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OPINION

Stepping back from the brink: time for reason and rapprochement between India and Pakistan

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Paediatricians from all over the world—including many from India and Pakistan—assembled in Mexico City last week at the biennial International Congress of Pediatrics. They convened just as India and Pakistan once again stepped closer to an open conflict, and we watched and listened with extreme concern and dismay as military exchanges with missiles and drones escalated the situation and inflicted death and destruction in both countries. Just as the region appeared to slide down the slippery slope of war and potential nuclear conflagration, a temporary ceasefire was hurriedly agreed.

The region once again teeters at the brink of conflict, reflecting deep rooted mistrust. Relations have sunk to an all-time low, and there is an absence of civil society and track two diplomacy. As medical professionals we are dismayed at this turn of events and its potential consequences, which will affect many generations.

We do not dwell on the genesis of the recent conflict, nor the longstanding problems that underlie this mistrust and animosity. We recognise though that the trigger for the current exacerbation was the deplorable act of killing innocent tourists in Pahalgam, Kashmir on 22 April 2025.[1] These despicable acts of terrorism against innocent civilians are now commonplace in the region and must be condemned in the strongest terms. Such acts include the hijacking of a passenger train in Balochistan in March[2] and the bombing of a school bus in Khuzdar on 21 May 2025.[3]

In Mexico City, speakers highlighted the challenges that India and Pakistan face in public health, social determinants of health, climate change, environmental issues, and enormous gaps in health and development equity that need to be closed. Despite this harsh reality, both countries, irrespective of the relative size of their economies, spend a disproportionate amount on their military and nuclear arsenals. Notwithstanding the human costs of the conflict, the costs of the missiles and drones lobbed at each other and the damage in the five days after 7 May 2025 easily ran into billions of dollars. We wonder what could have been achieved had this money been used for public health in either country.

What distinguishes the recent conflict is the opaque information (or disinformation) milieu and official restrictions under which we receive news.[4 5] The truth has fallen victim to vastly contrasting narratives, war mongering, and unprecedented jingoism. An entire generation in both countries is brought up with a distorted view of shared history and values fueled by popular culture, including cinema, partisan media outlets, and social media. Alternative narratives magnify hatred and marginalise messages of reconciliation. Several weeks after the ceasefire, partisan views continued to overshadow any suggestions of peace and confidence building.

This needs to change. Pakistan has been mired in economic and political crises for the past several years and faces a major insurgency in its border regions with Afghanistan. Although India may have an economy tenfold larger, it also faces continuing challenges of interstate and urban-rural inequalities in development. Both countries face the growing challenge of climate change, environmental crisis, and dwindling water security for their burgeoning populations.

Against this background persistent conflict and threats of a nuclear conflagration[6] are major impediments to development. India and Pakistan spend between 2.4% and 2.8% of their GDP on defence ($80 and $39 per capita, respectively), amounts that neither can afford. In contrast, expenditures on health range from 3.3% to 2.9% of respective GDP, and one fifth of the population in both countries lives in poverty.[7]

Over the past two decades we have spoken about the need for peace in the region[8 9] and the use of health diplomacy and other avenues for constructive engagement. The challenges presented during the covid-19 pandemic [10] showed there is much that can and needs to be done together for human development in the region.

As healthcare professionals, we must highlight the dangers of prolonged conflict and its hindrance of efforts to improve the daily lives of our people. The risk of a cataclysmic nuclear exchange—by accident[11] or design—is real and threatens the world. Although we recognise that the process of reconciliation is primarily political, alternative narratives can promote intergovernmental dialogue and confidence building measures.

The health challenges we face received much attention in our deliberations at the recent Pediatric Congress in Mexico and have regularly been part of national and regional convenings. Meetings of professionals from India and Pakistan in neutral settings, such as scientific congress or meetings, have all but disappeared. This situation is deplorable and removes the opportunity to learn from each other.

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Child mortality rates in both countries are far higher than their counterparts in other regions and rates of childhood and adolescent undernutrition are among the highest in the world.[12 13] This underscores the importance of tackling jointly the myriad challenges of social determinants and poverty in the region. India and Pakistan face enormous problems related to climate change and air pollution[14] and the emerging challenge of non-communicable diseases.[15] These are priority areas that need attention and resources as well as regional coordination.

As covid-19 and the recently agreed Pandemic Treaty[16] show, surveillance systems and early warning mechanisms will require close coordination and they are information systems that both countries ignore at their peril. The benefits of peace between the countries of South Asia and its people are huge and there is no alternative to a political resolution of bilateral problems. If used properly and in the right hands, science, communication technology, and development paradigms can bridge many divides and promote dialogue and constructive discourse.

We urge professional bodies, civic society representatives, and academia in India and Pakistan to initiate a path toward peace. The polarised narratives in the media must be balanced by calm discussion and discourse on problems that matter for human development. Some brave first steps are needed to break the ice. We must activate formal and facilitatory platforms for scientific and cultural exchanges and focus on common tangible solutions related to climate, environment, water security, and child rights. Persistent tensions and insecurity only worsen the intergenerational cycle of poverty, illiteracy, poor living conditions, and human development. As paediatricians and healthcare professionals, we raise our collective voices against conflict and its consequences.[17] We owe this to our people and future generations.

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