pioneer, the Centre for the Development of Advanced Computing, runs programs at Ghana's Kofi Annan Centre of Excellence in Information and Communications Technology (ICT).

On the horizon, however, is an emerging knowledge-economy frontier where India's lead in Africa concerns not just

China but the US and Europe, too. This is about e-health.

Given its still low per-capita income and weak infrastructure, India has hands-on familiarity with Africa's healthcare challenges. However, as a fast-rising global technology power with a range of domestic e-health assets – ranging from satellites and "VSAT" ground stations, customised software and supercomputers, to a large medical electronics industry and booming telecoms market – India is uniquely positioned to provide meaningful e-health solutions for Africa. It has already implemented several ambitious projects at home; ironically, some major US and Japanese telemedicine deployments too have their antecedents in India.

India now plans to replicate these successes in Africa. In July, an Indian tele-obstetrics project in Ethiopia's Black Lion hospital beamed images to specialists in Hyderabad, part of a billion-dollar Indian government-funded e-health initiative

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described by Infoworld as "Africa's biggest ICT project ever". India now plans to allocate transponders in HealthSat, the world's first satellite dedicated wholly to telemedicine, for its pan-African venture.

China, by contrast, lacks the ability to muster real-world, market-facing critical mass in e-health-related areas such as medical tourism. By contrast, Indian corporate hospital heavyweights such as Apollo, Wockhardt and Escorts are key players in India's African e-health foray.

In the final count, India's African "invisibility" may be a fig leaf for a more durable, real-world resolve than China's. In 2003, the Indian Navy sent warships



to Mozambique during the African Union summit, demonstrating India's blue-water naval advantages over China; in the African context, these will be further buttressed by the massive "Seabird" naval base coming up on India's western coast.

Indeed, just this kind of will – and the lack of understanding in Europe – was demonstrated when a 35-warship, helicopter-equipped Indian fleet mobilised within hours of the December

2004 Asian tsunami, and again, in July 2006, when few noticed that the tonnage of the Indian warships sent to Lebanon outweighed the British Royal Navy's by a factor of six.

The Africa telemedicine front, however, will carry a price for such negligence. In March 2007, Michael Nerlich, President of the International Society for Telemedicine and eHealth, noted that cost-effective, Indian e-health products could transform the industry, globally. After all, e-health is an EU priority, both domestically as part of its Lisbon "growth and jobs" agenda, and in terms of its development assistance for Africa.

Ashutosh Sheshabalaya specialises in interpreting Indian opportunities, risks and trends