Hard Power Rivalry And Soft Power Outreach: Nuclear Strategy And Health Diplomacy In India, China And Japan

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Abstract: This paper investigates how hard power competition and soft power initiatives influence regional diplomacy in Asia, particularly involving India, China, and Japan. It starts by defining neighborhood diplomacy as the strategic management of relationships with neighboring states using security, political, and developmental tools. The paper then presents hard power and soft power as complementary strategies rather than oppositional ones. The next section focuses on nuclear strategy as a key element of hard power, which helps shape deterrence relationships, convey credibility, and affect regional perceptions of threats. This is followed by an examination of health diplomacy as a means of soft power, emphasizing its role in building trust, establishing legitimacy, and fostering cooperation through medical aid, vaccine collaborations, and humanitarian efforts. The final part assesses how the combination of deterrence and diplomatic engagement influences neighborhood relations, arguing that both coercive power and normative actions are critical to shaping regional stability and influence. The study concludes that effective neighborhood leadership increasingly relies on finding a balance between strategic restraint and the provision of regional public goods.

Keywords: Hard Power, Soft Power, Neighborhood Diplomacy, Nuclear Policy, Health Diplomacy

1. Introduction:

Neighborhood can be considered not merely as geographical proximity but also as a politically constructed and contested space. Since domestic politics and foreign policy intersects mostly along the shared borders, therefore geography further intensifies the vulnerabilities in neighborhood more sharply (Chattopadhya, 2011). Gaub and Boswinkel (2020) describes the concept of "gamechangers" which are long term transformations that shapes power distribution, strategic behavior and global governance structures in the international arena. They are the structural shifts that alter the geopolitical dynamics of the international sphere. Traditional geopolitics was completely focused upon the territorial competition but now the contemporary geopolitics is much more focused towards political, technological, demographical and environmental domains. Moreover, a significant resurgence of hard geopolitical competition is seen during the post- Cold War era but in the contemporary era power politics has again returned in a multipolar form and geopolitics has been evolved into a multidimensional contest (Gaub & Boswinkel, 2020). Thus, geopolitics plays a very crucial role in shaping the neighborhood diplomacies.

Neighborhood relations between the countries depend larger upon the territory, population and economic capabilities of the countries but sometimes it creates apprehensions mistrust and insecurities among these smaller neighbors rather than fostering cooperation as has been seen in the case of India where its big brother image created insecurities and fear among the South Asian neighbors. That's why, proximity can sometimes generate both opportunity and tension making the neighborhood diplomacy is structurally

sensitive and politically complex (Chattopadhya, 2011). In addition to this, power also plays a very crucial role in shaping and restructuring the neighborhood diplomacies and complex structural relations of international politics. Thus, power in international relations whether exercised through military force, economic influence, diplomacy or cultural attraction they are not isolated tools but they are interdependent instrument within a broader strategic framework of international relation which shapes and restructure it. Hard power in international relation cannot be merely understood as a destructive force but rather it is a latent form of influence. Military capability is a political instrument which shape the adversary behavior through deterrence and reassurance. Gray (2011) strongly resists the claims that the military power has declined in relevance over the years, and he is also skeptical of the claim that attraction can replace coercion as a primary strategic tool. He argues that soft power lacks precision and reliability because it depends on perception, cultural interpretation, and voluntary acceptance by target audiences. Gray (2011) always views soft power as supplementary rather than substitutive. He emphasized that deterrence is a continuing foundation of international security, as even in this stage of globalization and interdependence, states respond to credible threats of force (Gray, 2011)

Moreover, Soft power also plays an important role in shaping the international arena, through attraction rather than coercion. Culture, democracy, pluralism and historical identity are the numerous tools of soft power projections. Civilizational identities can sometimes also become a source of attraction as has been proved true in the case of India where philosophical traditions and religious pluralism have formed the foundations of the global appeal. Moreover, India's democratic system, cultural diplomacy and its diaspora has played an important role in fostering trust and cooperation in its neighborhood. Malone (2011) talks about how soft power and hard power as an instrument to neighborhood diplomacy can operate complementarily rather than substitution. Hence, soft power is a multiplier rather than an alternative to hard power (Malone, 2011). But in addition to military power, nuclear policy is also a more concentrated expression of hard power as an instrument of deterrence and strategic credibility in an anarchic system. Similarly, Health Diplomacy is also an important extension to the soft power diplomacy in neighborhood. Thus, in this paper we would try to study how nuclear policy and health diplomacy can be used as a tool in neighborhood diplomacy taking into consideration the cases of India, China and Japan.

1.1 Research Problem:

Current international politics is frequently examined through the lens of hard power versus soft power. Nuclear strategy is a key element of hard power, crucial for establishing deterrence credibility and ensuring regional stability in Asia. Meanwhile, health diplomacy has gained importance as a form of soft power, particularly in response to global health emergencies. However, existing research often treats nuclear policy and health diplomacy as separate entities, failing to recognize the overlap between security and humanitarian efforts. There is a lack of analytical studies that explore how these major Asian countries utilize both strategies as part of their wider power agendas.

India, China, and Japan represent three unique models with respect to their nuclear postures and health diplomacy. While both India and China possess nuclear arsenals and evolving strategic philosophies, Japan follows a distinctive non-nuclear approach while having advanced technology and notable global health initiatives. The absence of comparative research analyzing how these three nations merge deterrence with diplomatic efforts presents a gap in our understanding of modern Asian power dynamics. This study aims to fill that gap by exploring the interconnected roles of nuclear strategy and health diplomacy within their statecraft.

1.2 Research Questions:

a). In what ways do India, China, and Japan utilize nuclear strategy and health diplomacy as tools of hard and soft power in today's international political landscape?

b). How is health diplomacy used as a means of neighborhood diplomacy by India, China, and Japan?

c). How is nuclear policy employed as a form of neighborhood diplomacy by India, China, and Japan?

1.3 Research Objectives:

1. To investigate the nuclear doctrines and strategic frameworks of India, China, and Japan, focusing on deterrence, responsibility, and regional stability.
2. To assess how health diplomacy serves as a vehicle for foreign policy and international influence in India, China, and Japan.
3. To determine whether and how these nations combine nuclear strategy and health diplomacy into a unified power strategy.
4. To identify the similarities and distinctions in the ways India, China, and Japan harness hard and soft power.
5. To contribute to theoretical discussions regarding the relationship between hard and soft power in current international relations.

1.4 Methodology:

This research employs a qualitative comparative design to analyze nuclear strategy and health diplomacy in India, China, and Japan. Utilizing purposive case selection, it reviews articles, policy documents, and academic literature. A structured comparative framework is used to evaluate how each country applies and integrates hard and soft power instruments in today's international politics.

2. Theoretical Framework:

2.1 Nuclear policy as an instrument of hard power deterrence and strategic signaling:

Realist International Relations theory thinks that power is the important thing in global politics. People like E. H. Carr and Hans Morgenthau said that what a country wants is about having power. When we talk about power, we usually mean the kind of power that comes from having a military and a lot of money. Janice Bially Mattern says that in the world countries still think that having weapons and being wealthy are the best ways to get what they want from other countries (BİLGİN, P., & ELİŞ, B. 2008).

Many advocates of nuclear deterrence argue that it is strategically essential, as it reduces the major wars between great powers and helps to curb political compulsion. They are concerned that, without the looming threat of destruction, an aggressive nation might more easily impose its will on other sovereign states. Those who support this perspective believe that nuclear deterrence is the most effective means to encourage both political and military restraint, thereby maintaining peace and safeguarding human life. Other supporters of nuclear deterrence see it as part of an ever-changing strategic dilemma. On one hand, they think the world might have been safer if nuclear weapons had never been created; on the other hand, they believe the inherent risks and dangers of nuclear deterrence must be carefully managed until a feasible plan for nuclear disarmament can be universally accepted and successfully executed. Following the Cold War, some proponents of nuclear deterrence argued that the system required reform. They believed that reducing the number of nuclear weapons through mutual arms control agreements and unilateral reductions was both strategically and economically responsible (Ogilvie-White, 2020).

2.2 Health Diplomacy as an Instrument of Soft Power:

The ability of a nation to affect the choices, actions, and preferences of other nations by attraction and persuasion in contrast to force or coercion is known as soft power. Joseph S. Nye Jr. created the idea and described soft power as "The capacity to obtain what you desire by attraction as opposed to force or money." (Nye, 2004)

Global health is now a significant aspect of international politics and diplomacy, not only a medical concern. In the past, health was viewed as a secondary or "soft" priority, and diplomacy was primarily concerned with trade, war, and peace. Globalization, however, has changed this viewpoint. These days, diseases travel quickly across national boundaries, trade regulations affect access to medications, and pandemics have the potential to upend entire economies. Consequently, the focus of foreign policy discussions has shifted to health. This change is encapsulated in the concept of global health diplomacy, which illustrates how nations collaborate and negotiate on health-related matters. A more inclusive and

integrated type of diplomacy is reflected in these debates, which include scientists, NGOs, corporations, and activists in addition to diplomats. (Kickbusch, Silberschmid, & Buss, 2007)

Today, global health diplomacy extends beyond disease containment. It entails multilateral negotiations, such as those held by the World Health Organization (WHO), health development aid, vaccine distribution, and collaborations to strengthen health capacity. Health has advanced from "low politics" to a critical component of foreign policy strategy. The establishment of international health institutions improved the reputation of member states. Countries that led discussions or sponsored institutions positioned themselves as responsible global actors. Vaccine donations, pandemic response support, and investments in global health systems are frequently characterized as humanitarian efforts, but they also build diplomatic ties and international reputation. (Fidler, 2001)

3. Nuclear Policy as an instrument of Neighborhood Diplomacy:

Nye [2004] said that hard power is the ability to change what other people want by using rewards and punishments. This sets it apart from power. After 2000 this idea became an important standard in literature. 73 Percent of around 410 research papers that came out from 2004 to 2024 used this way of thinking.

Baldwin [1985] made a detailed list and divided economic tools into rewards and help which he called "constructive incentives" and blockades and limitations which he called "adverse penalties". Hard power is usually studied in four groups: First, tools, which include using force right away trying to stop something from happening and showing that you have a strong military.

Second, economic tools, like sanctions, embargoes and trade limitations. Third, diplomatic coercion, which includes making demands excluding someone and using influence. Fourth, mixed types, which combine these three groups. One important thing that was found when looking at the literature is that after 2010 the number of times forms were talked about in publications went up from around 43 percent to sixty-seven percent.

This big increase shows that hard power in international relations is getting more complicated and has many different parts. The use of power is becoming more complex and hard power is being used in many different ways. Hard power is an important part of relations and hard power is still being studied today (Arslan, 2025).

3.1 India: Doctrinal Signaling and regional security posture:

Desai said something in Parliament. It had three points. First, India will use energy only for peaceful things and it will not make nuclear weapons no matter what happens. Second, India will not sign the Non-Proliferation Treaty unless the countries that already have nuclear weapons are willing to get rid of them. Third, India will not do explosions for peaceful purposes (Bhargava, 1978).

India's regional security dynamics are shaped by its geopolitical position, bordering nations, historical conflicts, and strategic calculations. Tensions with Pakistan and China are significant, particularly regarding Kashmir disputes, which foster regional instability. China's assertiveness, especially over border issues and military modernization, poses a direct threat. Its Belt and Road Initiative raise concerns about diplomatic isolation for India. Additionally, the support China provides to Pakistan impacts India's security. India faces challenges from terrorist groups and must balance assertive and defensive strategies for national security and regional stability (Ray, 2018).

India's response to China's diplomatic and economic strategies has been inconsistent, often reactive and lacking a proactive approach, which undermines its ability to utilize its resources and comparative advantages effectively. There is a clear lack of a strategic vision for a regional and global order, hindering India's efforts to establish its place in the global power balance. A successful foreign policy requires a framework grounded in geopolitical needs and national values. Instead of asserting its own role, India seems to rely on other powers to define its position. In South Asia, China's increasing influence, fueled by investments in infrastructure and energy, poses a significant challenge, as it provides loans to nations without conditions, enhancing its regional sway (Ghoshal, 2010).

3.2 China: Nuclear modernization and strategic hierarchy:

The path to nuclear power in China was made possible when modernizers and reformists who became powerful in the Communist Party in the 1970s took control of the state by the end of the decade. Chinese researchers and experts in power convinced Deng Xiaoping, Zhao Enlai and other officials that nuclear energy would reduce China's dependence on coal that pollutes, increase electricity generation in crowded coastal areas and help China catch up with other countries that are advanced in nuclear technology. In 2005 China made an expansion of its nuclear development plan. Like the decision to build power reactors 25 years earlier, leaders and experts agreed on this. At that time Premier Wen Jiabao said that experts think nuclear energy generation needs to be sped up and that developed countries are about to see a wave of nuclear power. Behind the scenes China's central planners have been promoting energy as a way to solve the energy security and pollution problems caused by the country's economic growth. From the start Beijing wanted to create a system and hierarchy for its nuclear power projects and nuclear energy was a key part of this plan with China focusing on nuclear energy as the solution to its energy needs. China's leaders believed that nuclear energy was essential for the country's future and they worked to make nuclear energy a priority with energy at the center of their plans (Hibbs, 2018).

China is making a promise that shows China wants to be a strong military power with nuclear weapons. China said why it wants to have weapons when it made the announcement about the test and before that. China wants to be part of the United Nations and China wants people to think of China as a power. The reasons China wants nuclear weapons. First, China wants to be safe from the United States attacking China. Second, China wants to be more important in the group of countries. Third, China wants more money to help countries fight for freedom. Fourth, China wants to be the strongest country in Asia. China wants these things because China wants to be a power (Halperin, 1965).

3.3 Japan: Extended Deterrence and Security Alignment:

Japan needs to make a plan that covers three areas. First Japan has to change its plan for keeping its region safe because the Soviet Union is changing. Japan's safety plan has to think about what's happening in its own area. Japan has to think about weapons. Japan should not make its nuclear weapons. Instead, Japan should support a plan that stops countries from using nuclear weapons. How can Japan make a plan that works for its nuclear situation? Some Japanese people think their country should not be closely connected to the US for security or that it should not take sides and definitely not have nuclear weapons. People who think Japan should not take sides say that its Self-Defense Forces and factories are enough to keep it safe. If Japan decides to only rely on itself for military protection, it might cause problems with its neighbors. Also, Japan would still have to deal with threats from Russia, China or maybe even a united Korea that has weapons (Ikle & Nakanishi, 1990).

In November 2016, Indian Prime Minister Narendra Modi visited Japan for a summit with Shinzo Abe, reflecting the growing strategic partnership between the two countries. The summit highlighted their shared political, economic, and strategic interests, focusing on synergy between India's "Act East Policy" and Japan's "Free and Open Indo-Pacific Strategy." The signing of a civil nuclear cooperation agreement marked a significant milestone. Modi emphasized the influence of the India-Japan relationship in shaping Asian dynamics. Previous meetings, including Modi's 2014 visit, showcased their personal chemistry and Japan's critical role in India's foreign policy and economic development (Matsuda, 2012).

4. Global Health Diplomacy as a Tool of Neighborhood Diplomacy:

Global Health Diplomacy (GHD) is more than only massive global negotiations at institutions such as the World Health Organization. It also has a practical use in neighborhood and regional relations. In today's interconnected society, diseases know no borders. Countries frequently rely on their neighbors for medical supplies, expertise, and emergency assistance. As a result, health is naturally integrated into regional diplomacy.

When a government sends vaccines, medical supplies, or doctors to neighboring countries, it is doing more than just delivering aid. It is increasing trust. Health collaboration can reduce tensions, promote conversation, and demonstrate goodwill. Countries establish relationships by compassion and solidarity

rather than military or economic pressure. Global health diplomacy thus takes on a regional soft power dimension. States encourage stability, cooperation, and a shared sense of security by assisting neighbors in maintaining their health and safety. As a result, health is no longer merely a domestic issue, but also a bridge connecting countries and strengthening regional partnerships. (Lee & Smith, 2011)

Health diplomacy by foregrounding the role of regional organizations and neighborhood cooperation in shaping its trajectory. health diplomacy should not be confined to crisis management or national security frameworks, but must also be understood as a normative project advancing equity, social justice, redistribution, and the right to health. Regions particularly in the Global South emerges not just as passive recipients of externally constructed global norms, but as active contributors to norm formation in global health governance. the "push–pull" dynamic illustrates how states simultaneously defend sovereignty while responding to structural and moral pressures for cooperation in addressing shared regional health challenges. (Cooper & Farooq, 2015)

4.1 India's Vaccine Outreach and Regional Engagement:

During covid 19 India as a pharmacy of world as it launched vaccine Maitri which represented India's larger foreign policy objectives, such as its involvement with Africa and "Neighbourhood First" stance. India made financial contributions to group pandemic efforts and revitalized the South Asian Association for Regional Cooperation. This reflects Indias regional leadership ambition. (Singh & Raj, 2022)

India's these actions shows Humanitarian diplomacy, Global solidarity, The philosophy of Vasudhaiva Kutumbakam ("The world is one family") and its Commitment to equitable vaccine access Instead of using vaccines only as a strategic asset or profit India chose to share them with other nations. (chattu, et al., 2024)

India provided vaccines and medical aid to Bhutan, Nepal, Bangladesh, Sri Lanka, Maldives, Afghanistan and provided around 25 million vaccines to 41 African countries India portrayed itself as a Reliable and Responsible power and a leader of global south and maintain its big brother image and reflected India as Atmanirbhar Bharat. (Singh & Raj, 2022)

Strong pharmaceutical foundations and extensive production capabilities allowed organizations like Bharat Biotech and the Serum Institute of India to manufacture vaccines like Covishield and Covaxin, which were essential to India's outreach. However, when India experienced a severe second wave of COVID-19, vaccine exports were temporarily paused to meet domestic demand revealing the conflict between global responsibility and national necessity. (chattu, et al., 2024)

That is how India used health care diplomacy to demonstrate its soft power during tough time in world which shows global solidarity.

4.2 China's Health Silk Road & Medical Assistance:

China's vaccine diplomacy demonstrates how COVID-19 vaccines evolved from medical care to tools for international political strategy and image-building. (lee, 2021) The pandemic did not weaken China's Belt and Road Initiative (BRI)instead it further strengthened and revised it. "Health Silk Road" does not appeared out of nowhere during COVID-19 it was included in the 2015 BRI framework as around 56 bilateral health agreements have already been signed by China. (Rudol, 2021)

Many believed Vaccine distribution shifted from being solely humanitarian to being competitive, bilateral, and strongly associated with national branding. Following the Wuhan outbreak, China employed vaccines to improve its reputation internationally. China reframed itself from being perceived as the cause of the crisis to becoming a supplier of solutions in response to waning international trust. Vaccines were marketed as "international public goods," signifying global leadership and accountability. (lee, 2021).

It implies that the distribution of vaccines was not solely determined by the necessity for public health. Rather, it was in line with China's global economic influence. Vaccines enabled partner nations to resume infrastructure projects and revive their economies after they stopped during the lockdown. China relied mainly on bilateral agreements rather than multilateral platforms such as COVAX.

Beijing was able to engage directly with governments through bilateral deliveries, enhancing diplomatic relations and expanding its political strength (Vadlamannati & Jung, 2023). China constructed the narrative as responsible great power and as "Global community of common destiny" (Rudol, 2021). While China donated some doses, most vaccines were sold commercially.

4.3 Japan's development Cooperation & Health Diplomacy:

Japan's health diplomacy is best viewed as a reflection of its global role rather than just as a foreign aid program. Japan rebuilt itself in the decades following World War II under a pacifist constitution that curtailed military might. It progressively shifted to other tools of influence, such as development cooperation, economic assistance, and more recently, global health, because it was unable to rely on force national affair (Kato, Mackey, & Heng, 2019).

As a strategic foreign policy tool that connects national interests with public health objectives, health diplomacy is becoming more and more popular. By giving states, the ability to influence international agendas, form alliances, and improve their standing abroad, it extends beyond providing emergency assistance. Countries can address common global issues like pandemics and neglected diseases while displaying soft power through health diplomacy. Japan provides a good illustration.

Japan showed leadership through advocacy during the G8 Denver Summit, where Ryutaro Hashimoto brought neglected diseases to the attention of the world. This strategy was further institutionalized with the establishment of the Global Health Innovative Technology Fund, which brought together international cooperation, private sector innovation, and government assistance. More recently, the idea of human security was used to frame health during the G7 Hiroshima Summit.

Japan's health diplomacy seen as a multidimensional instrument that strengthening global governance, foster cooperation, and enhance its influence while looking on to urgent health needs (Akimoto, 2022). There is a strategic aspect as well. Japan's reputation abroad is improved through health diplomacy, especially in Southeast Asia and Africa. According to surveys, many ASEAN nations see Japan as a helpful and peaceful ally. Perception is important. Soft power is based on how other people perceive you, not on your intentions (Kato, Mackey, & Heng, 2019).

5. Impact of Deterrence and Diplomacy on Neighborhood Dynamics:

Nuclear weapons as a means of deterrence are assumed as a source of producing stability in Europe by making the war between the nuclear superpowers almost unlikely. Mearsheimer (1984–1985) argues that the destructive power of nuclear weapons creates powerful incentives for caution. Since, now both sides possess secure second-strike capabilities, neither side can expect to escape catastrophic retaliation, so this mutual vulnerability discourages large scale war. Another theme connected to this concept of deterrence is the theme of escalation. Mearsheimer (1984–1985) explains that conventional conflicts in Europe would likely escalate to nuclear use, and both NATO and the Warsaw Pact recognize this danger, but the awareness that ever-limited war might spiral into nuclear catastrophe that strengthens deterrence. This credibility of escalation rather than its likelihood is what maintains peace in the neighborhood in the international arena (Mearsheimer, 1984–1985).

Kissinger (1956) on other hand describes how nuclear weapon or nuclear deterrence has altered the nature of war. In earlier periods, war functioned as a continuation of policy, military force was politically meaningful and usable. However, nuclear weapon introduce destruction on such a scale that their risks annihilation rather than political settlement. The traditional relationship between force and diplomacy is therefore disrupted. War should not lead to devastation beyond recovery, since diplomacy which traditionally relied on the credible use of force could produce mutual destruction. Thus, this creates a strategic paradox here that weapons that are most powerful should be least used for political bargaining. Hence, Deterrence depends on convincing an adversary that aggression will bring unacceptable consequences (Kissinger, 1956).

Drawing strictly from Bargman (1977), one can argue how nuclear policy as a tool can be used in shaping the neighborhood dynamics through perceptions of credibility, institutional inclusion and technological equity. He shows nuclear governance operates in a climate of uncertainty, where proliferation concerns and weakened arms control structures generate mistrust among states. When nuclear powers appear inconsistent, self-serving or selective in enforcing non-proliferation norms, other states perceive discrimination and exclusion. Such perception can alter regional political behavior, intensify suspicion and reshape diplomatic alignments. Thus, Nuclear policy is not merely strategic or military, it is deeply political, and its credibility, inclusiveness and coherence directly affect the stability and dynamics of neighboring state (Bargman, 1977).

On the other side, soft power refers to the ability of a country to influence other through attraction rather than coercion. Public diplomacy is one of the crucial instruments through which such attraction is cultivated. China's growing engagement in public diplomacy emphasizes that communication with foreign publics is essential in shaping international perceptions. Thus, the Chinese government has expanded its diplomatic communication efforts including cultural exchanges, media outreach, and even through health diplomacy seen prominently during pandemic (Wang, 2008). The phrase "Health Diplomacy" has been widely used in policy and academic discourse. Health issues such as pandemics, infectious diseases and global health security have become a matter of international recognition. Health is no longer confined to domestic public policy but is integrated into diplomatic agendas, trade agreements and security discussions.

There is a multilevel nature of health diplomacy, it is not limited to traditional state to state negotiation but includes a wide array of actors and process. Institutions such as the WHO and other global bodies are prevented as arenas where health negotiations occur. State may approach health negotiations with strategic, economic, or security consideration in mind, even when the stated objective is humanitarian cooperation. Another role of health diplomacy is in constructing global norms, that is through negotiations and agreements. States establish shared standard and rules governing disease reporting, response mechanism and health cooperation, which in turn shape the broader architecture of global health governance (Katz et al., 2011).

In a similar manner Daschle and Frist (2015) also support the argument that strategic health diplomacy includes projecting health programs not only as humanitarian tools but as the instruments of statecraft. They supported this argument with the case study on President's Emergency Plan for AIDS relief as a large-scale global health initiative that addressed HIV/AIDS while simultaneously also strengthened US diplomatic relationships (Daschle & Frist, 2015). Further, Frist (2007) also describes how medicine can not merely be describes as a humanitarian service but as a diplomatic instrument. They can be used as a form of "currency" that can build bridges where traditional diplomacy struggles. Health interventions thus can be used as trust building mechanisms among the neighboring States. Medical outreach has the ability to generate goodwill and enhances national reputation, and also contributes to peacebuilding and reconciliation efforts among the states in international arena (Frist, 2007).

All the above arguments can be justified by China's pandemic diplomacy where after initially facing criticism over the outbreak, China repositioned itself by actively supplying medical assistance abroad. Pandemic is presented not only as a public health emergency but also as a something through which China sought to reshape its global perception and assert international leadership. Chinese foreign policy also includes health assistance as an extension of its existing global engagement rather than a purely humanitarian gesture (Roy, 2020).

Hence, Nuclear diplomacy and health diplomacy operate in distinct areas but impact regional interactions through similar political strategies. Nuclear policy focuses on deterrence, influencing regional behavior by shaping perceptions of threat, credibility, and restraint. In contrast, health diplomacy emphasizes cooperation, support, and organizational coordination, offering reassurance instead of deterrence. Both approaches rely on consistency, trust, and equitable distribution of benefits. Just as selective nuclear export controls or unilateral policy changes can create distrust among neighboring countries, unequal access to vaccines or conditional medical aid can shift regional dynamics and perceptions of leadership. While deterrence helps stabilize by preventing escalation, health diplomacy promotes stability through fostering interdependence and goodwill. This illustrates that neighborhood dynamics humanitarian—is exercised, communicated, and integrated within credible and inclusive diplomatic frameworks.

6. Conclusion:

Today's strategic landscape in Asia reflects a complex interplay of hard power competition and soft power engagement, with nuclear strategy and health diplomacy acting as complementary tools for India, China, and Japan. Nuclear capabilities establish deterrence relationships, shape threat perceptions, and signify resolve amidst strategic uncertainty. However, military might alone does not guarantee regional influence. Health diplomacy, through initiatives like medical aid, vaccine partnerships, humanitarian support, and institutional collaboration, serves to build legitimacy and project norms. While nuclear strategy aims for stability through credible restraint and balance, health diplomacy fosters stability by enhancing interdependence and collaboration. The interaction between these two strategies reveals that neighborhood dynamics are shaped not just by the distribution of coercive power but also by how states convert their capabilities into credibility and assurance. In this shifting regional context, maintaining sustainable influence increasingly relies on balancing deterrent power with the ability to deliver collective goods and nurture lasting partnerships.

7. Bibliography:

1. Chattopadhya, P. (2011). *The politics of India's neighbourhood policy in South Asia. South Asian Survey, 18*(1), 93–108. https://doi.org/10.1177/0971523112469526

2. Gaub, F., & Boswinkel, L. (2020). *Geopolitical game-changers in the making*. In *How COVID-19 changed the future: Geopolitical implications for Europe* (Report). European Union Institute for Security Studies. https://www.jstor.org/stable/resrep28676.6

3. Gray, C. S. (2011). *Hard power and soft power: The utility of military force as an instrument of policy in the 21st century* (Strategic Studies Institute, US Army War College). Strategic Studies Institute, US Army War College. http://www.jstor.com/stable/resrep11431

4. Malone, D. M. (2011). *Soft power in Indian foreign policy. Economic and Political Weekly, 46*(36), 35–39. https://www.jstor.org/stable/41719935

5. Mearsheimer, J. J. (1984–1985). *Nuclear weapons and deterrence in Europe. International Security, 9*(3), 19–46. https://www.jstor.org/stable/2538586

6. Kissinger, H. A. (1956). *Force and diplomacy in the nuclear age. Foreign Affairs, 34*(3), 349–366. https://www.jstor.org/stable/20031169

7. Bargman, A. (1977). *Nuclear diplomacy. Proceedings of the Academy of Political Science, 32*(4), 159–169. https://www.jstor.org/stable/1173999

8. Wang, Y. (2008). *Public diplomacy and the rise of Chinese soft power. The Annals of the American Academy of Political and Social Science, 616*(Public Diplomacy in a Changing World), 257–273. https://www.jstor.org/stable/25098003

9. Katz, R., Kornblet, S., Arnold, G., Lief, E., & Fischer, J. E. (2011). *Defining health diplomacy: Changing demands in the era of globalization. The Milbank Quarterly, 89*(3), 503–523. https://www.jstor.org/stable/23036208

10. Daschle, T., & Frist, B. (2015). *Introduction to strategic health diplomacy*. In *The case for strategic health diplomacy: A study of PEPFAR*. Bipartisan Policy Center. https://www.jstor.org/stable/resrep35516.4

11. Frist, W. H. (2007). *Medicine as a currency for peace through global health diplomacy. Yale Law & Policy Review, 26*(1), 209–229. https://www.jstor.org/stable/40239691

12. Roy, D. (2020). *China's pandemic diplomacy*. East–West Center. https://www.jstor.org/stable/resrep28881

13. Bilgin, P., & Eliş, B. (2008). Hard power, soft power: Toward a more realistic power analysis. Insight Turkey, 10(2), 5–20.

14. Hibbs, M. (2018). China's choice for nuclear power and a closed nuclear fuel cycle. In The future of nuclear power in China (pp. 11–28). Carnegie Endowment for International Peace.

15. Halperin, M. H. (1965). Chinese nuclear strategy. The China Quarterly, 21, 74–86.

16. Doctor, A. H. (1971). India's nuclear policy. The Indian Journal of Political Science, 32(3), 349–356.

17. Iklé, F. C., & Nakanishi, T. (1990). Japan's grand strategy. Foreign Affairs, 69(3), 81–95.

18. Matsuda, Y. (2012). Engagement and hedging: Japan's strategy toward China. SAIS Review of International Affairs, 32(2), 109–119.

19. Bhargava, G. S. (1978). India's nuclear policy. India Quarterly, 34(2), 131–144

20. Ogilvie-White, T. (2020). The logic of nuclear deterrence. United Nations Institute for Disarmament Research (UNIDIR).

21. Ghoshal, B. (2010). India and China: Towards a competitive-cooperative relationship? Institute of Peace and Conflict Studies.

22. Ray, A. (2018, July). India's nuclear policy: An appraisal of principles, evolution and rationale. Journal of Emerging Technologies and Innovative Research, 5(7), 167–173.

23. Arslan, S. (2025). A perspective on hard power and hard power instruments in foreign policy. ISAR Journal of Science and Technology, 3(10), 1–18.

24. Akimoto, D. (2022, December). *Japan leads the way in global health diplomacy: The case of neglected tropical diseases (NTDs)* [Issue & policy brief]. Institute for Security and Development Policy. https://www.isdp.eu/publication/japan-leads-the-way-in-global-health-diplomacy-the-case-of-neglected-tropical-diseases-ntds/

25. Vadlamannati, K. C., & Jung, Y. (2023). The political economy of vaccine distribution and China's Belt and Road Initiative. *Business and Politics, 25*, 67–88. https://doi.org/10.1017/bap.2022.26

26. Chattu, V. K., Singh, B., Kajal, F., Chatla, C., Chattu, S. K., Pattanshetty, S., & Reddy, S. (2023). The rise of India's global health diplomacy amid COVID-19 pandemic. *Health Promotion Perspectives, 13*, 1–9. https://doi.org/10.34172/hpp.2023.34

27. Fidler, D. P. (2001). The globalization of public health: The first 100 years of international health diplomacy. *Bulletin of the World Health Organization, 79*, 842–849. https://doi.org/10.1590/S0042-96862001000900009

28. Kato, H., Mackey, T. K., & Heng, Y. K. (2019). Japan's health diplomacy: Projecting soft power in the era of global health. *Global Health Governance, 13*, 5–22.

29. Kickbusch, I. (2007). Global health diplomacy: The need for new perspectives, strategic approaches and skills in global health. *Bulletin of the World Health Organization, 85*, 230–232. https://doi.org/10.2471/BLT.06.039222

30. Lee, S. (2021). Vaccine diplomacy: Nation branding and China's COVID-19 soft power play. *Place Branding and Public Diplomacy, 19*, 1–15. https://doi.org/10.1057/s41254-021-00224-4

31. Lee, K., & Smith, R. (2011). What is "global health diplomacy"? A conceptual review. *Global Health Governance, 5.*

32. Nye, J. S. Jr. (2005). *Soft power: The means to success in world politics.* PublicAffairs Books. http://www.publicaffairsbooks.com/publicaffairsbooks-cgi-bin/display?book=1586482254

33. Rudolf, M. (2021). *China's health diplomacy during Covid-19: The Belt and Road Initiative (BRI) in action* (SWP Comments 9/2021). Stiftung Wissenschaft und Politik (SWP), German Institute for International and Security Affairs. https://www.swp-berlin.org/10.18449/2021C09

34. Singh, S., & Raj, R. (2023). Internationalism, soft power and India's Vaccine Maitri. *Artha - Journal of Social Sciences.*

35. Cooper, A. F., & Farooq, A. B. (2015). Stretching health diplomacy beyond "global" problem solving: Bringing the regional normative dimension in. Global Social Policy, 15(3), 313–328.