CHINA'S GROWING INVOLVEMENT IN GLOBAL HEALTH GOVERNANCE: CONTRIBUTIONS AND IMPLICATIONS*

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ABSTRACT

The outbreak of the COVID-19 global pandemic has exposed deficiencies in global health governance. China has been active in making intellectual and material contributions to the global fight against COVID-19 while achieving significant progress in containing the epidemic domestically. China's contribution to global cooperation in the fight against the virus can be reflected in: (1) China has actively shared its experience in COVID-19 control and the treatment of infected cases with the international community; (2) China has sent 37 medical expert teams to help improve measures of diagnosis, treatment, prevention and control in 34 countries as of July 2021; (3) China has done its best to provide medical supplies to more than 150 countries and 13 international organizations as of July 2021; (4) China has made efforts to make vaccine accessible and affordable in developing countries. The implications of China's involvement in global health governance include: (1) advocating the concept of "building a global community of health for all"; (2) supporting the leadership role of the World Health Organization in global health governance; (3) improving the global health governance system and WHO's ability; and (4) cultivating public health talent with knowledge of international rules and diplomatic skills.

Keywords: the COVID-19; global health governance; China; Building a global community of health for all

INTRODUCTION

The COVID-19 global pandemic is the most extensive to afflict humanity in a century. A serious crisis for the entire world, and a daunting challenge, it poses a grave threat to human life and health. Since the Wuhan Center for Disease Control and Prevention (CDC) in central China's Hubei Province detected cases of pneumonia of unknown cause in late December 2019 (Xinhua, 2020a), China has adopted strong measures on epidemic prevention and control to contain the spread of the virus domestically. At the same time, China has provided the international community with epidemic control strategies and measures, dispatched medical and disease control experts to relevant countries to help fight the pandemic, and offered vaccine assistance to developing countries. China has also proposed the concept of "building a global community of health for all", actively leading global public health governance, and making intellectual and material contributions to the global battle against the coronavirus.

The global outbreak of COVID-19 pandemic and deficiencies in global health governance

Globally, as of 9 August 2021, there have been 202,608,306 confirmed cases of COVID-19, including 4,293,591 deaths, reported to World Health Organization (WHO) (WHO, 2021a). As of 9 August 2021, in the region of Americas, 78,718,104 confirmed cumulative cases of COVID-19 with 2,032,256 deaths have been reported; in the region of Europe, 61,333,662 confirmed cumulative cases with 1,231,439 deaths have been reported; in the region of South-East Asia, 39,271,048 cases with 593,565 deaths have been reported; in the region of Eastern Mediterranean, 13,169,171 cases with 243,217 deaths have been reported; in the region of Africa, 5,156,790 cases with 122,537 deaths have been reported; in the Region of Western Pacific, 4,958,767 cases with 70,564 deaths have been reported (see Table 1) (WHO, 2021a). As of 9 August 2021, the United States (U.S.) (35,501,444 confirmed cases, 611,504 deaths), India (31,969,954 confirmed cases, 428,309 deaths), Brazil (20,151,779 confirmed cases, 562,752 deaths), Russia (6,469,910 confirmed cases, 165,650 deaths) and France (6,154,798 confirmed cases, 111,102 deaths) registered the five highest number of confirmed COVID-19 cases (WHO, 2021a).

Table 1. Confirmed cases of COVID-19 by WHO Region as of 9 August 2021

WHO Region	Cumulative cases	Cumulative deaths
Americas	78,718,104	2,032,256
Europe	61,333,662	1,231,439
South-East Asia	39,271,048	593,565
Eastern Mediterranean	13,169,171	243,217
Africa	5,156,790	122,537
Western Pacific	4,958,767	70,564
Global	**202,608,306**	**4,293,591**

Source: World Health Organization, *WHO Coronavirus (COVID-19) Dashboard*, as of 9 August 2021,https://covid19.who.int/?gclid=EAIaIQobChMIi7fvroXO8QIVQ7eWCh0Whwk6EAAYA SABEgLDmPD_BwE,%20accessed%20on%205%20July%202021.

COVID-19 pandemic has hit the global economy hard. The World Economic Outlook released in April 2021 pointed out a contraction of –3.3% in the global economy in 2020 (IMF, 2021). This makes the economic downturn the worst recession since the Great Depression, and far worse than the 2007–2008 Global Financial Crisis (Gopinath, 2020). The GDP of the major economies in the world (with the exception of China's GDP growth of 2.3%) all experienced negative

growth: -3.5% in the U.S., -6.6% in the Euro Area, -4.8% in Japan, - 9.9% in the United Kingdom (U.K.), -5.4% in Canada, -8.0% in India, -3.4% in the five Southeast Asian countries (Indonesia, Malaysia, the Philippines, Thailand, and Vietnam), -3.1% in Russia, -4.1% in Brazil, and -8.2% in Mexico (IMF, 2021). The negative impact on low-income households has been particularly severe, undermining the remarkable progress made in eliminating extreme poverty since the 1990s.

The fundamental idea underpinning global health governance is that the assets the world has at its disposal to improve peoples' health could be deployed more effectively and more fairly (WHO, 2013). Health governance implies "the use of formal and informal institutions, rules and processes by states, intergovernmental organizations, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively" (Fidler, 2010).

The outbreak of the COVID-19 global pandemic has exposed several deficiencies in global health governance. First, there were late, incomplete and erroneous reports of COVID-19 cases in many countries. Second, some countries ignored the warnings and technical guidance of WHO, too slow to act on COVID-19. Third, the member countries of WHO lacked mutual communication and cooperation. Fourth, WHO had insufficient capacity in cross-sector horizontal coordination and cross-level vertical management. In general, most countries lacked serious preparations for this global pandemic, and there was also a lack of leadership, core emergency response capacity and strategic medical resources (Han, 2020).

The reasons for the deficiencies in the global health governance system are as follows:

First, nationalist governments have subverted global health governance in the response to the COVID-19 (Gostin et al., 2020b). The COVID-19 began against a backdrop of strong mainstreamed exclusionary nationalism in key countries around the world, in particular in Europe and North America (Bieber, 2020). The pandemic will strengthen the state and reinforce nationalism (Allen et al., 2020). Nationalist leaders have weakened WHO's authority, blocked a coordinated UN response, and imposed isolationist policies that divide the world (Gostin et al., 2020b). WHO's global health mandate has been challenged by the rising reluctance of national governments to adequately support global health governance (Gostin et al., 2020b). This could be seen most clearly in member state attacks on WHO's leadership and refusal to meet national financial obligations to WHO's programming in the pandemic response—with the U.S., WHO's largest donor, seeking to withdraw from WHO entirely (Gostin et al., 2020a).

Second, the legislative process of the international health law is too slow and the global health governance system is generally "soft" (Zhang, H., 2020).

Since the establishment of WHO in 1948, the International Health Regulations (IHR) is the only international legal treaty with the responsibility of empowering WHO to act as the main global surveillance system (Youde, 2010 and Kohl et al., 2012). In contrast, as the leading global environmental authority, the United Nations Environment Programme administers, or provides secretariat functions for, 15 multilateral environmental agreements (MEAs) and other entities (UNEP, n.d.).

Third, a few countries have "politicized" the global cooperation against the epidemic in order to shift their responsibility in their poor response to the COVID-19. Since the outbreak of COVID-19, domestic economic recession and social unrest could be observed in some countries due to improper measures to prevent and control the virus. Some politicians have started to incite isolationism and populism, and have highly politicized the epidemic control, taking as political weapons to "blame" and "smear" WHO and other countries (Qu, 2020).

Fourth, the increased rivalry between China and the U.S. has reduced the effectiveness of the international cooperation against COVID-19. The COVID-19 pandemic should have been a buffer, a relief valve or a binder for the China-U.S. relationship, but due to all sorts of accidental mishaps, it has become a transformer, an accelerator and a catalyst that intensifies the game between China and the U.S. instead (Yuan, 2020). Under the Trump Administration, the U.S. and China have failed to cooperate effectively in the prevention and control of the pandemic, and instead relations have deteriorated, making it difficult for WHO to play a powerful role. In the context of the China-U.S. strategic competition, some Western media claimed that the COVID-19 has prompted a strategic contention between China's model and the Western model with an ideological meaning (Liu, 2021 and Yuan, 2020). As a matter of fact, models or systems vary in advantages and disadvantages, as no single model or system proved to be successful to suit the conditions of a particular country. China will never sell its model nor accept Western models.

Regarding the shortcomings exposed in the global public health governance, the international community needs to seriously learn lessons from the COVID-19 pandemic and take effective measures to improve global health governance.

China's contribution to global cooperation in the fight against the COVID-19

While making significant progress in containing the pandemic domestically, China has also made intellectual and material contributions to the global fight against the coronavirus. China's significant contribution to global cooperation in the fight against the virus can be reflected in the four aspects:

First, China has actively shared its experience in COVID-19 control and the treatment of infected cases with international community. Starting 3 January 2020, China has been regularly informing WHO, relevant countries and regions about the

pneumonia outbreak; China began to inform the U.S. of the pneumonia outbreak and response measures on a regular basis (Xinhua, 2020a). On 9 January 2020, China informed WHO of developments and the initial progress that had been made in determining the cause of the viral pneumonia (The State Council Information Office of China, 2020). On 12 January 2020, China Center for Disease Control and Prevention (CDC), the Chinese Academy of Medical Sciences (CAMS) and the Wuhan Institute of Virology (WIV), as designated agencies of the National Health Commission (NHC), submitted to WHO the genome sequence of the novel coronavirus (2019-nCoV), which was published by the Global Initiative on Sharing All Influenza Data to be shared globally (The State Council Information Office of China, 2020). On 12 March 2020, together with WHO it held an international briefing via video link on China's experience in COVID-19 control (The State Council Information Office of China, 2020). On 20 March 2020, China held a special foreign ministers' video conference with Japan and Republic of Korea upon the initiative of China, sharing experience in fighting the epidemic and strengthening policy coordination. In March 2020, The Knowledge Center for China's Experiences in Response to COVID-19 was launched by Health Human Resources Development Center (HHRDC) of the NHC, open to all countries to share experience in epidemic prevention and control, as well as in the treatment of infected cases (HHRDC of the NHC, 2020). As of 8 September 2020, China has conducted more than 70 exchanges on the virus prevention and control with international and regional organizations (Xinhua, 2020c).

As of June 2020, the NHC has worked out diagnosis, treatment, prevention and control solutions, had them translated into three languages, and shared them with over 180 countries and more than 10 international and regional organizations (The State Council Information Office of China, 2020). And as of May 2021, the NHC has published eight updated versions of diagnosis and therapeutic solutions and eight updated versions of prevention and control protocols, sharing experience with other countries without any reservation.

Second, China has sent medical expert teams to help relative countries improve measures of diagnosis, treatment, prevention and control. On 29 February 2020, voluntary medical experts from the Red Cross Society of China arrived in Iran; on 7 March 2020, a Chinese medical team dispatched by the Red Cross Society of China arrived in Iraq, carrying China-aided COVID-19 prevention supplies; on 12 March 2020, the first batch of Chinese medical experts carrying China-assisted medical supplies arrived in Italy to help with its epidemic prevention and control effort; on 18 March 2020, the second group of Chinese medical experts arrived in Italy, carrying nine tonnes of medical supplies donated by China; on 22 March 2020, a Chinese medical team carrying ventilators, medical masks, test kits and other medical materials arrived in Serbian; on 23 March 2020, a team of Chinese medical experts carrying a batch of medical materials arrived in Cambodia; on 26 March

2020, China's third medical team carrying ventilators, medical monitors, masks and other medical supplies arrived in Italy; on 28 March 28, a Chinese medical expert team carrying medical supplies arrived in Pakistan; on 29 March 2020, a team of Chinese medical experts carrying medical supplies, arrived at Laos; on 30 March 2020, a team of Chinese medical and scientific experts carrying test kits, medical protective equipment, medicines and other China-donated medical supplies arrived in Caracas, capital of Venezuela (Xinhua, 2020a). As of July 2021, China has sent 37 medical expert teams to 34 countries, providing the recipient countries with virus prevention experience and tactics (Cctv.com, 2021).

The Chinese medical expert teams have helped relevant countries improve measures of diagnosis, treatment, prevention and control, effectively containing the development of the pandemic. For example, China's third medical team to Italy has been to local hospitals, communicating with Italian experts face to face, sharing experience in COVID-19 control and providing treatment advice, including containment measures, and example cases of treating novel coronavirus patients with severe symptoms (Chinanews.com, 2020).

Third, China has done its best to provide donations and medical supplies to the international community. In the opening of the 73rd World Health Assembly on 18 May 2020, China announced that it would provide US$2 billion of international aid over two years to support the global fight against the pandemic, especially for helping developing countries recover. As of 4 July 2021, China has provided test kits, protective suits, ventilators and other protective materials to more than 150 countries and 13 international organizations affected by the pandemic (Cctv.com, 2021). In terms of the assessed contributions payable by WHO Member States and Associate Members for the 2020-2021 biennium, China's assessed contribution of US$11.5 million, makes it a second biggest financial contributor to WHO (WHO, n.d. and McCarthy, 2020).

Chinese enterprises such as Alibaba, Huawei, BGI Genomics, Tencent and Vanke, have made notable contributions to global fight against coronavirus. Jack Ma Foundation and Alibaba Foundation have donated essential medical supplies to many countries to support them in the battle against the COVID-19. Amid the pandemic, the good deeds of Chinese telecommunications company Huawei is particularly noteworthy. As at 26 March 2020, Huawei has donated 10,000 N-95 masks; 20,000 isolation gowns; 50,000 medical goggles; and 10,000 gloves to New York State of the U.S (New York State Government, 2020). As at 6 April 2020, Huawei has already delivered to Canada more than a million masks, 30,000 goggles and 50,000 pairs of gloves (Klippe, 2020). It can be expected that Chinese private enterprises will play a more significant role in the future international cooperation against the pandemic (Zhang, Q., 2020).

Fourth, China has made efforts to make vaccine accessible and affordable in developing countries. On 18 May 2020, Chinese President Xi Jinping addressed at the opening of the 73rd session of the World Health Assembly, announcing that the COVID-19 vaccine will be made a global public good when it is developed and deployed in China, to ensure vaccine accessibility and affordability in developing countries (Xinhua, 2020b). On 7 May 2021, the Sinopharm COVID-19 vaccine was listed by WHO for emergency use (WHO, 2021b). On June 1 2021, Sinovac-CoronaVac COVID-19 vaccine was validated by WHO for emergency use (WHO, 2021c). Both the Sinopharm product and the Sinovac-CoronaVac product are inactivated vaccines, their easy storage requirements make them highly suitable for low-resource settings (WHO, 2021b and WHO, 2021c). As at 5 August 2021, China has donated and is donating vaccines to more than 100 countries, and has exported more than 770 million doses of vaccines to over 60 countries, the most of any nation in the world (Chinese Ministry of Foreign Affairs, 2021b). China will strive to provide 2 billion doses of vaccines to the world throughout this year (Chinese Ministry of Foreign Affairs, 2021a). Under our combined efforts, the United Arab Emirates (UAE), Egypt, Indonesia, and Brazil have become the first ones in their respective regions to have the production capacity of COVID-19 vaccines, which charted a new chapter of unity and self-reliance among developing countries (Chinese Ministry of Foreign Affairs, 2021b).

China has worked together with the COVID-19 Vaccine Global Access (COVAX) partners. The aim of the COVAX is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world (Gavi, n.d.). On 8 October 2020, China and Gavi, the Vaccine Alliance, signed an agreement, officially joining COVAX (Chinese Ministry of Foreign Affairs, 2020). China has decided to donate US$100 million to the COVAX Facility for distributing vaccines to developing countries (Chinese Ministry of Foreign Affairs, 2021a). China will support COVAX by delivering the first batch of more than 100 million doses of vaccines to the Facility before the end of October 2021 (Chinese Ministry of Foreign Affairs, 2021b).

The Implications of China's Growing Involvement in Global Health Governance

In responding to the pandemic, China has played an important role in the area of global health governance and continuously strengthened its public health diplomacy. The implications of China's response to COVID-19 pandemic and insights from its involvement in global health governance include:

First, advocate the concept of building a global community of health for all. On 18 May 2020, Chinese President Xi Jinping called for a joint effort of all countries to build a global community of health for all. A global community of

health for all means to stand for unity and cooperation instead of casting blames; to uphold science and rationality instead of groundless conspiracy theories (Chinadaily.com.cn, 2020). The aim of building a global community of health for all is to use cooperation to protect and promote the health, security, and sustainable development of all humanity (Ma, 2020). This was the solemn commitment made by China and governments around the world in the UN Charter and the 2030 Agenda for Sustainable Development.

The concept of "a global community of health for all" embodies the spirit and value of humanitarianism, and is a further enrichment and expansion of the concept of "A Global Community of Shared Future" advocated by China. When facing this virus, the common enemy of humanity, it is important that the international community rises above national interest and ideology, and actively engages in international health cooperation based on humanitarianism, creating the conditions for building a global community of health for all (Zhang and Wang, 2020). In the future, China will remain committed to the idea of building a global community of health for all.

Second, support the leading role of WHO in global health governance. The 193 member states constituting the UN commit to WHO's overarching mission: the promotion of global health. WHO has both the role of a global health monitor and of the central coordinator in case of an epidemic that may pose a global risk (Genevaz, 2021). As the most important multilateral institution for global health governance, WHO is actively committed to the prevention and control of the pandemic, becoming the "coordinator" of global cooperation against the epidemic, the "complement" to the weakness in the global fight against COVID-19, and the "provider" of global norms and technologies against the virus (Jin, 2020). The international community expects a strong WHO, but its authority and effectiveness depend on the various support provided by its member states (Tang, 2020).

China will continue to give WHO political and financial support, in favor of its leading role in global health governance. As a responsible country that upholding multilateralism and international cooperation, China can actively advocate the "depoliticization" of global health governance on the platform of WHO, and China can provide support for the establishment of a global disease prevention and control mechanism under WHO framework, which focuses on scientific research and cooperation, with doctors, epidemiologists, rescuers and public health experts providing professional policy advice on the operation of mechanism (Zhang and Wang, 2020).

Third, improve the global health governance system and WHO's ability. The pandemic is an extensive test of the global health governance system. WHO's central role remains absolutely essential, but WHO lacks both the authority and the resources to mount an effective response to a global emergency that affects all

countries (Gostin et al., 2020b). It needs to be acknowledged that WHO has exposed the problem of insufficient authority in guidance and coordination on the prevention and control of the pandemic, and the problem of inadequate fulfillment of the International Health Regulations (2005) by some countries could also be seen. When the pandemic could be brought under control, the international community need to make a full assessment of the existing global health governance system, identify the root of the problem and make efforts to learn lessons and remedy weaknesses. An impartial, independent and complete assessment is a prerequisite for effectively improving the global health governance system in the aftermath of a pandemic. The international community should strengthen and leverage the role of WHO and improve the global disease prevention and control system to better prevent and respond to future pandemics.

On improving the global health governance, there are four points on what China can do. China can help WHO to enhance its capacity of monitoring, early-warning emergency response, and coordination with the other countries. China can provide financial and human resources to those countries which lack the ability to comply with IHR (2005). China can deploy skilled healthcare professionals at very short notice to wherever the need arises under the leadership of WHO. China can call on the world to realize the global solidarity in the framework of the UN and WHO, which has been weakened by nationalist governments and conflicts between the U.S. and China.

Fourth, cultivate public health talent with knowledge of international rules and diplomatic skills. Participation in global health governance requires versatile talents with knowledge of health emergency, health security and global health governance, as well as diplomatic skills. In response to the epidemic, the value and necessity of cultivating outstanding talents in public health in China was highlighted. China is already facing shortage of public health personnel with 0.63 public health personnel per 1000 population in 2018 and worst still, there is a significant shortage of experienced senior health professionals in the country (Wang, et al. 2020). In recent years, as the NHC of China is selecting and training a global health talent pool, and with the development of domestic disciplines of global health, the reserve of talents in the field of global health governance and diplomacy has gradually increased. However, compared to developed countries, China still lacks a sufficient health workforce with the necessary competencies for global health engagement (Ma, et al. 2021).

China can focus on the following areas to cultivate talents for health emergencies and health diplomacy: (1) Take cultivating public health talents as a long-term strategy. China can consider establishing a talent pool of public health talents with long-term national investment to respond to various public health emergencies. (2) Appoint health attachés in embassies or missions of key countries

or regions. The health attachés will coordinate global health-related affairs and provide crucial information and intelligence for global health decision-making. In the long run, the training of health attachés will provide a strategic talent pool for China to participate in global health governance. China needs to continue to improve the training system for public health talents and provide them with practical opportunities on the international stage. (3) Improve the "revolving door" mechanism between scholars and officials in the field of public health. China needs to promote the circulation of public health scholars and officials, and support scholars and think tanks to actively participate in the rule making of global health governance.

CONCLUSION

As of 9 August 2021, there have been 202,608,306 confirmed cases of COVID-19, including 4,293,591 deaths, reported to WHO. The global outbreak of coronavirus has revealed the deficiencies of global health governance. The reasons for the deficiencies of the global health governance system include: nationalist governments have subverted global health governance in the COVID-19 response; the legislative process of the international health law is too slow and the global health governance system is generally "soft"; a few countries have "politicized" the global cooperation against the epidemic in order to shift their responsibility in poor COVID-19 response; and the increased rivalry between China and the U.S. has reduced the effectiveness of the international cooperation against COVID-19.

While China has achieved significant progress in containing the pandemic domestically, it has also contributed ingenuity and strength to the global fight against the coronavirus. China's significant contribution to global anti-pandemic cooperation can be demonstrated in: (1) China has actively shared its experience in COVID-19 control and the treatment of infected cases with international community. As of 8 September 2020, China has conducted more than 70 exchanges on the virus prevention and control with international and regional organizations, and launched online knowledge center to share experience in epidemic prevention and control. (2) China has sent medical expert teams to help relative countries improve measures of diagnosis, treatment, prevention and control. As of July 2021, 37 Chinese expert teams have been sent to 34 countries. The Chinese medical expert teams have helped relevant countries effectively contain the development of the pandemic. (3) China has done its best to provide donations and medical supplies to international community. As of 4 July 2021, China has provided a variety of protective materials to more than 150 countries and 13 international organizations. (4) China has made efforts to make vaccine accessible and affordable in developing countries. As of 5 August 2021, China has donated and is donating vaccines to more than 100 countries, and has exported more than 770 million doses of vaccines to over 60

countries, the most of any nation in the world. China has also worked together with the COVAX partners.

Implications of China's response to the pandemic and its involvement in global health governance include: First, advocate the concept of building a global community of health for all. The concept of "a global community of health for all" embodies the spirit and value of humanitarianism and is conducive to the international community to rise above national interest and ideological differences. Second, support the leading role of WHO in global public health governance. On the platform organized by WHO, China can actively advocate the "depoliticization" of global health governance, providing support for the establishment of a global disease prevention and control mechanism under WHO framework. Third, improve the global health governance system and WHO's ability. China can help WHO to enhance its capacity of monitoring, early-warning and emergency response; China can provide financial resources and deploy skilled healthcare professionals to countries in need of emergency assistance under the leadership of WHO; China can call on the world to realize the global solidarity in the framework of the UN and WHO. Fourth, cultivate public health talents with knowledge of international rules and diplomatic skills. China can take measures to cultivate public health talents as a long-term strategy, appoint health attachés in embassies or missions of key countries or regions, and improve the "revolving door" mechanism between scholars and officials in the field of public health.

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