

# GLOBAL HEALTH DIPLOMACY: A COMPARATIVE ANALYSIS OF CHINA'S AND THE U.S.'S SOFT POWER DURING COVID-19 AND THE MYTH OF THUCYDIDES TRAP

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## Abstract

*The emergence of COVID-19 has provided a new vigor to address global health issues. In this regard, global health diplomacy initiatives have seen a considerable surge. Countries around the world are using the opportunity to harness the potential of global health diplomacy in cultivating relations with several countries and also building a soft power projection. A case in point is how China has been spearheading global health efforts to improve relations while projecting a soft power about how China aims to act as global savior. Chinese efforts were able to gain significant traction owing to the fact that the United States under the administration of President Trump suspended its global leadership role, the first such instance in the post-World War-II era. This paper explains the concept of global health diplomacy by conducting a comparative analysis of the global health efforts and policies undertaken by both the United States and China by following qualitative research technique and secondary sources to explain the phenomenon. The study found that China led the response to COVID-19 not only domestically but globally as well. The U.S. lagged but gradually started to compete China in health diplomacy. There is an evident struggle for dominance in health sector between China and the U.S., however, it is not expected to lead into hard power struggle. The paper*

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*has concluded that it is important for both countries to work together in future in case of pandemic to spearhead an international effort against such crises. Moreover, it recommends Chinese authorities to include health corridor as a component with Belt and Road Initiative. On the other hand, the United States under the administration of President Joe Biden should invest in multilateral efforts so to empower global health institutions to better prepare for future health crises.*

**Keywords:** Global Health Diplomacy, Soft Power, China, United States, COVID-19, WHO

## **Introduction**

After the emergence of SARS-COVID-19 in December 2019 in Wuhan, Central China's Hubei province, China has continuously remained in the news with taking the blame from the Western states for not informing the world in time about the dangers posed by the new variant of SARS. The epidemic that was called in China soon evolved into a pandemic in March 2020 when the World Health Organization (WHO) warned all states to prepare an effective response to the pandemic. The confusion and blame game at the policy front by all major international players triggered confusion, disruption and required locking down markets and commercial activities. Which resulted in economic recession around the globe, thus resulting in inflation and job losses? The global south was impacted the most when it comes to economic meltdown. It is significant to note that in such a crisis of health security, the global health diplomacy (GHD) was championed by China and the world largest spender in health assistance, at a time when the U.S. was nowhere to be seen. Washington even halted the annual funding to the WHO during pandemic. Furthermore, not only it banned exports of commodities but also crucial lifesaving drugs, including raw material to produce COVID-19 vaccines. Therefore, China emerged as a global health leader in the absence of any significant U.S.'s role. China, which is alleged to be the origin of this pandemic, was also the first to beat it. After containing the virus at home, China began engaging in public diplomacy. It sent its medical teams to all corners of the world to assist health officials in mitigating and containing the virus, it aided low-income states by providing them testing kits, face masks, oxygen cylinders, and ventilators. More importantly, the Chinese experience of containing the virus through the policy of lockdowns was replicated all over the world. Whereas the U.S.'s own response to virus was grim and confused, which caused

distress in the masses. Meanwhile, it is also the most affected state in the world both in terms of financial losses and casualties. So, in the backdrop of these developments post pandemic, this study tries to explore whether China's rise economically and diplomatically pose any threat to the U.S. by applying the theory of "Thucydides Trap." It is a political concept developed by Graham Allison, an American political scientist. According to Allison, Thucydides Trap is attributed to the geopolitical struggle by a rising power against the established power in international system. The challenge is interpreted as a bid to become a new hegemon. In this paper, it is evaluated how China competed with the US in health sector globally to influence states, specifically in the global south.

This paper evaluates the role of China and the U.S. comparatively in GHD during COVID-19. It begins by describing global health diplomacy and its conceptual framework, analyzes the GHD and its definitional aspects, as well as how it evolved as a concept of human security. Furthermore, it also explains the "Thucydides Trap" as a theoretical construct here which later is evaluated keeping in view the China-US rivalry and whether the diplomatic competition could result in hard power maneuverings. After setting the theoretical roadmap of the paper, this research moves on to highlight the historical background where it has briefly narrated the GHD's history comparing both U.S.'s and China's roles in the world over the last few decades. Arriving at the crux, the current scenario is discussed and how both states have responded to the challenge of GHD post COVID-19 and winning the trust of other states. Furthermore, this research also discusses implications of COVID-19 in GHD paradigms of both China and the U.S as well as critically analyze both state's policies to make sense of their approaches. Lastly, it is concluded and recommendations are provided, respectively.

## **Global Health Diplomacy**

There is no single and specific definition of Global health diplomacy (GHD). Various scholars have defined GHD depending on their perspectives; however, given the connection of diplomacy with health, it is not merely improving public health and health systems in the developing world, but also increasing the influence of donor states like the US and China in sectors such as politics, economy, and development

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Vincanne Adams and Thomas Novotny define GHD as “a political change activity that meets the dual goals of improving global health while maintaining and strengthening international relations abroad, particularly in conflict areas and resource-poor environments.”<sup>1</sup> On the other hand, Ilona Kickbusch et al. define GHD as “multi-level, multi-actor negotiation processes that shape and manage the global policy environment for health.”<sup>2</sup> Akram Khazatzadeh-Mahani, Arne Ruckert, and Ronald Labonté have defined and explained the global health, its linkage with international health, and diplomacy in depth. For them, global health and international health are separate terms. The term international health focuses more on the aspects of cooperation among states on health systems. This is done to develop sustainable hospitals so that they can prevent diseases like polio, tuberculosis, and measles in the global south. Meanwhile, global health on the other hand deals with health issues those are worldwide and mostly focused on the causes and effects. In this context, the priority of the global health is provision of an equitable health system globally that can effectively respond to the vulnerable people. Khazatzadeh-Mahani, Ruckert, and Labonte defines global health “as the multilevel and multi-actor negotiations that shape the global policy environment for health.”<sup>3</sup> Significantly, global health is used a mean to achieve socio-economic and political goals by the states as well. It is interesting to point out that while health issues remained an issue in diplomacy over the last century, however, the centralized importance of GHD is a recent phenomenon. The debates and response mechanism are not only limited to World Health Organization but is also included in the agenda of World Trade Organization.<sup>4</sup>

Ala Alwan states that these latest trends in diplomacy have made it necessary for the training of diplomats in GHD. As health issues have been interlinked with trade, security, and other development goals – therefore, technical level skills alone cannot resolve health issues globally. Rather, it is

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<sup>1</sup>Vincanne Adams, Thomas E. Novotny, and Hannah Leslie. "Global health diplomacy," *Medical Anthropology* 27 (4) (2008): 315-323.

<sup>2</sup> Ilona Kickbusch, Gaudenz Silbers chmidt, and Paulo Buss. "Global health diplomacy: the need for new perspectives, strategic approaches and skills in global health," *Bulletin of the World Health Organization* 85 (2007): 230-232.

<sup>3</sup>Akram Khazatzadeh-Mahani, Arne Ruckert, and Ronald Labonté, “Global Health Diplomacy,” In *The Oxford Handbook of Global Health Politics*, eds. Colin McInnes, Kelley Lee, and Jeremy Youde (London: Oxford University Press, 2018): 4.

<sup>4</sup> Ibid.

also political decision making, which can create better pathways for addressing global health challenges.<sup>5</sup> GHD is significant for sustainable health systems across the globe, as with effective application of GHD, health concerns can be linked to social, economic, and political issues. Thus, transforming the public health.<sup>6</sup> Alwan gave example of the Eastern Mediterranean region as a case study of global health diplomacy in action. As a context, response to Middle Eastern Respiratory Syndrome (MERS), aid in health sector for populations in emergency situations, and actions to enhance immunity against communicable and non communicable diseases are crucial in the Middle East. Redressal of these challenges is dependent on the successful political negotiations to not only prevent regional spread of the diseases but also globally. For instance, polio eradication campaigns require a lot of political engagement in the Middle East as segments of population do not get vaccinated because of myths of impotence associated with the vaccine.<sup>7</sup>

GHD has transformed completely after the Cold War. In the multipolar world, there are multiple state and non-state actors who hold power and persuade states for specific actions. Health is significant in diplomacy, because diseases cross borders easily and negatively impact the environment as well as trade. Therefore, GHD's key scope is to improve the livelihood of peoples and poverty alleviation. With increasing role of diplomacy in health sector, it is no more limited to WHO. Thus, health issues are taken up at the UN, the EU platforms, G8, and G20, as well as at the World Trade Organization. More recently, academia, non-profit organizations, civil society members, and public at large are also included in GHD to govern the health issues.<sup>8</sup> According to the WHO's constitution introduced in 1946, it is stated that: good health not only means that there is no disease, but it means that individuals are mentally and socially fit as

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<sup>5</sup> Ala Alwan, "Summary of the Third Seminar on Health Diplomacy," *World Health Organization*, Third Regional Seminar on Health Diplomacy, (Cairo, 2014) [https://applications.emro.who.int/docs/Policy\\_Brief\\_2014\\_EN\\_15340.pdf?ua=1&ua=1&ua=1%20http://www.emro.who.int/health-topics/health-diplomacy/index.html](https://applications.emro.who.int/docs/Policy_Brief_2014_EN_15340.pdf?ua=1&ua=1&ua=1%20http://www.emro.who.int/health-topics/health-diplomacy/index.html).

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ilona Kickbusch, Graham Lister, Michaela Told, and Nick Drager, *Global Health Diplomacy: Concepts, Issues, Actors, Instruments, For and Cases* (New York: Springer, 2013): 2-5.

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well.; they enjoy better life standard without any difference of color and race; universal health ensures peace and prosperity as well as address security issues; an individual state excelling in healthcare provides value to others too; importantly, there must not be indifference in provision of health services globally – particularly in infectious diseases.<sup>9</sup>Health diplomacy serves as a significant platform for discussions on international policy issues that affect and shape the world's health environment in a changing globalized world.<sup>10</sup>The importance of health in promoting sustainable development, peace, the decrease of poverty, social justice, and human rights is becoming more widely recognized.<sup>11</sup>

Interestingly, GHD has a link with power too. Power has always been interpreted in terms of hard or economic forces, but political scientist Joseph Nye developed the idea of soft power and distinguished between these two types of power. Hard power is the ability to reach one's goals through coercive actions or threats.)<sup>12</sup> Nye explained soft power as the “ability to affect others to obtain the outcomes which one wants through consent rather than coercion.” According to Nye, the resources of soft power lie in the country's culture, political ideals and domestic and foreign policies in international politics.<sup>13</sup> Soft power gives a nation permission to practice dominant position over other nations, by consent, support and consensus. As a result, health diplomacy has evolved into a soft power instrument that plays an important and vital role in a state's influence over the other. Global health diplomacy has long been an important part of many countries foreign policy strategy, and the same is true of concerns on national security, commerce, and diplomacy.

This kind of diplomacy can be initiated by the official channels (by states) or through non-state actors (NGOs). As far as International Relations is concerned, the GHD remained at the periphery and was seldom part of the

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<sup>9</sup> Ibid.

<sup>10</sup> World Health Organization, <http://www.emro.who.int/health-topics/health-diplomacy/index.html>

<sup>11</sup> Ibid

<sup>12</sup> Joseph S. Nye, “Public Diplomacy and Soft Power,” *The Annals of the American Academy of Political and Social Science* 616 (1) (March 2008): 94-109, <https://doi.org/10.1177/0002716207311699>

<sup>13</sup> Priya Gauttam, Bawa Singh, and Jaspal Kaur, “COVID-19 and Chinese Global Health Diplomacy: Geopolitical Opportunity for China's Hegemony?” *Millennial Asia* 11(3) (October 12, 2020): 318–40.

general discourse of the discipline until after the cold war when human security filled the void created after the end of bipolarity.<sup>14</sup>

Disease does not recognize any international border and the pathogens that once took several months and years to transfer from one locality to another move at a fast pace in an urbanized and globalized world. Therefore, the importance of health in foreign policy has grown exponentially over the last century, as responding to global health has become a collective responsibility of all states in an international system rather than individual states.<sup>15</sup> The trillions dollar military-industrial complex of major international players in the COVID-19 pandemic could not defend people against the microbial enemy. Therefore, there is a dire need to spend more on health and include it in the foreign policy objectives.<sup>16</sup> The U.N. General Assembly adopted a global health resolution in 2008 to include health as a foreign policy aim rather than working on it merely as a humanitarian goal which the big players in the international system were doing throughout the 20<sup>th</sup> century.<sup>17</sup> For foreign policy officials, the economy and the security interests were paramount; hence they only considered staying ahead in these departments rather than focusing on public health. However, it is significant to mention that the institute of the WHO was constituted (7 April 1948, the day is now every year celebrated as health day) after world war II at the establishment of the United Nations, and it declared public health a fundamental human right.

At the international or global level, health-related concerns are framed as security threats that are used by different countries for their geopolitical objectives in international relations. As a result of this, the global health issues are also securitized. This perception makes it easy to

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<sup>14</sup> Arne Ruckert, Ronald Labonté, Raphael Lencucha, Vivien Runnels, and Michelle Gagnon. "Global health diplomacy: a critical review of the literature." *Social Science & Medicine* 155 (2016): 61-72; Tanisha M. Fazal, "Health Diplomacy in Pandemic Times," *International Organization* 74(51) (December 2020): E78-E97. DOI: <https://doi.org/10.1017/S0020818320000326>.

<sup>15</sup> Sara E. Davies, Adam Kamradt-Scott, and Simon Rushton, *Disease Diplomacy: International Norms and Global Health Security* (Baltimore: John Hopkins University Press, 2015): 1.

<sup>16</sup> Fareed Zakaria, *Ten Lessons for a Post Pandemic World* (New York: Norton Press and Company, 2021).

<sup>17</sup> David F. Fidler, "Health in Foreign Policy: An Analytical Review," *Canadian Foreign Policy Journal* 15( 3) (March 2011): 11-29. DOI: 10.1080/11926422.2009.9673489.

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understand that incorporating health issues within foreign policy goals of the rich states in the global north are part of their national security policies where threat perception is given more credence to the economic potential where these states can engage in trade with the states in the global south.<sup>18</sup> In terms of domestic or national level analysis, different stakeholders from the business world to civic organizations and from non-governmental organizations to research think tanks played a significant role in formulating aims of GHD in the contemporary world. Historically, these stakeholders have been considered less active on foreign policy matters. With increased public role in foreign policy matters, specifically the health-related concerns, these stakeholders are gaining influence in shaping the foreign policy of a state. These stakeholders inspire foreign policy of many governments through direct and indirect engagements. Directly, they are invited to parliaments and official meetings of the executive for seeking their input. While indirectly, they build a public opinion through media and public seminars. These practices have become a standard operating procedure around the world.<sup>19</sup>

From an industrial level of analysis, “celebrity diplomacy” has become a new face of public diplomacy where movies and sports stars engage in shaping public opinion for attaining national interests. These celebrities can also be seen spreading awareness about global health issues requesting people to cooperate with institutes like WHO. For instance, Bono has urged the Western leaders to give more aid to eradicate AIDS from Africa.<sup>20</sup> Emma Thompson was employed by the London Mayor, Boris Johnson in 2015 as TB ambassador.<sup>21</sup> Meanwhile, in China, the famous singer Han Hong raised around USD 19 million in the wake of COVID-19 for Wuhan.<sup>22</sup> There is also a lot of money involved which comes from these

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<sup>18</sup> Sara E. Davies, “Securitizing infectious disease.” *International Affairs* 84(2) (2008): 295-313.

<sup>19</sup> James M. McCormick, ed. *The domestic sources of American foreign policy: insights and evidence* (Rowman & Littlefield, 2012).

<sup>20</sup> “Celebrity Diplomacy: Challenges and Opportunities,” *Wilson Center*, (September 25, 2007), <https://www.wilsoncenter.org/event/celebrity-diplomacy-challenges-and-opportunities>.

<sup>21</sup> Terra Ornstein, “Using Celebrity Diplomacy to End Tuberculosis,” *USC Center on Public Diplomacy*, (October 2, 2015), <https://uscpublicdiplomacy.org/blog/using-celebrity-diplomacy-end-tuberculosis>.

<sup>22</sup> Jian Xu and Elaine Jeffreys, “Celebrity Politics in Covid-19 China: “Celebrities Can’t Save the Country,” *University of Westminster Blogs*, (July 15, 2020).



celebrities contributing to different brands who partner with celebrities to make advertisement for their products which has the message associated with health awareness. Many celebrities also joined different non-governmental organizations as well to spread their message. A few others also became U.N. ambassadors, and some are individually involved as concerned global citizens to promote better health. Scholars believe that the interest in GHD related issues is because of the increased media coverage and personal activism. Furthermore, many influential leaders around the world also take up health issues as primary political objective too to gain public support.<sup>23</sup>

### **Conceptual Framework**

Given these developments in the GHD over the last seven decades in general and the COVID-19 pandemic in particular, one gets an impression that health is now a significant tool of foreign policy, based on the criteria that GHD can also be used for attaining strategic, political, and economic goals. In this context, the theory of “Thucydides Trap” would evaluate, understand, and interpret whether the dimension of health security can lead to a potential clash between China and the U.S.?

Thucydides Trap is defined as the rise of one power injecting fear in the existing power of replacement which leads to the conflict. Thucydides explained his theory keeping in view the Peloponnesian Wars fought between the city-states of Athens and Sparta in the 5<sup>th</sup> century BCE. Athens was an emerging power then, and it challenged the existing power of Sparta, which resulted in a bloody war. Thucydides stated that in challenging the existing power, the rising power challenges the structures of existing power, which makes the conflict a rule rather than an exception. Thucydides put it that way: “It was the rise of Athens and the fear that this instilled in Sparta that made war inevitable.”<sup>24</sup> In the analysis section this research interprets whether this theory can be justified post-COVID-19 pandemic phase between the two powers of existing international system? Or is there any

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<https://blog.westminster.ac.uk/contemporarychina/celebrity-politics-in-covid-19-china-celebrities-cant-save-the-country/>

<sup>23</sup> John T. Rourke, and Mark A. Boyer. *International politics on the world stage* (New York, NY: McGraw-Hill, 2008).

<sup>24</sup> Graham Allison, *Destined for War: Can America and China Escape Thucydides's Trap?* (New York: Houghton Mifflin Harcourt, 2017).

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threat to the existing world order by China? These questions have been analyzed keeping in view the GHD and China's and the U.S.'s role in winning influence around various regions of the world generally by not specifically looking into a single region or bounding different regions as a case study. This article intends to analyze whether Thucydides Trap could be related to these two powers or not. These questions have been analyzed keeping in view the GHD and China's and the U.S.'s role in winning influence around various regions of the world generally by not specifically looking into a single region or bounding different regions as a case study

### **Historical Background**

Over the last decade, it has been witnessed that hard power is declining, especially after Operation Enduring Freedom in Afghanistan in 2001, and Operation Desert Fox in Iraq in 2002, where objectives were not met even after invasion and spending trillions of dollars. Given the objections of human rights watch dogs and lack of interest by the public in military maneuvers, the soft power is taking over the hard power. Hence, among many other tools of soft power, health security offers major players a ground to exploit for strategic leverage in global south.

In the United States, health diplomacy was not practiced until 2000 at the state level, even though the NGOs kept on with their humanitarian work in Africa and other developing states like South Korea, Cambodia, and Vietnam. In Korea, the USAID spent around 7 million USD to enhance its healthcare system in 1970s.<sup>25</sup> Whereas, the developing states like Vietnam and Cambodia could not receive healthcare assistance until 1990s. At the state level, the first significant move to include health as a foreign policy tool was initiated by Jimmy Carter in the late 1970s. However, it could not meet with success, because at that time, the U.S. diplomats were more concerned with the threat of the Soviet Union, and most of their energies were consumed in countering Soviet disinformation and propagating American influence in Eastern Europe, the Middle East, and Asia.<sup>26</sup> Physicians like Cahill have criticized pre 2000 role of the U.S. in health diplomacy in Africa. For him, it was meant for only politics, showing the public back home that America cared for the globe, however, the goals were

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<sup>25</sup> USAID, "Korea Health Demonstration Project," (USAID, July 1982) [https://pdf.usaid.gov/pdf\\_docs/PNAAJ621.pdf](https://pdf.usaid.gov/pdf_docs/PNAAJ621.pdf).

<sup>26</sup> Fidler, "Health in Foreign Policy," 14.

short term, and the U.S. could not consolidate its missions despite spending millions of dollars for conflict-ridden communities<sup>27</sup>

Anyhow, health assistance was part of the U.S. containment policy even if it was not part of GHD framework. During the cold war era, the state department considered provision of health assistance to states in Europe, Asia and Latin American countries as a useful tool to counter Soviet rising influence. The health sector in fact witnessed severe competition between the Soviets and the Americans. The U.S. diplomats in the cold war used terminology like “crusade against diseases” to win over states in the above-mentioned regions. The U.S. propagated the idea that both communism and malaria were similar in kind, as both enslave people. It is stated that the reason for spending bilaterally rather than multilaterally in the cold war was because of the U.S.’s policy framework which thought of providing assistance technically through its own representatives rather than uplifting socio-economic potential of the host countries. It was believed that since developing countries lacked training and technological education therefore, the money must be invested through the U.S bodies.<sup>28</sup>

It was also witnessed in the cold war that the wives of the US diplomats also contributed in establishing clinics with local staff in regions such as Africa and Asia to help women and children who could not afford medicines and vaccines. These clinics were funded by the U.S. government under the USAID program. This was also one of very first instances of “people to people diplomacy” following the philosophy of “winning hearts and minds” of the people. In the late 1960s, when some Far East countries were against the U.S.’s military intervention in Vietnam, the American Women Association (AWA) was able to set up clinics and win good will of the people. For instance, when the U.S Ambassador Marshall Green was posted to Indonesia he was surrounded by the people and demanded him to

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<sup>27</sup> K. M. Cahill, “Health and foreign policy: An American View,” *Annals of Tropical Medicine & Parasitology* 91(7) (1997): 735-741. DOI: 10.1080/00034983.1997.11813197

<sup>28</sup> Marcos Cueto and Theodore M. Brown, “The Cold War and Eradication,” in *The World Health Organization: A History*, ed. Marcos Cueto, Casa de Oswaldo Cruz, Fiocruz, Rio de Janeiro and Theodore M. Brown (London: Cambridge University Press, 2019): 86-90.

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leave their country. However, still his wife was able to garner support for the AWA.<sup>29</sup>

However, post-cold war, specifically after 2000, the U.S. started to give health a status of strategic foreign policy tool. It was linked to national security, and the U.S. became concerned with the threats of pandemics and biological warfare.<sup>30</sup> The human security aspect of the foreign policy was also complemented by the increased globalization that took states to interdependency rather than competition which was witnessed in the bipolar world. With the globalization, there was a threat of the spread of communicable diseases such as influenza, HIV, SARS, Malaria, and Tuberculosis, among many other pathogens. Therefore, health was given a strategic significance.<sup>31</sup> The U.S. spends most in the world on GHD as it takes it as a component of national security and assists states in the global south. The U.S. does it to safeguard its own population from diseases as well as extremism, stalling migration and less aid in humanitarian assistance. Its policy is, better health results in growth and economic development in underdeveloped states.<sup>32</sup> In the U.S., the State Department working in cahoots with the United States Agency for International Development (USAID) has taken the task to provide health assistance for poorer states in the global south.<sup>33</sup> However, most of the US GHD was related to bilateral programs carried out through USAID rather than a multilateral approach. It is also interesting to note that the U.S. only recently realized that it is losing strategic leverage in global south, specifically in Africa, when it comes to

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<sup>29</sup> Alex Penler, "An Old Frontier: What Cold War Women Can Tell Us About Global Health and Vaccine Diplomacy," *LSE Blogs*, (March 3, 2021). <https://blogs.lse.ac.uk/lseih/2021/03/03/an-old-frontier-what-cold-war-women-can-tell-us-about-global-health-and-vaccine-diplomacy/>

<sup>30</sup> Fidler, "Health in Foreign Policy," 14.

<sup>31</sup> *Ibid.*, 17-19.

<sup>32</sup> Rebecca Katz, Sarah Kornblet, Grace Arnold, Eric Lief, and Julie E. Fischer, "Defining Health Diplomacy: Changing Demands in the Era of Globalization," *The Milbank Quarterly: A Multidisciplinary Journal of Population Health and Health Policy* 89(3) (2011): 503-523.

<sup>33</sup> Sebastian Kevany, "Global Health Diplomacy, 'Smart Power', and the New World Order," *Global Public Health: An International Journal for Research, Policy and Practice* 9 (7) (2014): 787-807. DOI: 10.1080/17441692.2014.921219.

health – whereas the Chinese are way ahead in funding health-related programs in the global south.<sup>34</sup>

China on the other hand, since its inception in 1949, is engaged in GHD. In the 1950s and 1960s, it sent 6,500 medical personnel to over 40 countries as well as funded more than 20 medical institutions around the world. One of the key regions for receiving Chinese attention in GHD programs was the African continent. Chinese GHD investment in Africa also reflects in the fact that over the issue of Taiwan, 26 African countries supported China at the UN by voting in its favor in 1971. It is also significant to mention here that China helped Africa at a time when China itself was financially not that strong.<sup>35</sup> At that time, the key driving factor behind the health diplomacy initiatives was to forge friendly relations with these countries. Historically, China has been a key contributor to global health owing to its own large population. The Maoist health model of the 1970s improved the health status of about 23% of the global population. The success of this model influenced the WHO's agenda too. Consequently, WHO declared in 1978 that "health for all" could be achieved through primary health care in 2000.<sup>36</sup>

Most of China's foreign aid was spent in building healthcare facilities in the recipient countries in Africa and other poor Asian countries. They established hospitals specifically dedicated to treat malaria patients in Africa.<sup>37</sup> Only in Africa, by the end of 2009, China established around 100 hospitals, which is now increased to more than 130. By 2006, the Chinese spending in Africa's health sector stood at 35 million dollars, which

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<sup>34</sup> Mark P, Lagon, and Rachel Sadoff, "America Must Not Allow Africa to Go Viral in Africa," *The National Interest*, (May 1, 2020) <https://nationalinterest.org/feature/america-must-not-allow-china-go-viral-africa-150566>; Emma Louise-Anderson, "African health diplomacy: obscuring power and leveraging dependency through shadow diplomacy," *International Relations* 32(2) (June 2018): 194-217. <https://doi.org/10.1177/0047117817751595>.

<sup>35</sup> Maddalena Procopio, "China's Health Diplomacy in Africa: Pitfalls Behind the Leading Role," *Italian Institute of Political and International Studies*, (April 7, 2020) <https://www.ispionline.it/en/publicazione/chinas-health-diplomacy-africa-pitfalls-behind-leading-role-25694>

<sup>36</sup> Yanzhong Huang. "Pursuing health as foreign policy: the case of China." *Indiana Journal of Global Legal Studies* 17, no. 1 (2010): 105-146.

<sup>37</sup> Aizen J. Marrogi and Saadoun al-Dulaimi, "Medical Diplomacy in Achieving U.S. Global Strategic Objectives," (National Defense University Press, July 1, 2014) <https://ndupress.ndu.edu/Media/News/Article/577539/medical-diplomacy-in-achieving-us-global-strategic-objectives/>

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exponentially increased to 150 million dollars in less than a decade in 2014. On Malaria treatment the Chinese spent 26 million dollars. In the Ebola outbreak, the Chinese not only sent 1000 health workers but also contributed 120 million dollars as an aid in Africa and another 135 million dollars to UN organizations as part of response mechanism. In Ethiopia, China completed a hospital that cost around 30 million dollars. It is stated that China wants trade with Africa and by investing in public health they are winning hearts and minds of the common people.<sup>38</sup> The spending of China on GHD can be gauged by the fact that since 2013 China's involvement in GHD programs globally has witnessed the growth of 121%.<sup>39</sup>

Nonetheless, it is crucial to point out that China's early international cooperation on health was limited to socialist countries only. As a Cultural Revolution strategy in the mid-1960s, China made medical assistance a part of extending its political influence to the Far East and African countries. Special teams were formulated to assist health systems in the recipient countries in the aforementioned regions. It is also stated that these medical teams were used by China to gain strategic leverage in the regions and had economic goals to it as well. By not interfering in domestic politics of these countries China was able to win trust, thereby winning the market as well. Fast forward to 2003, the emergence of the SARS epidemic is considered a watershed moment in the development of China's public health and international development strategies. The SARS spread was not limited to only China but it was reported widely from the ASEAN countries as well. The Chinese helped these states in research and development for preparing a better response to respiratory diseases in the region. The SARS episode helped Chinese leadership in understanding the significance of public health crises in the shaping of its international image. Consequently, Beijing reemphasized the inclusion of health cooperation in its international development agenda and started working with multilateral institutions like

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<sup>38</sup> Long Wang and Joshua Bateman, "China's Medical Aid in Africa," *The Diplomat*, (March 14, 2018), <https://thediplomat.com/2018/03/chinas-medical-aid-in-africa/>

<sup>39</sup> Lewis Hussain and Gerald Bloom, "Understanding China's Growing Involvement in Global Health and Managing Processes of Change," *Globalization and Health* 16(39) (May 2020), <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00569-0>.

WHO.<sup>40</sup> This evolution was reflected well in the Chinese response to COVID-19 pandemic where it not only successfully contained the disease within mainland China but also started exporting vaccines both in aid as well as selling it to governments and private entities.

### **Post Covid Situation**

Pandemics cause havoc in global health systems, overburden them and cause panic among the population, but they also enable states to enhance their foreign policy goals keeping in view their national interest.<sup>41</sup> However, as per the WHO regulations, states must provide health assistance through their platform which means that medical assistance must be provided for the collective good of the humanity and not used for achieving strategic leverage. Moving away from health institutes in providing a global response bilaterally or unilaterally, impacts their usefulness and performance for the next pandemic.<sup>42</sup> COVID-19 was a surprise for many developed and developing states alike. Yet, it caused more damage to the U.S. than any other state in the world, both in terms of economic and human losses. More than half a million people died in the U.S. as of now, as per Center for Disease Control and Prevention<sup>43</sup>, whereas the economic cost is estimated by *the Economist* to be more than U.S. dollar ten trillion.<sup>44</sup> The Covid 19 has affected 220 countries and territories, more than 3.2 million deaths, killing more than half a million in the U.S. alone and around 4600 in China, till date 9 May 2021<sup>45</sup>

The COVID-19 arrived in the U.S. in 2020 the year of Presidential elections, therefore, creating a divide where Donald Trump the former U.S. President termed it a Chinese virus, thus racializing that disease, which not

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<sup>40</sup> Tang Bei, "A Brief History of Chinese 'Health Diplomacy'," *Sixth Tone*, (May 20, 2020). <https://www.sixthtone.com/news/1005687/a-brief-history-of-chinese-health-diplomacy>

<sup>41</sup> Fazal, "Health Diplomacy in Pandemical Times"

<sup>42</sup> Ibid.

<sup>43</sup> "National Center for Health Statistics," *Center for Disease Control and Prevention*, (April 21, 2021), <https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>.

<sup>44</sup> "What is the economic cost of COVID-19?" *The Economist*, (January 7, 2021), <https://www.economist.com/finance-and-economics/2021/01/09/what-is-the-economic-cost-of-covid-19>.

<sup>45</sup> "COVID Live Update - *Worldometer*," *Worldometers.info*, (2021), <https://www.worldometers.info/coronavirus/>

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only impacted the U.S.'s internal response to the disease but also greatly affected its global multibillion-dollar health assistance. Consequently, President Trump halted funding (400 million dollars annual) for the WHO alleging that it colluded with China and did not inform the U.S. in time.<sup>46</sup> Furthermore, as far as the mitigation and containment of the virus are concerned, the U.S. failed at both counts; it was an atmosphere of political divide within the country. The Trump administration neither listened to health officials nor did it go into lockdown like China. The global best practices as advocated by the WHO, for instance, masking up, maintaining social distancing, and staying at home, were ignored by the public as well as authorities which resulted in a wide scale spread, thereby causing more casualties.<sup>47</sup>

After the new administration of the Democrats under President Joe Biden coming in, not only did the U.S. resumed the WHO funding, but it also allocated more than dollar four billion in the global fight against COVID-19, specifically aiding states in the global south. At the national level, Americans stood as the most generous country in the world by giving more than 4.9 billion dollars to various IGOs and NGOs to fight the pandemic.<sup>48</sup> Yet another significant development with the arrival of the Democrats witnessed allocating around 11 billion dollars to eradicate COVID-19 disease. While most of that aid would be distributed within the U.S. under American Rescue Plan, yet the U.S. has committed to fund WHO's run vaccine program with 4 billion dollars by the end of 2022. With these new developments, the U.S. is filling the gap, the Trump administration created.<sup>49</sup> Previously, The Trump administration in the first half of year 2020 only contributed 775 million dollars globally to fight COVID-19. The aid was distributed through various bilateral programs such

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<sup>46</sup> "Coronavirus: US to halt funding to WHO, says Trump," *BBC News*, (April 15, 2020), <https://www.bbc.com/news/world-us-canada-52289056>.

<sup>47</sup> Nora Kenworthy, Adam D. Koon, and Emily Mendenhall, "On symbols and scripts: The politics of the American COVID-19 response," *Global Public Health: An International Journal for Research, Policy and Practice* (March 2021): 1-15, DOI: 10.1080/17441692.2021.1902549; David P. Carter & Peter J. May, "Making sense of the U.S. COVID-19 pandemic response: A policy regime perspective," *Administrative Theory & Praxis* 42, no. 2 (2020): 266-277, DOI: 10.1080/10841806.2020.1758991.

<sup>48</sup> "Corona Virus Disease 2019," *US Department of State*, (April 22, 2021), <https://www.state.gov/coronavirus/#international-aid-relations>.

<sup>49</sup> "USAID'S COVID-19 Response," USAID, last modified May 20, 2021, <https://www.usaid.gov/coronavirus>



as USAID, Economic and Support Fund, and Migration and Refugee Assistance.<sup>50</sup> Apart from all these efforts, withdrawal from WHO at peak pandemic time, showed a destructive image of a global leader rather than constructive image which was critically analyzed worldwide.

In contrast to the U.S., ever since the outbreak of COVID-19, China has availed the global pandemic as an opportunity to portray a benevolent picture of itself.<sup>51</sup> In this regard, Beijing has effectively utilized its health diplomacy to offer medical aid to African countries. The Chinese support to African countries included the export of facemasks and dispatching of a medical team. Moreover, experts from more than 30 countries interacted with Chinese counterparts on how to effectively deal with the pandemic. Similarly, Asian countries have remained a crucial part of China's global health diplomacy. Chinese medical experts have visited several ASEAN countries to advise them on COVID-19 mitigation and containment. Furthermore, material aid has also been provided by the Chinese government and private businessmen to several ASEAN countries. Moreover, the South Asian states such as Pakistan, Afghanistan, Sri Lanka, Bangladesh, Nepal and Maldives, especially Pakistan have been the biggest recipients of the tones of medical aid, including testing kits, personal protective equipment, masks, ventilator and more than 2 million vaccines as a gift. Beijing extended humanitarian support to Tehran and urged Washington to lift sanctions against Tehran. China even offered help to India, as it is witnessing an extreme surge regarding infections, for help when the U.S. defended its restrictions to export raw material of Corona vaccine to other countries to meet its domestic needs first. The spokesperson of China's foreign ministry told media that, "China is willing to provide assistance to India against the latest COVID-19 rebound in the country, which has caused a temporary shortage of medical materials,"<sup>52</sup>

During the early wave of Covid, the European continent remained a battlefield for influence between China and the United States. China

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<sup>50</sup> "U.S. Contributions to the Global Fight Against COVID-19," *U.S. Embassy in Sri Lanka*, (May 1, 2020), <https://lk.usembassy.gov/update-the-united-states-is-continuing-to-lead-the-response-to-covid-19/>.

<sup>51</sup> Priya Gauttam, Bawa Singh, and Jaspal Kaur. "COVID-19 and Chinese Global Health Diplomacy: Geopolitical Opportunity for China's Hegemony?." *Millennial Asia* 11(3), (2020): 318-340.

<sup>52</sup> "China 'Willing' to Help Virus-Ravaged India," *Aa.com.tr*, (2021).

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extended its medical and financial support to European countries. Meanwhile, the U.S.'s response on the other hand was grim which changed public perception negatively in Europe. This was more evidenced in Germany as more people showed negative opinions about the administration of Donald Trump.<sup>53</sup> During the early phase of pandemic in 2020, apart from governmental support, Chinese private entities like Huawei and Jack Ma Foundation also offered medical aid to several European countries. Several Eastern European countries appreciated Chinese support and criticized the E.U. and the U.S for its delayed response and inert bureaucratism, etc. States like Serbia and Hungary started vaccinating their population by Chinese provided Sinopharm vaccine. President Xi Jinping of China announced more cooperation in vaccination drive of the Eastern European states. The Chinese President also assured Central and Eastern European (CEE) states of more imports of its products to the Chinese markets covering 170 billion dollars.<sup>54</sup> However, as the administration changed in the U.S., the new President immediately started recovering the relations in Europe. The state department also raised concerns over the growing Chinese GHD activities in Europe. It stated that though the U.S respects national interests of the European states, however, it is a matter of concern for the U.S. the way China is using multilateral organizations for strategic leverage.<sup>55</sup> Though European states are using vaccines produced by American companies like Pfizer and Moderna, yet the magnitude of aid was not as big as Marshall Plan of the cold war. This was because the U.S. itself was going through a tough situation at home. The new administration of President Biden however has given two billion dollars in the WHO's COVAX program.<sup>56</sup>

### **Impacts of GHD on Global Health Systems**

There will be long term implications of GHD on post-COVID-19 scenario, especially in the management of vaccine and giving them as a

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<sup>53</sup> Noah Barkin, "In the Post-Pandemic Cold War, America Is Losing Europe," *Foreign Policy*, (May 19, 2020, <https://foreignpolicy.com/2020/05/19/coronavirus-pandemic-europe-opinion-polls-united-states-china-losing/>)

<sup>54</sup> Nike Ching, "US, China Compete Over Vaccine, Post-pandemic Recovery in Europe," *Voice of America*, (February 17, 2021), <https://www.voanews.com/covid-19-pandemic/us-china-compete-over-vaccine-post-pandemic-recovery-europe>.

<sup>55</sup> Ibid.

<sup>56</sup> Katherine Gypson, "US Set to Send \$11B in International Aid in Latest COVID Bill," *Voice of America*, March 10, 2021, <https://www.voanews.com/covid-19-pandemic/us-set-send-11b-international-aid-latest-covid-bill>.

public good to less resourceful countries in the global south who cannot afford to purchase one. So far, the vaccines have been for regional use mostly produced and administered in the global North. The disparity in vaccination can be gauged by the fact that only one percent of the global vaccines have been given to the African continent.<sup>57</sup> In 2020, it was reported that only 13% of the world population in global north had purchased more than 50% of the vaccines.<sup>58</sup> In April 2021, the WHO chief reported that more than 80% of the COVID-19 vaccine doses went to the rich countries in the global north.<sup>59</sup> As far as the U.S. is concerned, it banned the export of the vaccines produced in the U.S. or produced by the firms it has paid for, for instance, AstraZeneca, currently, the U.S. has extra 300 million vaccine doses which it is not using, a decision which is criticized by many countries who are willing to buy those. Furthermore, the U.S. has also imposed a ban on the raw materials used in vaccine production, which can highly risk another billion doses by May 2021.<sup>60</sup> The WHO's head lamented the fact that inequality in vaccine distribution is "not only a moral outrage, but economically and epidemiologically self-defeating."<sup>61</sup> The WHO has initiated its own program of COVAX (aiding poor countries in the

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<sup>57</sup> Peter Beaumont, "Vaccine Inequality Exposed by Dire Situation in World's Poorest Nations," *The Guardian*, (May 30, 2021), <https://www.theguardian.com/world/2021/may/30/vaccine-inequality-exposed-by-dire-situation-in-worlds-poorest-nations>.

<sup>58</sup> Nivedita Saksena, "Global Justice and the COVID-19 Vaccine: Limitations of the Public Goods Framework," *Global Public Health: An International Journal for Research, Policy and Practice* (March 2021): 1-10. <https://doi.org/10.1080/17441692.2021.1906926>.

<sup>59</sup> "Unequal Vaccine Distribution Self-Defeating, World Health Organization Chief Tells Economic and Social Council's Special Ministerial Meeting," *United Nations*, (April 16, 2021), <https://www.un.org/press/en/2021/ecosoc7039.doc.htm>.

<sup>60</sup> Noah Weiland and Rebecca Robbins, "The U.S. Is Sitting on Tens of Millions of Vaccine Doses the World Needs," *The New York Times*, (March 11, 2021), <https://www.nytimes.com/2021/03/11/us/politics/coronavirus-astrazeneca-united-states.html>; "American Export Controls Threaten to Hinder Global Vaccine Production," *The Economist*, (April 17, 2021), <https://www.economist.com/science-and-technology/2021/04/17/american-export-controls-threaten-to-hinder-global-vaccine-production>.

<sup>61</sup> "Unequal Vaccine Distribution," *United Nations*.

vaccination drive). It aims to produce 2 billion doses of COVID-19 vaccine by the end of year 2021.<sup>62</sup>[Comment: Correction made]

For attaining the goodwill and trust of the less resourceful states, vaccine diplomacy would decide the winner among China and the U.S. in post-COVID-19 health diplomacy. It seems China is already winning it. China has so far donated millions of its vaccine doses to low-income and middle-income states. Till April 2021, half of the Chinese produced vaccines were exported, while none by the U.S. during this time.<sup>63</sup>

Another significant step China took post-COVID-19 was to move forward the idea of the “Health Silk Road” in a conversation between Chinese President Xi Jinping and Italian Prime Minister. The health silk road is part of its GHD campaign and designed metaphorically on the routes of the Belt and Road Initiative (BRI), where Chinese embassies will locate the areas of cooperation while the BRI companies will be delivering the health goods. The term gained currency in the pandemic; however, president Xi used it for the first time in Geneva in 2017 when he visited for a health summit and suggested the need to initiate policies of public health around BRI states. It serves two goals for China, first, it emerges as a GHD leader post-pandemic and second, it will rebound the economic activity stalled during pandemic along BRI corridors under the guise of health support.<sup>64</sup>

Scholars have remained divided about the real intentions behind China emerging as the leading global response nation against the COVID-19. Some scholars believe that the key reason for doing so was because China maintained a slow response in alerting WHO about the true extent of the grim situation in the Chinese city of Wuhan. To offset the global anger

<sup>62</sup> “Coronavirus Disease (COVID-19): Vaccine Access and Allocation,” *World Health Organization*, (February 19, 2021), [https://www.who.int/news-room/q-a-detail/coronavirus-disease-\(covid-19\)-vaccine-access-and-allocation?adgroupsurvey={adgroupsurvey}&gclid=EAlaIqObChMIqs\\_0xbmG8QIVkZfiCh2\\_Vg\\_6EAAYASABEgLyuPD\\_BwE](https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-vaccine-access-and-allocation?adgroupsurvey={adgroupsurvey}&gclid=EAlaIqObChMIqs_0xbmG8QIVkZfiCh2_Vg_6EAAYASABEgLyuPD_BwE).

<sup>63</sup> Leng Shumei, “China Provides Vaccine Aid to 53 Developing Countries, Exports to 22,” *The Global Times*, (February 8, 2021), <https://www.globaltimes.cn/page/202102/1215285.shtml>; Patrick Attack, “China Exports Half its Vaccine Production: the UK and U.S., Almost None. Chart,” *CGTN*, (April 1, 2021), <https://newseu.cgtn.com/news/2021-04-01/China-exports-half-its-vaccines-the-UK-and-U-S-almost-none-Chart-Z3YKzBnOnK/index.html>.

<sup>64</sup> Kirk Lancaster, Michael Rubin, and Mira Rapp-Hooper, “Mapping China’s Health Silk Road,” *Council on Foreign Relations*, (April 10, 2020), <https://www.cfr.org/blog/mapping-chinas-health-silk-road>.

for its low response, it is believed that China viewed the COVID-19 as a strategic opportunity for expanding its global leadership posture. It also allowed Beijing to expand its health diplomacy initiative. Prior to COVID-19, China's health diplomacy initiatives allowed it to emerge as a benevolent global leader in several African, Asian, and Latin American countries. By providing medical support to several countries during the ongoing pandemic, China was able to cultivate a perception that it is an expert on pandemic management and global health in addition to goods provider.

### **Critical Analysis**

GHD can be utilized to achieve global health objectives by giving it as importance in national foreign policies as security is given. The COVID-19 pandemic, without a doubt the biggest crisis the world has faced since World War II, has created a very conducive environment for China's public diplomacy, when the United States is still trying to combat the COVID-19 pandemic in its domains. Though it is important to point out that China has used the ongoing global pandemic to softly project its image as a global leader, it is equally important to remember that Beijing was able to do because Washington, under the Trump administration, left a major vacuum in leading global response against COVID-19. Trump administration promoted xenophobic and nationalistic tendencies during the COVID-19, while China effectively used vaccine diplomacy to improve its strained relations with several countries. Moreover, China's exemplary response has allowed the leaning of public perception in favor of authoritarian leaders. However, it is essential to remember that no other country with authoritarian leadership has demonstrated an effective response against the pandemic apart from China. On the contrary, democratic countries were able to formulate a better and quicker response to mitigate and contain the virus.

Significantly, the emergence of COVID-19 has increased the importance of health diplomacy in the foreign policy of any country. It will continue to remain an effective soft power component of any country's foreign policy for years to come. The China-led BRI provides Beijing with an opportunity to launch a health diplomacy corridor as part of the multi-billion-dollar corridor project. The key functions of the health corridor, which is also known as "health silk road" (HSR) is promotion of health cooperation, giving medical aid, training healthcare workers, exchanging

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modern medical technologies, and fighting diseases like TB, Malaria, AIDS. The HSR also intends to share information regarding epidemics to mitigate them in time. The objective of the HSR is to uplift the health standards of countries along the BRI, matching that of the developed world by 2030.<sup>65</sup>

However, it must be kept in mind that the administration has changed in the U.S., the political divider has been defeated, and an inclusivist Biden administration has won. And soon after assuming office, not only he reversed the Trump administration's hawkish policies but he also got back into various international platforms like WHO and Paris Agreement on Climate Change. Furthermore, the U.S. has started relief packages of around ten billion dollars both at the state and national level. Though its vaccine policy is still counted as protectionism, it is expected it would listen to the international voices and lift the ban on the exports of raw materials to speed up the processing of the vaccines.

The world needs a GHD based on cooperation and public good, which requires collective approaches rather than politics of competition. It is significant to mention that in the current globalized world, there is the least chance of conflicts between major powers because of the connectivity of international trade and regulations of international institutions, and China and the US are major trade partners as well. Furthermore, the public interconnectivity and socio-economic development has also lessened the chance to approach foreign policy through the prism of classical realism. The new Biden administration has recently invited Chinese counterpart President XI to a climate conference held virtually at the end of in April 2021. Therefore, the GHD can be only exploited for mutual gains through multilateral cooperation rather than for strategic leverage through bilateral funding.

As far as Thucydides' Trap is concerned, both China and the U.S. have avoided falling into it. While the strategic competition for influence and resources will continue between the two powers for the long time to come, it is not expected both will meet in an actual conflict involving militaries. There are multiple reasons to arrive at this analysis. First, both states are nuclear-capable which has created a balance of power, and any war simply means Mutual Assured Destruction. Second, both powers are

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<sup>65</sup> Cao Jiahan, "Towards a Health Silk Road: China's Proposals for Global Health Cooperation," *China Quarterly of International Strategic Studies* 6, no. 1 (2020): 19-35.

striving for dominance in a world order mutually agreed along with three other Permanent states (France, Russia, and the United Kingdom) of the United Nations Security Council. Third, the element of globalization has not only bypassed the states in global trade but the populations as well; therefore, any potential conflict at the world stage disrupts those channels, which will potentially be contested by the public. Fourth, the era of ideologies and nationalism seems to be a thing of the past; even states have started to focus more on the geo-economic aspect of the international system rather than geo-politics and geo-strategy – even though the neoclassical realism still finds it impractical to pursue hard power for achieving military ends, however, the international system is not dictated by them. It is a contested system under the auspices of international institutions where no specific worldview is dominant. As a result, states prefer cooperation than engulfing themselves in conflicts. Fifth, China and the U.S. are not bounded in a limited region and striving for control over the other like in ancient Greece. It is a global arena with stakes and cost too high to make an armed conflict even a remote possibility.

In the current situation, the rivalry between China and the U.S. is expected to continue. However, it cannot go beyond strategic and tactical maneuvers of economic sanctions, diplomatic verbosity and forming alliances. Graham Allison in *Destined for War*, by studying the history of the last 500 years reveals, that there were 16 times when rising powers challenged established powers, and 12 out of them ended in war, and four were not ended in war but rather had peaceful transition of power. After the establishment of the U.N. in the late 1940s, the peaceful transition is the norm. The US itself became a global leader in the presence of multiple winners of World War II; it emerged because others were exhausted. Similarly, post-1950s, there was a cold war between the former Soviet Union and the U.S. for nearly five decades, the world was in bipolarity, but the two major powers never went into an armed conflict. Post-Soviet Union, China has emerged as an economic power, but it too needs the current system of free trade to exploit in the globalized world. Notably, the interdependent nature of world politics and economy prevents major conflicts and instead are tackled through the U.N. Same is the case with current health crises. No matter how much the U.S. blames China for the pandemic, again, the health sector would remain interdependent, and the

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states would need each other to defeat the COVID-19. Therefore, cooperation and multilateral engagements in a multipolar environment supervised by international institutions seems the norm of the contemporary era, which cannot be related to ancient Greece of Thucydides.

The GHD of the U.S. under the Trump administration was disastrous for the health security of the entire globe. He not only halted the funding of the WHO but also continuously blamed China for the pandemic, which created a political divide exploited by the far-right groups in the western states. It is significant to mention that even during this political divide, the Trump administration could not move much into the hard power zone apart from banning operations of certain Chinese technology companies in the U.S. The Chinese, on the other hand did not resort to any hawkish policies and kept moving by taking the WHO in the loop in their response to the pandemic. It is also important to mention that had it been the ancient times, and a state rising as an economic power – having enough military capability to subdue the weaker states along its frontiers, would have gone for the hard power and taken full advantage of the weaknesses of the existing power. The U.S. and the western states in the first wave of COVID-19 pandemic were going through a similar situation, but the Chinese remained focused on rebounding their economy rather than entrenching themselves in geopolitical and geo-strategic arenas.

## **Conclusion**

For GHD to become a useful tool of cooperation between the states, it is crucial that trust is built between the US and China. The motivation behind the GHD must be addressing health challenges in the developing world rather than influencing states for political and economic objectives. A key component of the GHD is development of health systems in the global south, so that individual states can cope up with health challenges themselves – as diseases like COVID-19 see no boundaries and impact the entire globe. Thus, both the US and China need to cooperate on the response mechanism in case of future health emergencies under the auspices of international institutions like WHO. In this context, vaccination of the population universally is the need of the hour without the bias of vaccine superiority. Furthermore, in its working, GHD must seek to enhance improved communications and international trade, along with stabilizing the low income and cash-starved states who cannot cope up with the virus



alone.<sup>66</sup>In a competition scenario between the U.S. and China during COVID-19, there are three significant criteria, which resulted in the US's slow response toward COVID-19. First, the U.S. took most of the brunt from COVID-19 in the first wave, and hence faced internal destabilization. As a result, its global health diplomacy lagged in the initial phase of COVID-19. Second, after President Biden took office in 2021, a massive vaccination drive, along with providing stimulus packages to the public started, however only internally in the U.S. During this time, the division was witnessed over vaccines – termed as Chinese and Western vaccines. Interestingly, the Western states made it mandatory to have only Western vaccines like Pfizer, Moderna, and Oxford's Astra Zeneca, even for the travelers from Asia and Africa. Third factor was health assistance in shape of medical aid (health staff training and vaccine aid) and financial assistance to the states in the global south, impacted most by the COVID-19. As far as China was concerned, the key factors that led to its success in health diplomacy were following: first, Beijing extended medical support to even those countries with which it had strained relationships. Second, Beijing utilized the HSR during COVID-19, and sent medical assistance teams to train health officials in developing states in Africa, South Asia, Central Asia, the ASEAN states, and the Middle East. This was done as per the objectives of the HSR, and most countries were also part of BRI. By doing this, Beijing reiterated that HSR was meant for human development by spending on the health of the population. It is also significant to note that China itself was tackling the COVID-19 just like the US, however, its medical assistance was swift. Third, China provided free COVID-19 vaccines produced in China to the HSR countries, which helped in vaccinating millions of people who could not afford vaccines. These factors boosted China's goodwill in the recipient countries, specifically in the Eurasian belt, continental Africa, the Middle East, and South Asian countries. In other words, the health diplomacy initiative undertaken by China was to act as a breakthrough in normalizing relations with such countries. Thus, to sum up the discussion, China led the response to the pandemic while the U.S. trailed behind.

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<sup>66</sup>Kevany, "Global Health Diplomacy" 799.

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## **Recommendations**

It is recommended that GHD must be utilized for cooperation and mutual coexistence, where peoples' lives are improved by investing in their health. Therefore, following steps are significant to provide a swift response in future health emergencies around the globe.

### **China and GHD**

- China successfully initiated vaccine drive in HSR countries during COVID-19 pandemic. The future plan of action requires establishing of scientific research centers to address health issues of individual states. It is also necessary that China keep delivering cheap vaccines to achieve universal vaccination in HSR countries.
- China must also cooperate with the U.S. in order to minimize the trust deficit between the two. GHD can ease a lot of tension between the two – and importantly, health must not be politicized.

### **U.S. and GHD**

- As far as the U.S. is concerned, it must start investing in multilateral spending in health programs through international institutions like the WHO and through GHD programs to reach more regions in the global south.
- As major international player, it is expected of the U.S. to play a role in emergency situations like COVID-19 too by sending medical assistance teams to train, sharing scientific experience, and providing medical aid.
- It also needs to opt a pragmatic approach with regard to China in health diplomacy so that element of competition is reduced between the two.

### **International Institutes**

- Localized Vaccines initiatives are not fruitful. Hence there is a need to make globalized vaccines through international institutes, which can be used by all without political gimmicks, as the Biden administration recently supported the WTO decision to waive off protection rights.
- Institutes like WHO must encourage developed states to increase donations to the Global Fund; with recent changes in the Global

Fund's leadership and financial system, donors would need to exert more effort.

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