

China's place in global health governance

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STRIVING FOR LEADERSHIP

When President Trump announced that he would withdraw US participation in the World Health Organization (WHO) because of undue Chinese influence on the institution in May 2020, it seemed that Beijing had overtaken the American leadership of the international system. In the midst of the COVID-19 pandemic that caused over 2 million deaths globally and brought the world economy to a halt, the US forsaking global health governance was immediately followed by Xi Jinping's pledge to support it.

China's support to the United Nations (UN)'s multilateral system has been a consistent policy ever since the People's Republic of China (PRC) joined the UN in 1971. Under Xi Jinping, who proclaimed in 2018 that China should lead global governance reform, four out of 15 UN specialized agencies are headed by Chinese officials, a first in the history of the international system. What is China's place in the WHO as the world is still scrambling to contain the pandemic that originated in its territory?

The politics of pandemics

The 194 member states constituting the UN commit to the WHO's overarching mission: the promotion of global health. The 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. It issues data and advice and shares good practices, but does not have binding power over its member states. Since 2005, however, its *International Health Regulations* promulgated a series of obligations for state parties, including the requirement to report public health events.

Decision-making at the WHO is a politically sensitive exercise. In 2003, 2009 and 2014, the WHO was censured for the way in which it dealt with the outbreaks of SARS, Ebola and H1N1: criticized for calling these epidemics a Public Health Emergency of International Concern too early or too late, with various effects for the local populations and for pharmaceutical companies producing vaccines. The WHO tried to remedy this problem by subsequently

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publishing the names of the members of the ad hoc consultative committee and also created review committees so there would be more transparency in its policy process.

Likewise, as the COVID-19 epidemic rapidly engulfed the globe, the various stages of the WHO's efforts to contain it have been under international scrutiny. In an epidemic, timing is of

the essence. The crucial first weeks of 2020 have focused the attention. A team of 19 medical experts from as many countries, whose names are published on the WHO website, met for the first time as the COVID-19 advisory consultative committee on January 22, 2020, to assess the disease under the *International Health Regulations*. Yet it was not before the second meeting on January 30th that WHO Director General Tedros Adhanom Ghebreyesus called COVID-19 a Public Health Emergency of International Concern (PHEIC).

Subsequent criticism of these crucial weeks focused on the WHO's relation to China, where the first deaths due to the coronavirus were recorded. The criticism has been twofold: the WHO has used a language surprisingly similar to Beijing's in characterizing the development of the pandemic and it has praised the CCP's response, whatever the impact on Chinese society.

China's surprising pull in the WHO

The controversy that the WHO has brought upon itself by taking similar lines to the Chinese government's is, at first glance, somewhat surprising. Chinese influence cannot be due to material factors: despite Beijing's rhetoric, it makes little contribution to the WHO in terms of funding or data-sharing. Rather, China has used the WHO's consensus-based methods of governance to its advantage, to rhetorically take a central role in global health governance—ironically, without committing to the rules of consensus that UN principles require.

As the most populated country in the world, China holds special weight in the WHO: its government is responsible for the health of a fifth of the world population. The political sensitivity of the responsibility of the Chinese government in the early management of the COVID-19 outbreak led the WHO leadership to praise the CCP—in January 2020, WHO Director General Tedros Adhanom Ghebreyesus wrote that China was “setting a new standard for outbreak response”—in the hope of getting access to information that Beijing was withholding. It is not clear whether this strategy has led

to better protection of global health, or whether it merely consolidated the CCP's monopoly over the discourse on the emergence of the pandemic.

Control of the narrative seems to be the driving force of China's behavior in the WHO, trumping commitment to the agency's mission: the promotion of global health. Indeed, after Tsai Ing-wen was elected Taiwan President in 2016, Beijing forced the suspension of Taiwan's participation as observer in the World Health Assembly that is held every year. Against the backdrop of the unfolding pandemic, this suspension makes little sense. Taipei's excellent healthcare system and its position in global networks put it at the heart of the region's early-warning system. In 2020, over 20 countries lobbied for Taipei to participate, including major WHO contributors such as the US, Canada, Germany, France, the UK, Japan, New Zealand and Australia, but Beijing prevailed. This is not just a matter of diplomatic recognition. Taipei's rapid response to COVID-19 suggests that a democratic regime can effectively use high-tech monitoring tools without infringing on citizens' rights. Allowing this voice to be heard would have been at loggerheads with the Chinese government's absolute priority: establishing the preeminence of its authoritarian regime in quelling the pandemic.

Limited financial contribution

Beijing's promise to support the WHO in the wake of American disengagement under Trump was not followed by commensurate financial commitment. The PRC only contributes 1% of the WHO budget. It is the 20th contributor, behind other states such as Germany, the US, the UK, Japan, Saudi Arabia, Sweden and Iran but also after private foundations such as the Melinda and Bill Gates foundation. The discrepancy between the size of China's economy and its financial contribution to the WHO comes from the agency's emphasis on voluntary funding, which China does not commit to. Contributions to the WHO from states and other organizations break down into “assessed contributions” which are mandatory (for states who make part of the UN only) and voluntary contributions of different kinds: some that the contributor targets to specific programs and others that are left to the WHO's discretion.

Only 13% of the WHO budget is made up of states' mandatory fees. While the bulk of WHO funding comes from voluntary contributions from member states (in addition to their assessed membership fees) and other organizations, voluntary contributions only make up 33% of China's funding. The overwhelming majority (67%) of Chinese funding is its mandatory fees, based on the country's wealth and population. China does not contribute at all to the “core voluntary contributions” that the WHO uses discretionarily.

Apart from the mandatory membership fees, the PRC contributes US\$63.5 million of “specified voluntary contributions”, targeted towards specific programs of its own choosing. Sixty percent of these funds go to Africa, where China has a

long tradition of health cooperation. China's financial effort to the WHO's COVID-19 appeal launched in May 2020 is equally small. Amounting to US\$25 million, it lags behind Germany (US\$425 million), the EU (US\$114 million), the UK, the US, Iran, Japan and Kuwait. Clearly, the WHO does not depend on China for funding.

The question of data-sharing

Beijing is not forthcoming in the realm of data-sharing with the WHO either. Sharing data about a potential health emergency, however, is essential to the agency's functioning. The *International Health Regulations* of 2005 require that state parties assess outbreaks and report them to the WHO. Evidently, the CCP failed to fulfill this requirement in the early days of 2020 because of its policy of strict information control. Severe censorship from the CCP about the COVID-19 outbreak in December 2019-January 2020, with citizen-journalists such as Chen Qiushi, Fang Bin and Zhang Zhan sentenced to jail or "disappeared," testifies to this structural obstacle to proper collaboration with the WHO. Official documents leaked to CNN by a whistle-blower working inside the Chinese healthcare system revealed that the Chinese government significantly underreported the number of COVID-19 cases to the WHO.

For half a year in 2020, the Chinese government also rejected calls from Australia, the UK, the US and New Zealand for an independent inquiry into the origins of the epidemic. The CCP claimed that these countries were politicizing the pandemic to damage China's reputation. Indeed, it issued economic sanctions against Australia. Conclusions of the first meeting of the WHO COVID-19 emergency committee on January 23, 2020, had however recommended that such an investigation take place in order to prevent future epidemics. After the EU formally requested this inquiry, Beijing finally let in a WHO team in Wuhan in January 2021. The 14-scientist team visited scientific laboratories, disease control centers and the wet market where the first COVID-19 cases were reported, under very heavy Chinese escort. Upon the last day of the visit, the team's press conference praised China's handling of the epidemic and endorsed some of its language, causing skepticism among the scientific community. After the team returned home, some of its members such as Australian infectious disease expert Dominic Dwyer expressed more critical viewpoints about the limited data handed over by Chinese officials.

China's Health Silk Road

The PRC's tepid support of the WHO is in sharp contrast with its intensified bilateral international health cooperation since it committed significant resources to help contain the

Ebola outbreak in West Africa in 2014. That year, the PRC's offered \$123 million worth of humanitarian aid to contribute to controlling the Ebola epidemic, while committing only \$56,500 to the WHO for the two aggregate years 2014 and 2015. The \$123 million actually included some financial contribution earmarked for the WHO's targeted West Africa Ebola effort, but in the heavy coverage that the CCP's contribution received in the Chinese media, the effort was presented as a bilateral endeavor, between the PRC and a region in need of emergency help. Interestingly, China already had medical teams in Guinea, Guinea-Bissau and Sierra Leone when the epidemic broke out. One hospital that a Chinese private company had built in 2011 with Chinese state funding, the Sierra Leone-China Friendship hospital, served as an Ebola treatment center during the crisis and still operates today. In other words, the historic scale of the humanitarian

aid that the PRC engaged to quell the Ebola outbreak in West Africa in 2014–2016 was part of a broader diplomatic effort to consolidate China's presence in the region.

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As the epidemic started in China, the CCP has seized Covid-19's global spread as a foreign policy opportunity. In March 2020, it positioned itself as the prime provider of personal protective equipment, with European states bidding Chinese manufacturers for procurement of this scarce resource. While this trade was evidently profitable for Chinese companies, the party-state presented Chinese shipments of face masks as akin to humanitarian aid. The only European country to have signed

a memorandum of understanding on the BRI, Italy was also the first European country to be struck by coronavirus and Xi Jinping immediately proposed a "Health Silk Road" partnership, sending doctors and medical equipment from Shanghai, under heavy Chinese state media coverage. Just like the broader Belt and Road Initiative, the Health Silk Road label covers ad hoc initiatives led by Chinese public and private actors like embassies in Malaysia, the Philippines and Greece, or the Jack Ma foundation, this time in the realm of health.

More recently, China's contribution to the global Covid-vaccination effort calls for attention. At the WHO's virtual World Health Assembly in May 2020, Xi Jinping pledged that Chinese Covid-vaccines would be "global public goods." In the following months, he successively promised the African continent and then the countries of the Great Mekong region (Laos, Burma, Cambodia, Vietnam and Thailand) priority access to Chinese vaccines. Yet it was only in October 2020 that China joined the WHO's Covax initiative. Rather than allocating funds to the scheme, three Chinese pharmaceutical companies developing a COVID-19 vaccine, Sinovac, Sinopharm and CanSino, applied to provide 10 million doses to the pool—by comparison, the British-Swedish company AstraZeneca is providing 200 million doses to Covax.

China's good positioning in the vaccine race has, however, already provided it with a diplomatic asset. It is transferring pharmaceutical technology to Morocco, Indonesia, and Brazil, in view of massive production of the vaccine for the population of these countries. Clearly, for the PRC, the WHO-led effort to provide vaccines to lower-income countries comes after the opportunity that the health crisis is proving to be to enhance China's foreign policy. Before China joined Covax, it had promised loans to countries that have joined the Belt and Road Initiative, such as Pakistan, Indonesia, Bangladesh and Morocco, to buy Chinese Covid vaccines. In the United Arab Emirates, cooperation in the health sector had started in April 2020 with the building of a gigantic Covid-testing center using technology provided by Chinese genomics company BGI group. In December 2020, the UAE rolled out a free Covid vaccination campaign for all its residents using the Chinese vaccine.

What conclusions can be drawn?

After the Trump administration attacked the WHO for its supposed bowing to the PRC, Beijing officially stated its support for multilateral health governance. Rhetorically, Beijing has made its commitment to the agency very clear, as it contributes to its image as a responsible global power. There is no reason for the 193 other WHO state parties to fear the PRC's pulling out. The Chinese party-state has not taken the US's role as the leader however. The resources that China commits to the organization are strikingly little—and in several key instances (accurate data-sharing and open investigation on the origins of the COVID-19 epidemic), the CCP has failed to cooperate, even though the coronavirus seemingly started spreading globally from the Chinese province of Hubei. The PRC failed to mitigate the spread of the epidemic worldwide, despite a state-of-the-art early warning

system and a rapid sequencing of the disease. Rather than an error of appreciation of the seriousness of the epidemic, this failure comes from the obsession among China's current leadership for image monitoring. This concern with public relations is reflected in the role it played within the WHO: strong rhetorical support without much institutional backing, even as the pandemic spread globally, bringing the world economy to a halt. Beijing did not adjust its weak commitment to the UN agency in the wake of the health catastrophe. Up until the latest WHO-led Covax initiative to pool vaccines to provide them at a fair price to lower income countries, the CCP has dragged its feet.

In the leadership vacuum, the European Union proved to be the main force for initiative, after an initial lack of coordination during the first months of 2020. Two weeks after the WHO launched the COVID-19 appeal in March 2020, the UK had contributed US\$122 million to this new fund and the EU had committed US\$114 million—China only US\$25 million. The EU also proved the only political power able to make the 2021 WHO investigation in Wuhan acceptable to Beijing, after months of mounting tensions between the US, the UK and Australia on one side and the CCP on the other side. Finally, it is the main contributor to the Covax initiative. In other words, the EU is in a position of strength at the WHO. Now that the new American administration under Joe Biden wants to renew the transatlantic alliance and has confirmed its temporarily suspended participation in WHO, it may be difficult for Beijing to keep making pledges to the WHO that are not backed up by action within this UN agency.

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