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**OCCASIONAL PAPER**

# **The Pharmacy Next Door: *Dying to Survive*, India, and China's Health Power**

**NISHIT KUMAR**





**Subhas Chandra Bose Chair of International Relations  
Chanakya University, Bengaluru**

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by

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# Table of Contents

|                                                                |    |
|----------------------------------------------------------------|----|
| Abstract .....                                                 | ix |
| Introduction .....                                             | 1  |
| Health Power .....                                             | 3  |
| Cinema, Popular Geopolitics, and International Relations ..... | 5  |
| Lu Yong, Self-Rescue, and the Legal Dilemma .....              | 8  |
| From Screen to State: When Cinema Shapes Reform .....          | 11 |
| From Pharmaceutical Vulnerability to Health Power .....        | 13 |
| India, China and Pharma .....                                  | 14 |
| Implications for India.....                                    | 17 |
| Conclusion .....                                               | 18 |
| References .....                                               | 19 |
| About Author .....                                             | 21 |
| About the Chair.....                                           | 22 |



# Abstract

Chinese cinema *Dying to Survive* (我不是药神, 2018) is regarded as a social–realist critique of China’s inequality in healthcare. This paper presents an alternative reading of *Dying to Survive* about its significance in international relations and its implications for China’s emerging health power. Drawing on film analysis, media discourse, and public policy changes in pharmaceutical studies, this paper conveys that the film is not only a political text but also a preliminary expression of China’s health–power aspirations. In this context, this paper demonstrates the following: First, India has played a crucial role in *Dying to Survive* as “China’s Pharmacy next door.” Second, it demonstrates that the Chinese state did not suppress the film’s critique but absorbed it, transforming popular outrage into a narrative of responsive governance and healthcare reform. Third, it placed the film within the larger context of Chinese pharmaceutical ambitions, from a nation of helpless patients relying on foreign generic drugs to an emerging health power. The paper identifies the film as a significant but under–theorised site for examining the intersection of popular culture, state legitimacy, and international relations, and proposes a theoretical framework engaging cinema as narrative politics, responsive authoritarianism, and health diplomacy.

Keywords: Cinema, International Relations, India, China, *Dying to Survive*, Health Power

**摘要:** 本文以中国电影《我不是药神》(2018)为研究对象,从国际关系与健康权力(Health Power)的视角重新解读该影片。文章认为,该片不仅是对中国医疗不平等现象的现实主义批判,更反映了中国从药品依赖走向健康强国的历史进程。通过文本分析、媒体讨论及政策变化考察,本文指出:第一,印度在影片中扮演了“中国隔壁药房”的重要角色,为中国患者提供了可负担的仿制药;第二,中国政府并未压制影片所呈现的社会批评,而是将其纳入“回应型治理”的改革叙事;第三,影片折射出中国健康治理、医药创新与国际影响力提升之间的互动关系。文章进一步提出“健康权力”概念,并探讨电影如何成为理解中印关系、国家合法性与全球卫生治理的重要文化文本。

**关键词:** 电影, 国际关系, 健康权力, 印度, 中国, 我不是药神



## Introduction

In the closing minutes of *Dying to Survive* (Wo bu shi yaoshen), an older woman suffering from cancer approaches a police officer, begging not to arrest the man selling cheap Indian drugs to sick people like her. She says, “I do not want to die; I want to live.”<sup>1</sup> Using a few words, she cut through his heart. It is a brief scene with no emotional oratory, nationalist catchphrases, and triumphal music. But it became one of the most discussed sequences in modern Chinese cinema.<sup>2</sup> Made in 2018, *Dying to Survive* quickly evolved from being a commercial success to becoming a national social phenomenon. The movie was watched by tens of millions and grossed 3 billion yuan at the box offices across China.<sup>3</sup>

The film is based on the true story of Lu Yong (陆勇), a leukaemia patient who distributed cheap generic anti-cancer medications produced in India to fellow sufferers.<sup>4</sup> These lifesaving drugs, which are legally produced in India, became “counterfeit” because they did not receive regulatory approval from the Chinese authorities.<sup>5</sup> A personal quest for medication became a transnational network of sufferers that united Indian pharmaceutical companies and Chinese cancer patients.

On the surface, *Dying to Survive* looks like a purely domestic and social-realist film about healthcare inequalities. However, the movie illustrates a much bigger geopolitical trend. It depicts that questions about medicines, patents, healthcare access, and pharmaceutical dependencies are aspects of international affairs. The film emphasises that in today's world, medicines are not just tools of public health but also tools of legitimacy, leverage, and power.

It is especially noteworthy in India–China relations for India's prominent but peculiar position in the film. India is not merely a foreign setting in the film; rather, it assumes the position of “China's pharmacy next door,” a neighbour whose temporary availability provided the necessary solution to the faults within China's pharmaceutical sector. Long before China sought to establish itself as a major global health player, Indian medicine became a lifeline for patients in China. This paper argues that *Dying to Survive* should be considered not only an artistic critique of inequalities within the healthcare system but also a political document that highlights the complex relationship between pharmaceutical governance, interstate dependency, and state legitimacy. A real-life pharmaceutical scandal turned into a cinema that sparked public outrage and controversy over morality and legality, resulting in a larger discourse of healthcare reform.

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1 Wen Muye, dir., *Dying to Survive* (China: Dirty Monkey Films Group, 2018).

2 Yingchun Zhong and Nvming Wang, “The Truth, Goodness and Beauty Shown in the Movie *Dying to Survive*,” *Frontiers in Art Research* 1, no. 2 (2019): 48–53, <https://doi.org/10.25236/FAR.20190209>.

3 “*Dying to Survive*,” Box Office Mojo, accessed 19 May 2026.

4 “*Dying to Survive* (我不是药神),” IMDb, accessed 13 May 2026, <https://www.imdb.com/title/tt7362036/>.

5 Catherine Lucas, “*Dying to Survive* and Cancer Care in China,” *The Lancet Oncology* 20, no. 1 (2019): e16, [https://doi.org/10.1016/S1470-2045\(18\)30921-5](https://doi.org/10.1016/S1470-2045(18)30921-5).



Methodologically, this paper combines a close textual reading of *Dying to Survive* with a review of secondary material on its real-world reception and policy aftermath. The film analysis focuses on key narrative and visual moments — particularly those involving the protagonist's journeys to and dealings with India — read through the lens of popular geopolitics, which treats films, as much as official documents, as texts that construct and circulate ideas about international relations.

This is supplemented by existing scholarship and policy reporting on India–China pharmaceutical trade to contextualise the film's India-related content within long-run structural dynamics. The paper does not claim to establish causation between the film and policy change through this method; rather, it uses the film as an entry point for analysing the broader health–power dynamics it dramatizes.

However, this approach carries limitations worth stating explicitly. Comprehensive data on the scale of Chinese patients' purchases of Indian generics remain unavailable, given the informal, cross-border nature of the transactions described here. The analysis therefore relies on the single, well-documented case of Lu Yong as illustrative rather than statistically representative. Because *Dying to Survive* did not receive a wide commercial release in India, the paper can speak to the film's Chinese reception and Indian scholarly commentary on it, but not to Indian public reception directly. Finally, as a single-film case study, the paper's claims about health power should be read as hypothesis-generating rather than as establishing a pattern that holds across Chinese cinema more broadly.

Beyond its commercial success, the film achieved an unusually strong critical reception. It holds one of the highest user ratings of any Chinese film on Douban (China's dominant film-review platform) and won major honours at the Golden Horse Awards, including Best Actor for lead Xu Zheng.<sup>6</sup>

While the analysis begins with China's domestic healthcare politics, the film offers a rare cultural data point on India's pharmaceutical capacity; however, informally, as an instrument of influence in its relationship with China, while also highlighting how India's own dependencies complicate any straightforward narrative of pharmaceutical strength.

This paper aligns with the broader objectives of the Subhas Chandra Bose Chair on International Relations at Chanakya University, which seeks to redefine the discourse surrounding the dynamic complexities of 21st-century International Relations. It aims to articulate India's perspectives on international affairs through interdisciplinary and evidence-based research. By examining a Chinese film through the lenses of international relations, the paper contributes to the Chair's objectives by expanding the horizons of strategic studies beyond their traditional realms of security and diplomacy.

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6 Douban Movie Database, “我不是药神 (*Dying to Survive*),” accessed 09 May 2026, <https://movie.douban.com/subject/26752088/>. The film holds a rating of 9.0/10 on Douban. Taipei Golden Horse Film Festival, “55th Golden Horse Awards”; and “Golden Horse Award for Best Leading Actor,” accessed 23 May 2026. Xu Zheng won the Best Leading Actor Award at the 55th Golden Horse Awards (2018) for *Dying to Survive*.

## Health Power

The concept of health power used in this paper builds on, but is analytically distinct from, Joseph Nye's notion of 'soft power'. Nye's framework treats power as the capacity to shape outcomes through attraction and persuasion rather than coercion.<sup>7</sup> Health power overlaps with this as a state's healthcare accomplishments can generate respect and support in other countries. However, scholars Kelley Lee and Colin McInnes argue in *Global Health and International Relations* that health occupies a distinctive position in international relations because it sits at the intersection of foreign policy, security, trade, and domestic legitimacy.<sup>8</sup> Kelley Lee and Richard Smith's conceptual review of "global health diplomacy" stresses that health-related foreign policy operates through concrete instruments, such as aid flows, technology transfer, pharmaceutical regulation, and vaccine production capacity that has tangible effects on other states' wellbeing, not simply their perceptions.<sup>9</sup>

This paper therefore treats health power as a hybrid category that draws on both "soft" and "hard" kinds of power. Its soft power dimension resembles Nye's account: a state's handling of public health crises that shapes its international image and normative standing. For instance, China's COVID-19 vaccine diplomacy is often analysed through a soft-power lens.<sup>10</sup> Its hard power dimension is closer to what scholars in critical global health studies call pharmaceutical governance—the capacity to set the terms on which medicines are developed, priced, patented, regulated, and distributed, both domestically and across borders.<sup>11</sup> This includes control over manufacturing capacity, regulatory approval regimes and supply-chain leverage over active pharmaceutical ingredients (APIs).

This framing allows the paper to treat *Dying to Survive* not merely as a vehicle for "image" politics but also as a cultural artefact that registers a material condition of dependency. China's reliance on Indian generic drugs constitutes a health-power deficit in the capacity-based sense. Thus, health power can be defined as the ability of a state to exercise political

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7 Joseph S. Nye Jr., *Soft Power: The Means to Success in World Politics* (New York: PublicAffairs, 2004), 5–11.

8 McInnes, C. J., & Lee, K. (2012). *Global Health and International Relations*. (1 ed.) Polity. <http://www.polity.co.uk/book.asp?ref=9780745649450>

9 Richard Smith and Kelley Lee, "Global Health Governance and Health Diplomacy," in *The Oxford Handbook of Global Health Politics*, ed. Colin McInnes, Kelley Lee, and Jeremy Youde (Oxford: Oxford University Press, 2020), 161–178.

10 China's vaccine diplomacy refers to the provision of COVID-19 vaccines, medical supplies, and related health assistance to developing countries, particularly in Asia, Africa, and Latin America, as part of its broader health diplomacy and international image-building efforts. Huang Yanzhong, "Vaccine Diplomacy Is Paying Off for China," Council on Foreign Relations, 2021.

11 Pharmaceutical governance refers to the institutions, regulations, patent regimes, pricing mechanisms, and supply-chain structures that determine how medicines are developed, approved, distributed, and accessed across national and international contexts. Adrian Kay and Owain David Williams, *Global Health Governance: Crisis, Institutions and Political Economy* (London: Palgrave Macmillan, 2009), 95–118.



legitimacy, social trust, and international influence based on healthcare, pharmaceutical innovations, health governance, and health diplomacy.

The constructivist approach can offer additional value to this framework. Constructivists claim that power does not work solely based on tangible capabilities; rather, through the social construction of meaning, identity, and norms. In the case of health power, the capability of health is not just about manufacturing drugs and conducting medicine but also involves the socially accepted idea that the state in question is capable of safeguarding life, ensuring health, and acting as an appropriate health service provider. Successful accounts of healthcare services, medical innovations, and humanitarian aid are elements in the construction of political legitimacy both inside the country and abroad.

At the domestic level, health power enhances the legitimacy of the state because citizens judge the government not simply by its economic progress or national security, but by its capacity to provide healthcare services. Efficient healthcare systems lead to greater public confidence in the state, while poor management may lead to dissatisfaction and pressure from the populace.<sup>12</sup> Hence, public health is connected to governance and political stability.

Internationally, there are multiple ways health power operates. First, advances in pharmaceutical technology enable a state to exercise power in the global market for health care products and technologies. Second, health diplomacy, by offering medical aid and cooperation in disease management, gives states leverage in bilateral relationships. Third, distributing medicines, vaccines and other healthcare innovations helps create a better image of the state.

The rise of health power is best witnessed in modern China. Examples include projects such as Healthy China 2030, Health Silk Road, vaccine diplomacy during the COVID-19 crisis, and investment in biotech research. Health is no longer considered a welfare aspect. It has become a strategic asset associated with technological advancements, social well-being, and geopolitics.

Understanding the idea of health power, moreover, provides some insight into why *Dying to Survive* is important. *Dying to Survive* captures a moment when China had not yet achieved the healthcare self-sufficiency it now claims to pursue. Being dependent on foreign countries, particularly India, for drugs is something incompatible with the image of a technologically advanced state.

Thus, health power can serve as an analytical model by linking health care policy changes, advances in pharmaceutical development, public acceptance, and political power on an international stage. Applying the same framework to *Dying to Survive*, the movie becomes more than a social-realist critique regarding the unfair distribution of health care but also a representation of China's changing health and power dynamic.

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12 The COVID-19 pandemic further demonstrated how public-health performance has become an important source of political legitimacy, state capacity, and social trust in both democratic and authoritarian systems. Yanzhong Huang, *Governing Health in Contemporary China* (London: Routledge, 2013), 1–18.

# Cinema, Popular Geopolitics, and International Relations

In conventional approaches to IR, there has been a tendency to concentrate on formal structures such as state, diplomacy, military power, and international organisations. However, the cultural turn in IR scholarship has shown that stories, images, emotions, and popular culture are significant in analysing how societies perceive the world. Films do more than just representing reality; they in fact sometimes contribute into its construction.

Constructivist theories are highly applicable while analysing the political importance of films. Films mirror reality through stories, images, and emotions, contributing to the construction of collective knowledge and identity. It also contributes to knowledge formation regarding the state's functioning and its relations with different spheres of society. Likewise, "*Dying to Survive*" is involved in building collective knowledge on the problems of healthcare and health power.

According to Gearóid Ó Tuathail and Klaus Dodds, popular culture, such as films, TV shows, comic books, and other media, is an important element in communicating geopolitical knowledge.<sup>13</sup> The way films represent geopolitical issues helps citizens develop perceptions about their country's adversaries and allies, and geopolitical priorities. Roland Bleiker claims that visual representation is another form of political knowledge that cannot be explained by textual research.<sup>14</sup> The power of visual narration lies in its ability to convey emotion, ethics, and social experiences that cannot be conveyed through standard political documents. Filmmaking allows us to see political reality through personal narratives and everyday experiences of individuals, thus making international politics more humane.

Political theorist Michael J. Shapiro introduced the idea of cinematic political thought. It states that film must not be perceived merely as an entertainment medium or a reflection of political theories.<sup>15</sup> It should be viewed as a producer of political knowledge, having the capacity to offer a different way of looking at society, power, and identity.

In China, extensive scholarly research has been conducted on how cinema serves as a forum for discussing issues of nationalism, state authority, history, and global ambitions. Studies on films such as *Hero*, *Wolf Warrior 2*, *The Battle at Lake Changjin*, and *The Wandering Earth* revealed how cinematic stories have contributed to contemporary Chinese perspectives on nationhood, sovereignty, security, and China's role in the international community. Much

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13 Popular geopolitics examines how films, television, newspapers, digital media, and popular culture shape public understandings of international politics and geopolitical space. Gearóid Ó Tuathail, Simon Dalby, and Paul Routledge, eds., *The Geopolitics Reader*, 2nd ed. (London: Routledge, 2006), 1–15; Klaus Dodds, *Geopolitics: A Very Short Introduction* (Oxford: Oxford University Press, 2019).

14 Roland Bleiker, "The Aesthetic Turn in International Political Theory," *Millennium: Journal of International Studies* 30, no. 3 (2001): 509–533.

15 For Shapiro, films should not be treated merely as reflections of politics; rather, they constitute sites of political thinking that generate alternative understandings of identity, power, territory, and social order. Michael J. Shapiro, *Studies in Trans-Disciplinary Method: After the Aesthetic Turn* (London: Routledge, 2013), 71–95.



attention has been paid to topics such as nationalism, military force, soft power, and state ideology.

However, there have been relatively few investigations into the connections between films, healthcare, and international political economy. Issues such as drugs, medicine dependence, health care access, and health care policy have not been addressed in the field of film analysis concerning international relations. Such negligence is important to take note of because the health sector has begun to play an increasingly prominent role as a sphere of state power and international rivalry. The COVID-19 crisis, vaccine diplomacy, pharmaceutical chain, and global health care policy are examples of that trend.

In this sense, the importance of *Dying to Survive* takes place in the larger analytical framework of international relations. Instead of exploring issues related to nationalism, war, and territoriality, the movie explores the problem of accessibility to medical treatments and the emergence of transnational networks that respond to problems related to healthcare disparities. This allows examining the contribution of cinematic art to answering such questions about ‘pharmaceutical governance’<sup>16</sup> and international interdependence between states. It shows that while health crises tend to be personal experiences, they also have to be considered within the framework of international politics. Thus, *Dying to Survive* is not simply a social-realist film but also a significant political one. In the current socio-political landscape of China, some films highlight nationalism and geopolitics; for instance, *Wolf Warrior 2* (战狼2). Other films focus on socio-cultural issues through realism and emotionalism, like *Dying to Survive*.

Chinese film critics, too, recognised the significance of the film’s approach. The Shanghai International Film Festival described great realist cinema as the ‘conscience’ of its era — a marker, in this view, of a society’s moral and emotional condition at a given historical moment.<sup>17</sup> *Dying to Survive* does not simply tell stories of human tragedy; rather, the film structurally contradicts China’s development success story. Despite China emerging as a successful and one of the strongest economies in the world, many patients could not pay for life-saving drugs. Nevertheless, the film proves to be quite clever, politically. In particular, a number of Chinese critics noticed that the movie displaced the social rage towards the state with anger towards foreign pharmaceutical companies.<sup>18</sup> The film does not depict hospitals, government officials, or regulators pessimistically but focuses on immoral behaviour of global pharmaceutical companies and their pricing policies.

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16 For pharmaceutical governance, see debates on how states, firms, patents, regulation, pricing, public insurance, and global supply chains shape access to medicines. In this paper, the term is used to connect medicine access with questions of legality, legitimacy, and state capacity.

17 Shanghai International Film Festival. “现实主义题材电影与时代良知” [Realist Cinema and the Conscience of the Times]. Commentary published during the 21st Shanghai International Film Festival, Shanghai, 2018.

18 Sergio Jesús Villén Higuera, “*Dying to Survive* as a Driver of Healthcare Reform,” *Revista de Medicina y Cine* 18, no. 3 (2022).



Figure 3. Still from *Dying to Survive* (dir. Wen Muye, 2018), depicting CML patients' protest against pharma company. © Dirty Monkey Films Group / Huanxi Media Group, used here for scholarly commentary and criticism

Whether by directorial calculation, censorship negotiation, or subsequent state framing, the film struck a careful balance: it acknowledged suffering and inequity, validated public sympathy, yet left room for the government to appear as the eventual problem-solver. This ambiguity is itself analytically significant — it suggests the film's critique was survivable precisely because it could be read either as organic social commentary or as raw material for a state reform narrative. This balance perhaps explains how the movie managed to avoid being shut down despite the sensitive content. After all, such criticism can be framed as part of a larger story of responsive reforms. Instead of suppressing the movie, the Chinese government allowed the tale to be gradually integrated into a people-centred reform narrative.<sup>19</sup>

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19 State Council of the People's Republic of China. “李克强就抗癌药降价保供工作作出批示” [Li Keqiang Issues Instructions on Reducing Prices and Ensuring Supply of Anti-Cancer Drugs], July 2018. <https://www.gov.cn>



## Lu Yong, Self-Rescue, and the Legal Dilemma

Lu Yong was first diagnosed with Chronic Myeloid Leukaemia (CML) in 2002. The film's protagonist Cheng Yong is a fictionalised adaptation inspired by the real-life experiences of Lu Yong. Lu Yong's dependence on Novartis's anti-cancer drug called Glivec (格列卫)<sup>20</sup> could have saved his life. But the medication turned out to be unaffordable to many, like Lu Yong. According to People's Daily Online (人民网), the price of each monthly dose of this life-saving drug is around 23,500 yuan.<sup>21</sup> It is a high figure for most middle-class Chinese families.<sup>22</sup> Fortunately, Lu found a cheaper substitute called Veenat. Veenat is manufactured in India, which offers results nearly the same as Glivec. Starting from 3,000–4,000 yuan and reducing considerably later, Veenat quickly gained.<sup>23</sup>



Figure 4. Still from *Dying to Survive* (dir. Wen Muye, 2018), depicting price of medicine. © Dirty Monkey Films Group / Huanxi Media Group, used here for scholarly commentary and criticism

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- 20 Glivec/格列卫, produced by Novartis, became emblematic of patented life-saving medicines whose high prices placed survival beyond the reach of many Chinese CML patients; Veenat, an Indian generic version, entered the Lu Yong/*Dying to Survive* story as the affordable alternative that exposed the gap between legality and medical necessity.
- 21 Chinese 'Dallas Buyers Club' Focuses on the Illicit Import of Generic Anticancer Drugs from India to China," People's Daily Online, July 5, 2018, <https://en.people.cn/n3/2018/0705/c90000-9478033.html>
- 22 Echo Huang, "China's Next Box Office Hit? A Dark Comedy About Smuggling Cancer Drugs from India," Quartz, 5 July 2018.
- 23 Ibid.

At this point, politics and activism had little role to play. Instead, the process of survival networking began. The information exchange between the sick people started, as well as the search for the ordering process, customs clearance, and payment methods. In the Chinese press, such efforts were often referred to as *ziqu* (自救), which translates to “self-rescue” or “saving oneself.” This term indicates that individuals could not afford to wait idly for the health care system to change. They had to unite in their struggle for survival, travel outside the country, communicate through the Internet, exchange information and medicines, and push legal boundaries in search of treatment.



Figure 5. Still from *Dying to Survive* (dir. Wen Muye, 2018), depicting Cheng Yong’s journey to India to procure medicine. © Dirty Monkey Films Group / Huanxi Media Group, used here for scholarly commentary and criticism

For many patients, India was, in the Chinese narrative, the “last lifesaving straw” (最后一根救命稻草).<sup>24</sup> The patients made their way from China to places in India carrying their medical records and hopes for life. They sought online advice on prices, potential customs complications, pharmacies, and manufacturers of the required medication. Well before any discussion of “South–South Health Cooperation” gained currency, ordinary Chinese patients had forged informal therapeutic linkages with India.

Veenat is not an isolated example. During the 2000s and 2010s, Chinese patients increasingly turned to Indian–manufactured generic medicines for a range of conditions beyond chronic myeloid leukaemia. Indian pharmaceutical companies became important suppliers of lower-cost versions of anti-cancer drugs such as imatinib, gefitinib, and erlotinib, while Indian generic antiretroviral medicines had already gained international recognition for expanding access to HIV/AIDS treatment across the developing world.<sup>25</sup> During the COVID–19 pandemic, India’s role as a major vaccine producer further reinforced its image as the “pharmacy of the world.” Although comprehensive data on Chinese purchases of Indian generics remain limited due to the informal and cross-border nature of several transactions, the Lu Yong case represented a broader pattern in which Indian pharmaceutical manufacturing served as a

24 “印度仿制药为何成为白血病患者最后的救命稻草” [Why Indian Generic Drugs Became the Last Lifesaving Straw for Leukaemia Patients], *Southern Weekly* (南方周末), 2015.

25 Brenda Waning, Ellen Diedrichsen, and Suerie Moon, “A Lifeline to Treatment: The Role of Indian Generic Manufacturers in Supplying Antiretroviral Medicines to Developing Countries,” *Journal of the International AIDS Society* 13, no. 35 (2010), <https://doi.org/10.1186/1758-2652-13-35>



source of affordable healthcare.<sup>26</sup>

The irony, however, was significant. While the Indian drugs were produced legally and efficaciously, unapproved imports were deemed “counterfeit” drugs by Chinese regulations.<sup>27</sup> Eventually, Lu Yong was investigated for charges connected with counterfeit medicine dealing and credit-card management.

The public response was exceptional. Over a thousand leukaemia patients supposedly signed petitions in support of Lu Yong and his deeds.<sup>28</sup> Their logic was straightforwardly moral. If patients were unable to purchase patented drugs, the availability of Indian generic drugs was a choice between life and death. Hence, the Lu Yong affair revealed the fundamental contradiction between law and legitimacy. While the legal framework deemed generic drugs counterfeit, the patients regarded them as life-saving drugs.

However, the problem was far from being a one-sided criticism of the pharmaceutical industry. Chinese observers rightly pointed out that the controversy stemmed not only from the patent pricing problem but also from structural issues concerning hospitals’ budgeting, insurance programs, distribution networks, and healthcare disparity.<sup>29</sup> Pharmaceutical innovation is itself expensive, which meant the underlying tension was never simply a contest between corporate profit and patient need. It was how to reconcile incentives for continued innovation with public access to existing drugs. *Dying to Survive* is remarkable in its ability to express structural issues indirectly through a human experience story. And in doing so, it pushed healthcare, medicine, and pharmaceutical reliance into mainstream Chinese political consciousness in ways that policy reports alone could never achieve.

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26 For broader discussions of India’s role as a supplier of affordable medicines globally, see Amit Sengupta, “India: The Pharmacy of the Developing World,” Third World Network (2010); and Sudip Chaudhuri, *The WTO and India’s Pharmaceuticals Industry* (New Delhi: Oxford University Press, 2005).

27 Li Qing, “跨境购药与假药认定的法律困境” [The Legal Dilemma of Cross-Border Drug Purchases and Counterfeit Drug Identification], *China Pharmacy* (中国药房) 25, no. 18 (2014): 1651–54.

28 “千名白血病患者联名陆勇请愿” [One Thousand Leukaemia Patients Petition in Support of Lu Yong], *Beijing News* (新京报), 29 January 2015.

29 Yanzhong Huang, *Toxic Politics: China’s Environmental Health Crisis and Its Challenge to the Chinese State* (Cambridge: Cambridge University Press, 2020), 201–10.

## From Screen to State: When Cinema Shapes Reform

While the success of *Dying to Survive* came from the plot, the film also succeeded after people left the theatre. It turned an isolated social issue into a moral discussion within China. The issues related to expensive drugs, monopolies, lack of insurance, and pharmaceutical inequality began to resonate among the public as a major concern.

The progression of events was unprecedented. First, the case of Lu Yong and the Chinese patients suffering from leukaemia was turned into cinematic emotionalisation. This led to a social reaction of outrage and empathy toward those who lacked access to proper medications. In the end, healthcare changes followed.

Timing was important, though. Released in July 2018, the film came at a time when China was already facing problems with growing demands for higher standards in healthcare<sup>30</sup>, social inequality, and better public services. Rather than portraying the film as a causal factor driving reform, one may claim that the film sped up and legitimised a process of reform that had already begun.<sup>31</sup>

The effect on policymaking was swift. Soon after the film's release, Premier Li Keqiang ordered the faster implementation of price reductions and easier access to anti-cancer medicines.<sup>32</sup> Public discussion was heated about issues concerning National Reimbursement Drug List (NRDL), pricing, and the price of imported medicines. In the following years, the inclusion of anti-cancer medicines in the insurance system became widespread, some tariffs were lowered for imported cancer medicine, and negotiations with pharmaceutical companies increased in intensity.<sup>33</sup> This film is thus exceptional within the history of Chinese public policy insofar as it did not overthrow any institution and did not create any protest politics. The film rather served as an “emotional accelerator of reform.”

Equally critical, the state eventually integrated the film's critique into its own legitimisation strategy. The official discourse on the Lu Yong case gradually focused on the “warmth” of justice and the elasticity of humane administration.<sup>34</sup> By 2024, official Chinese human rights discourse began portraying the “Medicine God” narrative less as a case of legal contradiction

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30 Winnie Yip, Hongqiao Fu, Angela T. Chen, Tiemin Zhai, Weiyan Jian, Ruixin Xu, Jianmin Pan, Dan Hu, Zhongliang Zhou, Qiulin Chen, Weimin Mao, Qiang Sun, and Wen Chen, “10 Years of Health-Care Reform in China: Progress and Gaps in Universal Health Coverage,” *The Lancet* 394, no. 10204 (2019): 1192–1204, [https://doi.org/10.1016/S0140-6736\(19\)32136-1](https://doi.org/10.1016/S0140-6736(19)32136-1).

31 Sergio Jesús Villén Higuera, “*Dying to Survive* as a Driver of Healthcare Reform in China,” *Revista de Medicina y Cine* 18, no. 3 (2022): 217–26.

32 “Premier Urges Reduction in Cost of Anti-Cancer Medicine,” *China Daily*, 18 July 2018, <https://www.chinadaily.com.cn/a/201807/18/WS5b4eb75ca310796df4df72f4.html>

33 Xia Mingge, Wen Jingyu, Liu Qi, Zheng Zhe, and Ran Qing, “Promoting Access to Innovative Anticancer Medicines: A Review of Drug Price and National Reimbursement Negotiation in China,” *Inquiry* 60 (2023), <https://doi.org/10.1177/00469580231170729>.

34 人民日报 [People's Daily]. “让司法有温度：陆勇案的社会意义” [Making Justice Humane: The Social Significance of the Lu Yong Case], February 2015.



than as proof of the state's increasing dedication to health care accessibility and the right to life.<sup>35</sup>

The process of political integration is crucial for understanding *Dying to Survive*. Today's China rarely censors social critiques directly. Instead, social critiques are being integrated into the rhetoric of governmental responsiveness. The film shows how contemporary China deals with social discontent by being a responsive and listening state.<sup>36</sup>



Figure 6. Political Life of *Dying to Survive* (Source: Author's own illustration based on data)

However, it is necessary not to exaggerate the film's impact on such policy changes. Some scholars argue that most reforms concerning the pharmaceutical industry were being considered before the film's release and coincided with the public debate at the time. In this context, it is fair to perceive *Dying to Survive* as an amplifier rather than a cause of these reforms.

35 State Council Information Office of the People's Republic of China. Human Rights in China's New Era. Beijing: Foreign Languages Press, 2024.

36 This contrasts with earlier or more politically difficult films that faced bans, delayed release, or denial of distribution in mainland China, such as Zhang Yimou's *To Live* 活着, Chen Kaige's *Farewell My Concubine* 霸王别姬, Jiang Wen's *Devils on the Doorstep* 鬼子来了, Lou Ye's *Summer Palace* 颐和园, and Jia Zhangke's *A Touch of Sin* 天注定. *Dying to Survive* is significant because its social critique was not simply suppressed but incorporated into a narrative of reform and governmental responsiveness.

## From Pharmaceutical Vulnerability to Health Power

While *Dying to Survive* represented China's pharmaceutical concerns, the developments that followed were an astounding evolution from these anxieties. There has been a notable attempt by China to evolve from being known for expensive medications with poor access to becoming a global pharmaceutical powerhouse. This is in keeping with the overarching goal of the Healthy China 2030 (健康中国2030) initiative<sup>37</sup>, which connected health to national development, social stability, technology, and international influence<sup>38</sup>. Health is no longer regarded as a form of welfare but is increasingly strategically significant.

By the mid-2020s, China's pharmaceutical revolution had progressed at an impressive rate. The National Medical Products Administration (NMPA) streamlined drug approvals, while China's biotech companies ramped up their R&D capabilities.<sup>39</sup> China's increased investment in oncology treatments, biologic drugs, and antibody-drug conjugates (ADCs) were gaining international significance.

Additionally, Chinese pharmaceutical companies have sought not only to expand globally but to innovate through licensing agreements and partnerships and to acquire overseas companies.<sup>40</sup> Meanwhile, for the state, it became a foreign policy agenda to promote health through initiatives such as the Health Silk Road (健康丝绸之路)<sup>41</sup>. During the COVID-19 pandemic, China's vaccine diplomacy<sup>42</sup> further illustrated how medicines and healthcare had become instruments of geopolitical influence.<sup>43</sup>

Post-*Dying to Survive* China is gradually developing a self-image of a producer of high-end medications and a pioneer of global health governance initiatives. Nevertheless, the lived fear of patients unable to access affordable treatment remain relevant. Precisely the same thing makes the impact of *Dying to Survive* relevant since the movie has captured the time when survival hinged on international boundaries.

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37 中共中央、国务院 [CPC Central Committee and State Council]. 《“健康中国2030”规划纲要》 [Healthy China 2030 Planning Outline]. Beijing: People's Publishing House, 2016.

38 State Council of the People's Republic of China, “Healthy China 2030” Planning Outline (北京: 国务院, 2016).

39 Ruirong Tan, Hua Hua, Siyuan Zhou, Zhimin Yang, Changming Yang, Guo Huang, Jin Zeng, and Junning Zhao, “Current Landscape of Innovative Drug Development and Regulatory Support in China,” *Signal Transduction and Targeted Therapy* 10, no. 220 (2025), <https://doi.org/10.1038/s41392-025-02267-y>.

40 Laurie Chen, “Chinese Biotech Firms Expand Global Licensing Deals amid Pharma Boom,” Reuters, 2024.

41 Wang, Yiwei. *The Belt and Road Initiative: What Will China Offer the World in Its Rise*. Beijing: New World Press, 2016, 203–215.

42 For vaccine diplomacy, see Chinese official discourse describing vaccines as a “global public good” and China's provision of vaccines and medical assistance to developing countries, especially in Africa, during the COVID-19 pandemic.

43 Yu Jie, “China's Vaccine Diplomacy and Health Silk Road,” Chatham House, 2021.



However, understanding China's growth from vulnerability to strength requires acknowledging several external factors responsible for plugging the gaps during the early health crisis. One country that played a significant role in this regard was India. Indian generic drugs offered inexpensive medication to thousands of people in China. Thus, *Dying to Survive* can be a good starting point to explore this issue further.

## India, China and Pharma

The case of India provides another valuable geopolitical takeaway from *Dying to Survive*. The film demonstrates an inherent paradox of modern Asian pharmaceutical geopolitics. Particularly, India became a life-saving factor for Chinese patients thanks to its long history of drug patents' flexibility, low-cost and large-scale manufacturing of necessary drugs.<sup>44</sup> India was not a geopolitical rival for millions of Chinese citizens. It was a land where survival financially became possible. India's importance as such was extremely symbolic. Before any official discussion of "Global South Solidarity," Chinese patients had gained practical experience of their dependence on Indian drugs.

Interestingly, the film also generated discussion among Indian observers, particularly within policy, pharmaceutical, and China Studies circles. Indian observers frequently noted the unusual portrayal of India as a provider of affordable healthcare to Chinese patients, contrasting with more familiar narratives centred on geopolitical rivalry. Although the film did not receive a wide commercial release in India, it attracted attention among scholars and commentators interested in healthcare, pharmaceutical policy, and contemporary Chinese society.

However, India's relevance in the story is not confined to the experience of individual patients. Over the past several decades, India has occupied a unique place within the international pharmaceutical industry. As a result of the process-patent policy, advanced production capacity, and relatively low-cost production, the country became one of the major manufacturers of generic drugs in the world.<sup>45</sup> Hence the nickname of "pharmacy of the developing world." Indian pharmaceutical industry became a provider of inexpensive medicines not only for developing countries, but for citizens of developed states who sought to purchase their medicines at a lower price.

The significance increased when medicine production increasingly began to be associated with the issues of global justice. The pharmaceutical sector in India took part in the production of affordable medications for the treatment of AIDS and cancer, among other conditions, in developing countries. Thus, the production of Indian generics came to be associated with issues of global healthcare accessibility and public welfare.

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44 Amit Sengupta, "India: The Pharmacy of the Developing World," Third World Network, 2010.

45 Sengupta, "India: The Pharmacy of the Developing World"; Chaudhuri, *The WTO and India's Pharmaceuticals Industry*, 15–42.

In this light, the Lu Yong incident and “*Dying to Survive*” shed some light on how global pharmaceutical dynamics have played out in China’s context. At a time when Chinese patients had difficulty obtaining costly patented drugs, India offered a convenient option. Unlike traditional forms of international health relations that are formalised and based on diplomatic cooperation, the connection between China and India has come into existence as a result of non-state cooperation. Thus, ordinary citizens on both sides had, in effect, constructed an informal and legally precarious channel of India–China health interdependence, well before either government articulated a language of health diplomacy or Global South alliance.

Simultaneously, the link indicates an intricate contradiction inherent in Asia’s pharmaceutical geopolitics. Whereas India emerged as a provider of low-cost medicines to Chinese consumers, the Indian pharmaceutical sector relies on APIs manufactured in China. The situation results in a specific pattern of mutual dependency, in which each country plays a distinct role in regional pharmaceutical supply chains. While China has its strengths in chemical synthesis and raw materials, India excels in the manufacture and distribution of generic medicines.

From the perspective of neighbourhood studies, the case shows that interdependence between Asian countries is not confined to trade and security alone. Healthcare systems, medicine supply chains, and the affordability of drugs have become forms of connectivity. This case has shown that India–China societal-level interdependence is not only about strategic competition but also about areas of cooperation that impact human security. In this way, drugs become a neglected aspect in neighbourhood relations.

In this lens, *Dying to Survive* sheds light on an important yet often overlooked aspect of India–China relationship at the societal level. Scholarly debates concerning the bilateral relationship revolve around issues such as territorial disputes, strategic competition, economic imbalances, and regional security challenges. However, through the film, one can perceive a completely different dynamic – the presence of highly integrated healthcare and pharmaceutical systems that transcend geopolitical disputes. As a result, this film demonstrates how issues related to survival, medication, and healthcare may generate interdependence among countries, despite being strategic rivals.

The aftermath was striking in terms of its timing, although its causal weight remains debatable. *Dying to Survive* was released in July 2018, months after Premier Li Keqiang had, in March 2018, pledged “zero tariffs” on imported anti-cancer drugs as part of a broader trade-opening package.<sup>46</sup> Within weeks of the film’s release, however, Chinese officials and state media explicitly referenced it while discussing drug-pricing reform. The government accelerated measures already under discussion—tariffs on imported cancer drugs were formally zeroed out, Pfizer and other multinationals announced price cuts of up to 10 per cent, and by October 2018, 17 cancer drugs were added to the National Reimbursement Drug List

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46 Ministry of Foreign Affairs of the People’s Republic of China, “Premier Li Keqiang Meets the Press,” press conference following the close of the First Session of the 13th National People’s Congress, Beijing, March 20, 2018, [https://www.mfa.gov.cn/eng/xw/zyjh/202405/t20240530\\_11341226.html](https://www.mfa.gov.cn/eng/xw/zyjh/202405/t20240530_11341226.html).



(NRDL) following negotiations that cut prices by an average of 56.7 per cent.<sup>47</sup> The film thus arrived at a moment when reform was already in motion, but its social resonance appears to have shaped the framing and urgency of that reform, even if it did not originate it.

From a policy perspective, this is relevant for India. The pharmaceutical industry is not merely a source of economic gain for India but also a tool of strategic influence. Cheap medicines, vaccine production, medical assistance projects, and similar initiatives help improve the country's ties with neighbouring countries and the Global South. *Dying to Survive* showcases another powerful but little-known resource of India's international influence.

Meanwhile, the relationship contains a deep structural contradiction. India remains heavily dependent on China for active pharmaceutical ingredients (APIs), particularly in antibiotics and intermediate chemicals. By the mid-2020s, estimates suggested that roughly 70–87 per cent of India's antibiotic APIs originated from China, reaching approximately USD 3.5–3.8 billion annually.<sup>48</sup> During the early 2020 COVID-19 wave, interruptions in Chinese supplies forced India to temporarily restrict exports of certain medicines. This created a strategic paradox. India often acts as the pharmacy of the Global South, yet part of its pharmaceutical foundation depends on Chinese manufacturing.

Table 1. India–China Pharmaceutical Positioning

| Dimension                | India                            | China                    |
|--------------------------|----------------------------------|--------------------------|
| Comparative strength     | Generic medicines                | Biotech innovation       |
| Strategic advantage      | Affordability                    | Scale + R&D ecosystem    |
| Historical image         | Pharmacy of the developing world | Manufacturing power      |
| Emerging aspiration      | Innovation transition            | Global health leadership |
| Structural vulnerability | API dependence                   | Accessibility legacy     |

Source: Author's illustration based on Sengupta (2010) and Chaudhuri (2005) for India's generics positioning; Chen (2024) and Wang (2016) for China's biotech and Belt-and-Road positioning; and Government of India (2025) for API dependency figures (see foot note 41).

47 Xinhua, “China Focus: China Pushes Forward Reforms to Expand Access to Anti-Cancer Drugs,” February 12, 2019, [http://www.xinhuanet.com/english/2019-02/12/c\\_137815850.htm](http://www.xinhuanet.com/english/2019-02/12/c_137815850.htm).

48 Government of India, Ministry of Chemicals and Fertilizers, Department of Pharmaceuticals, Annual Report 2024–25 (New Delhi: Government of India, 2025).

## Implications for India

For India, however, the implications go beyond the economic sphere. While the pharmaceuticals sector should certainly not be considered in the context of industrial policy or export opportunities, medicines have taken on the role of a strategic soft power tool and international reputation. This is true in terms of India's health relations with its immediate neighbourhood and the Global South. Affordable medicines, vaccine production, telemedicine, and other public-health partnerships serve as powerful means of influence akin to infrastructure and defence diplomacy.

Many advantages India possesses include its recognised generic pharmaceutical industry, its ability to manufacture vaccines, and the credibility and experience it has garnered from defending itself as the producer of affordable medicines in the Global South. However, India has not always fully recognised the strategic implications of its position as the world's pharmacy next door, a reality that carries several important implications for Indian foreign policy.

First, India's generic pharmaceutical sector, already central to its identity as the “pharmacy of the Global South”, could be more deliberately incorporated into India's diplomatic toolkit for East and Southeast Asia, rather than only for traditional partners in Africa and Latin America.<sup>49</sup> The *Dying to Survive* episode suggests that Indian generics already carry informal soft-power value among ordinary Chinese citizens, despite the absence of formal bilateral health cooperation.

Second, India's own API dependency on China represents a strategic vulnerability that could undercut this soft-power potential if left unaddressed. A pharmaceutical “power” dependent on a geopolitical rival for its core inputs has limited room to use its export capacity as leverage in a crisis involving that same rival — as the 2020 export restrictions illustrated. Initiatives such as the Production-Linked Incentive (PLI) scheme for APIs are therefore not merely industrial policy but a precondition for India's pharmaceutical diplomacy to be credible and autonomous.

Third, the paper's “health power” framework suggests India should treat pharmaceutical capacity — both strengths (generics, vaccine manufacturing) and weaknesses (API dependency) — as a standing item in its China policy, alongside more conventional concerns such as the border dispute and trade imbalances. Health is not a peripheral file in the India-China relationship; it is a domain where interdependence and vulnerability run in both directions.

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49 Shefali Patnaik, Sibaram Badatya, and Mahendra Pratap Swain, “Pharmaceutical Diplomacy in Asia: A Regional Architecture for Health Security, Innovation, and Strategic Autonomy,” *International Journal for Multidisciplinary Research (IJFMR)* 7, no. 5 (September–October 2025): 1.



## Conclusion

More than a successful social-realist film in China, *Dying to Survive* highlighted how cinema can shed light on issues vital for international relations such as legitimacy, dependency, governance, and global influence. The film depicted the limitations of marketisation of healthcare, the politics of pharmaceutical inequality, the Indian generic drug sector, and the capacity of the Chinese state to transform social insecurity into legitimacy for reforms. Furthermore, the movie highlighted that pharmaceuticals have become more than public health solutions; they have become an integral part of diplomacy, strategic competition, and state credibility.

As per the constructivist approach, the importance of *Dying to Survive* is not only what is presented in the film but also how such representations give meaning to health, legitimacy, and state obligation, helping China construct its evolving health-power identity. The rise of China from pharmaceutical insecurity to global health ambitions represents a wider shift in China's governance system. However, the sense of vulnerability persists within cultural memory through cinema.

For India, the message is even stronger. Health diplomacy is no longer secondary to geopolitics; it has become essential in the context of influence, trust, and Global South leadership. Long before China thought of becoming a global health superpower, many Chinese people had already thought of India as the pharmacy next door. With the rise of health as an instrument of strategic rivalry and international diplomacy, the film *Dying to Survive* helps us understand that health power can be built not at high-level policy conferences, but in the efforts of everyday individuals striving for access to survival.

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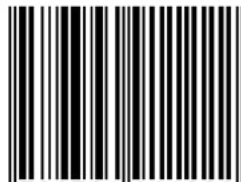
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