China's Global Health Diplomacy

Possibilities and limitations for cooperation

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China Knowledge Network Report
July 2023

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July 2023

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Executive Summary

China is an indispensable actor to global health. Given the sheer size of its population, epidemiological history, and its economic development, China is obviously a vital element in creating and maintaining sustainable strategies to contribute to health-related sustainable development goals (SDGs), prevent and mitigate the spread of future epidemics, and also facilitate innovations in health technology. Without the involvement of China, the global health governance system will have a serious gap. A failure to include China in the system could thus undermine global health governance's ability to combat disease outbreaks and provide for other health related global public goods such as adaptation and mitigation strategies to climate change. International health cooperation is not only useful, but also essential, in responding to the COVID-19 outbreak and future pandemics. The Netherlands, as a long-time supporter of global health and strategic partner of WHO, should proactively explore possibilities for cooperation with China.

This report has been written for the Dutch Ministry of Health, Welfare and Sport and the Ministry of Foreign Affairs to understand the role of China in global health and explore viable policy options for the Netherlands to engage with China in global health. Based on the academic and professional expertise of the two researchers, an extensive desk-based literature review was conducted between October 2022 and April 2023. There are three main expected outcomes of the report:

1. Understanding how the evolving global/public health strategies in Europe, BRICS, Africa, and other regions/countries (such as Suriname) relate to China's domestic public health policies and Beijing's foreign policy strategies;

2. Analysing opportunities and limitations for global health policy engagement with China;

3. Developing key policy recommendations with concrete and operational propositions of which stakeholders could be engaged with in China.

Regarding Chinese health diplomacy, the report illustrates how China has utilized the existing global health architecture to improve the overall global health agenda. For example, in the context of the COVID-19 pandemic, China has contributed to the global health agenda with its home-manufactured vaccines. At the same time China's health diplomacy advances the country's broader foreign policy objectives. These foreign policy objectives include improving China's global image; expanding Beijing's great power ambitions and reinforcing existing bilateral relations; and creating new economic and geopolitical opportunities.

Chinese global health diplomacy simultaneously operates at bilateral and multilateral, regional and global levels. At the multilateral and global levels, China has sought to play a more cooperative role within the WHO. China-WHO cooperation has been further strengthened underneath the Chinese flag-shipped Belt and Road Initiatives (BRI) in the form of a Health Silk Road (HSR). Despite the ambiguity of the HSR, the concept has been revitalized by the Chinese authorities during the COVID-19 pandemic. The pandemic has provided a strategic opportunity for Beijing to enhance health cooperation with BRI participating countries under the banner of the HSR platform.

At the bilateral and regional levels, Chinese health diplomacy fits into China's long-standing model of South-South cooperation prior to the launch of the BRI and HSR. This is in particular the case for China-Africa health cooperation. Beyond Africa, China's overall engagement with countries in South America has grown significantly in the past decade. However, cooperation on health issues is relatively modest, also in the case of Suriname.

Regarding the intersection of Chinese global health strategies with other related policy areas, the report shows that the Chinese authorities have largely viewed global health as a standalone issue. Chinese concerns with food security, climate change, social stability, and migration at the global level are very much driven by its domestic agenda. Besides, strategic thinking about linking health with other non-traditional security issues, for example, animal and environmental health (i.e., the One Health approach), is lacking among the Chinese authorities due to a lack of inter-agency and horizontal cooperation in Chinese bureaucracy.

Despite its expanded engagement in global health over the past three decades, the Chinese contribution to and leadership in global health has been constrained by a limited global financial contribution and domestic institutional shortfalls.

Although China's financial contribution to the WHO has increased in the past few years, China's share is small compared to the contributions made by Western states and non-state donors. Furthermore, intransparency of information in China, as illustrated at both national and sub-national levels amid the COVID-19 outbreak, has hindered Beijing to play a greater role in global health.

Stakeholders need to be mindful that Chinese global health policies are an extension of its domestic politics. The ultimate aim of China's health-related foreign policies, indeed of all Chinese policies, is to maintain CCP legitimacy. Therefore, Beijing will firmly defend its sovereignty and territorial integrity at all costs despite the acknowledgment of the importance of global health and China's engagement in global health will always be restrained by its domestic political and economic situation.

The key policy recommendation that this report provides is that global health is an arena where the Netherlands should actively explore possibilities for cooperation with China. Not engaging would undermine the roles of the Netherlands as a connector, innovator, and advocate in global health. The Netherlands should follow a European coordinated two-pronged approach of investing in global health diplomacy and simultaneously following a careful approach, starting with engaging in smaller low-risk collaborative projects with Chinese counterparts and subsequently advancing the cooperation step-by-step. Several Chinese actors have been identified for enhancing this cooperation.

Finally, the report suggests that in this 'European-Chinese agenda', the Netherlands could expand and specialise on the three thematic priorities that it has outlined in its Netherlands Global Health Strategy, namely strengthening the global health architecture and national health systems; improving pandemic preparedness and minimizing cross-border health threats; and addressing the impact of climate change on public health, and related global public goods.

Introduction and research questions

Germs and diseases do not respect international norms, such as sovereignty, territorial integrity, and international order. International cooperation in health matters commenced in the mid-19th century. Albeit WHO has been at the core of the multilateral cooperation for health in the post-war years, its activities in the cold-war era were limited (with some notable exceptions such as the Alma Ata Declaration on Primary Health Care in 1978) to infectious diseases containment such as smallpox and polio eradication, as well as malaria and tuberculosis control with a focus on developing countries (Fidler, 2001).

China, as a latecomer to the UN system, had utilized multilateralism to gain access to international health-related resources and technical assistance, when public health was given only a relatively low priority in the government's national development plan in the post-Mao era. The 2003 SARS outbreak served as a wake-up call for both Beijing and global health institutions, confirming the vital role of China in global health. Some view China as an active and effective state actor in responding to global health threats, while others argue that the Chinese authorities engage in global health solely based on its own political and economic calculations, which is in contrast with the notion of global health governance.

Regardless of the Chinese motivations in global health, international health cooperation is key to solving global health issues, including responses to pandemics. The Netherlands, as a long-time supporter of global health and strategic partner of WHO, should proactively explore possibilities for cooperation with China. However, in the area of health, the relationship between China and the rest of the world, notably the US, has become strained in recent years because the Chinese government is considered to have been non-transparent concerning the origin of the COVID-19 pandemic, thereby delaying early containment.

The intensifying US–China strategic competition is also influencing the relations between the EU member states and China. The Netherlands is no exception. According to the most recent policy document *Letter to parliament*

on developments in China policy, a shift in balance, the Netherlands should consider its relationship with China in three ways: China as a partner, competitor, and a systemic rival (Rijksoverheid, 2023). However, in the area of health this report argues that it is important to consider China as a partner and the 2023 document indeed emphasizes the significance of Dutch cooperation with China in addressing global challenges including public health (Rijksoverheid, 2023).

There has been ongoing bilateral cooperation in global health between the Netherlands and China, as illustrated, for instance, by the 2016 Memorandum of Understanding (MoU) between the Ministry of Health of the People's Republic of China (PRC), the Ministry of Health in the Netherlands, and the Dutch National Institute for Public Health and the Environment (RIVM). The 2016-2020 programme focused on scientific and public health collaborations aimed at improving various aspects of health security (RIVM, 2016).

However, besides collaboration there is also dependency on China, including in personal protective equipment (PPE) and pharmaceuticals. Prior to the global COVID-19 outbreak, China manufactured and exported more respirators, surgical masks, medical goggles, and protective garments than the rest of the world combined (Bradsher, 2020). Rising COVID-19 cases further increased dependence on Chinese imports, though various countries claimed that some of the Chinese equipment and materials received were of substandard quality. There is also EU-level dependency on Chinese antibiotics and other pharmaceuticals. Although European pharmaceutical companies have much of their products manufactured in India, 70 percent of the underlying active pharmaceutical ingredients (APIs) come from China (Schulz, 2020). Moreover, China accounts for 'nearly 100 [percent] of the APIs used for drugs including penicillin G, levodopa, and acetaminophen and more than two-thirds of the APIs for other major drugs such as anti-diabetics, anti-hypertensives, antiretrovirals, and other antibiotics' (Martuscelli, 2021). It is argued that the EU should become more autonomous and diversify its antibiotic stockpile via the EU's new Health Emergency Preparedness and Response Authority (HERA), also for possible export to third countries in case of need (Bayerlein, 2023).

Research questions

To understand Chinese global health diplomacy and explore policy options for the Netherlands to engage China in global health, the report explores four main set of questions:

1. How is China positioning itself in the field of global health and how does its global health strategy cut across with policy areas such as climate change, and with current crises in food, migration, debt, and social stability? What are the drivers of and objectives behind China's global health strategy and what kind of concrete actions has China taken during the Xi administration?

2. How and why has China combined multilateral approaches (WHO, FAO, WTO) to global health with bilateral ones?

3. How do China's global health strategies relate to the EU and Dutch approaches at the multilateral and bilateral levels?

4. How is China's current (global) health policy related to climate resilient health systems and sustainability (moving to zero emission)? Are climate resilience or 'green health' and sustainability a defining element of China's strategy? Are there any best practises at regional level? If not, are there elements to assume that there is work in progress? Where is the evidence?

This report is structured in three parts. Part 1 illustrates the participation of China and the Netherlands in global health cooperation in times of geopolitical change. Part 2 zooms in on how China is positioning itself in global health, and how its global health strategy inter-relates with other policy areas, particularly climate change, but also with current crises in food, migration, debt, and social stability. Furthermore, it discusses how China's global health strategies relate to EU and Dutch approaches at both multilateral and bilateral levels. Subsequently, the Chinese position, drivers, and strategies are compared to key elements of those in the Netherlands, the EU, or European countries. Part 3 identifies areas, opportunities, limitations, and practical steps for stronger Netherlands engagement with China on global health issues.

1 The participation of China and the Netherlands in global health cooperation

In the last decade of the 90s, researchers warned about possible transnational pandemics and other health emergencies. However, it was only at the turn of the last century that global health policy and the international cooperation and coordination necessary for this came to the forefront of the international agenda. Before that time, public health was seen, by most countries and international organisations, primarily as a task for national governments as well as a matter of international aid and development cooperation (Fidler, 2013).

In the late 1990s, the need for a new approach to international health policy was directly related to increasingly widespread viral (flu) epidemics that became an increasing risk to human health (Garret, 1994). In Asia, there were localized epidemics of avian flu in humans (H5N1) in 1997, and in 2003 the outbreak of Severe Acute Respiratory Syndrome (SARS), a coronavirus, originating from China led to an epidemic that spread from Asia to other continents. This led WHO's member states to developing and negotiating the revised International Health Regulations (IHR, 2005) that govern the response to epidemics and other health emergencies.

In the wake of the 2009 financial crisis, however, European countries increasingly set other priorities. They focused more on their economic growth, stability and security. Other significant issues, such as armed conflicts in the Middle East, international terrorism, the refugee flow and (labour) migration, drew (policy) attention away from global health and international development matters. The 2014 Ebola outbreak in West Africa led to renewed attention for the need to invest in resilient health systems (Kieny & Dovlo, 2015). Following the Ebola outbreak, in December 2015 the WHO created a list of endemic and pandemic diseases. Coronaviruses were (and are) on this list in the Top-10 blueprint priority diseases (WHO, 2022). Although the signals were there that a pandemic could happen, they were hardly responded to. In Europe and elsewhere, warnings from experts received little political attention. This may have been due to the relatively limited health damage of recent

epidemics – such as the H1N1 influenza pandemic (2009) – or from epidemics being confined to one region.

The 2000s saw the rise of emerging economies, notably the 'BRICS' countries, in global health policy and cooperation, which started to fill a policy and funding gap left by Europeans and the US. China is one of them. Over the past decades, three areas of governance have dominated Chinese global health engagement. The first is the promotion of health security, as illustrated by the medical support during the Ebola outbreak and follow-up funding. The second is the Belt and Road Initiative (BRI), which will be accompanied by new multilateral institutional arrangements, such as funding health infrastructure and training possibilities via the Asian Infrastructure Investment Bank (AIIB). The third is the sharp increase in China's global health financing through DAH and ODA and new investment vehicles. In contrast to the European and US approach to funding global health initiatives and NGO programmes, this is mainly done via bilateral agreements with third countries and new multilateral investment vehicles in which China has an enormous influence, such as the AIIB and the New Development Bank (formerly BRICS Development Bank) (Kang et al., 2017).

COVID-19 has provided a strategic opportunity for Beijing to revitalize the Health Silk Road (HSR) as part of the Belt and Road Initiative (BRI) agenda. The concept of a HSR first appeared in a speech given by Chinese President Xi Jinping in 2016 in Uzbekistan. The concept nevertheless can be traced back to the framework document 'Vision and Actions on Jointly Building Silk Road Economic Belt and 21st-Century Maritime Silk Road' issued in March 2015. The document listed seven priority areas for health cooperation with BRI countries.[1] After the release of this document, China's then-National Health and Family Planning Commission (now the National Health Commission) rolled out a three-year proposal (2015-2017) to promote the BRI through cooperation in disease prevention, health promotion, policy development, capacity building, training of healthcare workforce and exchange and assistance to member

1 The 2015 document on seven priority areas for cooperation between China and BRI countries include (1) epidemic information sharing; (2) exchange of prevention and treatment technologies; (3) training of medical professionals; (4) capacity-building to address public health emergencies; (5) provision of medical assistance and emergency medical aid to relevant countries; (6) practical cooperation in maternal and child health, disability rehabilitation, and major infectious diseases including HIV/AIDS, tuberculosis and malaria; and (7) expansion of cooperation on traditional medicine (Ministry of Foreign Affairs of the People's Republic of China, 2015).

countries during disasters and emergencies (Gauttam et al., 2020, p. 323). While the BRI has been slowly fading away from Chinese leaders' speeches, the HSR as part of the BRI is revitalized during the COVID-19 pandemic. During the COVID-19 outbreak, China pledged to provide 10 million vaccine doses in February 2021 and donated US $100 million to WHO-backed COVAX (Bridge Beijing, 2022). Moreover, many Chinese vaccine recipient countries are participants in the BRI.

Spurred by the COVID-19 pandemic, the **Dutch Government finalized its intersectoral Global Health Strategy in 2022**. The strategy recommends actions in three fields; (1) strengthening the global health architecture and national health systems; (2) improving international pandemic preparedness and minimizing cross-border health threats; and (3) addressing the impact of climate change on public health, and vice versa. The 2022 Strategy stresses international collaboration via the EU, UN, OESO, World Bank, G7, G20, the Global Health Security Initiative (an international governmental partnership aiming to improve health security), NGOs, global health initiatives, philanthropy, and knowledge institutions (MoFa & MoH NL, 2022).

At the European level, the **EC put forth an EU Global Health Strategy (2022)** that aligns with the Global Gateway economic strategy. The Global Health Strategy is developed based on 20 guiding principles that are coherent with existing German, Dutch, and Swedish global health strategies. The Strategy puts forward three key interrelated priorities in dealing with global health challenges: 1) deliver better health and well-being of people across the life course; 2) strengthen health systems and advance universal health coverage; 3) prevent and combat health threats, including pandemics, applying a One Health approach. What is missing in the EU's strategy is attention to climate change and health co-benefits. The actual funding and implementation plan still need to be clarified regarding both strategies. Besides multilateral collaboration, the EU seeks to deepen health partnerships at the regional level, including Africa, Latin America, the Caribbean, and the Indo-Pacific region. The US remains a crucial partner of the EU in global health, as are like-minded partners and donors, including Canada, Japan, and the UK (European Commission, 2022). **Remarkably, China is *not* mentioned as a potential partner here**. Moreover, the Commissions' DG SANTE has in the past promoted formal collaboration with the Taiwanese Government since a Taiwan-European health dialogue was held in 2012. The European Parliament, while respecting the One China policy, is a strong advocate for Taiwan's participation as an observer in the WHO (EP, 2021).

The EU will continue working with Indo-Pacific partners to strengthen their capacities, health sovereignty, and pandemic preparedness, in particular for the least-developed countries in the region. **The EU will explore further EU-ASEAN cooperation enshrined within a 'One health approach.'** These regional partnerships have been partially driven by the EU seeing China in the domain of global health not merely as a *collaborator* on matters of global health security and global public goods (via multilateral and bilateral channels), but also as a (geopolitical) *competitor*, especially when it comes to matters of trade and values such as democratic principles and human rights. This approach implies that the NL and EU will have to walk a careful diplomatic tightrope and take a deliberative soft power diplomacy approach when it comes to engaging with China on global health matters. This approach likewise resonates with the EU's Strategic Outlook (2019) that continues to deal with China simultaneously as a partner for cooperation and negotiation, an economic competitor, and a systemic rival. This is also coherent with the latest Dutch strategy illustrated in *Letter to parliament on developments in China policy, a shift in balance* (i.e., China as partner, competitor, and system rival) (Rijksoverheid, 2023). This three-pronged relation will have to be considered in a future global health cooperation with China.

China's participation in multilateral governance, including governance for health, has been and will be driven by its geopolitical and economic goals. Although it has taken a higher share of funding to institutions like the Global Fund these contributions in global health remain relatively small compared to other donors (The Global Fund, 2023; UNAIDS, 2023). Generally, it follows its Belt and Road geopolitical influences and networks rather than seeking influence and strengthening the UN multilateral system. As such, prior to 2020, China sought to expand on its research and education work via its medical universities in bilateral cooperation with a range of countries along the Silk Road (Kang et al., 2017).

Since 2021, the relationship between China and the rest of the world, notably the US, has become strained in the area of health collaboration as the Chinese government is considered to have been non-transparent concerning **the origin of the COVID-19 pandemic**, thereby delaying early containment. The WHO undertook two missions, in collaboration with the Chinese government, to investigate the potential origin of the COVID-19 zoonotic transmission. It concluded that the likeliest start of the pandemic was a bat coronavirus that infected another unidentified animal and then moved on to humans (Kupferschmidt, 2021).

The pandemic has led the WHO and its member states to advance **negotiations toward a pandemic accord (treaty) to prevent, prepare and respond to future pandemics**. The Netherlands also takes a prominent position in this as it co-chairs the Intergovernmental Negotiation Body on behalf of the EU (WHO, 2022). Moreover, Professor Marion Koopmans from Erasmus MC has been a member of the WHO mission to China in 2021 and is a member of the UN One Health High-Level Expert Panel (OHHLEP), established in 2021 (WHO, 2021). In both pandemic accord negotiations and OHHLEP, China takes a rather 'neutral' position, neither blocking nor actively engaging. However, China is wary of the western liberal democracies criticizing the shortfalls of non-democracies in handling disease outbreaks, as this is perceived in China as challenging the political legitimacy of the ruling Chinese Communist Party (CCP). Acknowledging the One Health approach to disease prevention and mitigation might induce further investigations of the (zoonotic) origin of COVID-19 requested by the West.

Geopolitical tensions are inevitably affecting progress on global health. In the case of the investigation of the origin of COVID-19, the Chinese authorities have fiercely rejected international and US allegations. Beijing believes that Washington has ignored the research report worked out by WHO, and has come up with a different 'conclusion' on the origin of the virus to serve its own political purposes (Chik, 2021). The above-mentioned examples demonstrate how geopolitics could negatively undermine the overall global health agenda.

2 China and its position, strategies, and limitations in global health

This chapter takes a closer look at the positioning, strategies, contributions, and limitations of China as one of the major players in global health.

In essence, Chinese engagement in global health in the Xi administration is primarily driven by 'The Chinese Dream of great rejuvenation of the Chinese nation.' The Chinese Dream, operating at both domestic and international levels, is the overarching political ideology of the CCP under the current Chinese leadership. Domestically, CCP aims to rejuvenate the nation via economic development and the reunification of Taiwan with the PRC. Internationally, CCP upholds the idea of 'a community of shared future for mankind' as the basis to participate in global governance. The 2020 State Council report *Fighting COVID-19: China in Action* further pinpoints that 'building a global community of health for all' is the guiding principle for China in global health governance (The State Council Information Office, 2020).

China is key to global health

Given that global health addresses health problems transcending national boundaries, and that global health measures aim to improve health and achieve equity in health for the populations worldwide, the importance of China in global health is undeniable for at least three reasons:

Firstly, China is one of the largest countries accounting for one-fifth of the world population, thus the country is a substantial part of virtually all global health challenges, including the prevalence of chronic diseases, emergence and re-emergence of infectious diseases, together with new environmental and behavioural threats (Han et al., 2008). The way China addresses the abovementioned challenges has a major impact on the dynamic of global health. China's domestic progress on health-related Millennium Development Goals (MDGs) has been impressive. For instance, under-five mortality rates (U5MR)

[MDG #4] in China in 2013 was 12 per 1000 livebirths, a 80.3% reduction from the 1991 level. Therefore, MDG #4 had been achieved ahead of the 2015 target date,[2] making China the eighth country to achieve MDG #4 worldwide (Prince, 2021). China likewise met the target of improving maternal health [MDG #5] ahead of schedule. Maternal mortality ratio (MMR) in China in 2013 was 23.2 per 100,000 population, a 73.9% decrease from the 1991 level (Prince, 2021).[3] These achievements are mainly accounted for by its unprecedented economic growth since the 1980s. China has increased its contribution to invest in the health-related Sustainable Development Goals (SDGs), both domestically and (to an extent) internationally. China has already achieved the SDG 2030 targets set for MMR and U5MR, and it almost achieved universal vaccine coverage in 2016. Nevertheless, there are challenges for China in reaching the targets for child overweight, infectious diseases, noncommunicable disease risk factors, environmental exposure factors, together with universal health coverage (Chen, 2019).

Secondly, China is a crucial player in the control of infectious disease outbreaks. Germs and diseases do not respect national borders; therefore, how an individual country responds to the disease outbreak within its own territory is significant for the health of others around the world. China is no exception to the rule. The emergence of new infectious diseases in China over the past 20 years, namely highly pathogenic avian influenza A (H5N1) virus, severe acute respiratory syndrome (SARS), influenza A virus subtype H7N9, and also COVID-19 illustrates why Chinese health situations and responses have global importance.

Thirdly, China is a major source of health innovation contributing to global health. One example is the discovery of artemisinin, a traditional Chinese medicine and at present the most effective drug against the malaria parasite, by the Chinese chemist and Nobel laureate Tu Youyou. Another example of Chinese health innovation is the practice of barefoot doctors in villages in the 1930s, which is widely acknowledged as an inspiration for the famous 1978 Alma-Ata Declaration on primary health care. In recent years, China has been taking the lead in clinical and medical research, becoming the top ninth country in the world for clinical research capability in 2017 based on a Chinese evaluation (Wu et al.,

2 The target of MDG#4 is to reduce the under-five mortality rate by two-thirds between 1990 and 2015.

3 The target of MDG#5 is to reduce the maternal mortality ratio by three-quarters between 1990 and 2015.

2018). China also ranked top three in terms of publications on stem cell precision medicine research (Liu et al., 2022). Another area in which China is a global leader is personalized medicine, focused on genome sequencing and cloud-based genomics. In 2016, China established the China Precision Medicine Initiative, a 15-year programme with ample funding, which elevated the country's leading position in personalized medicine (Cyranoski, 2016). The Chinese government is also proactively boosting development of big data and its application in the fields of health and medicine. This technology was widely used to trace potential contacts of COVID-19 cases in major cities in China in the past years.

China's interest in the global health architecture

China as a relatively new global health player wants to utilize the existing global health architecture to improve the overall global health agenda and at the same time advance its broader foreign policy objectives. During the COVID-19 pandemic, China has been accused of using vaccine diplomacy as a soft power tool to achieve its narrow, self-interested foreign policy objectives, namely increasing its geopolitical influence and improving its international image (Cohen, 2020), shifting away the blame as the origin of COVID-19 (Colley & van Noort, 2022), replacing the US as the world leader during the pandemic (Zhou, 2022), expecting recipient countries to give political or diplomatic returns (Lin et al., 2021), further promoting the BRI (Huang, 2022a), and boosting financial cooperation and trade (Kobierecka & Kobierecki, 2021).

Nevertheless, it can still be argued that China has contributed to the global health agenda. Chinese manufactured vaccines, based on inactivated virus, may be less effective but they also have an important advantage over the mRNA vaccines, which have proven to be the most effective tool against the coronavirus including the new variants. The Chinese-made vaccines do not require cold storage infrastructure for distribution. Therefore, they are particularly appealing to many tropical and sub-tropical low- and middle-income countries in Southeast Asia, Africa and Latin America, which are daunted by the challenges of importing and transporting the mRNA vaccines of Pfizer and Moderna that require sub-zero degree facilities.

In addition, Chinese vaccines filled the gap left by Western vaccine-manufacturing countries, considering the billions of doses needed, and the shorter delivery time of the Chinese vaccines over the Western ones. For instance, in Chile, when

its vaccination programme began in late December 2020, only 150,000 of the 10 million Pfizer doses ordered had arrived. China subsequently offered four million Sinovac doses in late January 2021, helping the South American country to reach the fifth highest vaccination rate per capita in the world by March 2021 (Lee, 2021). Besides, China has supplied more COVID vaccines to low- and middle-income countries than the WHO co-sponsored COVAX facility as of December 2021 (Wang, 2022).

Considering the context of the COVID-19 pandemic, in addition to contributing to the global health agenda, China simultaneously aims to advance at **least three broader foreign policy objectives** via its global health diplomacy:

Improving China's global image

The Chinese government has been increasingly attentive to China's image in the world. For example, Chinese COVID-19 vaccine diplomacy was motivated in part by its determination to transform itself from an object of mistrust over its initial mishandling of the COVID-19 outbreak to a saviour, as part of a broader strategy of reputational damage repair, at both domestic and international levels. Mask diplomacy is considered a means Beijing has adopted to repair its plummeting image overseas. At the early stage of the global COVID-19 outbreak, the Chinese authorities sent medical supplies to 125 countries and 17 medical teams to 11 countries by mid-April 2020 (Bouey, 2020), despite the fact that thousands of surgical masks and testing kits were reported substandard or defective by several Western European countries.

Though China's mask diplomacy was received with scepticism in many European countries, it was very successful in others. In Serbia, President Alexander Vucic literally kissed the Chinese flag in recognition of Chinese assistance, while billboards were displayed in Belgrade thanking 'Brother Xi' for his medical support. Like Serbia, Southeast Asian governments also welcomed China's emergency medical assistance (Fraser & Maude, 2022). In addition to Chinese government actions, foundations linked to billionaire Jack Ma and state-owned enterprises such as the Industrial and Commercial Bank of China also made large donations of medical supplies to Southeast Asian states (CSIS, 2023).

China's mask diplomacy was followed by vaccine diplomacy. China began a vaccine trial in Brazil in July 2020. On December 21, 2020, Egypt became one of the first countries to accept vaccines from Chinese state-owned vaccine maker Sinopharm. As of December 2022, China had sold 1.85 billion COVID-19 vaccines

and pledged to donate another 328 million to about 118 countries. At the time of writing, 1.65 billion Chinese vaccines had been delivered worldwide (Bridge Beijing, 2022).

Expanding Beijing's great power ambitions

China has taken on a more significant role in recent years while the US has been withdrawing from the world diplomatic stage. In the field of global health, Beijing wishes to showcase its leadership to gain influence commensurate to its perceived weight in the international community. At the initial stage of the COVID-19 outbreak, China was the first country to release and share SARS-CoV-2 viral resources and genomics data to the public, facilitating the rapid development of COVID-19 vaccines worldwide. Global access to vaccines, including in low- and middle-income countries, is vital to achieving herd immunity. Chinese President Xi announced in a speech to the WHO on May 18, 2020, that China would provide the world with an inexpensive vaccine as a 'global public good.' In addition to the Chinese commitment to global vaccine distribution, China pledged to donate US $2 billion to the WHO. These examples indicate the Chinese ambitions to play a leadership role in global health at the international level.

Reinforcing existing bilateral relations and create new economic and geopolitical opportunities

The destinations of Chinese vaccines are consistent with Chinese development aid and business activities that have since the mid-1990s focused on countries in Asia and Africa. China was the first country to deliver vaccines to COVID-19-hard-hit Southeast Asia, having donated more than 7 million doses across nine ASEAN countries by July 2021, for China has remained the largest trading partner of ASEAN (Fraser & Maude, 2022). Indonesia has received the largest quantity of Chinese vaccines among the ASEAN countries (about 268.3 million doses) as of December 28, 2022 (Bridge Beijing, 2022), for Indonesia, a key BRI partner, is China's biggest trade partner, and a major source of foreign investment and mineral resources (Ji, 2022).[4] Beyond Asia, 47 African countries have obtained vaccines from China. Out of the 186 million doses sold and 80 million pledged donations to Africa, China has delivered 125 million, of which 31 million have been indicated as donations by December 28, 2022 (Bridge Beijing, 2022). Ethiopia

4 The Philippines (60 million) and Myanmar (56.3 million) was the second and third largest Chinese vaccine export destination.

was one of the top three countries in the world receiving Chinese vaccine donations (25 million doses), as the country has been one of China's most critical partners on the African continent (Bridge Beijing, 2022).

Apart from Chinese traditional business partners and Chinese aid recipients in Asia and Africa, Chinese vaccine diplomacy was also conducted in various Central and Eastern European countries that are members of the '17+1' Initiative.[5] Although none of China's vaccine manufacturers applied for European Medicine Agency (EMA) approval, several '17+1' member states managed to secure Chinese vaccines when the EU was struggling to secure vaccines for itself and offered them to other countries. Serbia for example acquired the Sinopharm vaccine in early 2021. Among EU member states, in February 2021, Hungary was the first EU country to begin COVID-19 vaccinations using China's Sinopharm doses, followed by the Czech Republic one month later (Bridge Beijing, 2022).

China's principles and strategies in global health

China adheres to the idea that aid should be offered without conditionalities. Chinese foreign aid provision, including health aid, is based on the country's long-standing foreign policy principles, notably the principles of mutual respect for sovereignty and of mutual non-interference in internal affairs. China thus holds the view that aid should not violate the recipient's sovereignty and should be offered without conditionalities such as democratic reform or government expenditure reduction.

Although China (the People's Republic of China, PRC) obtained WHO membership in 1972, its health engagement at the multilateral level remained limited in scope until 2003. The 2003 SARS outbreak served as a wake-up call for Beijing. It showcased how infectious diseases as a non-traditional security threat could jeopardize the national economy, the apparatus of governance, and Chinese international image (Huang, 2010), and underscored that global public health emergencies needed to be resolved by cooperation at the regional and global levels. Since that time, China has prioritized health at both domestic and international levels.

5 At the time of writing, 17+1 Initiative has 14 members after Lithuania, Estonia, and Latvia dropped out between 2021 and 2022.

Having learned from the SARS crisis, the Chinese government invested US$850 million domestically to restructure the Chinese Centre for Diseases and Control (CDC), adopting the US CDC as a model (Bouey, 2020). Beijing also promulgated the 2003 Regulation on Public Health Emergencies, the 2004 revised Law on Infectious Disease Prevention and Control, and the 2007 Emergency Response Law to engage in global cooperation on disease surveillance and response (Rudolf, 2022). These regulations and laws signify Beijing's priority to infectious disease control and prevention, and also its support for international cooperation on disease surveillance and response.

The priority of health is further observed by the announcement of the Healthy China (HC 2030) blueprint in 2016, which is a bold declaration that made public health a precondition for all future economic and social development. On July 1, 2021, a white paper released by the Information office of China's State Council confirmed that developing HSR will be China's key priority under its 14th five-year plan (2021-2025) for national economic and social development, demonstrating health will remain prioritized in China in the next couple of years. Given that Chinese concerns with global health problems and other global issues are largely driven by its domestic agenda, the 2016 Blueprint and the 2021 White Paper are some of the key documents indicating Chinese engagement in global health, now and in the near future.

At the international level, China has played a relatively active role since 2003 within the WHO for the revision of the only legally binding international health law, the International Health Regulations (IHR), in 2005. Following that, and seeking a bigger role in the WHO, China actively sought to assure the successful election of Margaret Chan, a Hong Kong citizen and first Chinese national elected to be Director-General of the WHO from 2006 to 2017. During the tenure of Chan's appointment, Chinese collaboration with the WHO surged. Beijing and the WHO concluded the China-WHO National Cooperation Strategy (2016-2020), with the identification of six strategic priorities for cooperation. These strategies enable WHO to support China to strengthen the national healthcare system, incorporate health elements in related policy areas such as climate change and food safety, and also facilitate Chinese engagement in global health. In January 2017, China further elevated health cooperation with WHO by signing a memorandum of understanding (MoU) to construct a HSR (see below for further elaboration).

The 2016-2020 China-WHO six strategic priorities for health cooperation:

1. strengthen health systems towards universal health coverage;
2. reduce morbidity and mortality from major diseases and risks of public health importance;
3. strengthen regulatory capacity in health services, food safety and health products and technologies;
4. promote the Healthy Cities movement and the attainment of health in all policies;
5. address the impact of the environment and climate change on health;
6. enhance China's contribution to global health

Source: World Health Organization Western Pacific Region, 2016

In addition to increasing its participation in global health in the WHO, China has capitalized on the same global health institution to advance its sovereignty claims over Taiwan. Since the current Taiwanese President Tsai Ing-wen and the ruling party refused to affirm the One-China Principle, the observer status of Taiwan in the World Health Assembly (WHA) has been objected to by China and has been suspended since 2017. This has been despite the fact that, during the early stages of COVID-19, Taiwan has showed to the world that it was a prepared and well-equipped player to fight the pandemic. Therefore, the success that Taiwan has had without WHO membership has increased international support for its membership in WHO. Although a proposal was put forth by 13 WHO member states in supporting Taiwan's observer status at WHA, the desire of WHO not to upset the PRC has arguably meant that the WHO has downplayed the issue of Taiwan's participation during the COVID-19 pandemic (Health Policy Watch, 2020; Reuters, 2022), and that international institutions could be arenas for great powers to secure and advance their national interests.

Chinese health diplomacy simultaneously operates on bilateral and multilateral, regional and global levels. To operationalize the idea of 'a community of shared future for mankind' in global health, China expressed its commitment to construct a HSR by signing a memorandum of understanding (MoU) with the WHO in January 2017. This agreement laid out a blueprint for strengthening existing cooperation and highlighted a number of specific areas that should be prioritized over the coming years.

COVID-19 has provided a strategic opportunity for Beijing to revitalize HSR as part of the BRI agenda. The abovementioned 2017 China-WHO MoU showcases the fact that enhancing health cooperation among partner countries has been one of the stated priorities of BRI cooperation ahead of the outbreak of the pandemic. However, there were no concrete implementation plans of HSR between China and the WHO prior to 2020 (Huang, 2022b). Some of the proposed projects (e.g., providing personal protective equipment, medical supplies, and emergency medical assistance to BRI countries) had yet to be materialized by March 2020. Other projects included under HSR, such as the Greater Mekong Subregion Disease Surveillance Network, had begun as part of joint disease prevention and control programmes in Southeast Asia before the launch of HSR (Huang, 2022b).

Despite the ambiguity of the HSR, the concept has been revitalized by the Chinese authorities in the course of the COVID-19 pandemic. At the onset of the COVID-19 outbreak in Wuhan, China received medical aid from the industrialized countries, including countries in Europe. For instance, more than 56 tonnes of supplies, including protective clothing, disinfectant, and medical masks, were delivered to China, provided by France, Germany, Italy, Latvia, Estonia, Austria, Czech Republic, Hungary and Slovenia via the EU Civil Protection Mechanism in February 2020 (European Commission, 2020).

However, after Beijing regained its control of the domestic COVID-19 outbreak, COVID-19 cases started to surge in Europe around March 2020. Since most of the world's facemask factories are in China, the Chinese leadership quickly took on the role of medical aid supplier. Being the epicentre of the COVID-19 outbreak in Europe, BRI member Italy was the first country in Europe receiving ventilators, face masks, and protective suits from its Chinese counterpart in mid-March. Moreover, China capitalized on the opportunity to revitalize the concept of HSR in the BRI countries. Considering Italy is the first western European country officially joining the BRI, Chinese President Xi said in March 2020 in a telephone call with then Italian Premier Giuseppe Conte that China and Italy were the 'cornerstones of a New Silk Road of health' (Cui, 2020).

The COVID-19 pandemic has also served as a catalyst to continue the BRI Development Plan for Promoting Traditional Chinese Medicine (TCM) (2016-2020) that aims to promote traditional Chinese medicine internationally. According to the Chinese Foreign Ministry, incomplete statistics showed that by April 2022 China had shared TCM diagnosis and treatment guidelines with over

150 countries and regions, provided TCM products to more than 10 countries and regions in need, and sent TCM experts to help epidemic control in about 30 countries and regions. In March 2021, China conducted the 'Forum on Traditional Chinese Medicine and International Cooperation to Fight Against COVID-19 Pandemic,' during which political leaders, government officials, WHO representatives and experts from 28 countries and regions exchanged knowledge and experience via video link (The State Council Information Office, 2022). In a report released in late March 2022, WHO noted that TCM may have benefits in COVID-19 treatment of mild-to-moderate cases (WHO, 2022).

Chinese health diplomacy at the bilateral level fits into China's long-standing model of South-South cooperation prior to the launch of the BRI. This is in particular the case for China-Africa health cooperation. China's bilateral health cooperation dates back to the early decades of the Chinese administration. Since 1963, Beijing has been sending medical teams to more than 66 developing countries in Africa and other parts of the world (Cheng and Cheng, 2019). Besides, Chinese health aid has been distributed mainly to African countries, even though China has a long history of providing developmental assistance for health (DAH) to over 166 countries and international organizations. Since the formation of the Forum of Chinese African Cooperation (FOCAC) in 2000, health has been one of the main cooperation areas between China and African countries. The FOCAC health agenda was further expanded with the conclusion of the Beijing Declaration during the first FOCAC Health Forum in August 2013 (Rudolf, 2022).

From 2010 to 2012, China helped construct 27 hospitals in Ghana, Zimbabwe, and other African countries. China has also sent 43 medical teams to 42 African countries and regions, treating over 5.57 million patients. In addition to building hospitals, donating drugs and organizing medical training programmes, China has also launched an initiative called *Brightness or Evidence Action* to treat cataract patients and set up mobile hospitals. China also established bilaterally run eye centres and helped establish demonstration and training centres for diagnosis and treatment technologies (Tambo et al., 2016). Beyond economics, aid allocations for health might be used for political purposes, enhancement of soft power, and humanitarianism, as shown by Chinese medical teams being sent to Africa when China was still very poor and isolated in the 1960s.

During the 2014 Ebola epidemic, China carried out health diplomacy campaigns in Sierra Leone, Liberia, Guinea and Ghana, through sending medical supplies

and personnel and providing financial donations. Through four rounds of emergency aid delivered in April, August, September and October 2014, China contributed a total of US $123 million to West African countries. Besides financial and material assistance, China also sent over 1,000 medical personnel to the region to help with local epidemic prevention and control work (UNDP, 2014). The pre-existing Chinese health assistance likewise paved the way for Chinese vaccine diplomacy during the COVID-19 pandemic among African countries. In Sub-Saharan Africa, for instance, Beijing donated Sinopharm doses to its allies Zimbabwe, Mozambique, and Namibia (Karásková and Blablová, 2021).

Beyond Africa, China's **engagement with countries in South America** has grown significantly in the past decade. China has recently surpassed the US becoming South America's top trading partner and has heavily invested in energy and infrastructure through the BRI in South America. *In the case of China-Suriname relations, the interaction has been gradually deepening over the years, albeit cooperation in health issues is relatively modest.* China-Suriname relations have developed over the years in areas including infrastructure, agriculture, renewable energy and fisheries. In 2019, both sides announced the China-Suriname **strategic cooperation partnership**, which made Suriname the second Caribbean country to sign the MoU for cooperation on the BRI with China.[6] However, health cooperation between the two countries has remained modest over the years. Prior to the availability of the Western vaccines in South America, China managed to introduce its vaccines to most countries in this region, Suriname was not one of them. Instead, Suriname received its first batch of donated doses from India (i.e., AstraZeneca) and the COVAX in early 2021 (Reuters, 2021), while the Chinese vaccines arrived five months later in Suriname (CIDCA, 2021). In addition, Suriname has by far received the least amount of Chinese vaccines (i.e., 0.1 million delivered to Suriname out of a total of 293 million doses among countries in South America) (Bridge Beijing, 2022). Out of the 293 million doses, China has predominately sent its vaccines to Brazil (102 million), followed by Argentina (30 million) and Chile (24 million).

6 Trinidad and Tobago is the first Caribbean country to formally join the BRI in 2018.

The Chinese authorities have largely viewed health as a standalone issue

A strategic approach of linking health with other non-traditional security issues at the domestic level is lacking among the Chinese authorities. For instance, according to the 2021 China report of the Lancet Countdown on health and climate change, in a year marked by COVID-19 and the carbon neutrality commitment, public health and climate change have each gained unprecedented, yet separate, attention in China, implying that public and political awareness of the linkages between health and climate needs to be improved (Cai et al., 2021). Evidence demonstrating the weak linkage between health and climate change policies is the absence of reference to climate change in the responsibilities of the newly established National Bureau of Disease Control and Prevention (NBDCP), and the fact that the health perspective is not incorporated in the China's National Climate Change Adaptation Strategy 2035 (Cai et al., 2021).

The recognition of the association between climate change and health has increased in academia and government based on the 2022 China report of the Lancet Countdown on health and climate change. For example, climate-related content was explicitly included in the annual work priorities in the Healthy China Action report in 2022. Besides, the National Climate Change Adaptation Strategy 2035 also included more concrete and comprehensive provisions related to the health risks of climate change (Cai et al., 2022). Despite this, actions to address the long-term effect of climate change related to health are still lacking: climate change was absent from the 14th Five-Year Plan for Healthy Ageing report, despite the fact that older people are expected to increase to 26.1 percent in China in 2050, and that the mortality rates that were attributable to indoor air pollution were 4.7 times higher among older populations than in the all-age group (Cai et al., 2022).

Most importantly, there is little cross-departmental, horizontal coordination (such as the cooperation between the Ministry of Ecology and Environment, the National Health Commission, the National Bureau of Disease Control and Prevention, the China Meteorological Agency, and the Ministry of Housing and Urban-Rural Development) in a silo-dominated bureaucratic system in China (Cai et al., 2022). Moreover, inter-agency cooperation is challenging without special funding to support interdisciplinary and collaborative projects. Lack of inter-agency coordination has also resulted in a lack of cooperation among health, animal, and environmental sectors in China under the One Health

approach. Besides, the One Health concept and implementation strategy is still at an early stage in China. The idea has been mainly brought up in academia and a few provincial governments in China; a recognition of the concept is lacking among political leaders in the central government.

Despite its expanded engagement in global health over the past three decades, China's contribution and leadership to global health remains constrained by limited global financial contribution and domestic institutional shortfalls. Although China has taken a higher share of funding to institutions like the Global Fund and UNAIDS (China is the top 20th largest public donor of the Global Fund and top 18th contributor of UNAIDS), these contributions in global health remain relatively small compared to other donors (The Global Fund, 2023; UNAIDS, 2023).

China's financial contribution to the WHO is small compared to the contributions being made by Western state donors, or those made by philanthropy such as the Bill and Melinda Gates Foundation. Data from the WHO shows that for the 2020-2021 biennium budget, China has contributed less than 1 percent of the WHO's total funding, which includes assessed (annually due) and voluntary donations (Gong & Li, 2022). Most Chinese contributions have been assessed contributions.[7] Generally, it follows its Belt and Road geopolitical influences and networks rather than seeking influence and strengthening the UN multilateral system.

Considering China's political regime, some have concerns about how China would uphold human rights, transparency, and democracy, should it come to play a larger role in managing global health. Transparency of information is key to infectious disease control; however, China has not been transparent throughout the pandemic, nor during its aftermath. In the early stage of disease outbreak in Wuhan, local government did not report timely about growing local concerns about the new virus. Fragmented bureaucracy as well as ineffective reporting mechanisms have posed a significant challenge to China's capacity for timely response. At the national level, the Chinese Centre for Disease Control and Prevention (CCDC), which is responsible for handling national health crises, is

7 The top voluntary contributors of WHO budget are Germany, Japan, the US, Republic of Korea, European Commission, Australia, COVID-19 Solidarity Fund, GAVI Alliance, United Nations Development Programme, Bill and Melinda Gates Foundation; United Kingdom of Great Britain and Ireland, and also New Zealand (World Health Organization, 2023).

under the leadership of the National Health Commission (NHC). When COVID-19 broke out in Wuhan, local officials reportedly withheld information for the purpose of maintaining stability. The Wuhan CDC first reported the outbreak to the Wuhan Municipal Health Commission, under the Wuhan municipal government, instead of reporting the cases to the national-level CDC (Bouey, 2020).

Transparency is also lacking at the central level of the Chinese government. The Chinese authorities have been reluctant to disclose critical disease information requested by the WHO and countries such as the US and Australia. China also denied the WHO investigation of the origin of COVID-19 until January 2021, more than a year after the first cases were reported in Wuhan. After four weeks of investigations, a WHO mission team member expressed that China refused to give the team access to all the raw data that could help understand the origin of COVID-19. The Chinese authorities have instead repeatedly claimed that the coronavirus could have originated elsewhere as early as the second half of 2019, and that the country has been working closely with the WHO in relation to the investigation (Meredith, 2021).

To reinforce the official narrative that the coronavirus disease was first discovered elsewhere, China has been cracking down on academic publication about the origins of the novel coronavirus. Beijing set up a new rule demanding all academic papers dealing with the origins of the virus be approved by China's Ministry of Science and Technology before publication (Kirchgaessner et al., 2020). To justify the 'correctness' of the sudden 180-degree turn on the zero-COVID strategy that had been strictly enforcing almost three years, China has not fully disclosed the COVID-19 cases and the related deaths since December 2022 (BBC News, 2023). China has likewise manipulated the actual number of COVID-19 death by excluding those who die at home and discouraging medical doctors and practitioners from citing COVID-19 as a cause of death in the name of 'political correctness' (Reuters, 2023).

After all, the ultimate aim of its health-related foreign policies, indeed of all Chinese policies, is to maintain CCP legitimacy. China, like other countries, has a variety of motivations for engaging in global health, including geopolitical, commercial interests and domestic political concerns as well as a recognition of the importance of certain global public goods (Husain and Bloom, 2020). What makes Beijing stand out from other players in engaging in global health is that the party's survival always trumps international obligations, responsibilities,

and commitments. Considering the importance of the legitimacy of the CCP as the central driving force for all policy actions, other players need to be mindful that *Chinese global health-related policies are an extension of its domestic politics*. As such, Beijing will firmly defend its sovereignty and territorial integrity at all cost despite the acknowledgment of the significance of global health. In this respect it is important to emphasize that Beijing's engagement in global health is always restrained by its domestic political and economic situation. The recent abrupt termination of the Zero-COVID strategy in China clearly illustrates this point.

In 2022, the EU Delegation to China commissioned a study called 'Engaging China on Global Health'. The analysis in its study report follows similar arguments to engage with China as expressed in this study: China is a key partner in global health governance given its role in epidemic disease prevention and control; its expansion in global health diplomacy and activities to third countries, spurred by the covid-19 pandemic; its domestic health development; the risk of decoupling and disengaging China and its implications for scientific and public health data transparency; in times of geopolitical tensions it will be helpful to have relations in areas such as health that can serve as 'shock absorbers' at times of difficulty (Husain, 2022). In the report, the following four broad activity streams are foreseen for European actors:

1. Define an interim agenda for engaging China on global health with European Partners including embassies, institutions, member state health agencies;
2. Strengthen competencies, leadership, and relationships, a form of global health diplomacy, to support effective long-term engagement with Chinese counterparts;
3. Support a suite of low-risk activities with low barriers to entry to build knowledge and capacity among EU/European agencies and Chinese counterparts, including its National Health Commission (China's MoH) and related agencies, as well as agencies such as UNICEF and the European CDC;
4. Develop a substantive systematic global health engagement of bilateral relations between EU and China. (Husain, 2022)

3 Policy recommendations and operational propositions

Global health is an arena where the Netherlands should actively explore possibilities for cooperation with China. Engaging China is key to furthering global health policy given the sheer size of its population being about 20 percent of the World's population; its important role in the prevention and control of international disease outbreaks and other transnational health emergencies as well as the innovation it is able to provide in addressing future global health challenges. Not engaging is not an option. The question is then on which themes and with which actors to advance collaboration, how to start and what kind of pathways to follow? Such an approach aligns with the approach and partnerships as outlined in the 2023 governmental letter to Parliament '*China policy developments: a shift in the balance*' (*MFA, 2023*). Global health collaboration could provide a 'soft power diplomacy' entry point focusing on common (transnational) needs and public good while carefully navigating the more contentious trade, security and human rights matters, especially the latter.

It is of much importance to seek collaboration, complementarity and a common policy approach between European Partners and their global health engagement with Chinese authorities. Capacity and leadership need to be developed by Dutch actors and other European institutions (including those active in the domain of research, education, trade and human rights) so as to support effective engagement with China. During the last decade, several European member states have leveraged experience collaborating with Chinese partners and institutions (See for an overview, tab 2. on page 18-19, Husain, 2022). These have been for a larger part 'outward' looking, addressing health issues *outside* China in third countries. These examples include capacity strengthening on global health research capacity (by the UK) in collaboration with Chinese Universities, the European Medicines Agency working with the Chinese National Medical Products Administration on pharmaceutical standard settings. Germany has outsourced staff at China's NHC to exchange on strategic global health issues. There has been a trilateral engagement by the EU, US and China to help the development of the African Centres for Disease control and prevention. The Gates Foundation, together with the Coalition for Epidemic Preparedness Innovations, has sought cooperation with China in R&D for global

health product development. The UK, and to a lesser extent Germany, seemed to have been rather active in these collaborations. The Netherlands has not played an active role so far (Husain, 2022).

A key policy recommendation from the EU report on engaging China in Global Health is the requirement to exchange on a reciprocal, bilateral, equal level. This implies that the EU (including the Netherlands) can cooperate with Chinese counterparts on key global health issues (e.g. vaccine development, health workforce shortage, AMR resistance) or even on mutual challenges (elderly care, air pollution etc.) However, a focus on domestic health (policy) problems in China, such as the inquiry on the origin of COVID-19 viral outbreak, should be avoided as it will only cause a backlash. As such the outlook should be transnational or focused on sustainable development collaboration (SDGs) in Low-Income Countries, in addressing mutual problems and providing 'global public goods for health'[8]. This will be most feasible in the short midterm. This requires the development of global health skills with the European delegations and partners vis-a-vis understanding China's global health priorities and its strategic approaches. It will also necessitate human and financial investments to sustain such a diplomatic and programmatic cooperation.

European delegations, including the Dutch delegation, could, in close coordination with the European representation, seek collaboration on specific health themes and needs where there is mutual interest. This might for the Europeans include thematic issues elaborated in its EU Global Health strategy and the Global Gateway, and for the Chinese government themes central in its Health Silk Road approach. While both parties do not 'formally' have to cooperate with each other in these larger strategic agendas, it could help to map mutual issues and generate dialogue in addressing them. The Multilateral institutions like the WHO, UNICEF, UNDP but also the G20, would be the platforms where mutual EU-Chinese capacity, financing and staff could work together on transnational issues relevant for health such as climate change, biodiversity loss, air quality, AMR and the prevention, preparedness and response

8 Global public goods are goods of this kind whose benefits cross borders and are global in scope. The central issue for health-related GPGs is how best to ensure that the collective action necessary for health is taken at the international level. Think e.g. about infectious disease control, adaptation and mitigation to climate change, as well as the reversion of biodiversity loss. Smith, R. D. (2003). Global public goods and health. Bulletin of the World Health Organization, 81, 475-475.

to pandemic risks. For instance, China is among the key donors of the multilateral 'Pandemic Fund' which has been established under the G20 political umbrella.

Key Chinese actors to considered for Global Health collaboration:

- The *National Health Commission (NHC)* and associated agencies including
  - *Infectious Diseases Bureau (IDB)*;
  - *China National Health Development Research Centre*;
  - *China Centres for Disease Control and Prevention (China CDC)*;
  - *The National Institute of Parasitic Diseases (NIPD)*;
  - *International Health Exchange and Cooperation Centre (IHECC).*
- Other ministries and agencies include the *Ministry of Commerce*, *China International Cooperation Development Agency*, *National Medical Products Administration*, *National Healthcare Security Administration*, *State Administration of Traditional Chinese Medicine*.
- Since 2010 a research community has grown with *several university departments* focusing on Global Health, a *Global Health Research* network and the *Centre for International Knowledge on Development*
- *Global Health Institute and One Health Center of Excellence for Research and Training at Sun Yet-Sen University.*

(Adapted from Actors listed in detail in Annex 1, Husain, 2022)

Perhaps the area of greatest contention for the EU and the Netherlands concerns the promotion and role of non-state actors such as civil society organizations in the provision and maintenance of the global health governance architecture. This is an area that potentially strikes at the heart of the Chinese government's conception of its own power and legitimacy. (Youde, 2018) Nevertheless, dialogue should continue on the necessity of non-state actor involvement in the governance, accountability and transparency of global health matters, both in China and outside. Less contentious will be cooperation with the research and education community given the oversight of the Chinese authorities. However, questions on academic and scientific freedom of the staff involved will then have to be considered. Likewise, one can think of collaboration with semi-state professionals' organisations such as the Red Cross Society of China or China's CDC engagement with the International Association of National Public Health

Institutes (IANPHI). An exploration regarding bilateral collaboration between European and Chinese corporate partners in the domain of pharmaceutical development, supply chains integration and medical and care innovations can be considered. Nevertheless, different perspectives on intellectual property rights and current trade contestations (e.g. the ASML export restriction) might be obstacles to sustainable trade collaboration in global health products in the years to come.

The Netherlands could in this 'European-Chinese health cooperation' expand, and specialise, on the three thematic priorities that it has outlined in its Netherlands Global Health Strategy, which could provide a specific Dutch contribution to this bilateral cooperation. Specific global health issues that the Chinese authorities have prioritized include antimicrobial resistance (AMR), aging population and elderly care services, infectious disease surveillance and responses, and also digitalization of healthcare. The following policy-actions and themes could be included, selectively working with the actors mentioned in the preceding section.

I Strengthening the global health architecture and national health systems

- Via WHO, other UN agencies, and academic as well as health and knowledge institutions, the Netherlands could leverage and exchange its experience in primary health care, elderly, persons with disabilities, and chronic care provision at the ambulatory level, and sexual and reproductive health programmes. This also implies longstanding knowledge of health financing and insurance mechanisms (Universal Health Coverage), health systems strengthening and of how digitalisation of health and information services is enabling this agenda, and hereby align with the SDG agenda.

- Given the ongoing burden of infectious diseases such as TB, HIV, and other chronic neglected diseases, the Netherlands could support the development of sustainable and integrated disease control models. The Netherlands has much experience in mental health and psychosocial programmes, the disease burden of which is rapidly growing in China.

- Dutch-Chinese youth networks (a community of practice) could be established as the younger generation strongly feels the mental health load. Mutual learning and understanding in this area provides a low-risk potential for cooperation as technology transfer and intellectual property are not involved.

II Improving pandemic preparedness and minimizing cross-border health threats

- Considering the One Health approach, antibiotic resistance, food security and earlier experience in both China and the Netherlands with pandemic risks, namely Avian Influenza, antibiotic resistance, SARS CoV-1 and CoV-2 (COVID-19), food security, and regulation could provide for reciprocal collaboration and capacity development. The earlier collaboration between RIVM and the Chinese CDC is a good starting point. The Pandemic & Disaster Preparedness Center at Erasmus MC could also have a role in such a collaboration. As this potential relates to innovation, technology transfer, and intellectual property matters, coordination and coherence with frameworks of multilateral normative agencies (WHO, WIPO, WTO) must be sought. The negotiations towards a Pandemic Accord and its eventual implementation could be a starting point for further multilateral cooperation.

III Addressing the impact of climate change on public health, and related global public goods

- In China, issues such as environmental health, climate change and broader ecological issues seem to be 'dis-linked' from how its medical health care systems function; therefore, there could be development of mutual research, education and practice programmes via scientific and education exchanges, mobility and capacity development.

- The health care sector is amongst the most polluting (e.g., pharmaceutical leakage in the environment) and greenhouse gas emitting sectors (6% of national emissions in the Netherlands). Developing the health care sector to become more sustainable, akin to the 'Green Deal Sustainable Care' ('Duurzame Zorg') in the Netherlands, could be a potential avenue for cooperation.

- More general is the emerging domain of 'Planetary health' (KNAW, 2023) that looks at the intersection of food, climate, biodiversity, water management, urban development, energy transition, traffic, economic policies *with* (public) health priorities are promising and much-required avenues as these determinants of health increasingly impact human and ecological wellbeing. Collaborating on these global public goods, and defining a collaborative agenda and priorities, can deepen bilateral engagement while avoiding the competition and rivalry seen in other foreign policy issues. Specific themes or issues could be explored here via scientific and technical collaboration, think e.g. about reduction of pesticide use, organic farming and biodiversity, urban planning, heat plans and the organisation of resilient health systems, or ways to reduce the impact of novel particles (e.g. plastics) in the environment.

- Collaboration on these ecological transnational risks and their implications for health seems to be a policy area where collaboration is still feasible and possible, given mutual inter-dependencies and growing relevance of collaboration on matters like climate change mitigation and halting biodiversity collapse. The shared governance and mutual finance of such partnerships is crucial to minimizing risks of data capture relevant for strategic and economic intelligence, non-transparency in data sharing, etc.

Conclusion

This study recommends a careful approach, in which some of the recommendations above can be explored. A coherent European coordinated dialogue, where perhaps the Netherlands could have a more pro-active role given its considerable trade relations and overall stable relationship with China, could be foreseen. The geopolitical sensitivities and difficulties will not diminish, and should be taken seriously, including potential sudden 'shocks' such as an armed conflict, climate disaster or next transnational epidemic. A technical, less politicised focus on cooperating and anticipating common health risks and demographic changes (ageing) could provide for a collaborative openness that is required given the urgency of the global challenges in health and mutual interdependencies that EU and China face. Scientific, environmental and health cooperation could facilitate current and future peace with China and avoid planetary catastrophes. It will allow for integrating China into the global health landscape. (Horton, 2023)

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