

# U.S.- China Students Joint Research on Global Health

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# **U.S.- China Students Joint Research on Global Health**

## **Organizers**

Beijing Foreign Studies University  
Morgan State University  
China-United States Exchange Foundation

## **Supervising Academic Staff**

### **Prof. Xie Tao**

Dean of the School of International Relations and  
Diplomacy of Beijing Foreign Studies University

### **Dr. Raymond Terry**

Adjunct Professor and Director Office of  
Global Health Equity at Morgan State University

## **Contributing Authors**

Dalyn Allen  
Brittany Coote  
Ann-Marie Coore  
Oreoluwa Fasola  
Haixiao Gao  
Mingxuan Guo  
Yuting He  
Menghan Li  
Christina Williams  
Olivia Xiang

## About the organisers

**Beijing Foreign Studies University**, or BFSU, is one of China's top universities under the direct leadership of the Chinese Ministry of Education. It is listed under Project 985, Project 211 and Double First-Class Project of China. In 1941, BFSU was first built as the Russian Language Team in the Third Branch of Chinese People's Anti-Japanese Military and Political College. Today, BFSU teaches 101 foreign languages, more than any other Chinese universities. It is the first in China to offer courses in some less commonly taught European, Asian and African languages.

**Morgan State University**, founded in 1867, is a Carnegie-classified high research (R2) institution providing instruction to a multiethnic, multiracial, multinational student body and offering more than 140 academic programs leading to degrees from the baccalaureate to the doctorate. As Maryland's Preeminent Public Urban Research University, Morgan fulfills its mission to address the needs and challenges of the modern urban environment through intense community-level study and pioneering solutions.

**China-United States Exchange Foundation** is an independent, non-profit and non-governmental foundation committed to the belief that a positive and peaceful relationship between the strongest developed nation and the most populous, fast-developing nation is essential for global wellbeing. Founded in Hong Kong in 2008 and privately funded, CUSEF builds platforms to encourage constructive dialogue and diverse exchanges between the people of the U.S. and China.

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## Executive Summary

With a mission to nurture international educational exchange prospects in global health, the Beijing Foreign Studies University in Beijing, China and Morgan State University in Maryland, USA have concluded a virtual, COVID-19 joint research initiative led by American and Chinese university graduate student research associates.

The collaborative effort involved graduate students as burgeoning thought leaders from both nations and assessed how the two nations addressed the COVID-19 pandemic from a health management perspective and in terms of public image branding, both within their countries and internationally. The joint academic initiative provided an opportunity for the research student associates from China and the United States to conduct experiential research and to share knowledge. The project's goals included advancing experiential comparative global health systems and initiatives, encouraging joint collaborative student ventures.

For this pilot project, 10 graduate students were selected to participate, five from each academic institution. The research associates were paired in two-person teams to explore strategic action steps taken by China and the United States to address the COVID-19 pandemic. Each of the five student teams was supervised by one professor from each university. The project encouraged open and transparent joint study and research within both countries, dialogue between the student research partners and collaboration by collegiate participants of both nations.

The supervising professors were Prof. Xie Tao, Dean of the School of International Relations and Diplomacy of BFSU and Dr. Raymond Terry, Adjunct Professor and Director Office of Global Health Equity at Morgan State University. The project employed developing a comparative systemic perspective between the two nations. The data collected and conclusions are those of the student authors on each topic, and not those of the sponsoring institution nor of the collaborating universities. The research and analytic approach taken by the student teams was descriptive and qualitative, and explored the topics listed below:

“COVID-19 Public Health Service Management: A Comparative Study of the United States and China,” by Ms. Yuting He and Ms. Ann-Marie Coore.

“The Blame Game Between US-China During COVID-19,” by Ms. Olivia Xiang and Mr. Dalyn Allen.

“China-U.S. Cooperation in Global Public Health: Benin's Ethnic Groups' Reaction to China and U.S. Aid,” by Ms. Menghan Li and Ms. Brittany Coote.

“Analyzing the Performance of the World Health Organization During the COVID-19 Pandemic” by Ms. Mingxuan Guo and Ms. Ooreoluwa Fasola.

“A Comparative Study of Chinese and American Public Health Aid During COVID- 19,” by Mr. Haixiao Gao and Ms. Christina Williams.

The five essays highlight findings which demonstrate a wide breadth of information about the COVID-19 pandemic. The writers point out that despite ongoing competition for international

influence in managing the pandemic, the two nations pursued efforts with striking strategic similarities. Those efforts focused on goals of demonstrating leadership, exerting influence, and controlling the narrative about the origins of COVID-19 and measures to combat the pandemic.

First, each presidential administration outlined a plan to reduce the spread of COVID-19 in low-income nations. Second, leaders in China and the United States worked to improve their country's image and public perception of their respective nation's response and efficacy in handling the pandemic. Assured of 24-hour news coverage, both countries used print, broadcast, satellite, and social media to publicly disseminate their messages. These messages included trading accusations, with each nation touting its own achievements. Both countries also sought to gain support from the global community, including using international forums such as the United Nations and the World Health Organization.

The final papers summarizing this research initiative assert that the world's two leading economic powers should work together rather than compete and point fingers at one another, particularly in combating COVID-19. The two superpowers should strengthen their abilities to fight pandemics through closer cooperation, by sharing data more openly and building trust. Both the U.S. and China also need to better support international and multilateral institutions, such as the WHO.

And efforts should be made to ensure a joint commitment is made to support low-income countries to help to ensure that they are better prepared and more resilient to deal with future pandemics.

These Chinese and American university graduate research associates have done a commendable job of addressing one of the most critical global health issues of this decade to date. And in so doing, they have laid the groundwork for future researchers to build upon their foundational body of work and knowledge.

We welcome you to review the essays which lay out their research, findings, and conclusions. Hopefully, we all can benefit from this body of work in terms of how China and the United States not only addressed the COVID-19 pandemic, but better understand how both countries may more productively work together in the future.

This is the first of future collaborations exploring various issues of mutual interest between the China and the United States. We look forward to a continued and productive cooperation between our peoples.

# **Research 1: Comparative Analysis of Local Public Health Emergency Management in the United States and China During COVID-19**

Yuting He and Ann-Marie Coore

## **Abstract**

The paper compares the response, difficulties and reform measures of local public health agencies in the United States and China during the COVID-19 pandemic. The paper selects Snohomish County and Wuhan City to assess the performance of their local public health agencies. There are a few similarities in the response to the COVID-19 pandemic, including developing mitigation strategies, implementing epidemic prevention and control measures, and addressing the resource crisis. At the same time, local public health agencies in the two countries face similar problems, such as inadequate resources, coordination and communication issues and a neglectful attitude toward epidemics and public health emergency management. Learning from the lessons of the pandemic, both countries admitted the difficulties of local public health agencies in responding to a global public health emergency. Both the United States and China have attempted to correct errors and reform management through legislation, policies, and the formation of new coordinating bodies.

The paper also identifies a few differences. In terms of policy development, although local public health agencies in the United States have greater authority, they need to meet new challenges that traditional anti-pandemic policies cannot address. Local public health agencies in China develop detailed regulations of national public health emergency plans issued by the central government for better implementation. In terms of the resource crisis, local public health agencies in China rely on resource replenishment mechanisms established in the short term to overcome the crisis. The U.S local public health agencies address the resource crisis through the long-existed mechanisms and public-private cooperation. The stringency of COVID-19 response policies influences how local public health agencies implement epidemic prevention and control measures. The paper argues that different public health emergency management of two countries define disparities in the duties and authorities, thus local public health agencies show different responses to COVID-19. This research hopes that the similarities and differences provide opportunities for the United States and China to learn from each other and find potential cooperation.



## Introduction

In December 2019, a global pandemic broke out in Wuhan City, China. The World Health Organization (WHO) immediately declared the pandemic a public health emergency and named the unknown virus as Coronavirus Disease 2019 (COVID-19). The COVID-19 features a high infection rate, a high mortality rate and rapid virus transformation. According to the data from WHO, the COVID-19 pandemic has caused 6,501,469 deaths and 608,328,548 confirmed cases across the world as of Sep 16, 2022.<sup>1</sup> It is now agreed that the COVID-19 pandemic has imposed great challenges on public health management, and thus improving the ability to handle public health emergencies has become an issue. In public health emergency management, local public health agencies are often regarded as the "whistle-blower" and "gatekeeper," taking the front-line role in monitoring and reporting epidemics. Thus, their function and performance have attracted attention from researchers.

The first type of literature focuses on the function and problems of primary care agencies in two countries during their dealings with COVID-19. Chinese primary care agencies are all operated by the public sector and are part of local public health management. Some articles point out that Chinese primary public health agencies exposed problems including unqualified and insufficient general practitioners and low capacity for handling public health emergencies.<sup>2</sup> The U.S. has more complex ties between the public health agencies and private care agencies, which generates cooperation problems between the public and private departments and affects the public health emergency capacity. Private primary care providers' participation in local public health emergency management depends on the various types of collaboration with local public health agencies. Researchers find that private primary care providers and public health institutions failed to integrate their roles as frontline responders to COVID-19, resulting in many missed opportunities to effectively prevent and control the pandemic and provide better health services.<sup>3</sup> The second type of literature compares the COVID-19 response in the public health system between the U.S. and China. Although the initial responses to COVID-19 in the U.S. and China varied due to different public health systems, similar public health emergency measures that the WHO has recommended were implemented by the two countries after learning from experiences in different countries.<sup>4</sup> Researchers also compare the policy coordination regarding the COVID-19 response at state/provincial governments between the U.S. and China. Chinese provincial governments depended more on vertical steering and horizontal support, while

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<sup>1</sup> World Health Organization(WHO), 'WHO Coronavirus(COVID-19) Dashboard', available at: [https://covid19.who.int/?adgroupsurvey={adgroupsurvey}&gclid=CjwKCAjwppqCZBhAbEiwAa7pXedULuGRVh3hBSnUpEMfCCVmP3Xz4KvjHcu3BqCIU6b97la1P2uMb2RoCEfwQAvD\\_BwE](https://covid19.who.int/?adgroupsurvey={adgroupsurvey}&gclid=CjwKCAjwppqCZBhAbEiwAa7pXedULuGRVh3hBSnUpEMfCCVmP3Xz4KvjHcu3BqCIU6b97la1P2uMb2RoCEfwQAvD_BwE)(accessed at 19 Sep 2022).

<sup>2</sup> Wang Runsheng et al., 'Investigation on emergency knowledge and capacity of professionals in primary medical insitutions', *Occupation Health&Emergency Rescue*, Vol.36, No.2, (Apr 2018); Xiao Yu et al., 'Challenges facing Chinese primary care in the context of COVID-19', *Family Practice*, Vol.39, No.5,(October 2022), available at: <https://doi.org/10.1093/fampra/cmab179> (accessed at 8 May 2022).

<sup>3</sup> Tener Goodwin Veenema et al., 'Integrating Primary Care and Public Health to Save Lives and Improve Practice During Public Health Crises: Lessons from COVID-19', The Johns Hopkins Center for Health Security, (1 Dec 2021), available at: [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2021/211214-primaryhealthcare-publichealthcovidreport.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2021/211214-primaryhealthcare-publichealthcovidreport.pdf)(accessed 15 Jun 2022).

<sup>4</sup> Di Wang and Zhifei Mao, 'A comparative study of public health and social measures of COVID-19 advocated in different countries', *Health Policy*, Vol.125, No.8, (5 Jun 2021).

American state governments took the primary coordinating role with less participation in nationwide strategy.<sup>5</sup> In general, relevant literature studies the public health measures taken by the U.S. and China in response to the pandemic from the perspective of the public health system, but there are few studies about coordination and cooperation among local public health departments, local public health agencies, primary care agencies and other local health voluntary groups.

The objective of this paper is threefold. First, this paper introduces the structure of public health emergency management and the authorities and duties of local public health agencies in emergency preparedness and response. Second, the paper describes the similarities and differences in the anti-pandemic experience of local public health agencies between the U.S. and China. In the last part, the paper reveals difficulties faced by the local public health agencies and concludes improvement measures for the two countries. This exploratory study involves reports, laws, regulations, policy documents and government guidance related to the public health system and public health emergency management, which are enacted and revised by the level of national, state/province and local governments. The paper hopes that lessons learned from the comparative analysis may help explore the possibility of cooperation between China and the United States in local public health emergency management.

### **Public Health Emergency Management in America and China**

Local public health agencies refer to city, county, district and town level government agencies whose principal work is to protect and improve the public's health, including public health departments and public medical agencies. Local public health agencies, playing a key role in preserving regional public health, contribute a lot to the overall performance of public health emergency management. This section describes the organizational structure of public health emergency management, with a focus on the authorities and responsibilities of local public health agencies in the management. Based on the following comparative study, the paper concludes local public health agencies have different authorities and duties between the Chinese top-down leadership mechanism and the American multi-center leadership mechanism. Different systems influence the behavior of local public health agencies, causing similarities and differences in the response to COVID-19.

China's public health emergency management comprises three levels of government agencies managing public health emergencies. At the national level, departments responding to public health emergencies include the State Council, the Ministry of Emergency Management, the National Health Commission and the Center for Disease Prevention and Control (CDC). The State Council will set up a temporary working group to organize ministries, bureaus and other institutions regarding emergency management to clarify responsibility and allocate work. The central government will issue policy tasks and guidelines to the provincial and local governments, which will further issue specific and detailed policy documents or guidance

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<sup>5</sup> Zhilin Liu et al., 'Multi-level governance, policy coordination and subnational responses to COVID-19: comparing China and the U.S.', *Journal of Comparative Policy Analysis: Research and Practice*, Vol.23, No.2, (2021).

instructing the work of public agencies in their region. At the provincial and local levels, provincial and local government departments will set up health command centers, which will lead and coordinate public agencies in their region. Public health agencies are not only managed by the administrative departments, but also by departments with a similar function at a higher level. For example, a local CDC should report its work to the provincial CDC, local health commission and the people's governments at the local level. Local public health management can be further classified into three levels of subordinate agencies, which include public health agencies at the city, district/county and community/township level. Community/township-level of public health agencies, below the county level, are often defined as the main bodies of primary public health management.<sup>6</sup> In accordance with "Regulation on the Urgent Handling of Public Health Emergencies," public health agencies at the county/city level are responsible for leading and managing primary public health emergency management.<sup>7</sup> The role of primary public health agencies focuses on implementing policy decisions without the participation of public health emergency governance. Another difference from public health agencies at the county level and above, which have CDC and hygiene supervision agencies partaking in public health responsibilities, is that primary public health agencies need to provide primary care service and execute public health duties simultaneously.

In the United States, the public health emergency management system is also divided into three levels: federal, state, and local. At the federal level, the federal CDC is the core of public health emergency management. Together with the Federal Emergency Management Agency (FEMA), the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) and the Department of Homeland Security, the CDC establishes and manages a number of subsystems including the National Health Information System, the National Notifiable Diseases Surveillance System, the Laboratory Response Network and the National Pharmaceutical Stockpile. Government departments and public health agencies at the state and local levels participate in these subsystems.<sup>8</sup> At the state level, state governments have different delegations of authority to local governments in the field of public health. In some states such as Florida, Georgia and Missouri, state public health departments have direct control and oversight over local public health agencies. In other states such as California, Illinois and Ohio, local public health agencies do not comply with the management of state public health departments and are governed by county governments or local health boards.<sup>9</sup> These local public boards have greater autonomy in handling local public health affairs and more public health duties to perform. Due to the various types of states' jurisdictions over local agencies, state and local public health agencies need to appoint their public health officers to

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<sup>6</sup> Jiayang Hu et al., 'A comparative study of public-health emergency management', *Industrial Management&Data Systems*, Vol.109, No.7, (2009), pp.983.

<sup>7</sup> Peipei Yuan, 'Report on Chinese public health development in 2021: the development and the progress in reform of Chinese primary health system', *2022 Chinese Situation Analysis and Predictions*, Social Sciences Academic Press (China), (Jan 2022). available at: [https://www.pishu.com.cn/skwx\\_ps/literature/6361/13527010.html](https://www.pishu.com.cn/skwx_ps/literature/6361/13527010.html)(accessed at 20 Nov 2021).

<sup>8</sup> Jiayang Hu et al., 'A comparative study of public-health emergency management', *Industrial Management&Data Systems*, Vol.109, No.7, (2009), pp.978-982.

<sup>9</sup> Richard D.Remington et al., *The Future of Public Health*(Washington, Institute of Medicine(US) Committee for the Study of the Future of Public Health, National Academic Press(US)), (1988), available at: <https://www.ncbi.nlm.nih.gov/books/NBK218214/>(accessed at 20 Nov 2021).

coordinate intra-state, state and local and intra-local public health operations when there is a public health emergency. State and local public health officials discuss and cooperate through bilateral meetings, contracts and multilateral organizations such as the Association of State and Territorial Health Officials (ASTHO)<sup>10</sup>, the National Association of County and City Health Officials (NACCHO)<sup>11</sup> and the State Associations of County and City Health Officials (SACCHO).<sup>12</sup> In addition to coordinating between the state and local levels, local public health agencies also work with the departments and agencies at the federal level. The Public Health Emergency Preparedness (PHEP) cooperative agreement, provided by CDC, is one of the main sources of funding for local public health agencies.<sup>13</sup> The HRSA enhances the emergency preparedness and response capacity of community health centers (CHC) through providing funding and training programs.<sup>14</sup>

### **Response to COVID-19: Similarities and Differences of Local Public Health Agencies Between America and China**

During the epidemic, local public health agencies in the U.S. and China took the steering role in local public health management. Based on the comparison of public health emergency management in the previous part, this section looks at the similarities and differences in the behavior of local public health agencies between the US and China from three aspects: mitigation strategy planning, response to the resource crisis and the implementation of epidemic prevention and control measures. This paper chooses Wuhan City and Snohomish County, to have a more specific comparison. Although the two sites vary in population and GDP, they are the initial locations of the outbreak in the U.S. and China. It is necessary to know the response of local public health agencies at the two sites.

#### **Mitigation Strategy Planning**

Mitigation strategy planning refers to the process of formulating and revising policies, measures and directives related to epidemic control by local public health departments after the outbreak of the pandemic. Although local public health departments in the U.S. and China participate in the mitigation strategy planning, there are differences in the role and powers involved in policymaking. Local public health departments in China develop specific policies

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10 Association of State and Territorial Health Officials, 'About Us', available at: <https://www.astho.org/about/>(accessed at 20 Nov 2021).

11 National Association of County Health Officials, 'About', available at: <https://www.naccho.org/about>(accessed at 18 Nov 2021).

12 State Associations of County and City Health Officials, 'State Associations of County and City Health Officials (SACCHO)', available at: <https://www.naccho.org/about>(accessed at 20 Nov 2021).

13 Center for Disease Prevention and Control (CDC), 'Public Health Emergency Preparedness (PHEP) Cooperative Agreement', available at: <https://www.cdc.gov/cpr/readiness/phep.htm>(accessed at 20 Nov 2021).

14 Avril M.Houston, 'Maintaining the safety net:the role of HRSA-supported health centers in emergency preparedness and response', *Trauma*, Vol.50, No.2. (2012).

under the national emergency management plan for better implementation, while local public health departments in the United States have greater power in decisions and policymaking.

The local public health management in China began responding to the outbreak on Dec 27, 2019. A case of pneumonia of unknown cause was reported to the CDC of Jiangnan District, Wuhan, by the Hubei Provincial Hospital of traditional Chinese and Western medicine.<sup>15</sup> The Wuhan City Health Commission immediately issued an "Emergency Notice on the Proper Treatment of Pneumonia of Unknown Cause." The notice, without requiring subordinates to reduce transmission, only instructed medical institutions to identify cases in outpatient services and provide proper treatment integrating multidisciplinary medical efforts for patients.<sup>16</sup> After the central government declared the COVID-19 pandemic a major public health emergency, public health departments at the national and provincial levels together set a direction for the overall public health emergency plan and standard for the response to the pandemic. They issued the "Three early plans for the prevention and control of viral pneumonia of unknown cause" and the "Treatment for viral pneumonia of unknown cause (Trial Version)".<sup>17</sup> A series of policy papers set the initial framework for local public health institutions to respond to the outbreak. Under this framework, local public health departments supplemented and detailed the management rules. A Wuhan City Novel Coronavirus Prevention and Control Command Center, a multi-department joint decision-making center, issued a number of regulations, policies and orders including transportation arrangements, isolation and quarantine, lockdown affairs and the adjustment of treatment.<sup>18</sup> For example, the Wuhan City Health Commission published a list of designated fever clinics and treatment sites in the city that were able to treat and isolate patients with the novel coronavirus and set out the management process for fever clinics when responding to the pandemic.<sup>19</sup>

In the early stages of the pandemic, the federal government did not actively respond to COVID-19 until March 13, when former President Trump declared a public health emergency after more than 2/3 of governors had declared public health emergencies in their states. However, the first confirmed cases in the U.S. appeared on January 29, following the spread of human-to-human transmission in several states in February.<sup>20</sup> Snohomish County, located in the State of Washington, is the first place to have the confirmed case in the U.S. After the governor of

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<sup>15</sup> Chinese Information Office of the State Council, 'Chinese action in fighting against the COVID-19 pandemic', (Jun 2020), available at: [http://www.gov.cn/zhengce/2020-06/07/content\\_5517737.htm](http://www.gov.cn/zhengce/2020-06/07/content_5517737.htm)(accessed at Dec 5 2021).

<sup>16</sup> Xiaogang Yang, 'Exclusive: People with pneumonia of unknown reason have been isolated. The result of test will be published soon', Yicai News, (31 Dec 2019), available at: <https://www.yicai.com/news/100451932.html>(accessed at 9 Mar 2022).

<sup>17</sup> Chinese Information Office of the State Council, 'Chinese action in fighting against the COVID-19 pandemic', (Jun 2020), available at: [http://www.gov.cn/zhengce/2020-06/07/content\\_5517737.htm](http://www.gov.cn/zhengce/2020-06/07/content_5517737.htm)(accessed at Dec 5 2021).

<sup>18</sup> Wuhan City Novel Coronavirus Prevention and Control Command Center, 'Notification from the Wuhan City Novel Coronavirus Prevention and Control Command Center(No.1)', (23 Jan 2020), available at: [http://www.gov.cn/xinwen/2020-01/23/content\\_5471751.htm](http://www.gov.cn/xinwen/2020-01/23/content_5471751.htm)(accessed at 23 Nov 2021); 'Notification from the Wuhan City Novel Coronavirus Prevention and Control Command Center(No.9)', (25 Jan 2020), available at: [http://wjw.wuhan.gov.cn/ztl\\_28/fk/tzgg/202004/t20200430\\_1196891.shtml](http://wjw.wuhan.gov.cn/ztl_28/fk/tzgg/202004/t20200430_1196891.shtml)(accessed at 23 Nov 2021).

<sup>19</sup> Wuhan City Health Commission, 'List of designated fever clinics in Wuhan City', (3 Dec 2021), available at: [http://wjw.wuhan.gov.cn/bsfw\\_28/bjcx/yljgmd/202011/t20201130\\_1522649.shtml](http://wjw.wuhan.gov.cn/bsfw_28/bjcx/yljgmd/202011/t20201130_1522649.shtml)(accessed at 23 Dec 2021).

<sup>20</sup> CDC, 'CDC Museum COVID-19 Timeline', available at: <https://www.cdc.gov/museum/timeline/covid19.html>(accessed at 25 Dec 2021); Snohomish Health District, 'COVID-19: Six-month Timeline', available at: <https://www.snohd.org/528/COVID-19-Six-month-timeline>(accessed at 25 Dec 2021).



Washington declared a public health emergency for the state, the county then followed a comprehensive emergency management plan that empowered the Snohomish Health District to issue directives and orders managing the pandemic.<sup>21</sup> That includes announcing a public health emergency for the county, reducing human-to-human public services by other public agencies, purchasing personal protective equipment and publishing gathering restrictions and face mask orders.<sup>22</sup> In addition to deploying traditional anti-pandemic policies, local public health agencies were confronted with misinformation, slander and conspiracy impairing the authority of public health agencies. Misinformation and conspiracy on the internet have an unhealthy impact on the public's perception of the COVID-19, the public health emergency response and the contribution of local public health agencies. Misinformation, conspiracy and attacks on the public health sector are new problems that have not been recorded in the previous emergency plans. Local public health agencies need to reallocate resources and spend more effort to promote epidemic prevention and control measures and reduce vaccine hesitancy. Given the shortage of resources and the overload of pandemic response, reshaping confidence and trust in government agencies presents more challenges.

### **Addressing the Resource Crisis**

This section compares how local public health agencies solved the resource shortage during the pandemic response. Based on the following comparison, this paper finds that local public health agencies in the U.S. supplement and allocate resources through established cooperation mechanisms, while local public health agencies in China tend to rely on the short-term mechanisms built for overcoming temporary crises.

According to the guidelines for emergency supplies stockpiles issued by the Hubei Province government in 2006, local public health departments and designated hospitals should set regulations for reserving, transferring and distributing emergency supplies. CDCs at all levels are responsible for the procurement, storage and updating of public health emergency supplies.<sup>23</sup> However, the fact that public health agencies in Wuhan City scrambled for emergency supplies proves that the local public health emergency stockpile system failed to meet the needs. According to Xinhua News Agency on 8 February, the demand for medical protective clothes in Wuhan was 59,900 pieces on 6 February, with a shortfall of 41,400 pieces; the demand for medical N95 masks was 119,000 pieces, with a shortfall of 56,800 pieces; the demand for medical goggles including face masks was 22,500 pieces, with a shortfall of 19,200 pieces.<sup>24</sup> Local public health agencies resolved the material shortage through three measures: applying to use the public health emergency supplies in the central government's stockpile; receiving

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21 Snohomish Health District, 'Snohomish County Comprehensive Emergency Management Plan (CEMP)', (Dec 2019), available at: [https://snohomishcountywa.gov/DocumentCenter/View/78296/SnoCo-CEMP-Base-Plan-and-Annexes\\_2019\\_Final\\_SIGNED](https://snohomishcountywa.gov/DocumentCenter/View/78296/SnoCo-CEMP-Base-Plan-and-Annexes_2019_Final_SIGNED)(accessed at 26 Dec 2021).

22 Snohomish Health District, 'State&Local Guidance', available at: <https://www.snohd.org/538/STATE-LOCAL-Guidance>(accessed at 26 Dec 2021).

23 Meng Zhao, 'The pandemic exposed problems that Chinese emergency stockpile system need to reform', Jiemian News, 2 Mar 2020, available at: <https://www.jiemian.com/article/3967998.html>(accessed at 7 May 2022).

24 Jianqing Liang and Pei Yu, 'Acute conflicts in the supply and demand of medical supplies in Wuhan City', Xinhua News, (8 Feb 2020), available at: [http://www.xinhuanet.com/politics/2020-02/08/c\\_1125544896.htm](http://www.xinhuanet.com/politics/2020-02/08/c_1125544896.htm)(accessed at 7 May 2022).

supplies from provincial partner assistance programs; calling on personal donations.<sup>25</sup> By the end of March, all medical sites in Wuhan were well equipped with medical treatment supplies, personal protective equipment and other items used to prevent and control the pandemic. In terms of human resources, the central government mobilized medical personnel from the military and other provinces. Data shows that 42,000 medical personnel in 346 medical teams from more than 20 provinces participated in the pair assistance to Hubei.<sup>26</sup> Besides that, the Wuhan City Health Commission organized community health workers to support designated medical sites.<sup>27</sup> In terms of the funding problem, local governments experienced a surge in public health spending and a short supply of public health funding. To reduce the fiscal burden of local governments, the central government increased financial transfers and set up special funds for the pandemic. The provincial government released facilitation measures to reduce the time waiting for the grants. Local public health agencies also established a donation pool, which quickly resolved the financial problem.<sup>28</sup>

The United States has established several subsystems for human resources, supplies and financial resources in public health emergency preparedness. The Strategic National Stockpile (SNS) provides emergency kits that can be mobilized anywhere in the United States within 12 hours and that are expected to cover 900,000 people with medical services. State and local public health departments will receive, store and deliver supplies to dispensaries and medical sites.<sup>29</sup> However, the SNS did not have enough supplies to meet the needs of all medical sites after the outbreak of the COVID-19 pandemic. In the case of Snohomish County, the Snohomish Health District asked for supplies through the neighboring county and published a call for help in getting personal protective equipment.<sup>30</sup> For the financial problem, local public health officials urged the federal government to solve the funding problem through the collective action of NACCHO. According to information on the NACCHO website, the association submitted more than five proposals to the federal government applying for public health funds and extending the period for the release of funds from February 2020 to July 2022.<sup>31</sup> In terms of human resources, local public health agencies have requested team support from the CDC and staff from

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<sup>25</sup> Qizhuo Na, 'People's opinion: Hospitals in high-risk area calling for social donation is more than asking for help, but a warning', *People's Daily*, (25 Jan 2020), available at: <http://opinion.people.com.cn/n1/2020/0125/c1003-31562143.html>(accessed at 8 May 2022).

<sup>26</sup> Dengliang Liu and Fuwei Zhang, 'Respect! 42,000 medical personnel from 346 medical teams assisted Hubei', *CCTV News*, (17 Mar 2020), available at: <http://jiankang.cctv.com/2020/03/17/ARTI8gmJt2oxivuaRXL1hg20200317.shtml>(accessed at 8 May 2022).

<sup>27</sup> Yuguang Yang, 'Fighting against the pandemic in solidarity|Episode 3: Strong defense', *CCTV News*, (4 Sep 2020), available at: <https://china.chinadaily.com.cn/a/202009/04/WS5f5354fba31008497842377d.html>(accessed at 8 May 2022).

<sup>28</sup> Zhengcai Long, 'A study on Fiscal Response to Major Sudden Public Crisis-Take COVID-19 Pneumonia in Hubei Province as an Example', *Fiscal Science*, (2021).

<sup>29</sup> Xi Chen et al., 'Assessment of the US strategic national stockpile for medicine from the perspective of the supply chain and implications for China', *Chinese Journal of Health Policy*, Vol.7, No.9, (2014).

<sup>30</sup> Snohomish Health District, 'Emergency Response Plan', (10 May 2019), available at: <https://www.snohd.org/DocumentCenter/View/8863/SHD-Emergency-Response-Plan?bidId=>(accessed at 15 Aug 2022).

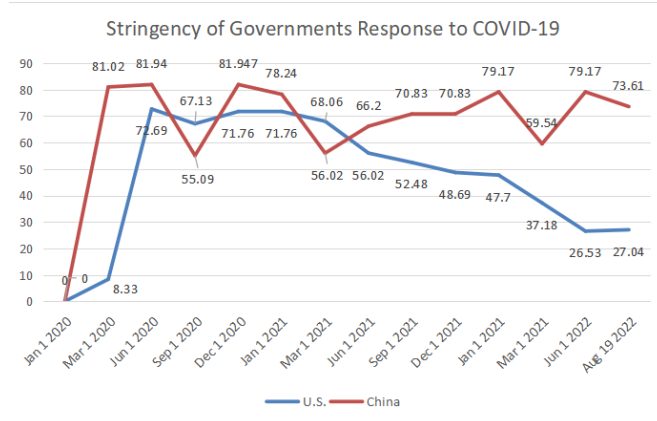
<sup>31</sup> National Association of County Health Officials, 'Policy Statements and Letters', available at: <https://www.naccho.org/advocacy/activities>(accessed at 14 Jun 2022).

neighboring counties through mutual aid agreements. In addition, community health workers and medical reserve corps are mobilized by local public health departments.<sup>32</sup>

## Implementation of Epidemic Prevention and Control Measures

Local public health agencies in China and the U.S. serve as the "first line of defense" in epidemic prevention and control. They have been taking on the duties of surveillance and reporting, diagnosis and treatment and vaccination services. But their response measures vary in stringency. The table below provides a comprehensive assessment of the stringency of 195 countries' measures containing the COVID-19 pandemic. As seen from the table, China maintains more stringent pandemic control measures than the United States. This section discusses how different levels of stringency in epidemic response policies may affect the performance of duties by local public health agencies.

**Table 1:** *The Stringency of Governments' Response to the COVID-19 pandemic*



Source: The data comes from the Stringency Index of the COVID-19 Government Response Tracker, a research project of the Blavatnik School of Government at Oxford University, available at: <https://www.bsg.ox.ac.uk/research/research-projects/COVID-19-government-response-tracker>(accessed at 20 Jun 2022)

China sets the policy goal of zero-infection across the country based on its political commitments to public health. Before therapeutic drugs and vaccines were developed, China believed that non-pharmaceutical measures were the only way to contain the pandemic. As a result, large-scale testing and screening, strict mandatory isolation measures and efficient epidemiological investigation became the three main measures to contain the spread of the virus in the early stages of the pandemic. And local public health agencies were primarily responsible for implementing the three main measures. To prevent the spread of the pandemic, China allocates resources and manpower to local public health agencies in hospitals, residential isolation areas and mobile cabin hospitals, expanding the capacity for managing infected people.

<sup>32</sup> Snohomish Health District, 'The Snohomish County Medical Reserve Corps (MRC) Continues to Fight COVID-19!', available at: <http://www.snohd.org/221/Medical-Reserve-Corps>(accessed at 28 Dec 2021)



In the post-COVID stage, China still adopts a quite strict policy called the “dynamic zero-COVID policy”.<sup>33</sup> When the COVID-19 epidemic outbreaks in a region, local public health agencies are required to implement the three main measures to achieve a standard of recovery.

The U.S. federal government’s approach to fighting the pandemic was “flatten the curve,” which means to reduce cases over a longer period of time to avoid overwhelming the health system.<sup>34</sup> Thus, the federal government has been adjusting the prevention and control measures in accordance with the pandemic situation. In the prevention stage, local public health agencies offered only limited nucleic acid tests to people with a travel history in high-risk countries. In the response stage, the work of local public health agencies also includes providing nucleic acid testing, contact tracing the confirmed cases and providing diagnosis and treatment. However, due to the limited capacity, local public health agencies in the U.S. have not been able to provide as many testing services and contact tracing as Chinese local public health agencies. In the post-COVID stage, local public health agencies remain providing testing and advice for quarantine and isolation, but some local public health agencies end the universal contact tracing program in accordance with the CDC’s suggestion.<sup>35</sup>

### **Difficulties and Improvement**

The United States and China have exposed problems in the public health emergency management of COVID-19. The problems have created difficulties for local public health agencies in performing their duties and providing public health services. This section first concludes the difficulties faced by local public health agencies between the U.S. and China during the response to the pandemic, then introduces reform measures taken by the two countries.

### **Insufficient Resource**

Inadequate resources put difficulties for local public health agencies in distributing enough material for the provision of the public health service. Prior to the pandemic, China's National Health Commission reduced the budget for disease prevention and control agencies and the public health emergency response work for three consecutive years. The budget for disease prevention and control agencies in 2016 was reduced by 74.82% compared to the budget in 2015.<sup>36</sup> The reduction in funding increased the limitations on the ability of disease prevention

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<sup>33</sup> Jue Liu et al., ‘Perspectives: The Dynamic COVID-Zero Strategy in China’, *China CDC Weekly*, Vol.4, No.4, (2022).

<sup>34</sup> Mary Anne Powell et al., ‘Comparing the COVID-19 responses in Cuba and the United States’, *American Journal of Public Health*, Vol.111, No.12, (2021).

<sup>35</sup> Adeel Hassan, ‘The CDC no longer recommends universal contact tracing’, *The New York Times*, (2 Mar 2022), available at: <https://www.nytimes.com/2022/03/02/health/cdc-contact-tracing.html>(accessed at 20 Jun 2022); CDC, ‘Prioritizing Case Investigation and Contact Tracing for COVID-19’, (28 Feb 2022), available at: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/prioritization.html>(accessed at 20 Jun 2022).

<sup>36</sup> National Health Commission of the People’s Republic of China, ‘Department Budget of the National Health Commission in 2016’, (15 Apr 2016), available at: <http://www.nhc.gov.cn/caiwusi/s3577/201604/ad704f3513c54535a5d508dbd648fb36.shtml>(accessed at 22 Jun 2022).

and control agencies at all levels to carry out the epidemic prevention and control work within their authority. Before the pandemic, the public budget plan of the Wuhan City Health Commission showed that the budget for local CDCs accounted for 9% of the general budget. The actual expenditure of local CDCs accounted for 3% of the total departmental expenditure. Among all budgets for public health services, the least amount of money was spent on public health emergency response work, only accounting for 0.06%.<sup>37</sup> According to the annual health bulletin, there were 2.31 professional physicians per 1,000 people and 2.54 registered nurses per 1,000 people in 2016. In primary public health management, public health institutions rely on general practitioners due to a lack of specialists. The statistics show there were 1.51 general practitioners per 10,000 people and 6.31 specialized public health workers per 10,000 people in 2016.<sup>38</sup> The average public health workforce falls short of the standard in developed countries.<sup>39</sup> China also has insufficient fever clinics in the primary public health agencies and few negative-pressure wards in hospitals. This caused a dramatic increase in the workload of fever clinics. Xinhua News reported that the peak number of fever clinics in Wuhan exceeded 15,000 in one day.<sup>40</sup> The overcrowded fever clinics led to cross-contamination and a run on medical resources.

America also saw a decline of funding and medical personnel before the pandemic. NACCHO released a survey in May 2020 showing that while the average per capita public health spending in local public health departments increased to \$10 per capita, median per capita public health spending fell in nine consecutive years, from \$50 per person in 2010 to \$41 per person in 2019. The majority of local public health emergency preparedness funds come from federal funds, with the remainder coming from state and local governments. However, federal funds have declined from 81% in 2013 to 71% in 2019. More than 80% of local public health departments reported their public health preparedness funds had decreased or remained unchanged in 2019.<sup>41</sup> Furthermore, the shortage of public health workers has become severe in recent years. The Association of American Medical Colleges estimates that there will be a projected shortfall of nearly 105,000 professionals in the U.S. by 2030.<sup>42</sup> NACCHO's data also shows that the number of people employed by local public health departments has decreased by

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<sup>37</sup> Wuhan City Health Commission, 'Public Statement on department budget of Wuhan City Health Commission in 2016', (30 Mar 2016), available at: [http://wjw.wuhan.gov.cn/zwgk\\_28/fdzdkgknr/czxx/bmjs/202109/t20210907\\_1773302.shtml](http://wjw.wuhan.gov.cn/zwgk_28/fdzdkgknr/czxx/bmjs/202109/t20210907_1773302.shtml)(accessed at 8 Jul 2022); Wuhan City Health Commission, 'Final accounts of Wuhan City Health Commission in 2016', (13 Dec 2018), available at: [http://wjw.wuhan.gov.cn/zwgk\\_28/fdzdkgknr/czxx/bmjs/202001/t20200114\\_803217.shtml](http://wjw.wuhan.gov.cn/zwgk_28/fdzdkgknr/czxx/bmjs/202001/t20200114_803217.shtml)(accessed at 8 Jul 2022).

<sup>38</sup> National Health Commission of the People's Republic of China, 'Statistical bulletin on the development of health and family planning in 2016', (18 Aug 2017), available at: <http://www.nhc.gov.cn/guihuaxxs/s10748/201708/d82fa7141696407abb4ef764f3edf095.shtml>(accessed at 9 Jul 2022).

<sup>39</sup> WHO and European Health Information Gateway, 'General practitioners per 100000', available at: [https://gateway.euro.who.int/en/indicators/hlthres\\_71-general-practitioners-per-100-000/](https://gateway.euro.who.int/en/indicators/hlthres_71-general-practitioners-per-100-000/)(accessed at 10 Jul 2022); Jia Tan, 'The number of general practitioners approaches 210,000', Global Times, (21 Apr 2017), available at: <https://health.huanqiu.com/article/9CaKrnK27mp>(accessed at:9 Jul 2022).

<sup>40</sup> Zuokui Wang Zuokui and Pei Yu, 'The number of fever outpatient service peaked at over 15,000 throughout the day', Xinhua News, (28 Jan 2020), available at: [http://www.xinhuanet.com/politics/2020-01/28/c\\_1125506630.htm](http://www.xinhuanet.com/politics/2020-01/28/c_1125506630.htm)(accessed at 16 Jul 2022).

<sup>41</sup> National Association of County&City Health Officials, 'NACCHO's 2019 Profile Study: Local Health Department Capacity to Prepare for and Respond to Public Health Threats', (May 2020), available at: <https://www.naccho.org/uploads/downloadable-resources/2019-Profile-Preparedness-Capacity.pdf>(accessed at 20 Dec 2021).

<sup>42</sup> Sarah Mann, 'Research Shows Shortage of More than 100,000 Doctors by 2030', Association of American Medical Colleges, (14 Mar 2017), available at: <https://www.aamc.org/news-insights/research-shows-shortage-more-100000-doctors-2030>(accessed at 23 Jun 2022).

about 16% over the decade, along with the decline in epidemiological investigation specialists and statisticians.<sup>43</sup> The strain on medical resources in the United States is also one of the challenges for public health. Take hospital beds and ventilators as an example. The U.S. had 2.8 hospital beds for every 1,000 people in 2017, below China (4.3 hospital beds per 1000 people) and other developed countries.<sup>44</sup> In 2018, the Center for Health Security estimated that there were 160,000 ventilators across the U.S., with an average of 20.5 ventilator-equipped beds per one million people, below Canada and Australia.<sup>45</sup>

### **Coordination and Communication Problem**

In the early stage of the response to COVID-19, local public health agencies in China experienced a time of disordered management featuring poor coordination and communication. The coordination problem can stem from the fact that the current public health emergency regulations and emergency plans do not specify the responsibilities of local public health agencies in different stages of public health emergency management. Based on the top-down leadership mechanisms, local public health agencies are used to accepting arrangements from higher authorities. For a long time, they have not cultivated the drive for establishing mechanisms with other agencies for better risk communication. Health workers at a community health center in Wuhan said in an interview that when many patients with fever crowded into major hospitals in Wuhan, public health workers in primary public health agencies had not yet been aware of the risk until a higher authority issued the information. During the lockdown, the community health center had to wait for the arrangement from the health commission at the district level before knowing specific tasks and work. Their work had changed from supporting designated hospitals to taking over isolation areas, referring febrile patients and providing nucleic acid tests.<sup>46</sup> The lagging risk communication made local public health agencies fail to perform their functions of epidemics prevention. Another reason for the confusion in the coordination and communication process is the potential conflict between the administration department and the public health department in the early warning system. As the law only specifies that the people's government at and above the county level shall issue early warnings of the epidemic, there is no separate provision as to which specific department shall determine the level of epidemics. In the event of a public health emergency affecting social order, the administrative departments' task of maintaining social stability conflicts with the management of public health departments, resulting in frequent changes in the issuance of early warning information.

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<sup>43</sup> National Association of County and City Health Officials, 'NACCHO's 2019 Profile Study: Local Health Department Capacity to Prepare for and Respond to Public Health Threats', (May 2020), available at: <https://www.naccho.org/uploads/downloadable-resources/2019-Profile-Preparedness-Capacity.pdf>(accessed at 20 Dec 2021).

<sup>44</sup> World Bank, 'Hospital beds (per1,000 people)-China,United States', available at: [https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?locations=CN-US&name\\_desc=true](https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?locations=CN-US&name_desc=true)(accessed at 19 Dec 2021).

<sup>45</sup> Christopher Hurtado, 'Ventilator stockpiling and availability in the U.S. and Internationally', Johns Hopkins Center for Health Security, (3 May 2018), available at: [https://www.centerforhealthsecurity.org/our-work/exercises/2018\\_clade\\_x\\_exercise/pdfs/Clade-X-ventilator-availability-fact-sheet.pdf](https://www.centerforhealthsecurity.org/our-work/exercises/2018_clade_x_exercise/pdfs/Clade-X-ventilator-availability-fact-sheet.pdf)(accessed at 19 Dec 2021).

<sup>46</sup> Jing Wu and Fang Chen, 'How did the failure take place in the community health center as the first defense of the pandemic in Wuhan', Sina News, (7 Mar 2020), available at: <https://think.sina.cn/doc-iimxxstf7050476.d.html>(accessed at 8 Jul 2022).

The coordination problem in the U.S. is between the federal government and state and local governments. The Trump administration took downplaying measures and described the pandemic as the common flu even after receiving an early warning from the Chinese government. Former President Trump and his team allowed social media to spread conspiracy theories and participated in the smearing of CDC staff. The Trump administration urged states and local governments to reopen for the recovery of the economy and repeatedly ignored the face mask order when the pandemic has not yet been controlled. This undermined the authority of the CDC and obstructed public health agencies at all levels from introducing and implementing response measures. Furthermore, the federal government indulged states in competing for supplies and refused to coordinate the issues. "Well they have that, and they have to work that out," Trump said when asked about what should be done when states are fighting over orders of medical equipment. Trump said states "should have been building their stockpiles," adding that the federal government is a "backup."<sup>47</sup> The Trump administration's approach changed the traditional practice of federal-state-local cooperation in the fight against the pandemic, resulting in the need for federal government agencies to readjust existing mechanisms of cooperation with local public health agencies.

### **Neglected Epidemic Prevention and Public Health Emergency Preparedness**

With a global pandemic like SARS and Ebola becoming history, the awareness of epidemic prevention and control and the recognition of the importance of public health emergency management have declined in the U.S. and China. The attitude is evident in several aspects. First, the reform agenda of the public health system does not prioritize public health emergency management. In China and the United States, the reform of the health system puts emphasis on the full coverage of health insurance across the country and equal primary care, while epidemic prevention and control take a back seat.<sup>48</sup> Second, public funds distributed to local public health agencies for epidemics prevention and control and for the public health emergency management have been significantly reduced. Federal funds to support these works have been reallocated to other non-public health priorities and federal funds have declined from \$1.05 million per 1,000 people in 2003 to \$700,000 per 1,000 people in 2020.<sup>49</sup> Furthermore, local public health departments have been less integrated in the policy-making activities of public health emergency management. According to the NACCHO's report, local public health departments reported a decrease in policy engagement activities from 72% to 69% from 2016 to 2019.<sup>50</sup> Third, the professional knowledge and capacity of staff employed by the local public

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47 Kathryn Watson, 'Trump says states need to 'work out' competing bids for medical equipment for themselves', CBS News, (3 Apr 2020), available at: <https://www.cbsnews.com/news/trump-states-bids-medical-equipment-ventilators-supplies/> (accessed at 12 Jul 2022).

48 Xue Yang and Ping Xu, 'Comparative study of the health system reform between China and USA', *Chinese Health Quality Management*, Vol.19, No.6, (2012).

49 Marquisha Johns and Jill Rosenthal, 'How investing in public health will strengthen America's health', Center for American Progress, (17 May 2022), available at: <https://www.americanprogress.org/article/how-investing-in-public-health-will-strengthen-americas-health/> (accessed at 12 Jul 2022); Nason Maani and Sandro Galea, 'COVID-19 and underinvestment in the public health infrastructure of the United States', *The Milbank Quarterly*, Vol.98, No.2, (Jun 2020).

50 National Association of County and City Health Officials, 'NACCHO's 2019 Profile Study: Local Health Department Capacity to Prepare for and Respond to Public Health Threats', (May 2020), available at:

health agencies ranked low in the investigation. Although there is routine training in disease prevention and control, the training focuses on chronic diseases such as diabetes, cancer and heart disease.<sup>51</sup> Most of the training is about the prevention and control of known infectious diseases. Perceptions define behavior and interests. Long before COVID-19, academics had noted many of the problems mentioned above and made recommendations. Neglecting epidemic prevention and control and the public health emergency management leads to delays in reforming public health emergency management system.

### **Improvement: Ongoing Reform in the Public Health Management**

This section concludes the reform initiatives implemented in the U.S. and China to tackle the difficulties of local public health management. Both Chinese and American leaders have noted the necessity of reforming the public health emergency system needs now. In June 2020, General Secretary Xi Jinping identified seven subsystems of public health emergency management as key reform programs.<sup>52</sup> In March 2022, the Biden-Harris administration released a COVID-19 National Preparedness Plan, preparing for the response to new variants of the virus.<sup>53</sup> Both countries are working to improve public health management through legislation, policies, funding and designating a coordinator.

To address the coordination problem, China established the National Bureau of Disease Prevention and Control in May 2021, a new department at the national level promoting the establishment of an epidemic early warning system and supervising the epidemic prevention and control work. One of its duties is cooperating with local public health agencies and the people's government at the local level to formulate emergency plans.<sup>54</sup> To address its insufficient resources problem, China has published a series of policies. The "Notice on Public Health Prevention, Control and Treatment Capacity Building Programme," issued in May 2020, requires governments at the county level and above to upgrade the medical equipment of local public health agencies and advance the development of departments of infectious disease in hospitals.<sup>55</sup> The "14th Five-Year Plan for the Development of Medical Talents" sets the goal of reaching 16 million medical talents in 2025, with measures of creating more jobs, increasing investment in public health education and medical education and improving the incentive mechanism.<sup>56</sup> In

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<https://www.naccho.org/uploads/downloadable-resources/2019-Profile-Preparedness-Capacity.pdf>(accessed at 20 Dec 2021).

<sup>51</sup> Yan Zhang et al., 'Discussion on prevention and control of COVID-19 epidemic in primary medical institutions', *Disease Surveillance*, (30 Mar 2022).

<sup>52</sup> Jinping Xi, 'Establishing a strong public health system Providing effective protection for people's health', Xinhua News, (15 Sep 2020), available at: [http://www.xinhuanet.com/politics/leaders/2020-09/15/c\\_1126496066.htm](http://www.xinhuanet.com/politics/leaders/2020-09/15/c_1126496066.htm)(accessed at 12 Jul 2022).

<sup>53</sup> White House, 'National COVID-19 Preparedness Plan', Mar 2022, available at: <https://www.whitehouse.gov/covidplan/>(accessed at 3 Aug 2022).

<sup>54</sup> Government of the People's Republic of China, 'The Regulations on functions, responsibilities, institutions and staffs' arrangements of the National Bureau of Disease Prevention and Control', (16 Feb 2022), available at: [http://www.gov.cn/zhengce/2022-02/16/content\\_5674041.htm](http://www.gov.cn/zhengce/2022-02/16/content_5674041.htm)(accessed at 3 Aug 2022).

<sup>55</sup> National Health Commission of the People's Republic of China, 'The Notice on the Issuance of the Public Health Prevention, Control and Treatment Capacity Building Programme', (21 May 2022), available at: <http://www.nhc.gov.cn/xcs/zhengcwj/202005/09acdf4d55d648f8a4fa385b4ed1e9e4.shtml>(accessed at 8 Aug 2022).

<sup>56</sup> National Health Commission of the People's Republic of China, 'The Notice of the Issuance of the 14th Five-Year Plan for the Development of Medical Talents', (3 Aug 2022), available at: <http://www.gov.cn/zhengce/zhengceku/2022->



addition to increasing resources, China also finds ways to promote resource sharing among local public health agencies. The County Integrated Healthcare Organization promotes information, resource, talents and management experience sharing in a regional medical agencies group, which is usually led by a county hospital and composed of primary public health agencies.

The Biden-Harris administration is committed to helping those affected by COVID-19 across the U.S. In April 2022, President Biden issued a “Memorandum on Addressing the Long-Term Impact of the COVID-19 Pandemic,” requiring the HHS to assess the pandemic situation and produce two research reports.<sup>57</sup> Two reports provide a strong basis for the Biden administration working with Congress to increase funds for public health emergency management. To address the coordination and communication problems, President Biden appointed Robert Fenton as the White House National Monkeypox Response Coordinator. He will coordinate and communicate about the government’s multi-agency responses, while cooperating with the private sector.<sup>58</sup> The new director of the CDC acknowledged the CDC’s flawed response to the COVID-19 pandemic and announced a restructuring with four agendas. One of its reform measures is to incentivize states to report data to form a modern national surveillance system.<sup>59</sup> The proposal of the CDC may mobilize state and local public health agencies to realize integrated effective cooperation across the country. To address the insufficient resource problem, President Biden also uses the 2023 budget to improve capacity to combat threats to public health, investing \$10 billion in the CDC to strengthen its epidemic prevention work and \$7.4 billion to increase the public health workforce.<sup>60</sup> Like the White House, Congress is also concerned about public health emergency management. Recently, the Senate Health, Education, Labor and Pensions Committee promoted the “Prepare for and Response to Existing Viruses, Emerging New Threats, and Pandemics Act” to invest in the modernization of federal public health systems.<sup>61</sup>

## Conclusion

Before the outbreak of COVID-19, the United States ranked first out of 195 countries in prevention and response to infectious disease outbreaks. China's epidemic prevention and control system has been gradually improved from the experience of responding to SARS, H1N1 and H7N9. The two biggest economies appeared to have the best capacity for responding to a global

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08/18/content\_5705867.htm(accessed at 8 Aug 2022).

<sup>57</sup> U.S. Department of Health and Human Services, ‘Biden–Harris Administration Releases Two New Reports on Long COVID to Support Patients and Further Research’, (3 Aug 2022), available at: <https://www.hhs.gov/about/news/2022/08/03/biden-harris-administration-releases-two-new-reports-long-covid-support-patients-further-research.html>(accessed at 16 Aug 2022).

<sup>58</sup> Susan J.Blumenthal and Lawrence O.Gostin, ‘We need a national action plan to contain mokeypox now’, The Hill, (4 Aug 2022), available at: <https://thehill.com/opinion/healthcare/3588442-we-need-a-national-action-plan-to-contain-monkeypox-now/>(accessed at 16 Aug 2022).

<sup>59</sup> Lawrence O.Gostin and Sandro Galea, ‘CDC at a Crossroads:Four Reforms for a Renewed National Public Health Agency’, (23 Aug 2022), available at: <https://www.milbank.org/quarterly/opinions/cdc-at-a-crossroads-four-reforms-for-a-renewed-national-public-health-agency/>(accessed at 16 Aug 2022).

<sup>60</sup> CDC, ‘Budget Factsheet: Novel Coronavirus (COVID-19)’, available at: <https://www.cdc.gov/budget/fact-sheets/COVID-19/index.html>(accessed at 18 Aug 2022).

<sup>61</sup> Alyssa Llamas and Dawn Joyce, ‘Biden Lays Out His Health Policy Agenda’, California Health Care Foundation, (Mar 25 2022), available at: <https://www.chcf.org/blog/biden-lays-out-his-health-policy-agenda/>(accessed at 16 Aug 2022).

public health emergency, but both of them failed to handle it. This paper studies the response of local public health agencies and tries to explain the breakdown of public health emergency management by looking at the difficulties of local public health agencies due to their role as the first defense against epidemics. Fortunately, China and the United States are learning from their mistakes and are determined to rectify them. Although the COVID-19 pandemic has ended, new epidemics such as monkeypox have begun to spread. Public health emergency management will be tested once again and will be vulnerable if it doesn't make progress in reform. This paper hopes that the United States and China have the opportunity to jointly improve local public health management.

## **Research 2: The Blame Game Between China and the United States During COVID-19**

Olivia Xiang and Dalyn Allen

### **Abstract**

The COVID-19 pandemic has proved to be the worst public health crisis in a century and the high ground in the global competition for information among nations, especially the United States and China. This paper reviews the COVID-19-related statements on social media by political officials of the two countries, which initially were dominated by objective messages about epidemic prevention measures and international medical aid, but later more tit-for-tat narratives emerged. The officials played out the tug-of-war mainly around whom to blame and who was better at controlling the epidemic, with mutual accusations of conspiracy theories, misinformation, and inadequate public health responses. The marked shift in attitudes in discourses suggests that the blame game between the United States and China in the epidemic's early days was not motivated by hostile political attitudes or ideological confrontation. Instead, it was the need to deflect domestic political pressure and contradictions by shifting the blame amid a crisis that ultimately weaponized and politicized global governance issues. Essentially, competing narratives reflect competing political values, different anti-epidemic systems, and competition over worldwide leadership and national image, leading to more consensus-building difficulties in response to the global health crisis. However, the magnitude of the pandemic and the shared interests and responsibilities of the two countries necessitate both sides to overcome political hurdles and take forward-looking strategies to cooperate.



## Introduction

The second pandemic of the twenty-first century, characterized by the World Health Organization (WHO), Coronavirus disease 2019 (COVID-19), by October 2022, had caused nearly 629 million infections and more than 6.5 million deaths.<sup>1</sup> The global health crisis we are facing is killing people at a very high transmission rate, spreading human suffering, anxiety, and fear, and bringing about not only a health crisis but also a human, economic and social crisis in the international society. After the “911” attacks in 2001 and the Global Financial Crisis in 2008,<sup>2</sup> the Coronavirus pneumonia epidemic is the third major event since the beginning of the 21st century that has changed the world’s agenda, leading to a significant increase in instability and uncertainty.<sup>3</sup> This study is based on the following two significant backgrounds.

First, international political communication and the influence of public opinion are transforming rapidly as politicians fully realize the power of unfiltered access to the public through social media. After Donald Trump was formally inaugurated as the president of the United States, with “America First” as his core policy and Twitter as an essential political communication tool, he profoundly changed the international public opinion system.<sup>4</sup> Trump has bypassed the traditional mainstream media and used Twitter as a medium to create a distinctive political image, dominate domestic public opinion, and spread his governing philosophy to influence foreign policy. Also, as recently as 2018, China’s diplomats were considered to use international social media to promote its “Wolf warrior diplomacy” and the so-called “Two diplomacy,”<sup>5</sup> amplifying trolling statements and gauging international public opinion. Under these circumstances, analyzing U.S. and China officials’ statements on social media have gradually become a hot issue in the academic discussion. Furthermore, media diplomacy and public diplomacy have gradually become the new focus.

Second, COVID-19 may have a profound impact on international relations. Despite some practical regional collective actions and international cooperative efforts to fight against COVID-19, blame-shifting political rhetoric between the United States and China in the international discourse is particularly evident and intense. This was especially so at the beginning of the Coronavirus outbreak. Some western narratives blamed China for creating the strain of the virus as a bioweapon, leading to a global health emergency. At the same time, some Chinese narratives blamed the U.S. for busily smearing China and concocting various conspiracy theories to politicize and weaponize the epidemic.<sup>6</sup> The Coronavirus has become a dominating flashpoint on the battlefield of global information warfare. Confrontational discourses and narratives circulate

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<sup>1</sup> WHO European Region COVID-19 PHSM Dashboard, available at: <https://who.maps.arcgis.com/apps/dashboards/index.html#/ead3c6475654481ca51c248d52ab9c61> (accessed 16 June 2022).

<sup>2</sup> Zhao Lei, ‘Unprecedented changes in a century’, *Guangming Net*, (July 2020), available at: [https://theory.gmw.cn/2020-07/16/content\\_33999930.htm](https://theory.gmw.cn/2020-07/16/content_33999930.htm) (accessed 8 May 2022).

<sup>3</sup> Wang Youzhong, ‘How to cope with the overlapping impact of the unprecedented changes and epidemics in a century’, *People’s Forum* no.15, (October 2020), p.12-15.

<sup>4</sup> Sui Luyi, ‘Analysis and insights of Twitter opinion communication of President Trump and his cabinet politicians in the post-truth era’, *Journal of Global Media* no.02, (July 2020), p.66-69.

<sup>5</sup> Chris Alden, Kendrick Chan, ‘Twitter and digital diplomacy: China and COVID-19’, *LSE*, (June 2021).

<sup>6</sup> Xin Yue, ‘US is guilty of origin-tracing terrorism’, *People’s Daily Online*, (5 August 2021), available at: <http://en.people.cn/n3/2021/0805/c90000-9880825.html> (accessed 16 June 2022).

the globe as if a “blame game” is played between the two countries.<sup>7</sup> Following the outbreak of COVID-19 in China and the U.S. officials and government agencies continued to express their related views on social media. Chinese diplomatic officials have also begun to use international social media to make their voices heard abroad.

Under these two significant backgrounds, the author collected the views of the former U.S. President Donald Trump, former key cabinet members (Vice President Mike Pence, Secretary of State Mike Pompeo, U.S. Secretary of Health and Human Services Alex Azar, Secretary of Commerce Wilbur Ross) and U.S. State Department, CDC<sup>8</sup> and the views of China’s spokesperson Zhao Lijian and Hua Chunying (January 2020-April 2020) on the three major social media- Facebook, Twitter, and Instagram - since the outbreak of the epidemic. The preliminary content analysis of the epidemic-related statements and their audience impact (reading, liking, and retweeting) data was conducted to understand how the “blame game” and tug-of-war were played out in political communications.

### **Attitude changes in COVID-19-related statements of both sides**

The development of U.S. and China’s official statements on social media concerning the epidemic can be divided into four stages.

Attitude changes in COVID-19-related statements of the United States are as follows.

#### **1. Before the closure of Wuhan (before 23 January)**

At this stage, the new Coronavirus outbreak had not yet attracted much attention in the United States. On 12 January, the CDC tweeted, “A new Coronavirus may be the cause of a pneumonia outbreak being investigated in China. CDC is closely monitoring the situation and has stood up an emergency response system in case it is needed.”<sup>9</sup> The tweet received only 200+ retweets and likes, with some users in the comments section questioning the reliability of the information.

#### **2. China’s outbreak phase (24 January - late February)**

Trump’s social accounts mainly emphasized that he always kept close contact with the Chinese government, cooperated with relevant Chinese agencies to monitor the development of the outbreak, and said that the U.S. had the best experts in the world. It is clear from these words that Trump was optimistic about China’s response. For example, in a tweet on 7 February, he said, “Just had a long and very good conversation by phone with Chinese President Xi Jinping. He is strong, determined, perceptive and powerfully focused on leading the counterattack on the

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<sup>7</sup> Gareth Davey, ‘The China–US blame game: claims-making about the origin of a new virus’, *Social Anthropology*, (18 May 2020), p.250-251.

<sup>8</sup> CDC, Centers for Disease Control and Prevention

<sup>9</sup> CDC (@CDCgov), ‘A new Coronavirus may be the cause of a pneumonia outbreak being investigated in China. CDC is closely monitoring the situation & has stood up emergency response system in case it’s needed.’, (12 January 2020), available at: <https://twitter.com/CDCgov/status/1216070299877330945> (accessed 16 June 2022).

Coronavirus. Great discipline is taking place in China, as President Xi strongly leads what will be a very successful operation. We are working closely with China to help!”<sup>10</sup> Secretary Pompeo’s social media posts focused on the material and technical assistance by the U.S. to countries with outbreaks, highlighting the “relentless” humanitarian role the U.S. has played during the outbreak. The online commentary called for a ban on Chinese entry, the suspension of flights to and from China, and more U.S. support for medical research.

### 3. Outbreak phase outside China (late February - 12 March)

In late February, confirmed cases increased in Japan, South Korea, and Iran. Europe later became the hardest hit by the epidemic. The White House and most official agencies such as the CDC, and Department of Health began to post that the country was already stepping up efforts to prevent infection. Trump’s social media accounts emphasized the fact that attributed to the president’s early measures to ban Chinese people from entering the country and the cancellation of flights, the outbreak was now under control in the United States. The president also accused the Democratic Party of over-promoting the Coronavirus and even creating fake news to politicize the virus to get support in the election. In addition, almost all other politicians in the Trump administration were posting Trump’s timely epidemic prevention actions to attract voters’ attention. In early March, netizens began to question the government’s concealment of data and poor prevention and control but also argued that the economy should not be affected by excessive disease prevention. With the COVID cases proliferating across the U.S., Trump posted on 12 March that he was “ready to use all the powers of the federal government to respond to the new epidemic.” “America has the best scientists, doctors, nurses, and health professionals, and together we will save American and the world!” to quote his words.

### 4. After the U.S. declared a national emergency (12 March - April)

After declaring a state of national emergency on 13 March, it was stated that all resources would be used, and all measures would be taken to safeguard the lives and health of American citizens. While the netizens were primarily positive about this, some questioned the lack of government resources for epidemic preparedness and the fact that China was responsible for the outbreak. Trump retweeted a video in which he criticized the Democratic media connecting the virus with “China” and “Wuhan” as deeply racist. However, the media that Trump retweeted had also previously reported on the “Wuhan virus” and the “China virus.” Shortly after that, Pompeo reverted to calling COVID-19 the “Wuhan virus” in a tweet after Zhao’s tweet. It is worth noting that on 16 March, U.S. President Donald Trump used the term “Chinese virus” for the first time in a tweet.<sup>11</sup> In a 20 April White House press briefing, Trump stated he had a “high degree of

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<sup>10</sup> Since Donald Trump’s Twitter account is permanently suspended due to the risk of further incitement of violence, all tweets used in this paper were preserved by screenshots from previous studies.

<sup>11</sup> Tucker Higgins, ‘Trump says China made a mistake and tried to cover up Coronavirus outbreak’, CNBC, (May 2020), available at: <https://www.cnbc.com/2020/05/03/trump-says-china-made-a-mistake-and-tried-to-cover-up-Coronavirus-outbreak.html> (accessed 14 March 2022), for more information about Trump stigmatized China with the term of “Chinese Virus”, please refer to David Smith, “Trump fans flames of Chinese lab Coronavirus theory during daily briefing”, *The Guardian*, (April 2020), available at: <https://www.theguardian.com/world/2020/apr/15/trump-us-Coronavirus-theory-china> (accessed 14 March 2022).

confidence” that the Chinese lab was the origin of the pandemic. To disparage China and discredit its image in the international community, the U.S. government, from Trump to Biden, then repeatedly held China accountable for the human and economic crisis and called on China to pay vast amounts of compensation to Western countries, including to the U.S.

Attitude changes in COVID-19-related statements of China are as follows.

1. Before the closure of Wuhan (before 23 January)

At this stage, Chinese spokespersons primarily posted guidance for preventing Pneumonia caused by the Coronavirus.

2. China’s outbreak phase (24 January - late February)

In February, Chinese spokesperson Zhao Lijian and Hua Chunying mainly released the data of new confirmed cases in China and expressed gratitude for the countries that supported and assisted China. “Good news indeed! The increase in the number of new confirmed cases across the Chinese mainland (except Hubei) fell for the 15th consecutive day.”<sup>12</sup> “Since the outbreak of the epidemic, Pakistan has offered strong support & assistance to China. We are deeply moved & would like to express our thanks again.”<sup>13</sup> “Thank you, Russia!”<sup>14</sup> “Though separated by a mountain, we will share the same clouds and rain. A bright moon belongs not to a single town. Though miles apart, we are under the same sky,”<sup>15</sup> to quote the words of Zhao Lijian. Most comments appreciated China’s prompt response to the epidemic and called for stronger international cooperation against COVID-19. After the Wall Street Journal published an article titled “China Is the Real Sick Man of Asia,”<sup>16</sup> Zhao asked the WSJ to face the severity of its mistake squarely and to make a public apology. Some comments began to accuse China of hiding data and arresting people for speaking out of truth.

3. Outbreak phase outside China (late February - 12 March)

To counter the “Chinese virus” voice emerging in U.S. mainstream media and social media, on 12 March, the spokesperson of the Ministry of Foreign Affairs of China made a counterattack. He tweeted to question statements made by U.S. CDC officials about the missed

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<sup>12</sup> Lijian Zhao (@zlj517), ‘Good news indeed! The increase in the number of new confirmed cases across Chinese mainland (except Hubei) fell for the 15th consecutive day. Since 3 Feb, the number of new confirmed cases has been 890, 731, 707, 696, 558, 509, 444, 381, 377, 312, 267, 221, 166, 115, 79, 56’, *Twitter post*, (19 February 2020), available at: <https://twitter.com/zlj517/status/1230021434530942977> (accessed 8 July 2022).

<sup>13</sup> Lijian Zhao (@zlj517), ‘Since the outbreak of the epidemic, Pakistan has offered strong support & assistance to China. We are deeply moved & would like to express our thanks again’, *Twitter post*, (25 February 2020), available at: <https://twitter.com/zlj517/status/1232283545902735362> (accessed 8 July 2022).

<sup>14</sup> Lijian Zhao (@zlj517), ‘Thank you Russia! Russian spokesperson Maria Vladimirovna Zakharova spoke in Chinese. ‘At this difficult time, Russia is with China!’’, *Twitter post*, (15 February 2020), available at: <https://twitter.com/zlj517/status/1228698103882158080> (accessed 8 July 2022).

<sup>15</sup> Lijian Zhao (@zlj517), ‘Though miles apart, we are under the same sky,’ *Twitter post*, (13 February 2020), available at: <https://twitter.com/zlj517/status/1227795057392128000> (accessed 10 July 2022).

<sup>16</sup> Walter Russell Mead, China Is the Real Sick Man of Asia, Wall Street Journal, (3 February 2022), available at: <https://www.wsj.com/articles/china-is-the-real-sick-man-of-asia-11580773677> (accessed 24 May 2022).

diagnosis of Coronavirus patients and shared a disproven, Canadian-based conspiracy that COVID-19 originated in the U.S. and was transmitted to Wuhan by the U.S. military during the October 2019 Military World Games. Typical tweets are as follows, “CDC Director admitted some Americans who seemingly died from influenza were tested positive for Novel Coronavirus.”<sup>17</sup> “It might be the U.S. army who brought the epidemic to Wuhan. Be transparent! Make public your data! The U.S. owes us an explanation!”<sup>18</sup> “Dr. Robert Redfield: Some cases that were previously diagnosed as Flu in the U.S. were actually #COVID19. It is absolutely WRONG and INAPPROPRIATE to call this the Chinese Coronavirus. ”<sup>19</sup> In this period, comments of Chinese MFA’s tweets seemed to be divided and polarized, some blaming China for making the world sick, others stressing the common destiny of all humanity and calling for mutual understanding.

#### 4. After the U.S. declared a national emergency (12 March - April)

Confronting the growing “Chinese virus” theory in international public opinion, the Chinese MFA sent a series of tweets in response and counterattack. Hua Chunying clarified that China has been updating the U.S. on the Coronavirus since January and pointed out the intention of the U.S. to scapegoat China and shift blame. “Now blame China for the delay? Seriously?” “Lying and slander will not make the U.S. great, nor will it make up for the lost time. Facing the global pandemic, the right thing to do is put public health ahead of politics”<sup>20</sup> “By the way, has the U.S. paid its dues to WHO?” tweeted continuously by Hua Chunying on 20 March. In response to the sharp accusation of China’s galling action to expel U.S. journalists and obstruct information flow, the Chinese spokesman highlighted the fact that the U.S. expelled 60 Chinese journalists and tweeted consecutive questions, “If the U.S. is truly confident of the supremacy of its political system, why are they so afraid of the Communist Party of China and Chinese media?!”<sup>21</sup> “When they expelled 60 Chinese journalists, what were they afraid of? What were they trying to cover up? Did they really believe they can silence a country like China without any consequences?”<sup>22</sup> It is obvious the increase in the frequency of question marks and exclamation

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<sup>17</sup> Lijian Zhao (@zlj517), ‘CDC Director Robert Redfield admitted some Americans who seemingly died from influenza were tested positive for novel #Coronavirus in the posthumous diagnosis, during the House Oversight Committee Wednesday.’, *Twitter post*, (12 March 2020), available at: <https://twitter.com/zlj517/status/1238110160884625409> (accessed 10 July 2022).

<sup>18</sup> Lijian Zhao (@zlj517), ‘CDC was caught on the spot. When did patient zero begin in US? How many people are infected? What are the names of the hospitals? It might be US army who brought the epidemic to Wuhan. Be transparent! Make public your data! US owe us an explanation!’, *Twitter post*, (12 March 2020), available at: <https://twitter.com/zlj517/status/1238111898828066823> (accessed 10 July 2022).

<sup>19</sup> Hua Chunying (@SpokespersonCHN), ‘Dr. Robert Redfield: Some cases that were previously diagnosed as Flu in the US were actually #COVID19. It is absolutely WRONG and INAPPROPRIATE to call this the Chinese Coronavirus.’, *Twitter post*, (12 March 2020), available at: <https://twitter.com/SpokespersonCHN/status/1238003509510856704> (accessed 15 July 2022).

<sup>20</sup> Hua Chunying (@SpokespersonCHN), ‘Lying and slander won’t make the US great, nor will it make up for the lost time. Facing the global pandemic, the right thing to do is put public health ahead of politics.’, *Twitter post*, (20 March 2020), available at: <https://twitter.com/SpokespersonCHN/status/1241358579329687552> (accessed 15 July 2022).

<sup>21</sup> Hua Chunying (@SpokespersonCHN), ‘If the US is truly confident of the supremacy of its political system, why are they so afraid of the Communist Party of China and Chinese media?!’, *Twitter post*, (20 March 2020), available at: <https://twitter.com/SpokespersonCHN/status/1240991227677298688> (accessed 15 July 2022).

<sup>22</sup> Hua Chunying (@SpokespersonCHN), ‘The US accuses China of obstructing information flow, but when they expelled 60 Chinese journalists, what were they afraid of? What were they trying to cover up? Did they really believe they can silence a country like China without any consequences?’, *Twitter post*, (25 March 2020), available at: <https://twitter.com/SpokespersonCHN/status/1242488133742018560> (accessed 15 July 2022).



points used in tweets at this stage. When the American narratives to blame China amplified, China's response shifted from reactive accusations to proactive attacks.

### **Discourse characteristics of COVID-19-related statements of both sides**

Confronted at the COVID-19 surge, it was not from the beginning of the outbreak that the bilateral official statements played tit-for-tat, but instead were characterized by a dramatic shift in the attitude. In the early stages, compared to their domestic civil opinion, U.S. official statements were generally cautious and calm, highlighting the efficient measures the government had taken and blaming domestic political rivals. Positive statements were also predominantly made about maintaining cooperation with China and supporting China in its fight against the epidemic. However, the official U.S. accounts did not clarify or direct the overly aggressive comments against China that appeared on domestic social media in the U.S. After mid-March, the epidemic spread rapidly worldwide. Under the influence of domestic politics and the election, a dramatic shift appeared in the official U.S. social media statements, some of which retweeted and fanned the flames of overly aggressive statements against China and focused on criticism of the Democratic Party. Referring to the views of some scholars, Trump blamed China and took ultra-tough policies toward China to help him get out of his political mess and run for re-election.<sup>23</sup>

The same could also be said of the official statements of the Chinese side. In the early stages, the Foreign Ministry spokesperson's tweets expressed gratitude to other countries for their support and help. Even the messages and comments below showed the confidence of countries working together to combat the public crisis in global health. With the dissemination of some western narratives blaming China incited by some western media and the online community,<sup>24</sup> China's international image countered negative opinion pressure and unprecedented challenge. The growing frequency of remarking on international social media and the tit-for-tat discursive style was apparent. After a Chinese Foreign Ministry spokesperson tweeted a query directly to the U.S., the two sides' rhetoric took on a more pronounced tendency toward mutual accusations and blame. To borrow the words of some scholars, the representative Zhao's public discourses that aggressively hit back against global criticism against China demonstrate the wolf warrior digital diplomacy of China<sup>25</sup> and, to some extent, successfully connect with and attract some Western audiences with strong emotion and confrontational content. The remarkable growth in followers of the official accounts seemed to prove the point.

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<sup>23</sup> Shi Yinhong, 'U.S. posture toward China during and after the presidential campaign', *Asia-Pacific Security and Maritime Studies*, (January 2021).

<sup>24</sup> Bill Gertz, 'Coronavirus link to China biowarfare program possible, analyst says', *The Washington News*, (January 2020), available at: <https://www.washingtontimes.com/news/2020/jan/26/Coronavirus-link-to-china-biowarfare-program-possible/> (accessed 08 June 2022); Tyler Durden, "Is this the man behind the global Coronavirus pandemic?", (29 January 2020), available at: <https://www.zerohedge.com/health/man-behind-global-Coronavirus-pandemic> (accessed 08 June 2022); Bret Baier, Gregg Re, 'Sources believe Coronavirus outbreak originated in Wuhan lab as part of China's efforts to compete with US', *FOX News*, (15 April 2020), available at: <https://www.foxnews.com/politics/Coronavirus-wuhan-lab-china-compete-us-sources> (accessed 29 March 2022).

<sup>25</sup> Chris Alden, Kendrick Chan, 'Twitter and digital diplomacy: China and COVID-19', *LSE*, (9 June 2021), available at: <https://blogs.lse.ac.uk/covid19/2021/06/09/twitter-and-digital-diplomacy-china-and-COVID-19/> (accessed 15 May 2022).

According to Hamilton 2.0 data, China's diplomatic accounts on Twitter had nearly doubled their follower totals in half a year from March 2020 when they began Coronavirus-related tweets. In this period, the two most followed government officials' accounts (@zlj517 and @spokespersonCHN) have seen a 42% and 121% increase in followers, respectively.<sup>26</sup>

Moreover, the bilateral statements concentrated on two main topics - whom to blame and who is better at controlling the epidemic, reflecting the fierce competition between China and the United States over international discourse and leadership, and showing the confrontation between political values and modes of governance. Around whom to blame, conspiracy theories about the origin of the virus were either tweeted or reposted by the official accounts, among which "Wuhan lab developing COVID-19 theory" and "U.S. military transmission to Wuhan theory" aroused heated discussion among the public. Narratives that China's government had manufactured COVID-19 and either willingly or accidentally released the virus coincide with the long-lasting anti-China narrative hyped by some think tanks, media, and online communities in the U.S. In the Chinese narratives, it was the U.S., not China, where the pandemic was first outbreaked. Chinese MFA spokesman Zhao Lijian used the 2019 closure of Ft. Detrick due to biohazard safety concerns and the supposedly poor performance of U.S. soldiers during the October 2019 Military World Games to insinuate a U.S. provenance for the virus. He accused the center of U.S. bio-military activities of its illegal, non-transparent, and unsafe practices and indicated that outbreaks of respiratory diseases occurred in communities nearby the center and the 2019 influenza in the United States might have overlapped with COVID-19. Regardless, the two contrary narratives do have one thing in common: portray the other side as evil forces who deliberately manufactured viruses and spread them all over the world, a target to be condemned and blamed by the international community.

Divided narratives around the topic of who wins at controlling the epidemic and assuming international responsibility have been another flashpoint in the blame game. Apart from terms like "Chinese virus," "Wuhan virus," "Chinese vaccine," "Mask Diplomacy," and "Vaccine Diplomacy" were other expressions used by U.S. officials to deliberately portray China as the "other," discrediting and separating it from the mainstream of the international community. Most new vaccines produced in the West are named after research and development companies and institutions. Contrarily, in U.S. discourse and rhetorical strategies, the original medical names of the Chinese vaccines are often discarded in favor of the "Chinese vaccine." This term is ostensibly neutral, but nationalizes and politicizes the concept of vaccines, orienting vaccines "for the world" to vaccines "only for China" and weakening the international public goods contribution of Chinese vaccines. "Chinese virus," "Chinese vaccine," "Mask Diplomacy," "Vaccine Diplomacy..." such conceptual fabrications and constructions have formed a complete political conspiracy narrative. In that story, China's promotion of anti-epidemic cooperation and donations of medical supplies such as masks and vaccines are "geopolitically motivated." Its strategic purpose was to transform the national image from a country that caused the global health crisis to one that held international responsibility.

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<sup>26</sup> Jessica Brandt, Bret Schafer, 'How China's 'wolf warrior' diplomats use and abuse Twitter', *Brookings*, (2 October 2020), available at: <https://www.brookings.edu/techstream/how-chinas-wolf-warrior-diplomats-use-and-abuse-twitter/#ftnref1> (accessed 18 April 2022)

Glorifying international reputation helps to reap soft power dividends, consolidate relations with countries along the “Belt and Road,” and demonstrate the superiority of global health leadership and authoritarian governance models.<sup>27</sup>

From the Chinese side, discourses spread its triumphalism to lead globalization toward Chinese interests and values, blaming the U.S. for its incompetence in preventing and controlling the epidemic, hypocrisy for having double standards for human rights, and failure to assume international responsibility as a powerful nation. When China managed to contain the pandemic in the country in early March 2020, it was especially emphasized that the centralized command and community management of China were more effective at curbing virus infections than democratic practices in the United States and Europe. In the Chinese narrative, as a global leader in medical technology, the United States has yet allowed political maneuvering to take precedence over outbreak prevention and control, resulting in some 82 million people being infected in the country and over a million losing their lives. While declaring to be “Human rights defender” and “Beacon of democracy,” the conflict between the two political parties and between the federal and state governments over prevention and control measures and relief programs has led to the loss of lives and the plight of vulnerable people. Competing narratives stigmatized the epidemic, leading to an upsurge in racial discrimination and hate crimes against Asians. It was the U.S. that busily shifted blame and cut off payments to WHO while concocting various conspiracy theories to politicize and weaponize the epidemic, causing significant disruption and damage to international cooperation in fighting the epidemic.

Analysis of the characteristics of the rhetoric at different stages and main topics prove that the blame game was not motivated by hostile political attitudes or ideological confrontation but rather by the need to deflect domestic political pressure and contradictions by shifting the blame amid a crisis. To some extent, the public discourses of the officials were characterized by performativity, with a potential group of domestic or international audiences and specific political purposes. After the outbreak of the Coronavirus, the actions of major countries to control the epidemic, develop vaccines, and carry out assistance to other countries were under the spotlight, as if they were factors in the assessment of great power strength and international leadership in the eye of the global citizens. As key opinion leaders and super spreaders, diplomats and other vital officials proactively sent messages to the public and amplified conspiracies already in circulation, playing a role in the information war, agenda-setting war, and public perception war. Intrinsicly, the aim of the blame-game lies in externalizing responsibility and pressure.<sup>28</sup> The blame-game strategy did not address or help public skepticism on the underinvestment in the public health system, limited medical resources, accusations of disruption and governance failures, inevitable economic recession, and demonized international image. Moreover, to blame the other to conversely highlight its own victory in the war against COVID-19, was ineffective in combatting the virus. Cooperation between the U.S. and China

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<sup>27</sup> Ivana Karásková, Veronika Blablová, ‘The Logic of China’s Vaccine Diplomacy’, *The Diplomat*, (24 March 2021), available at: <https://thediplomat.com/2021/03/the-logic-of-chinas-vaccine-diplomacy/> (accessed 15 May 2022); Yanzhong Huang, ‘Vaccine Diplomacy Is Paying Off for China’, *Foreign Affairs*, (11 March 2021), available at: <https://www.foreignaffairs.com/articles/china/2021-03-11/vaccine-diplomacy-paying-china> (accessed 15 May 2022).

<sup>28</sup> Allan Behm, ‘Demonising China during COVID-19’, *The Australian Institute*, (April 2020).



could have led the world toward recognizing common interests and values, and stabilizing confidence in the authority and legitimacy of both governments at domestic and international levels.

Consequently, apart from the virus, the blaming narratives also became contagious, bringing continuous questioning, trolling, and conspiracy stories. When global catastrophes become so severe that they reveal serious systemic and structural problems and exacerbate the economic and social crisis, the first-order issue should be “what to do” rather than “who did it.” However, the reaction reality was opposite, as some politicians intentionally or unintentionally politicized the global governance issues and set a common blaming target to arouse national cohesion and coherence. Whether an attempt to rally domestic support or bolster international standing by assigning blame and putting potential adversaries on the defensive, the tit-for-tat narratives ultimately served no one’s interests when it came to the common fight against a global disease that makes no distinction among people. It only distracted public attention and led to worldwide negative consequences.

Negative views in mutual perception have been increasing; thus, the exclusionary nationalism and populist discourse have led to distrust and xenophobia. In two related pieces of research conducted by the Pew Research Center survey in 2020, around a quarter of American adults (23%) say it is most likely that the current strain of Coronavirus was developed intentionally in a lab. Another 6% say it was most likely made accidentally in a lab, and nearly two-thirds of Americans say China has not handled the global pandemic well.<sup>29</sup> Unfavorable views of China reached historic highs in many countries after initial cases of the Coronavirus started appearing in China in late 2019.<sup>30</sup> Many critics critiqued some measures China used to contain the virus within its borders. Statistics also showed that Chinese attitudes toward the U.S. political system and democracy were becoming more hostile.<sup>31</sup> More than 97% of the 100,000 netizens who participated in a recently launched questionnaire survey on China-U.S. relations supported countermeasures against the U.S.’ successive moves to make unfounded accusations and provocations against China.

As emerging new research indicates, the increasing racism and xenophobia associated with the Coronavirus pandemic exacerbate existing patterns of discrimination and inequity,<sup>32</sup> impacting particularly those already facing economic, social, and health vulnerabilities. For

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<sup>29</sup> Katherine Schaeffer, ‘Nearly three-in-ten Americans believe COVID-19 was made in a lab’, *Pew Research Center*, (8 April 2020), available at: <https://www.pewresearch.org/fact-tank/2020/04/08/nearly-three-in-ten-americans-believe-COVID-19-was-made-in-a-lab/> (accessed 18 April 2022); Laura silver, ‘Americans are critical of China’s handling of COVID-19, distrust information about it from Beijing’, *Pew Research Center*, (26 May 2020), available at: <https://www.pewresearch.org/fact-tank/2020/05/26/americans-are-critical-of-chinas-handling-of-COVID-19-distrust-information-about-it-from-beijing/> (accessed 26 April 2022).

<sup>30</sup> Laura silver, Kat devlin, Christine huang, ‘Unfavorable Views of China Reach Historic Highs in Many Countries’, *Pew Research Center*, (6 October 2020), available at: <https://www.pewresearch.org/global/2020/10/06/unfavorable-views-of-china-reach-historic-highs-in-many-countries/> (accessed 26 April 2022).

<sup>31</sup> Ankit panda, ‘Survey: Chinese Report Less Favorable Views of US Democracy’, *The Diplomat*, (9 April 2020), available at: <https://thediplomat.com/2020/04/survey-chinese-report-less-favorable-views-of-us-democracy/> (accessed 26 April 2022).

<sup>32</sup> Clissold, E., D. Nylander, C. Watson, A. Ventriglio, ‘Pandemics and Prejudice’, *International Journal of Social Psychiatry*, ( May 2020), pp.421–423; Amanuel Elias, Jehonathan Ben, Fethi Mansouri & Yin Paradies, ‘Racism and nationalism during and beyond the COVID-19 pandemic’, *Ethnic and Racial Studies*, 44:5 2021, pp.783-793.

instance, according to FBI data, Anti-Asian hate crimes increased more than 73 percent in 2020, a disproportionate uptick compared to hate crimes in general, which rose by 13 percent.<sup>33</sup> Hate and xenophobic sentiments were triggered and intensified, especially in the information cocoons and filter bubbles created by the leading platform of the blame game - international social media and online communities. Moreover, the increasing international panic and fear, together with declined public faith and trust in government and political institutions, caused officials to seek to distract and externalize domestic pressures. As research indicates, Americans are increasingly critical of the response to COVID-19 from elected officeholders and public health officials. And 60% of U.S. adults say they have felt confused as a result of changes to public health officials' recommendations on how to slow the spread of the Coronavirus.<sup>34</sup> The reduced acceptance of official information caused by distrust in government fostered the spread of fake news, conspiracy theories, misinformation, and other forms of the mutual blame game, leading to a vicious circle and hindering global cooperation in the fight against the epidemic.

### **Consensus building: difficulties and perspective for the future**

On 31 December 2019, the disease outbreak in the Chinese city of Wuhan, in Hubei province, was reported by the Wuhan Municipal Health Commission to the World Health Organization. On 23 January 2020, the Chinese government decided to lock down Wuhan and other cities in the province to prevent the virus's transmission to the rest of the territory<sup>35</sup>. Within the United States, there was much political discord and a lack of consensus on the severity and risk of the COVID-19 virus. During this highly politicized era, COVID-19 joined the long list of political and bipartisan issues such as immigration, abortion, and climate change.

Research supports the idea that conservative Americans showed lower risk perceptions of COVID-19 than liberals and moderates and political leaders' handling of this disease. Conservatives also had a much lower risk perceptions of the virus. Media had an enormous impact as well. Media coverage led to heightened risk perceptions of COVID-19, indicating that the media coverage, in general, tends to send urgent messages to the public.<sup>36</sup> The media was the driving force for Americans to learn about the pandemic. It also traditionally shapes Americans' confidence in its leaders. Confidence in political leaders can reduce risk perceptions of environmental and health hazards.<sup>37</sup> Widely contrasting media reports on the virus led to much divisive discourse within America and American's confidence in its political leaders. "Confidence in political leaders can mediate the effects of risk perceptions among people with

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<sup>33</sup> 'FBI Releases Updated 2020 Hate Crime Statistics', *FBI*, (25 October 2021), available at: <https://www.fbi.gov/news/press-releases/press-releases/fbi-releases-updated-2020-hate-crime-statistics> (accessed 27 April 2022).

<sup>34</sup> Alec Tyson, Cary Funk, 'Increasing Public Criticism, Confusion Over COVID-19 Response in U.S.', *Pew Research Center*, (9 February 2022), available at: <https://www.pewresearch.org/science/2022/02/09/increasing-public-criticism-confusion-over-covid-19-response-in-u-s/> (accessed 12 June).

<sup>35</sup> Antonio Jose Pagan Sanchez, 'Rivalry in the Time of Pandemic: COVID-19 Impact on the Balance of Power Between the United States and China', *Comillas Journal of International Relations*, No. 22, 2021, p.67-82.

<sup>36</sup> Wanyun Shao and Feng Hao, 'Confidence in Political Leaders Can Slant Risk Perceptions of COVID-19 in a Highly Polarized Environment', *Social Science & Medicine*, (23 July 2020).

<sup>37</sup> Wanyun Shao and Feng Hao, 'Confidence in Political Leaders Can Slant Risk Perceptions of COVID-19 in a Highly Polarized Environment', *Social Science & Medicine*, (23 July 2020).

different political ideologies in a highly politically polarized environment.”<sup>38</sup> In May 2020, President Trump announced that the United States would terminate its relationship with the WHO. President Trump’s decision to “withdraw from the WHO accused the organization of incompetence (including the WHO cautioning against travel restrictions in the early phase of the Coronavirus pandemic), but emphasized the WHO’s political calculations (here, siding with China).” These decisions are representative of underlying of “an extreme anti-multilateral stance at a time when we need international cooperation the most.”<sup>39</sup>

One of the most considerable barriers to finding consensus and building collaboration between the United States and China is cultural values and approach to problem-solving. The United States is an individualistic culture, while China tends to be an interdependent culture. “Individualistic cultures such as the United States, Britain, Australia, Canada, and the countries of Northern and Western Europe tend to focus on personal goals. On the other hand, collectivist cultures such as China, many African and Latin American nations, Greece, southern Italy, and the Pacific Islands press their members to subordinate personal interests to those of the group.”<sup>40</sup> The differences in personal goals versus group interests have impacted the duration of the pandemic and evolved the contrast in governmental strategies for responding to COVID-19.

The individualistic culture of the United States has been a barrier to maintaining periods of lockdown, social distancing, and mask mandates. Much of the American response to COVID-19 has been politized, causing division between citizens and government. On the contrary, the Chinese culture of interdependent culture has been an asset, especially in response to lockdowns in the mission to eradicate the COVID-19 virus.

In previous health crises, government officials urged citizens to practice situational caution and hyper vigilance. However, during the COVID-19 pandemic, this practice was not applicable because pathogens travel between citizens, and the epidemic’s growth was fundamentally tied to citizen behavior. Citizens cannot continue their lives as usual; instead, they need to engage in rapid physical distancing to slow the spread of pathogens. In democratic societies, there are always normative and practical limits to using force. Repressive interventions can be seen as conflicting with personal freedom and democratic rights. Furthermore, the public’s compliance with health advice in democratic societies is difficult to effectively police without a massive up-scaling of public surveillance. Thus, in a democracy, compliance with public advice and policy is a function of citizen discretion. So, the authorities must rely on persuasion and voluntary compliance.<sup>41</sup>

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<sup>38</sup> Wanyun Shao and Feng Hao, ‘Confidence in Political Leaders Can Slant Risk Perceptions of COVID-19 in a Highly Polarized Environment’, *Social Science & Medicine*, (23 July 2020).

<sup>39</sup> Nitsan Chorev, ‘The World Health Organization Between the United State and China’, *Global Social Policy*, (19 October 2020), Vol. 20 (3), p.378-382

<sup>40</sup> Nu Tang et al, ‘The impact of culture and gender on sexual motives: Differences between Chinese and North Americans’, *International Journal of Intercultural Relations*, (March 2012), Vol.36, p.286– 294.

<sup>41</sup> Frederik J Rgensen et al., ‘Compliance without fear: Individual-level protective behaviour during the first wave of the COVID-19 pandemic’, *British Journal of Health Psychology*, (24 March 2021), p.679–696.

A disease is considered endemic when “its presence becomes steady in a particular region, or at least predictable, as with seasonal influenza.”<sup>42</sup> Government officials within the United States are practicing continued research and vaccinations to live with the COVID-19 virus ultimately. Current research suggests that treating the COVID-19 virus as endemic may be premature. A move towards an endemic status depends mainly on widespread vaccination on a globally equitable basis and requires evidence of stable transmission rates so that countries do not have to rely on measures such as lockdowns and other restrictions to maintain stability.<sup>43</sup>

Contrary to the strategy of the United States to “live with the disease” and treat the Coronavirus as endemic—a stable, enduring figure in the panoply of human pathogens, alongside cold viruses and influenza<sup>44</sup>, China has adopted a zero-Covid strategy. This zero-Covid strategy to eradicate the COVID-19 virus is marked by frequent lockdowns and mass testing to eliminate the virus. Although China’s Zero-Covid strategy has paralyzed Wuhan, China, and other cities, the Chinese government remains adamant about sticking with its zero-COVID strategy.<sup>45</sup>

Another barrier between the United States and China in finding consensus is the competition over global leadership. The “U.S.-China competition is increasingly seen as a contest of systems—free societies and authoritarianism—that will directly shape the choices we make on technology, individual rights, the economy, and foreign policy.”<sup>46</sup> The competition between the United States and China has led China to become more involved with countries such as Europe to create and sustain international and economic relationships. Nevertheless, since the COVID-19 outbreak, the Chinese government has been considered to become less open to external communication under the leadership of Xi Jinping.

China’s resistance to external communication is likely due to the country’s desire to maintain a neutral national image to both Chinese citizens and the world. During the early pandemic, many people viewed China ‘as mishandling the early stages of the epidemic’. However, there was a sense that if China created an effective vaccine, then their ‘saving the world’ would exonerate them in the eyes of the public.<sup>47</sup> Much like China’s role in keeping a positive image in the public eye, the United States has strived to do the same, as President Biden

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<sup>42</sup> Claire Felner, ‘When Will COVID-19 Become Endemic?’, *Council on Foreign Relations*, (28 April 2022), available at: <https://www.cfr.org/in-brief/when-will-COVID-19-become-endemic> (accessed 28 June 2022).

<sup>43</sup> Donato Paolo Mancini, Daniel Dombey, ‘WHO Says Too Early to Treat Covid as Endemic, Predicts Half of Europe Could Get Infected’, *The Financial Times Limited*, (11 January 2022), available at: <http://proxvau.wrlc.org/login?url=https://www.proquest.com/trade-journals/who-says-too-early-treat-covid-as-endemic/docview/2627076360/se-2?accountid=8285> (accessed 29 June 2022).

<sup>44</sup> Kelly Servick, ‘Scientists call ‘endemic’ message premature’, *Science (American Association for the Advancement of Science)*, (18 February 2022), Vol.375 (6582), p.703-704.

<sup>45</sup> Shawn Yuan, ‘Zero COVID in China: What’s Next?’, *The Lancet (British edition)*, (14 May 2022), Vol.399 (10338), p.1856-1857.

<sup>46</sup> Francis J. Gavin and Hal Brands, ‘COVID-19 and World Order,’ *COVID-19 and World Order the Future of Conflict, Competition, and Cooperation* / Edited by Hal Brands, Francis J. Gavin. Ed. Francis J. Gavin and Hal Brands. Johns Hopkins University Press, 2020.

<sup>47</sup> Flynn Murphy, ‘Inside China’s response to COVID’, *Nature (London)*, (02 December 2020), available at: <https://www.nature.com/articles/d41586-020-03361-7> (accessed 28 August 2022).

stated that the United States was “in a competition with China and other countries to win the 21st century.”<sup>48</sup>

Narratives of confirmation and blame do not prove that there is no hope for collaboration in the future. The opportunity for U.S.-China collaborations continues to exist and has the potential for growth in the future. The following table indicates multiple examples of substantive and sustained relationships between the two countries (table 1).<sup>17</sup>

**Table 1.** Accomplishments of Previous US-China Health Collaboration<sup>49</sup>

	Collaboration	Sector
<b>Government</b>		
Public health system	The U.S. CDC has worked together closely with Chinese public health leadership for over 35 years to strengthen an effective and responsive public health system in China and has improved institutions at the national, provincial, and municipal levels <sup>2,5</sup>	Public health
Outbreak investigation and reporting	The China CDC Weekly, a scientific journal modelled after the U.S. CDC Morbidity and Mortality Weekly Report, is a collaborative effort between the Chinese CDC and the U.S. CDC; the journal started in 2019, reporting on outbreaks in China in English <sup>6</sup>	Public health
USA–China global disease detection Cooperative Agreements	From 2004 to 2014, the CNIC and the U.S. CDC developed cooperative agreements to build capacity in influenza surveillance in China; <sup>5</sup> the initiative led to a network of 411 laboratories and 556 sentinel hospitals (as of 2009) and Weekly Influenza Reports, in both Chinese and English, shared among key stakeholders and published on the CNIC website.	Public Health
Africa CDC	The Africa CDC has benefited from USA–China collaborative efforts to build public health capacity in sub-Saharan Africa. <sup>7</sup> USA and China collaborated with the African Union and its member states to launch the Africa CDC, providing support for infrastructure and capacity building of the Africa CDC and associated five Regional Collaboration Centers.	Global health
Combating Ebola in west Africa	USA and China collaborated successfully in laboratory capacity, logistics, and drug development to combat Ebola <sup>8</sup>	Global health
The U.S.–China collaborative project for neural tube defect prevention	A partnership between U.S. CDC and Chinese institutions to generate high-quality evidence for folic acid fortification, leading to policy changes in the USA <sup>9</sup>	Biomedical science

<sup>48</sup> Alexander C. Tan and Jason Young, ‘Falling in and Falling Out: Indo-Pacific in the Midst of US-China Tensions in the Post-COVID World: Introduction to the Special Issue’, *Political Science*, (2022), p.1-5.

<sup>49</sup> Liming Li, Kean Wang, Zhuo Chen, Jeffrey P Koplan, ‘US–China health exchange and collaboration following COVID-19’, *Lancet*, (12 June 2021), p.2304-2308.

Human Genome Project	A collaborative effort between 20 scientific centres in six countries (China, France, Germany, Japan, the UK, and the USA) to sequence the human genome <sup>10</sup>	Biomedical science
<b>Academia</b>		
China Tobacco Control Partnership	Strong and effective tobacco control programmes of the partnership, in collaboration with the Emory Global Health Institute, Gates Foundation, and Think Tank Research Center for Health Development (a Chinese NGO) in 22 cities in China, have resulted in marked reductions in smoking in public places <sup>11</sup>	Public health
Yale University	Dating back to 1835 when Yale graduate Peter Parker opened the first US-style hospital in China, Yale University has maintained a collaborative relationship with Chinese institutions, particularly the Central South University, whose medical graduates are eligible to be licensed in China and Connecticut, USA <sup>12</sup>	Medical education
Harvard China Health Partnership	This partnership provides a platform for faculty across Harvard University to advance scholarships in China, particularly China's health systems. <sup>13</sup>	Health systems
<b>Non-profit foundations and think tanks</b>		
China Medical Board	Founded in 1914 with endowments from the Rockefeller Foundation, CMB strives to advance health, equity, and the quality of care in China and southeast Asia; key focuses of CMB include health policy and systems sciences and health professional education <sup>14</sup>	Medical education; health systems
Resolve to Save Lives	A global non-profit initiative of Vital Strategies founded by a former director of the US CDC, Dr Thomas Frieden, Resolve to Save Lives, works with Chinese institutions to prevent deaths from cardiovascular disease through hypertension control and sodium reduction policies <sup>15</sup>	Chronic disease prevention
Bill & Melinda Gates Foundation	This NGO has an office in Beijing, working with Chinese partners to develop innovative low-cost vaccines and vaccine refrigeration equipment for low-income settings, low-cost interventions to reduce risks of HIV infection in Africa. <sup>16</sup>	Global health

The opportunity for China and the United States collaboration is to establish partnerships between healthcare groups to address common concerns that each group of healthcare workers is facing. The following is an approach for societies such as the United States and China to strategically work together and define goals in responding to the COVID-19 pandemic and “new normal.” First, we must recognize the “whole of society” impact of COVID-19; second, goals must be realistic and balance the different needs of society; and third, leaders must build the widest possible consensus around the goals through effective communication.<sup>50</sup> Countries and

<sup>50</sup> By Sarun Charumilind, Matt Craven, Jessica Lamb, Shubham Singhal, and Matt Wilson, ‘Pandemic to endemic: How the world can learn to live with COVID-19’, *Mckinsey and Company*, (28 October 2021), available at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/pandemic-to-endemic-how-the-world-can-learn-to-live-with-COVID-19> (accessed 28 August 2022).

regions will likely need to establish how to balance growth and maintain efforts as new variants and treatments emerge.

The future of global collaboration between the United States and China will rely on the advancement of working relationships regarding tackling emerging issues. The past efforts have laid the foundation for cooperation, but both countries must remain committed to reinforcing the future of cooperation and capacity building and shifting the narratives from blame to trust.



## **Research 3: Chinese and U.S. medical assistance to ECOWAS – the case of Benin**

**Menghan Li and Brittany Coote**

### **Abstract**

Benin is located on the coastline of the Gulf of Guinea. The country is one of the most stable member countries of the Economic Community of West African States (ECOWAS). Benin has a population of 12.45 million inhabitants. Approximately, 54.8% of the population completed primary school, and 32.2% of children were chronically malnourished. Political parties merged under the September 2018 reform; Benin now only has 12 parties, compared to the previous 200. Benin's economy is still reliant on agriculture and on formal and informal export and transit trade with Nigeria.<sup>1</sup> Prior to the COVID-19 pandemic, an assessment of the health system of Benin revealed the country lacked a robust surveillance system capable of monitoring communicable diseases. It also lacked timely alarms to contain disease outbreaks or rapidly detect abnormal clustering of illness and mortality. Thus, with the challenges, Benin needed to strengthen its epidemiological surveillance system, equip itself to respond effectively to the screening needs of the population and care of the sick and control the social and economic impacts of the crisis rapidly and effectively. This paper is an examination of the foreign aid received by Benin from the United States and China to assist Benin's response to the pandemic and the differences in the dispersal of this aid.<sup>2</sup>

Keywords: ECOWAS, medical assistance, China and U.S.

### **Introduction**

Benin, officially the Republic of Benin, is a country in West Africa bordering Burkina Faso, Niger, Togo and Nigeria. With a population of 12.7 million, the majority is primarily located in the south, with the highest concentration of people residing in and around the cities on the Atlantic coast. Benin is a member of international organizations including the African Union (AU), the Economic Community of West African States, the United Nations (UN) and so on. Benin's economy relies highly on agriculture. In 2020, Benin has a GDP of 15.5 million dollars, approximately 40% of which comes from cotton production. According to the UN, Benin is listed among the 46 least developed countries, with one-third of its population living beneath the international poverty line.

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<sup>1</sup> Bank T. W., 'Benin: Free treatment for COVID-19 patients', available at: <https://www.worldbank.org/en/news/feature/2021/10/21/benin-acces-gratuit-aux-soins-pour-les-malades-de-la-COVID-19> (accessed 30 May 2022).

<sup>2</sup> 'Basic Information', available at: [https://ecowas.int/?page\\_id=40](https://ecowas.int/?page_id=40) (accessed 30 May 2022).



Benin has a young population with an average life expectancy at birth of 61.8 years and there is a high incidence of disease. The country has struggled with malaria and Ebola epidemics. Although Benin has started to look for the ways to extend health coverage and received medical aids from major countries and international organizations in these years, the country still experiences years of significant morbidity and mortality. It is estimated that one percent of adults in Benin have HIV/AIDS and around 2,161 of people with HIV in Benin die every year of the disease.<sup>3</sup> Since the first death case of COVID-19 in April 2020, the cumulative death toll has reached 161 by the end of 2021.

## Chinese and the U.S. medical assistance to ECOWAS

Medical assistance, an integral component of foreign aid schemes, plays an unneglectable part of the diplomatic strategy of great powers. The United States and China, representing respectively the most developed countries and rising developing countries, make up a great proportion of global medical assistance, especially in the relatively stable yet underdeveloped ECOWAS.

### Overview of Chinese medical assistance

China had a long history of medical assistance to Africa. In 1963, China dispatched its first medical team to Algeria, marking a historical starting point of Chinese medical assistance to Africa. In the twenty-first century, China and its friendly countries in Africa signed *Program for China-Africa Cooperation in Economic and Social Development* to establish the mechanism of the Forum on China-Africa Cooperation (FOCAC) and conduct regular evaluations on the follow-up actions. Since the implementation of the Belt and Road Initiative, Chinese overseas development finance programs underwent a dramatic expansion. According to AidData, average annual development finance commitments from China rose from \$32 billion during 2000-2012 to \$85.4 billion during 2013-2017.<sup>4</sup> At the eighth FOCAC ministerial conference in 2021, China committed to providing one billion doses of vaccines, 10 medical and health projects, and 1,500 medical workers for Africa.<sup>5</sup> The scale of Chinese foreign medical assistance cause kept expanding.

Although China had engaged in foreign assistance work for years, it was not until the recent five years that it established a specialized department and issued a specialized law to guide and coordinate the work. Chinese foreign assistance work involved many government bodies, including the National Health Commission, the Ministry of Foreign Affairs, the Ministry of Commerce and the Ministry of Education. In 2018, China International Development

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<sup>3</sup> 'Healthcare in Benin', available at: <https://borgenproject.org/tag/healthcare-in-benin/#:~:text=About%204.6%20percent%20of%20Benin%E2%80%99s%20GDP%20is%20allocated,its%20primary%20food%20security%2C%20both%20currently%20and%20historically> (accessed 30 May 2022).

<sup>4</sup> Ammar A. Malik et al., 'Banking on the Belt and Road: Insights from a new global dataset of 13,427 Chinese development projects', 2021: AidData at William & Mary.

<sup>5</sup> Xi Jinping, 'Full Text: Keynote speech by Chinese President Xi Jinping at opening ceremony of 8th FOCAC ministerial conference', available at: [http://www.focac.org.cn/eng/gdtp/202112/t20211202\\_10461080.htm](http://www.focac.org.cn/eng/gdtp/202112/t20211202_10461080.htm) (accessed 30 May 2022).

Cooperation Agency (CIDCA) was specially established to formulate strategic guidelines for foreign aid, identify major programs and supervise and evaluate their implementation. In 2021, CIDCA, the Ministry of Foreign Affairs and the Ministry of Commerce jointly released *Provisions Regarding Foreign Aid*. It regulated that Chinese foreign aid gave priority to program assistance, like infrastructure construction, medical teams and so on, rather than cash assistance.<sup>6</sup>

In terms of foreign aid in medical and health sector, construction of large and medium-sized infrastructure was an important form, as the government considered that ameliorating the local health environment was rather important.<sup>7</sup> China aided infrastructure construction of health care facilities in six ECOWAS, including an obstetrics and gynecology center and the first private hospital in Cabo Verde, a heart disease center in Ghana, an intensive care center in Guinea, an Ebola treatment center in Liberia, a general hospital in Niger, and a research center for tropical disease in West Africa and the first biosafety laboratory in Sierra Leone. Once completed, this laboratory was delivered to and managed by the Government of Sierra Leone. The Chinese government has sent 11 specialists who provide technical guidance and train the local workers. The Ministry of Commerce was responsible for the construction projects and supplies donation.

In addition, dispatch of medical teams accounted for an important part of medical assistance. Chinese medical teams were distinctive in missions, mechanism and categories. Firstly, the missions of foreign medical teams were complex in China. The government defined foreign medical teams as a group of Chinese medical workers who provided free equipment, medicine and stationed or touring medical services to recipient countries.<sup>8</sup> In this context, donation of medical devices and materials and training of local staff were included in medical teams' work. After the outbreak of Ebola in 2014, China sent around 1,200 medical workers to ECOWAS who gave treatment to 900 cases, tested 9,000 samples and trained 13,000 local medical workers. Secondly, the mechanism of medical teams was unique. China employed a "paired-up assistance" working mechanism, in which each autonomous region, province, municipality or hospital within China selected one or more specific recipient countries and took charge of sending medical workers and providing diagnoses and treatments in the region.<sup>9</sup> (Table 1)

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<sup>6</sup> China International Development Cooperation Agency, Ministry of Foreign Affairs and Ministry of Commerce, 'Provisions Regarding Foreign Aid' ['Duiwai yuanzhu guanli banfa'], available at: [http://www.gov.cn/gongbao/content/2021/content\\_5651734.htm](http://www.gov.cn/gongbao/content/2021/content_5651734.htm) (accessed 30 May 2022).

<sup>7</sup> Wen Shaobiao and Wang Chang, 'Chinese medical aid to Africa from the perspective of global governance' ['Quanqiu zhili shijiao xia de zhongguo dui feizhou yiliao yuanzhu'], *Studies of International Relations* [*Guoji Guanxi Yanjiu*], No.1(2014): 199-131+159.

<sup>8</sup> The State Council Information Office of the People's Republic of China, 'Chinese Foreign Aid' ['Zhongguo de duiwai yuanzhu'], 2011.

<sup>9</sup> Wang Yu and Liu Peilong, 'Chinese foreign health aid: history, challenges, perspectives, and policy recommendations', *China International Strategy Review*, No.1.1(2019):153-167.

Table 1: Chinese medical teams to ECOWAS states

ECOWAS states	“Paired-up” Chinese province/hospital	Starting year	Total batches <sup>10</sup>
Benin	Ningxia	1978	25
Burkina Faso	the Red Cross Society of China	2018	4
Cabo Verde	Sichuan	1998	19
Cote d’Ivoire	-	-	0
Ghana	Guangdong	2009	11
Guinea	Beijing	1967	29
Guinea-Bissau	Sichuan	-	18
Liberia	-	1984	14
Mali	Zhejiang	1968	27
Niger	Guangxi	1976	22
Nigeria	-	-	0
Senegal	Fujian	-	19
Sierra Leone	Hunan	1971	23
The Gambia	Liaoning	2017	5
Togo	Shanxi	-	25

Source: Chinese news agencies and Ministry of Foreign Affairs

Thirdly, medical teams can be separated into different types in China. There were three categories, namely long-term regular medical teams for selected countries, short-term medical teams for specialist clinics and special medical teams responding to public health emergencies. Long-term medical teams for selected countries were the most common and long-standing form of medical teams, and they covered all ECOWAS, except for Cote d’Ivoire and Nigeria. Early in the 1960s, China sent medical teams to Guinea and Mali. As shown in Table 1, China sent 241 batches of regular medical teams to ECOWAS in total as of June 8, 2022. Short-term medical teams provided stationed or touring medical services. The most notable and effective program was Brightness Action, which was designated for cataract patients. In November 2015, 10 Chinese doctors conducted 209 cataract surgeries in Ghana with the medical equipment donated by China.<sup>11</sup> The same program was implemented in Sierra Leone in 2016, 2018 and 2022.<sup>12</sup> In addition, there were short-term programs for heart disease, women and children and so on. Special medical teams were designated for public health emergencies and other unexpected

<sup>10</sup> As of June 8<sup>th</sup>, 2022.

<sup>11</sup> Zhongshan Ophthalmic Center, ‘To continue the friendship and exchanges between China and Ghana, Zhongshan Ophthalmic Center went to Ghana to carry out the ‘Bright Action’ activity’ [‘Yanxu zhongjia youyi yu jiaoliu, zhongshan yanke zhongxin fu jiana kaifan ‘guangmingxing’ huodong’], available at: [http://www.gzzoc.com/xwzx/zxxw/201512/t20151209\\_61305.html](http://www.gzzoc.com/xwzx/zxxw/201512/t20151209_61305.html) (accessed 30 May 2022).

<sup>12</sup> Zhang Meng, ‘Diary of aiding Africa | Sprinkling light and love to Africa’ [‘Yuanfei riji | jiang guangming yu ai saxiang feizhou’], available at: <https://baijiahao.baidu.com/s?id=1730955752356875077&wfr=spider&for=pc> (accessed 30 May 2022).

disasters. During the COVID-19 pandemic, China sent either medical supplies or medical teams to all the ECOWAS, and many of them received COVID-19 vaccines. Take Cote d'Ivoire as an example. A medical team consisting of 12 experts from Tianjin was invited to Cote d'Ivoire for a 10-day exchange program in April 2020. They shared Chinese experience in combating the COVID-19 pandemic, trained local medical staff and gave targeted suggestions on the country's pandemic prevention and control situation.<sup>13</sup> In addition, the Chinese government sent medical teams and provided \$1 million for Sierra Leone when the country suffered from a severe debris flow disaster in 2017.<sup>14</sup>

Chinese medical assistance to ECOWAS gave emphasis on ameliorating the medical and public environment in the local. The diverse types and the "paired-up" working mechanism improved the adaptive capacity and the efficiency of medical teams. However, given CIDCA was established to structuralize internal management, concrete reforms had not yet been materialized to convert the imaginary weight to real.

### Overview of the U.S. medical assistance

Although the United States started its medical assistance to ECOWAS and established a solid legal foundation for foreign aid at the early stage, its medical assistance cause underwent twists and turns in development. In 1944, the United States was invited to establish the first nursing school in Liberia, initiating its early assistance to ECOWAS.<sup>15</sup> In 1961, President Kennedy signed *the Foreign Assistance Act of 1961* and created the United States Agency for International Development (USAID) under the act, which served as the principal official agency for the implementation of foreign aid. In the 1970s, the focus of foreign aid was shifted to basic human rights including food and nutrition, population planning, health, education and human resources development. However, the turbulent national and international crises like the Cold War and the fall of the Berlin Wall spared the United States no energy for foreign medical assistance.

President George Bush played an important role in the United States' medical assistance history, especially to ECOWAS. Because it was not until President Bush took office that the emphasis of global health and medical assistance was put into practice. President Bush put forward a series of health initiatives and signed many humanitarian medical assistance programs during his term of office. In 2002, he launched a five-year, \$500 million Mother-and-Child HIV Prevention Initiative in order to train local health care workers and prevent mother-to-child transmission.<sup>16</sup> In 2003, he announced a five-year, \$15 billion initiative, the President's

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<sup>13</sup> Lv Qiang, 'A medical team from the Chinese government has sent aid to Cote d'Ivoire' ['Zhongguo zhengfu kangyi yiliao zhuanjiazhu chiyuan ketediwa'], available at <https://baijiahao.baidu.com/s?id=1665469679009230431&wfr=spider&for=pc> (accessed 30 May 2022).

<sup>14</sup> 'Sierra Leone suffers from debris flow disaster, China offers millions of dollars' ['Sailaliang yu nishiliu, zhongfang yuanzhu baiwan meiyuan'], available at <https://baijiahao.baidu.com/s?id=1576004475911093&wfr=spider&for=pc> (accessed 30 May 2022).

<sup>15</sup> Wang Chang, 'Comparative analysis of medical assistance between China and the United States to Africa' ['Zhongmei duifei yiliao yuanzhu bijiaofenxi'], *International Research Reference*, No. 10 (2013): 7.

<sup>16</sup> 'Fact Sheet: President Bush's International Mother and Child HIV Prevention Initiative', available at:

Emergency Plan for AIDS Relief (PEPFAR) in the State of the Union Address, which was the largest international health initiative in history to combat a single disease.<sup>17</sup> Two ECOWAS, Cote d'Ivoire and Nigeria were listed in the first 15 countries and given special focus and resources. PEPFAR established a pyramid-shaped health care system model with central medical centers superior to other satellite centers and mobile units. The Office of the U.S. Global AIDS Coordinator and Global Health Diplomacy was a special high-level agency designed for managing and overseeing international HIV/AIDS assistance from the United States. After the first passage of PEPFAR, the number of people who received life-saving antiretroviral treatment increased from 50,000 in 2003 to 1.3 million in September 2007 in sub-Saharan Africa.<sup>18</sup> The program was renewed in the summer of 2008 with doubled commitments. In addition, President Bush launched a five-year, \$1.2 billion President's Malaria Initiative (PMI) in 2005,<sup>19</sup> and a five-year, \$350 million initiative to combat neglected tropical diseases (NTDs) in 2008.<sup>20</sup>

President Bush's disease-oriented health initiatives not only elicited strong reactions and recognition at that time, but also guided the current medical assistance work in ECOWAS (Table 2). PEPFAR covered 11 of the 15 ECOWAS member states, saved 21 million lives worldwide and prevented millions of HIV infections.<sup>21</sup> PMI has covered 10 of the 15 ECOWAS, saved 10.6 million lives and prevented 1.7 billion people from infection.<sup>22</sup> NTDs control campaign was characterized by strong pertinence. For example, NTDs control campaign was targeted at onchocerciasis in Benin.

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<https://www.presidency.ucsb.edu/documents/fact-sheet-president-bushs-international-mother-and-child-hiv-prevention-initiative> (accessed 30 May 2022).

<sup>17</sup> 'President's HIV/AIDS Initiatives', available at: <https://georgewbush-whitehouse.archives.gov/infocus/hiv/aids/text/> (accessed 30 May 2022).

<sup>18</sup> Office of the Spokesman, The U.S. President's Emergency Plan for AIDS Relief, (2008), available at: <https://2001-2009.state.gov/r/pa/prs/ps/2008/feb/101054.htm> (accessed 30 May 2022).

<sup>19</sup> 'President's Malaria Initiative Strategy 2015-2020', available at: <https://www.usaid.gov/sites/default/files/documents/1864/PMI%20Strategy%202015-2020.pdf#:~:text=In%20June%202005%2C%20President%20George%20W.%20Bush%20launched,Africa.%20The%20Initiative%20is%20led%20by%20the%20U.S> (accessed 30 May 2022).

<sup>20</sup> 'Fact Sheet: Fighting Neglected Tropical Diseases Around the World', available at: <https://georgewbush-whitehouse.archives.gov/news/releases/2008/02/20080220.html> (accessed 30 May 2022).

<sup>21</sup> U.S. Department of State, available at: <https://www.state.gov/pepfar/> (accessed 30 May 2022).

<sup>22</sup> 'U.S. President's Malaria Initiative', available at: <https://www.pmi.gov/impact/> (accessed 30 May 2022).

Table 2: Current implementation of President Bush’s medical assistance programs

ECOWAS states	Medical assistance programs (launched by President Bush)		
	President’s Emergency Plan for AIDS Relief (PEPFAR)	President’s Malaria Initiative (PMI)	Neglected tropical diseases (NTDs) control campaign
Benin	√	√	√
Burkina Faso	√	√	-
Cabo Verde	-	-	-
Cote d’Ivoire	√	√	√
Ghana	√	√	√
Guinea	√	-	√
Guinea-Bissau	-	-	-
Liberia	√	√	-
Mali	√	√	-
Niger	-	√	-
Nigeria	√	√	-
Senegal	√	√	-
Sierra Leone	√	√	√
The Gambia	-	-	-
Togo	√	-	-

Source: USAID

In addition to medical assistance to specific diseases, the United States committed to strengthening the leadership capacity and the national health care system in ECOWAS in the recent 10 years. On the regional level, USAID launched a seven-year, \$7.7 billion Leadership Capacity Strengthening Project from 2015 to 2022 in partnership with the West African Health Organization (WAHO).<sup>23</sup> The Coordination Office of Communicators’ Network was established in 2016 and WAHO led the ECOWAS national health information system under the program. On the country’s level, USAID is in partnership with Liberia, Mali and Senegal to enhance the national health system. In addition, USAID supported Benin’s National Malaria Control Program in implementing reforms to improve the health commodity supply chain and the national malaria information system. In addition, there was a wide range of medical assistance to ECOWAS from the United States, including family planning programs, water sanitation and hygiene activities and so on.

<sup>23</sup> ‘Leadership Capacity Strengthening Project With the West African Health Organization’, available at: <https://www.usaid.gov/west-africa-regional/documents/leadership-capacity-strengthening-project-west-african-health-organization> (accessed 30 May 2022).



The United States' medical assistance to ECOWAS was based on long-lasting programs, which were systematically supervised by USAID. By means of funding and material support, training of medical workers, etc., the United States was involved in local medical governing and attempted to reform the medical systems and policies in ECOWAS.

### Comparison of Chinese and U.S. medical assistance

Chinese and the United States' medical assistance to ECOWAS has lasted for over half a century with respective features being increasingly clear. Both countries have invested lots of manpower and resources to improve the well-being of local people, yet the mechanism and the main types of foreign medical assistance are different.

The mechanism difference can be reflected in two aspects, namely the legal system and the effectiveness measurement. The fundamental difference lied in the legal system. The United States issued the Foreign Assistance Act of 1961 which regulated the items of foreign medical assistance and served as the operational guidance. USAID was the principal responsible body of medical assistance with sub-bodies in charge of different programs. In this context, the United States' medical assistance to ECOWAS was under a systematical legal framework from the very beginning. China, on the contrary, issued *Provisions Regarding Foreign Aid* until 2021, and it served as the legal guidance for Chinese foreign assistance activities. Due to a long-term lack of official guidance, many Chinese authorities were involved in the aiding process. The Ministry of Foreign Affairs (MFA), the Ministry of Commerce (MOFCOM) and the Ministry of Education (MOE) shared responsibility for diplomacy, finance and training, and the National Health Commission (NHC) was involved when assistance concerning health. <sup>24</sup> *Their relations were on an equal basis without a leading organ, and the government had to establish a brand-new body, CIDCA to break the ice. However, without a solid foundation and concrete policies, it was more in name than. In short, the mechanism of medical assistance is rather institutionalized in the United States but dynamic in China.*

When it comes to programs' effectiveness measurement, the United States has committed to transparency and effectiveness. USAID reported foreign assistance data to Congress which was used for the annual publication of *the U.S. Overseas Loans and Grants*. The United States also engaged in promoting the transparency and availability of the data<sup>25</sup> in the recipient countries. On the official website of the West African Health Organization, for example, there was detailed information about the programs and projects USAID was conducting in the region. However, although there were explicit programs and clear data, the performance of the United States' foreign assistance was not as good as expected and studies found that the actual expenditure was below what the United States disclosed and promised.<sup>26</sup> In the case of China, data transparency was imperfect. The information and data about Chinese medical assistance and

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<sup>24</sup> Wang Yu and Liu Peilong, 'Chinese foreign health aid: history, challenges, perspectives, and policy recommendations', *China International Strategy Review*, No. 1.1(2019):153-167.

<sup>25</sup> The United States Congress, 'The Foreign Assistance Act of 1961', 1961.

<sup>26</sup> Zou Yujun, 'What are the differences between China and the United States in medical assistance to Africa' ['Zhongmei duifei yiliao yuanzhu youhe butong?'], available at: [https://m.thepaper.cn/newsDetail\\_forward\\_8106547](https://m.thepaper.cn/newsDetail_forward_8106547) (accessed 30 May 2022).

foreign aid were dispersedly published on the official websites of NHC, MFA, MOFCOM and so on. In this context, an annual or regular report was needed to sum up the work. However, China only published three reports on foreign aid in 2011, 2014 and 2021. In fact, it exerted a negative influence on Chinese development on the global stage. There were doubts about the efforts China took and the effect Chinese medical assistance exerted on foreign countries. In addition, one of the thresholds to join some international organizations, like the Organization for Economic Cooperation and Development (OECD), was the annual reporting of its member state's ODA.<sup>27</sup> In short, although the degree of recognition and corresponding measures were different in the United States and China, the effectiveness had room for improvement.

The elementary difference of the types of foreign medical assistance was the financial resources. The United States used the OECD's classification of financial resources, namely official development assistance (ODA), other official flows (OOF) and vague official finance (VOF). To make a distinction, the grant element was above 25% in ODA but below 25% in OOF.<sup>28</sup> However, in China, classification was different, namely grant, interest-free loan and concessional loan,<sup>29</sup> the first two of which could be categorized as ODA and the last one was often categorized as OOF. Although annual development finance commitments in China continued to increase and even exceed that in the United States, the international comparability of data was sometimes underestimated. According to the latest report issued by AidData, the spending on overseas development finance programs was \$85.4 billion in China and \$37 billion in the United States during 2013-2017. However, the report emphasized that only 12% of Chinese foreign aid was provided via ODA (Official Development Assistance) channels, which was below the international standard.<sup>30</sup> The main reason was the focus of assistance. Most of the the United States' foreign aid was ODA, which could be used for "software" development in the local, like policy reforms and capacity construction. However, China was still a developing country, and the principle of its foreign assistance was equality, mutual benefit and no strings attached. It was set as early as 1964 in Premier Zhou Enlai's state visit to Ghana in *Eight Principles for Economic Aid and Technical Assistance to Other Countries*. Thus, the country helped the large and medium-sized infrastructure construction and provide complete sets of equipment to the locals through the means of concessional loan. In short, Chinese overseas development programs were relatively underestimated in OECD's classification of financial resources but compared with the United States' "invisible" capacity and system construction, it was rather conspicuous and easily caught both praise and blame.

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<sup>27</sup> ForeignAssistance.gov, available at:

<https://foreignassistance.gov/about#:~:text=President%20Kennedy%20signed%20the%20Foreign%20Assistance%20Act%20of,t o%20report%20U.S.%20foreign%20assistance%20data%20to%20Congress> (accessed 30 May 2022).

<sup>28</sup> OECD, 'Official Development Assistance', available at: <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/What-is-ODA.pdf#:~:text=Official%20development%20assistance%20%28ODA%29%20is%20defined%20by%20the,the%20main%20s ource%20of%20financing%20for%20development%20aid> (accessed 30 May 2022).

<sup>29</sup> The State Council Information Office of the People's Republic of China, 'Chinese Foreign Aid' ['Zhongguo de duiwai yuanzhu'], 2011.

<sup>30</sup> Ammar A. Malik et al., 'Banking on the Belt and Road: Insights from a new global dataset of 13,427 Chinese development projects', 2021: AidData at William & Mary.

Although the structural integrity was different in China and the United States, their purpose and the method of foreign assistance were rather clear. China employed an “environment-environment-politics” path, committing to infrastructure construction in the ECOWAS to enhance the availability of medical facilities and portray China as a good and responsible major country. The United States employed a “policy-environment-politics” path, committing to policies and systems construction in the targeted countries as they had chauvinist pride and moral superiority<sup>31</sup> and believed in the universality of their values and governance.

## China and U.S. medical cooperation to ECOWAS

China and US have employed different methods to provide medical assistance to West Africa for years, however, there is still a high incidence of diseases in the region. This part takes Benin, a typical West African country characterized by poor economic situation and significant morbidity and mortality with a relatively stable domestic environment as an example, analyzing the necessity, feasibility and operability of the future medical cooperation of China and the US.

### Healthcare in Benin

The constitution of Benin mandates that health is a basic human right. The country has started to look for ways to extend health coverage since 2008. In 2011, International Monetary Fund issued *Benin: Poverty Reduction Strategy Paper* as the background documentation for the periodic consultation, which stated that Benin intended to step up the promotion of the system for the coverage of disease risks through the development of universal health insurance and improve the availability of drugs, vaccines and other supplies.<sup>32</sup> In line with extending universal health coverage, the country officially launched *the National Health Insurance Scheme (Regime d'Assurance Maladie Universelle, RAMU)* in 2011. The country is now in the first phase of implementing RAMU. RAMU members need to pay a monthly premium of 3-30 dollars,<sup>33</sup> and only 1% of citizens aged 15-49 were covered by health insurance then.<sup>34</sup>

The healthcare system in Benin is under the supervision of the Ministry of Health. The country's 12 departments are divided into 34 health zones, each of which contains one to four communes.<sup>35</sup> Health entities in Benin is pyramid-shaped with five layers: university hospital,

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<sup>31</sup> Joseph S. Nye, *Do Morals Matter?*, Oxford University Press.

<sup>32</sup> International Monetary Fund, 'Benin: Poverty Reduction Strategy Paper', available at: <https://www.imf.org/external/pubs/ft/scr/2011/cr11307.pdf#:~:text=Benin%3A%20Poverty%20Reduction%20Strategy%20Paper%20This%20poverty%20reduction,the%20time%20it%20was%20completed%20in%20March%202011> (accessed 30 May 2022).

<sup>33</sup> USAID, 'Health Financing Profile: Benin', available at: [http://www.africanstrategies4health.org/uploads/1/3/5/3/13538666/country\\_profile\\_-\\_benin\\_-\\_us\\_letter.pdf#:~:text=Benin%E2%80%99s%20Plan%20National%20de%20Developpement%20Sanitaire%28National%20Health%20Development,policy%20document%20is%20translated%20into%20Triennial%20Development%20Plans](http://www.africanstrategies4health.org/uploads/1/3/5/3/13538666/country_profile_-_benin_-_us_letter.pdf#:~:text=Benin%E2%80%99s%20Plan%20National%20de%20Developpement%20Sanitaire%28National%20Health%20Development,policy%20document%20is%20translated%20into%20Triennial%20Development%20Plans) (accessed 30 May 2022).

<sup>34</sup> Institut National de la Statistique et de l'Analyse Economique (INSAE) et ICF, *Enquête Démographique et de Santé au Bénin, 2017-2018*, Cotonou, Bénin et Rockville, Maryland, USA: INSAE et ICF.

<sup>35</sup> 'Benin Health Insurance', available at: <https://www.pacificprime.com/country/africa/benin-health-insurance-pacific-prime->

department hospital, district hospital, communal hospital / health center and county hospital / health center (Figure 1).<sup>36</sup> The higher layer one hospital posits, the fewer the number of this type is, and there are only three university hospitals all over the country. Yet, the larger the hospital is, the more resources and equipment it contains. For instance, county hospital / health center possesses no beds, as it provides mainly consultation for malaria infection, while the department hospital has a capacity of 300 beds and the university hospital of 600 beds.<sup>37</sup>

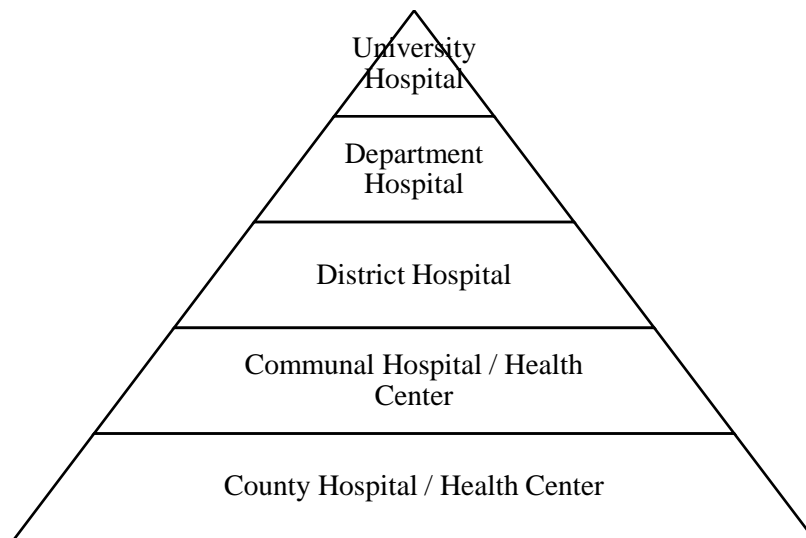


Figure 1: Five layers of health facilities in Benin

Benin is confronted with important problems about the accessibility to healthcare. According to the recent global monitoring report tracking universal health coverage, the service coverage index was at 38% in 2019, a low coverage according to WHO standards.<sup>38</sup> Incidence of catastrophic health expenditure in 2015 was 5.5% and 1.0% respectively at 10% and 25% of household total consumption or income.<sup>39</sup> In addition, general government expenditure on health was the main source of funds. Yet only 4.6% of Benin’s GDP is allocated for healthcare, ranked the 154th in the global scale,<sup>40</sup> below the average expenditure of low-income countries at 5% and

international/ (accessed 30 May 2022).

<sup>36</sup> Maniatopoulos G. et al., ‘Developing Virtual Healthcare Systems in Complex Multi-Agency Service Settings: the OLDES Project’, *Electronic Journal of E Government* (2009).

<sup>37</sup> TO Edoh et al., ‘A Multidisciplinary Remote Healthcare Delivery System to Increase Health Care Access, Pathology Screening, and Treatment in Developing Countries: The Case of Benin’, *International Journal of Healthcare Information Systems & Informatics*, No.11.4(2016):1-31.

<sup>38</sup> World Health Organization and the World Bank, ‘Tracking universal health coverage: 2021 Global Monitoring Report’, available at: [https://cdn.who.int/media/docs/default-source/world-health-data-platform/events/tracking-universal-health-coverage-2021-global-monitoring-report\\_uhc-day.pdf?sfvrsn=fd5c65c6\\_5&download=true](https://cdn.who.int/media/docs/default-source/world-health-data-platform/events/tracking-universal-health-coverage-2021-global-monitoring-report_uhc-day.pdf?sfvrsn=fd5c65c6_5&download=true) (accessed 30 May 2022).

<sup>39</sup> World Health Organization and the World Bank, ‘Tracking universal health coverage: 2021 Global Monitoring Report’, available at: [https://cdn.who.int/media/docs/default-source/world-health-data-platform/events/tracking-universal-health-coverage-2021-global-monitoring-report\\_uhc-day.pdf?sfvrsn=fd5c65c6\\_5&download=true](https://cdn.who.int/media/docs/default-source/world-health-data-platform/events/tracking-universal-health-coverage-2021-global-monitoring-report_uhc-day.pdf?sfvrsn=fd5c65c6_5&download=true) (accessed 30 May 2022).

<sup>40</sup> ‘10 Important Facts About Life Expectancy in Benin’, available at: [https://borgenproject.org/tag/healthcare-in-benin/#:~:text=About%204.6%20percent%20of%20Benin%E2%80%99s%20GDP%20is%20allocated,its%20primary%20food%](https://borgenproject.org/tag/healthcare-in-benin/#:~:text=About%204.6%20percent%20of%20Benin%E2%80%99s%20GDP%20is%20allocated,its%20primary%20food%20)

well below that in global at 9.2%. With a high fertility rate at 4.8 births per women, the healthcare infrastructure and facilities are insufficient. Accelerated urbanization and poor access to quality healthcare have led to a new development in the private sector in recent years, which would enlarge the gap between the rich and the poor and the richer would have more access to better health treatment.

Medical resources in Benin are not only deficient, but also distributed unevenly in the country. Counting both the public and private sectors, there are 7,014 citizens per doctor on national average. Only Littoral Department, where the largest city and the economic and political center Cotonou located, and Atlantique Department, where is the most populous department has reached a ratio lower than 6,000 citizens per doctor.<sup>41</sup> In addition, the health facility coverage is 88.3% on national average, however, only 56% in the lower valley of Ouémé Department.<sup>42</sup> There are more beds in large cities and particularly in the southern part of the country, as it is more populous and developed.

Table 3 showed the evolution of health personnel and facilities in public sector in five years. From 2014 to 2019, the population of Benin had an increase by 1.8 million. While there were more places to treat the patients, the number of health personnel had decreased dramatically by 46.6%. Under the combined effect, the quality of health care in Benin was negatively affected. This also indicated that health personnel in Benin were characterized by high mobility and many medical workers switched jobs to the better-paying private sector or even foreign countries.

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20security%2C%20both%20currently%20and%20historically (accessed 30 May 2022).

<sup>41</sup> Green climate fund, 'Improving the health resilience of communities vulnerable to climate change in Benin, focusing on the regions of Adjohoun, Bonou and Dangbo, as well as malaria, cardiovascular diseases and acute respiratory infections', available at: <https://www.greenclimate.fund/sites/default/files/document/24040-improving-health-resilience-communities-vulnerable-climate-change-benin-focusing-regions.pdf> (accessed 30 May 2022).

<sup>42</sup> Green climate fund, 'Improving the health resilience of communities vulnerable to climate change in Benin, focusing on the regions of Adjohoun, Bonou and Dangbo, as well as malaria, cardiovascular diseases and acute respiratory infections', available at: <https://www.greenclimate.fund/sites/default/files/document/24040-improving-health-resilience-communities-vulnerable-climate-change-benin-focusing-regions.pdf> (accessed 30 May 2022).

Table 3: Health personnel and facilities in public sector<sup>43</sup>

		2014	2019	Change	
Medical doctors	Number	1507	561	-946	-62.8%
	Citizens per doctor	6628	21,137	14,509	218.9%
Nurses	Number	4821	2,670	-2151	-44.6%
	Citizens per nurse	2072	4,441	2,369	114.3%
Midwives	Number	1415	905	-510	-36.0%
	Women of childbearing age per midwife	1699	3,202	1,503	88.5%
Hospital beds	Number	4837	5,119	282	5.8%
	Citizens per bed	2050	2,316	266	13.0%
Hospitals		55	59	4	7.3%
Health centres		571	787	216	37.8%
Dispensaries (without a maternity ward)		118	58	-60	-50.8%
Maternity Wards (without a dispensary)		113	123	10	8.8%

Source: The Friedrich-Ebert-Stiftung

### **Necessity and feasibility for China and U.S. medical cooperation**

China and US have employed different methods to provide medical assistance to West Africa for years, however, there is still a high incidence of diseases in the region. This part takes Benin, a typical West African country characterized by poor economic situation and significant morbidity and mortality with a relatively stable domestic environment as an example, analyzing the necessity, feasibility and operability of the future medical cooperation of China and the US.

### **The nature of non-tradition security issues decides that infectious disease is within the global public health system concerning everyone.**

Public health events, such as the outbreak of COVID-19 has highlighted the need for global governance of international public health. There are issues such as poor collaboration among government entities, overlapping legal basis of governance and unclear functions. The outbreak of the novel coronavirus in December 2019 was considered a major disruptive event of 2020. The pandemic caused massive upheaval of businesses and impacted economic systems on an unprecedented scale. The World Health Organization (WHO) has taken more technical measures against the pandemic, some countries are taking their own approaches to handling the virus. China implemented early lockdowns and forced quarantined were effective, but not easily implemented. In South Korea, the focus has been on contact tracing and treating those who test

<sup>43</sup> Jürgen Schwettmann, 'Towards Universal Health Coverage: The Cases of Benin, Côte d'Ivoire, Ethiopia, Kenya, Senegal and Zambia', available at: <https://library.fes.de/pdf-files/iez/18888.pdf> (accessed 30 May 2022).



positive. Italy and Spain delayed their containment strategies and faced a heavy load of positive cases.<sup>44</sup> The coronavirus pandemic is unique because there is no precedent for this virus.

As governments worldwide have instituted lockdowns, travel limitations, and other restrictions to respond to the coronavirus pandemic, some experts have feared a parallel pandemic of government repression. While these restrictions are justified for the sake of public health, the manner of application and enforcement might raise human rights concerns. The departure from past governance patterns will vary from country to country. International public health requires a response from all mankind.

### **China and the US have their own specialties in medical prevention and treatment.**

The United States government is providing protective equipment and health supplies to prevent the spread of COVID-19, especially among vulnerable populations such as the elderly, orphans, and persons with disabilities in the districts of Alibori, Atacora, Oueme, and Plateau. USAID is coordinating dispersal of supplies and disseminating supplies to 2,811 community health workers, 316 health facilities and 96 care facilities. These facilities serve approximately 7,000 orphans, elderly, and persons with disabilities. In total, the United States has supplied 417,000 surgical masks, 22,568 cloth masks for adults, 3,210 cloth masks for children, 7,400 boxes of gloves, 2,673 liters of hand sanitizer, 632 infrared thermometers, 169 megaphones, 100 handwashing stations and other support materials. In addition, the United States has provided \$25 million dollars to fight malaria, improve maternal and child health, and provide family planning counseling to the Beninese people since 2020.<sup>45</sup>

The Chinese government has provided financial support worth \$122,953 to Benin to support its fight against the COVID-19 pandemic, this includes sanitary equipment.

### **Systems and policies show good complementarity.**

The United States' partnership with Benin is based on the goals of strengthening democratic institutions and respecting human rights, improving regional security, and assisting Benin to improve the health and prosperity of its people. The United States established diplomatic relations with Benin (then called Dahomey) in 1960. Between 1960 and 1972, a succession of military coups brought about many changes in the government. Benin is a model democratic country, in a region plagued by instability. USAID manages the United States' aid portfolio to Benin with the goal of assisting Benin in becoming more capable of encouraging a healthier and more democratic society. This is done by strengthening the health systems in an

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<sup>44</sup> Zhang Hu, 'Challenges and Approaches of the Global Governance of Public Health Under COVID-19', *Frontiers in Public Health*, No.9(2021):1-10.

<sup>45</sup> USAID, 'The United States Helps Protect Vulnerable People from COVID-19 in Benin', available at: <https://www.usaid.gov/benin/press-releases/may-21-2021-united-states-helps-protect-vulnerable-people-COVID-19-benin#:~:text=Through%20USAID%2C%20the%20United%20States,to%20COVID%2D19%20throughout%20Benin> (accessed 30 May 2022).

integrated manner and improving democracy, rights, and governance. The COVID-19 pandemic has been an area where the United States has provided aid to Benin. In terms of trade, trade between Benin and the United States is small, but growing. The United States exports used vehicles, oil, machinery, and perfumery/cosmetics to Benin. Benin exports cashews and shea butter in the United States.<sup>46</sup>

In terms of future directions of trade relations, Benin is eligible for benefits under the African Growth and Opportunity Act. Trade between the United States and Benin is small, but interest in American products is growing. The United States is working to stimulate investment in key sectors such as energy, telecommunications, and transportation. Benin and the United States have a bilateral investment agreement. In 2015, Benin and the Millennium Challenge Corporation (MCC) signed a contract with the aim of strengthening Benin's national security, utility, attract private sector investment and fund infrastructure investment.<sup>47</sup> Overall, Benin is beginning to strengthen ties with its former colonial power France. The Partnership Agreement between the members of the African, Caribbean, and Pacific Group of States and European Community was signed in Cotonou, Benin in 2000. Benin is also a stable power in ECOWAS and has taken on a mediating role in conflicts between Guinea-Bissau, Liberia, Togo, Cote D'Ivoire, and the Democratic Republic of the Congo. Benin participates in eight of the sixteen United Nations (UN) led peace keeping missions<sup>48</sup>.

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<sup>47</sup> U.S. Embassy Cotonou, 'U.S. Embassy in Benin. Retrieved from History of the U.S. and Benin', available at: <https://bj.usembassy.gov/our-relationship/policy-history/relationship> (accessed 30 May 2022).

<sup>48</sup> GlobalSecurity.org., "Benin - Foreign Relations," available at: <https://www.globalsecurity.org/military/world/africa/bn-forrel.htm#text=Through%20USAID%2C%20the%20United%20States,to%20COVID%2D19%20throughout%20Benin.> (Accessed May 30, 2022)

## **Research 4: Analyzing the Performance of the World Health Organization During the COVID-19 Pandemic**

Mingxuan Guo and Ooreoluwa Fasola

### **Abstract**

This paper is qualitative research on the World Health Organization's (WHO) performance during the COVID-19 pandemic. Against massive criticism of the response of the WHO, the authors propose to take into consideration the constraints confronting the WHO, which can be categorized as political constraints, enforcement constraints, and resource constraints. First, the worsening relationship between China and the United States has led to an unfavorable political environment. The weaponization of the WHO, the stigmatization of the coronavirus, and the politicization of the coronavirus origin-tracing and anti-pandemic measures were political constraints for the WHO. Second, the WHO faced enforcement barriers. Some member states were reluctant to share information and data, participate in global anti-pandemic collaboration, and follow the scientific guidance of the WHO. Third, resource constraints were serious during the pandemic. Though not perfect, the WHO's experience of overcoming the three types of constraints is worth studying. The authors argue that the WHO has played its role as a global health organization and scientifically responded to the COVID-19 pandemic. Member states ought to follow technical advice from the WHO, shoulder responsibilities, and provide more financial resources for the WHO.

## Introduction

The COVID-19 disease was first reported in Wuhan, China, in December 2019. On 30 January 2020, the WHO Director-General declared that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC). On 11 March 2020, the WHO declared COVID-19 a pandemic.<sup>1</sup> By the end of March 2020, cases of COVID-19 spread were reported in almost all continents. Globally, more than 500 million confirmed cases of COVID-19, including more than 6 million deaths, were reported to WHO by August 2022.<sup>2</sup> The WHO, in collaboration with other institutions, national authorities, and researchers, monitored the emergence of the coronavirus variants, which can be classified into Variants of Interest (VOIs) and Variants of Concern (VOCs). The current VOC is the Omicron variant. The Alpha, Beta, Gamma, and Delta variants were previously VOCs.<sup>3</sup>

The WHO has faced many pandemics, such as the H1N1 influenza pandemic in 2009, the Ebola outbreak in West Africa and the Democratic Republic of Congo in 2014 and 2018 respectively, and now the COVID-19 pandemic, which is the most serious.<sup>4</sup> There has been a lot of discussion about the decline of the WHO in its relevance and performance.<sup>5</sup> It is argued that the organization has been losing its authority in the global health field, its ability to set a global health agenda, and its attraction to funding in the 21<sup>st</sup> century.<sup>6</sup>

Since the outbreak of COVID-19, the response of the WHO to the pandemic has been faced with international criticism. It was criticized for the slow response to the pandemic, the hesitancy in declaring COVID-19 a PHEIC, and the partiality towards China.<sup>7</sup>

At the same time, there are suggestions from academia based on science. In general, there are three types of literature regarding the performance of the WHO during the coronavirus outbreak. First, researchers identify challenges that the WHO faced during the COVID-19 pandemic and propose that the WHO should increase its preparedness and capabilities to respond to public health emergencies.<sup>8</sup> Second, scholars compare the WHO's response to COVID-19 with that of previous public health crises, including the SARS and Ebola, and illustrate that the role and position of the WHO are highly influenced by its member states.<sup>9</sup> Third, some scholars

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<sup>1</sup> World Health Organization, 'Archived: WHO Timeline - COVID-19', (27 April 2020), available at: <https://www.who.int/news/item/27-04-2020-who-timeline---COVID-19> (accessed 28 August 2022).

<sup>2</sup> World Health Organization, 'WHO Coronavirus (COVID-19) Dashboard', available at: <https://covid19.who.int/> (accessed 28 August 2022).

<sup>3</sup> World Health Organization, 'Tracking SARS-CoV-2 variants', available at: <https://www.who.int/activities/tracking-SARS-CoV-2-variants/> (accessed 28 August 2022).

<sup>4</sup> Michael A. Peters, et al., 'The WHO, the global governance of health and pandemic politics', *Educational Philosophy and Theory* 54(6), (2020), pp. 707-716.

<sup>5</sup> Adam Kamradt-Scott, (2017). 'What Went Wrong? The World Health Organization from Swine Flu to Ebola', In A. Kruck et al. (eds.), *Political Mistakes and Policy Failures in International Relations* (pp. 193-215).

<sup>6</sup> J. Lidén, 'The World Health Organization and Global Health Governance: Post-1990', *Public Health* 128(2), (2014), pp. 141-147.

<sup>7</sup> 'What Does the World Health Organization Do', Council on Foreign Relations, (June 2, 2022), available at: <https://www.cfr.org/backgrounder/what-does-world-health-organization-do> (accessed 28 August 2022).

<sup>8</sup> Aizong Xiong, 'The Challenges Faced by the World Health Organization and Its Countermeasures under the COVID-19 Pandemic', *International Economic Review* (06), (2020), pp. 159-176+8.

<sup>9</sup> Tiewa Liu, 'The Central Position and Challenges of World Health Organization in Global Health Governance', *Pacific Journal*

review the institutional reforms that the WHO Director Generals have undertaken over the past decades<sup>10</sup> and provide suggestions for post-COVID reform measures for the WHO.<sup>11</sup>

As researchers have pointed out, the WHO faced unprecedented challenges in the face of the COVID-19 pandemic. In addition to criticizing the WHO, it is meaningful to probe into how the organization grappled with difficulties from a realistic point of view. Our research questions are as follows:

1. What types of constraints were confronted by the WHO?
2. How did the WHO overcome these constraints during the process?
3. How to evaluate the performance of the WHO against the backdrop of constraints?

### **Constraints that the WHO faced**

In the case of the outbreak of Ebola, researchers identify financial, cultural, political, and design constraints that the WHO confronted, and argue that member states bear the bulk of responsibility when the WHO fails.<sup>12</sup> In the case of the COVID-19 pandemic, the WHO was confronted with a complex geopolitical landscape. The worsening relationship between China and the United States has cast a shadow over global cooperation.<sup>13</sup> Member states didn't work in solidarity. For instance, European countries have been disputing the supply of personal protective equipment.<sup>14</sup> Besides, the suspension of the US financial resource amplified the WHO's financial stress in a crucial period when funding was desperately needed. Therefore, we argue that among the constraints that the WHO faced during the COVID-19 pandemic, three categories of them were the most significant, political constraints, enforcement constraints, and resource constraints. It is necessary to point out that the three types of constraints are interconnected. Political constraints refer to the weaponization of the WHO by the United States, the stigmatization of coronavirus, and the politicization of prevention and control measures. Enforcement constraints are the unwillingness of member states to share information and data, the lack of participation in international anti-pandemic collaboration, and ignorance of the scientific guidance of the WHO. Resource constraints refer to the shortage of funding and medical supplies. The following is a detailed analysis of the three types of constraints.

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29(02), (2021), pp. 15-28.

<sup>10</sup> Jiyong Jin, 'Covid-2019, WHO Reform and Global Health Governance', *Foreign Affairs Review* 37(03), (2020), pp. 23-44+5.

<sup>11</sup> Thana C de Campos-Rudinsky, 'Post-COVID-19 WHO Reform: Ethical Considerations', *Public Health Ethics* 14(2), (2021), pp. 134-147.

<sup>12</sup> Adam Kamradt-Scott, 'WHO's to Blame? The World Health Organization and the 2014 Ebola Outbreak in West Africa', *Third World Quarterly* 37(3), (2016), pp. 401-418.

<sup>13</sup> Michael A. Peters et al., 'The WHO, the global governance of health and pandemic politics', *Educational Philosophy and Theory* 54(6), (2020), pp. 707-716.

<sup>14</sup> Newsy Today, 'Coronavirus: Switzerland is scrambling for Berlin with protective masks', (8 March 2020), available at: <https://www.archyde.com/coronavirus-switzerland-is-scrambling-for-berlin-with-protective-masks/> (accessed 28 August 2022).

## Political constraints

During the COVID-19 pandemic, the management by the WHO has been complicated by the rapidly deteriorating ties between the United States and China.<sup>15</sup> The US government has been involved with the WHO in different ways, including financial support, technical support, governance, and diplomacy participation. Over the past ten years, the United States has historically contributed between \$200 million and \$600 million yearly to the WHO, making it one of the top donors.<sup>16</sup> Since 2014, China's donations to the WHO have increased by 52%, totaling over \$86 million. China is among the top ten donors to the WHO.<sup>17</sup>

We argue that the WHO has been weaponized by the United States, which constitutes a political constraint on the WHO's response to the pandemic. Worse still, the stigmatization of the COVID-19 virus and the politicization of tracing the COVID-19 virus and anti-pandemic measures have escalated hostility between China and the United States<sup>18</sup> and resulted in anything but concerted efforts against the virus.

The WHO has been bombarded with unprecedented attacks from former US President Donald Trump whose de facto target was China. The series of attacks on the WHO features labeling the cooperation between the WHO and China politically and scapegoating the WHO for the improper handling of COVID-19 in the United States. In March 2020, Trump called the virus “Chinses virus” on his social media, which received a strong backlash.<sup>19</sup> In April 2020, Trump denounced the WHO for “missing the call”, and declared his decision to “put a very powerful hold on money spent to the WHO”.<sup>20</sup> As the former US President accused the WHO of being “a puppet of China”<sup>21</sup>, several leaders from developed countries declared their discontent with the WHO. Australia's Prime Minister was critical of the WHO and described its decision as “unfathomable”.<sup>22</sup> Meanwhile, the politicization of anti-pandemic measures proves an obstacle for the WHO. Some media complained that the lockdown in China is effective but draconian,<sup>23</sup>

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<sup>15</sup> Michael A. Peters et al., ‘The WHO, the global governance of health and pandemic politics’, *Educational Philosophy and Theory* 54(6), (2020), pp. 707-716.

<sup>16</sup> Kaiser Family Foundation, ‘The U.S. Government and the World Health Organization’, (19 May 2022), available at: [https://www.kff.org/coronavirus-COVID-19/fact-sheet/the-u-s-government-and-the-world-health-organization/#:~:text=The%20World%20Health%20Organization%20\(WHO,to%20the%20COVID%2D19%20pandemic](https://www.kff.org/coronavirus-COVID-19/fact-sheet/the-u-s-government-and-the-world-health-organization/#:~:text=The%20World%20Health%20Organization%20(WHO,to%20the%20COVID%2D19%20pandemic) (accessed 28 August 2022).

<sup>17</sup> Council on Foreign Relations, ‘The WHO and China: Dereliction of Duty’, (27 February 2020), available at: <https://www.cfr.org/blog/who-and-china-dereliction-duty> (accessed 28 August 2022).

<sup>18</sup> Seth Schindler et al., ‘COVID-19, China and the Future of Global Development’, *Research in Globalization* 2, (2020), p. 100020.

<sup>19</sup> Dr. Mishal Reja, ‘Trump's 'Chinese Virus' tweet helped lead to rise in racist anti-Asian Twitter content: Study’, ABC News, (19 March 2021), available at: <https://abcnews.go.com/Health/trumps-chinese-virus-tweet-helped-lead-rise-racist/story?id=76530148> (accessed 28 August 2022).

<sup>20</sup> New York Times, ‘Trump Attacks W.H.O. and Ousts Watchdog for Pandemic Fund’, (7 April 2020), available at: <https://www.nytimes.com/2020/04/07/world/coronavirus-updates-news-live.html> (accessed 28 August 2022).

<sup>21</sup> BBC News, ‘Coronavirus: Trump accuses WHO of being a ‘puppet of China’’, (19 May 2020), available at: <https://www.bbc.com/news/health-52679329> (accessed 28 August 2022).

<sup>22</sup> Daily Mail, ‘“It's unfathomable”: Reopening of China's wet markets bewilders Scott Morrison as PM doubles down on his criticism of the World Health Organization’, (14 April 2020), available at: <https://www.dailymail.co.uk/news/article-8215627/Scott-Morrison-criticism-World-Health-Organisation-support-Chinas-wet-markets.html> (accessed 28 August 2022).

<sup>23</sup> Yaqiu Wang, ‘China's Covid success story is also a human rights tragedy’, *MSNBC News*, (26 January 2021), available at: <https://www.msnbc.com/opinion/china-s-covid-success-story-also-human-rights-tragedy-n1255618> (accessed 28 August 2022).



and accused China of violating human rights, which is a common tool to attack China's political system. In that respect, the WHO was pilloried by the press for ignoring the so-called suppression of human rights by the Chinese government during COVID-19.<sup>24</sup>

The “weapon” of the WHO continues to be wielded by Trump's successor, Joe Biden, although Biden rejoined the WHO on his first day in office.<sup>25</sup> In March 2021, the WHO published an independent report, WHO-convened Global Study of Origins of SARS-CoV-2: China Part. The expert team consisted of 17 Chinese experts and 17 international experts.<sup>26</sup> However, the team was criticized by White House press secretary Jen Psaki as “doesn't qualify as cooperation” on the day the WHO report was released,<sup>27</sup> and an America-led joint statement by 14 countries questioning the transparency of the WHO report was published on the official website of the US government on the same day.<sup>28</sup> In response, Chinese officials clarified that China did share data with WHO, and the WHO report was based on facts.<sup>29</sup> Chinese Foreign Ministry spokesperson Zhao Lijian reiterated that at press briefings, and questioned whether the U.S. side was stepping up political pressure on WHO experts.<sup>30</sup>

### Enforcement constraints

One prominent enforcement constraint is that member states were unwilling to share information and data with the WHO. Scholars point out that the WHO was designed only to coordinate global health problems, but monitoring and enforcement tools are entirely absent from the WHO's repertoire.<sup>31</sup> The IHR lacks accountability for violations, so countries often escape from fulfilling their IHR obligations.<sup>32</sup> Even before the pandemic, countries were unenthusiastic about reporting epidemiological information to the WHO. In a document by the

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<sup>24</sup> Guardian, ‘China's reaction to the coronavirus outbreak violates human rights’, (2 February 2020), available at: <https://www.theguardian.com/world/2020/feb/02/chinas-reaction-to-the-coronavirus-outbreak-violates-human-rights> (accessed 28 August 2022).

<sup>25</sup> Karen Weintraub, ‘Biden administration renewed support for World Health Organization is ‘good news for America and the world,’ scientists say’, *USA Today*, (22 January 2021), available at: <https://www.usatoday.com/story/news/health/2021/01/22/scientists-applaud-biden-decision-rejoin-world-health-organization/4243377001/> (accessed 28 August 2022).

<sup>26</sup> World Health Organization, ‘WHO-convened Global Study of Origins of SARS-CoV-2: China Part’, available at: <https://www.who.int/publications/i/item/who-convened-global-study-of-origins-of-sars-cov-2-china-part> (accessed 28 August 2022).

<sup>27</sup> Amanda Macias, ‘U.S. joins 13 other nations in criticizing WHO for a lack of transparency in China Covid report’, *CNBC*, (30 March 2021), available at: <https://www.cnn.com/2021/03/30/us-joins-13-other-nations-in-criticizing-whos-china-covid-report.html> (accessed 28 August 2022).

<sup>28</sup> U.S. Department of State, ‘Joint Statement on the WHO-Convened COVID-19 Origins Study’, (30 March 2021), available at: <https://www.state.gov/joint-statement-on-the-who-convened-covid-19-origins-study/> (accessed 28 August 2022).

<sup>29</sup> Gong Zhe et al., ‘China shared data with WHO experts, report based on facts: Chinese expert’, *CGTN*, (01 April 2021), available at: <https://news.cgtn.com/news/2021-03-31/China-WHO-joint-study-report-is-based-on-facts-Chinese-expert--Z4WQshnMPe/index.html> (accessed 28 August 2022).

<sup>30</sup> Chinese Foreign Ministry, ‘Foreign Ministry Spokesperson Zhao Lijian's Regular Press Conference on March 29, 2021’, (29 March 2021), available at: [https://www.mfa.gov.cn/web/fyrbt\\_673021/jzhs1\\_673025/202103/t20210329\\_9171236.shtml](https://www.mfa.gov.cn/web/fyrbt_673021/jzhs1_673025/202103/t20210329_9171236.shtml) (accessed 28 August 2022).

<sup>31</sup> Eyal Benvenisti, ‘The WHO—Destined to Fail?: Political Cooperation and the COVID-19 Pandemic’, *American Journal of International Law* 114, (2020), pp. 588-597.

<sup>32</sup> Sharifah Sekalala and Haleema Masud, ‘Soft Law Possibilities in Global Health Law’, *Journal of Law, Medicine & Ethics* 49(1), (2021), pp. 152-155.

WHO released in 2018, it said, “Although the number of Member States sharing laboratory and epidemiological data through FluNet and FluID has increased, 31% and 58% of Member States did not routinely share data on these respective platforms of the WHO during 2016–2017.”<sup>33</sup> And in the early days of the COVID-19 pandemic, the lack of sharing of information and data by many countries posed a challenge to the WHO.<sup>34</sup> At the 73<sup>rd</sup> World Health Assembly, the International Council of Nurses pointed out that the lack of data on COVID-19 infections and deaths among health workers was a huge threat.<sup>35</sup>

Besides, countries were reluctant to join international anti-pandemic cooperation led by the WHO. Some countries just expressed interest in WHO-led collective projects but failed to put words into concrete action. One example is COVAX, the vaccine pillar of the Access to COVID-19 Tools Accelerator (ACT-A) partnership which was released in April 2020. Vaccines are viewed as the key to suppressing mortality and morbidity and restoring the global economy<sup>36</sup>. Therefore, vaccine production and distribution are at the core of multilateral efforts against the pandemic. However, while virtually all countries have joined COVAX, the United States did not formally participate in the initiative until January 2021.<sup>37</sup> The absence of major countries poses great challenges for the WHO to coordinate global action.

Another enforcement constraint represents the ignorance of scientific guidance at the national level. After the WHO announced COVID-19 as a Public Health Emergency of International Concern (PHEIC), some countries still ignored warnings and failed to implement prevention and control measures though the measures are not difficult.<sup>38</sup> The WHO Director-General expressed concerns that some countries did not take the pandemic seriously in March 2020.<sup>39</sup> As the pandemic was causing medical costs as well as economic costs, many countries had difficulty maintaining the delicate but crucial balance between economic recovery and pandemic prevention and control measures. In June 2021, the WHO Director-General raised that transmission increased as some countries slacked public health and social measures.<sup>40</sup> These warnings were a testament to the inadequate response of member states.

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<sup>33</sup> World Health Organization, ‘Global influenza strategy 2019-2030’, available at: <https://www.who.int/publications/i/item/9789241515320> (accessed 28 August 2022).

<sup>34</sup> World Health Organization, ‘WHO Director-General's opening remarks Global Health Landscape Symposium -9 December 2021’, available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-global-health-landscape-symposium---9-december-2021> (accessed 15 September 2022).

<sup>35</sup> International Council of Nurses, ‘Immediate and serious threat: ICN calls on WHO member states to collect and share data on health worker COVID-19 infection rates and deaths’, (18 May 2020), available at: <https://www.icn.ch/news/immediate-and-serious-threat-icn-calls-who-member-states-collect-and-share-data-health-worker> (accessed 15 September 2022).

<sup>36</sup> Mark Eccleston-Turner and Harry Upton, ‘International Collaboration to Ensure Equitable Access to Vaccines for COVID-19: The ACT-Accelerator and the COVAX Facility’, *The Milbank Quarterly* 99(2), (2021), pp. 426-449.

<sup>37</sup> Anna Rouw et al., ‘COVAX and the United States’, Kaiser Family Foundation, (18 February 2021), available at: <https://www.kff.org/coronavirus-COVID-19/issue-brief/covax-and-the-united-states/> (accessed 28 August 2022).

<sup>38</sup> Stephen Buranyi, ‘The WHO v coronavirus: why it can't handle the pandemic’, *The Guardian*, (10 April 2022), available at: <https://www.theguardian.com/news/2020/apr/10/world-health-organization-who-v-coronavirus-why-it-cant-handle-pandemic> (accessed 28 August 2022).

<sup>39</sup> World Health Organization, ‘WHO Director-General's opening remarks at the media briefing on COVID-19 - 5 March 2020’, available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-COVID-19---5-march-2020> (accessed 28 August 2022).

<sup>40</sup> World Health Organization, ‘COVID-19 Virtual Press conference transcript - 25 June 2021’, available at:

## Resource constraints

According to previous studies, resource constraints that an international organization faces are reflected in two aspects: the quantity and quality of financing.<sup>41</sup> As for the quantity of finance, the exit of the United States from the WHO made the United States owe over \$200 million to the organization in 2020 in a critical period of battling against the pandemic.<sup>42</sup> As for the quality of finance, there has been a shortage of flexible funding. The financing of the WHO relies on assessed contributions and voluntary contributions and voluntary contributions can be divided into three types: unearmarked core voluntary contributions, thematic and strategic engagement funds, and specified voluntary contributions. Voluntary contributions account for more than three-quarters of financing and a large percentage of them are specified voluntary contributions.<sup>43</sup> As the WHO's executive director Mike Ryan said, "underfunding and earmarking of funds risks paralyzing WHO's ability".<sup>44</sup> Besides, the inadequacy of thematic and strategic engagement funds hampered the WHO in anti-Covid efforts. By August 2022, the ACT-Accelerator partnership has collected \$5.6 billion, accounting for only one-third of its target total.<sup>45</sup>

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<https://www.who.int/publications/m/item/COVID-19-virtual-press-conference-transcript---25-june-2021> (accessed 28 August 2022).

<sup>41</sup> Nina Hall and Ngaire Woods, 'Theorizing the Role of Executive Heads in International Organizations', *European Journal of International Relations* 24(4), (2018), pp. 845-886.

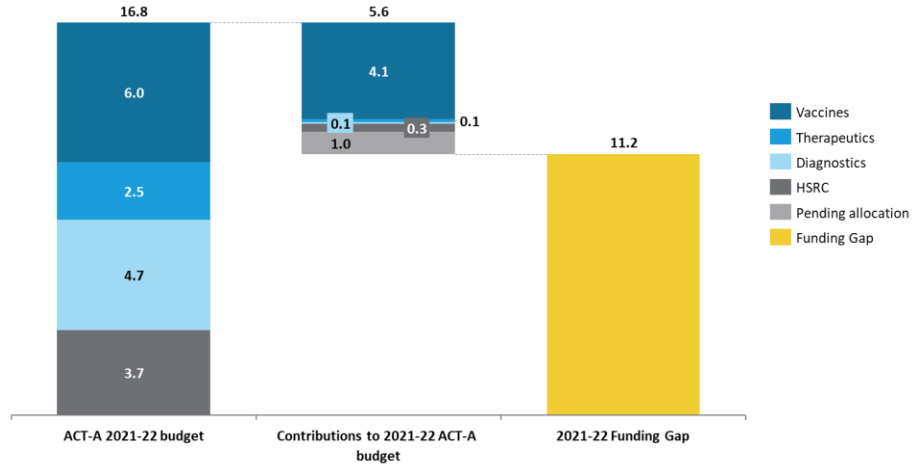
<sup>42</sup> Francesco Guarascio and Emma Farge, 'Exclusive: U.S. funding to WHO fell by 25% during pandemic', *Reuters*, (26 January 2022), available at: <https://www.reuters.com/world/exclusive-us-funding-who-fell-by-25-during-pandemic-document-2022-01-25/> (accessed 28 August 2022).

<sup>43</sup> World Health Organization, 'How WHO is funded', available at: <https://www.who.int/about/funding> (accessed 15 September 2022).

<sup>44</sup> Reuters, 'WHO risks paralysis due to funding shortage – Ryan', (25 May 2021), available at: <https://www.reuters.com/business/healthcare-pharmaceuticals/who-risks-paralysis-due-funding-shortage-ryan-2021-05-25/> (accessed 28 August 2022).

<sup>45</sup> ACT-Accelerator, 'Funding', available at: <https://www.act-a.org/funding-1> (accessed 28 August 2022).

**Figure 1. ACT-A Funding Gap Since October 30, 2021 (US\$ Billion)**



Source: <https://www.who.int/publications/m/item/access-to-COVID-19-tools-tracker> (accessed 28 August 2022).

### How the WHO overcomes constraints

The WHO indeed has dysfunctions and imperfections, but in the face of unprecedented public health emergencies, it has little time to eradicate all the barriers. For this reason, it is necessary to study and highlight how the organization coped with severe challenges during the COVID-19 pandemic. The following part examines how the WHO overcame constraints within the defined range of capabilities. To deal with political constraints, the WHO sought to depoliticize the coronavirus and underscore its role as a neutral international organization. As for enforcement constraints, the WHO improved the efficiency of data collection and analysis systems, conducted scientific cooperation with friendly member countries and research institutions, engaged in multilateral communication, and disseminated scientific and accurate knowledge about COVID-19. As for resource constraints, the WHO partnered with non-state actors and carried forward financial reform.

### Overcoming political constraints

Faced with considerable political pressure, the WHO attempted to depoliticize the COVID-19 pandemic. It sought to reduce the stigmatization of the coronavirus by countering place-naming the novel coronavirus.<sup>46</sup> In February 2020, the WHO named the coronavirus COVID-19 to prevent “inaccurate or stigmatizing” uses of other names.<sup>47</sup> To advance the second phase of virus origin-tracing among controversies, it issued a statement advocating

<sup>46</sup> Kim Yi Dionne and Fulya Felicity Turkmen, ‘The Politics of Pandemic Othering: Putting COVID-19 in Global and Historical Context’, *International Organization* 74 (2020), pp. E213-E230.

<sup>47</sup> World Health Organization, ‘WHO Director-General’s remarks at the media briefing on 2019-nCoV on 11 February 2020’, available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020> (accessed 28 August 2022).

“depoliticizing the situation” in August 2021, trying to prevent some countries from handling health issues as handling political issues.<sup>48</sup>

At the same time, the WHO tried to maintain a neutral position and underscore its role as an international organization. It exercised a high degree of restraint in the face of the attacks from the United States. As for the exit of the United States from the WHO, while researchers and commentators described Trump’s decision as “poorly timed” and “hurt”,<sup>49</sup> the Director-General showed tolerance and regret rather than condemnation,<sup>50</sup> in stark contrast by comparison. However, that did not mean the politicization could achieve general acquiescence. Leadership played an important role. As the head of an international organization, the Director-General didn’t directly refer to the U.S. President by name, but he did warn against politicization by saying “If you don’t want any more body bags, then you refrain from politicizing it.”<sup>51</sup> To refute the criticism of delayed action, the Director-General listed how the WHO responded after the WHO was notified of the first cases on 31 December 2019. The WHO activated its Incident Management Support Team on 1 January 2021, then officially notified all Member States of the new outbreak, published disease outbreak news, and issued a comprehensive package of guidance to countries within two weeks.<sup>52</sup> These concrete facts and numbers spoke for themselves in the face of groundless politicized accusations. Moreover, experts and scholars from the field of public health have demonstrated that politicization is jeopardizing anti-pandemic efforts. In September 2020, the Global Preparedness Monitoring Board, co-convened by WHO and the World Bank Group<sup>53</sup>, issued an independent report which noted that politicization has become a challenge for global anti-pandemic efforts.<sup>54</sup>

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<sup>48</sup> World Health Organization, ‘WHO Statement on advancing the next series of studies to find the origins of SARS-CoV-2’, (12 August 2021), available at: <https://www.who.int/news/item/12-08-2021-who-statement-on-advancing-the-next-series-of-studies-to-find-the-origins-of-sars-cov-2> (accessed 28 August 2022).

<sup>49</sup> Amy Maxmen, ‘What a US exit from the WHO means for COVID-19 and global health’. *Nature* 582(7810), (2020), p. 17.

<sup>50</sup> Madhukar Pai, ‘U.S. Withdrawal From WHO Is Sad For Global Health And Bad For America’, *Forbes*, (June 2020), available at: <https://www.forbes.com/sites/madhukarpai/2020/06/03/us-withdrawal-from-who-sad-for-global-health-and-bad-for-america/?sh=488f75ad1327> (accessed 28 August 2022).

<sup>51</sup> World Economic Forum, ‘That’s enough! - Global leaders must unite to fight COVID-19: WHO briefing’, (8 April 2020), available at: <https://www.weforum.org/agenda/2020/04/coronavirus-covid-08-april-who-briefing/> (accessed 28 August 2022).

<sup>52</sup> World Health Organization, ‘WHO Director-General’s opening remarks at the media briefing on COVID-19 - 8 April 2020’, available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-COVID-19--8-april-2020> (accessed 28 August 2022).

<sup>53</sup> World Health Organization, ‘Listings of WHO’s response to COVID-19’, (29 June 2020), available at: <https://www.who.int/news/item/29-06-2020-covidtimeline> (accessed 28 August 2022).

<sup>54</sup> World Health Organization, ‘A world in disorder: Global Preparedness Monitoring Board annual report 2020’, available at: <https://www.gpmb.org/annual-reports/overview/item/2020-a-world-in-disorder#:~:text=Overview%20On%20September%2014th%202020%2C%20the%20GPMB%20released.be%20unprepared%20again%20when%20the%20next%20pandemic%20hits> (accessed 28 August 2022).

## Overcoming enforcement constraints

Despite the non-compliance of some countries, the WHO managed to take full use of the support available. It conducted scientific cooperation with friendly sovereign countries and research institutions. For example, in Indonesia, the WHO initiated the Solidarity Trial for COVID-19 treatments to conduct a large-scale clinical trial for potential COVID-19 therapeutics in March 2020.<sup>55</sup> To date, the Trial has involved 14200 randomized hospitalized patients and 2000 researchers in 52 countries<sup>56</sup>. Besides, the WHO launched the Unity Studies to collaborate with local institutions to gather epidemiological information that is useful to investigate transmission patterns and vaccine effectiveness. Up to now, 68 countries have participated in the Unity Studies, among which 23 of them are from the African Region, 17 countries from the European Region, 8 from the Eastern Mediterranean Region, 4 from the Region of the Americas, 6 from the South-East Asia Region, and 10 from the Western Pacific Region.<sup>57</sup>

The WHO also focused on improving the efficiency of data collection and analysis systems. For COVID-19 data reporting, the WHO specified what data should be reported to its two complementary data collection tools weekly on its website. The number of specimens tested for COVID-19, positive numbers, and negative numbers were reported to FluNet, and more specific data such as the number of influenza-like illness specimens, severe acute respiratory infections specimens, and deaths are reported to FluID. In May 2021, the WHO established the WHO Hub for Pandemic and Epidemic Intelligence with Germany.<sup>58</sup>

In addition, the WHO employed multilateral dialogue mechanisms. The Director-General participated in multilateral conferences such as the G20 Extraordinary Leaders' Summit in March 2020 to reiterate the importance of solidarity among member states.<sup>59</sup> In this way, the Director-General seized opportunities to enter into dialogue with member states which are wealthier and more powerful but less willing to join collective action led by the WHO. In September 2021, the WHO Director-General addressed the Alliance for Multilateralism to promote global cooperation in vaccination.<sup>60</sup>

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<sup>55</sup> World Health Organization, 'The WHO Solidarity Trial for COVID-19 treatments officially launched in Indonesia', (24 April 2020), available at: <https://www.who.int/indonesia/news/detail/24-04-2020-the-who-solidarity-trial-for-COVID-19-treatments-officially-launched-in-indonesia> (accessed 28 August 2022).

<sup>56</sup> World Health Organization, 'WHO COVID-19 Solidarity Therapeutics Trial', available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-COVID-19-treatments#:~:text=Solidarity%20is%20an%20international%20clinical%20trial%20to%20help.in%20500%20hospital%20sites%20in%20over%2030%20countries> (accessed 28 August 2022).

<sup>57</sup> World Health Organization, 'Acknowledgements: The Unity Studies for sero-epidemiological investigation of COVID-19', available at: <https://www.who.int/publications/m/item/acknowledgements-the-unity-studies-for-sero-epidemiological-investigation-of-COVID-19> (accessed 28 August 2022).

<sup>58</sup> World Health Organization, 'WHO, Germany open Hub for Pandemic and Epidemic Intelligence in Berlin', (1 September 2021), available at: <https://www.who.int/news/item/01-09-2021-who-germany-open-hub-for-pandemic-and-epidemic-intelligence-in-berlin> (accessed 28 August 2022).

<sup>59</sup> World Health Organization, 'WHO Director General's remarks at the G20 Extraordinary Leaders' Summit on COVID-19 - 26 March 2020', available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-g20-extraordinary-leaders-summit-on-COVID-19---26-march-2020> (accessed 28 August 2022).

<sup>60</sup> World Health Organization, 'WHO Director-General's remarks at the Alliance for Multilateralism', available at:



Meantime, the WHO sought to disseminate scientific and accurate knowledge about COVID-19. The Information Network for Epidemics (EPI-WIN) of the WHO is committed to addressing the “infodemic” during the pandemic through developing messaging and information products and other measures.<sup>61</sup> Collaborated with the Global Outbreak Alert and Response Network (GOARN) partners, the WHO released the training, briefings, and direct user and technical support.<sup>62</sup> Through the WHO Health Alert on social media, the WHO provided the latest news and information on coronavirus in seven languages.<sup>63</sup> The OpenWHO.org learning platform had released 40 COVID-19-related courses and had registered more than 6 million course enrolments by December 2021.<sup>64</sup>

### Overcoming resource constraints

It is noteworthy that non-state actors have become more and more important partners and sources of funding for the WHO during the pandemic. Financial resources from multilateral organizations and regional cooperation organizations occupied a significant proportion of contributions to the WHO for COVID-19 (see Table 1). In addition to sovereign donors, top contributors included the European Commission, the World Bank, the GAVI Alliance, the United Nations Development Programme (UNDP), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), and the United Nations Central Emergency Response Fund (CERF).<sup>65</sup>

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<https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-alliance-for-multilateralism> (accessed 28 August 2022).

<sup>61</sup> World Health Organization, ‘Science for communities during health emergencies’, available at: <https://www.who.int/teams/epi-win/about-epi-win> (accessed 28 August 2022).

<sup>62</sup> World Health Organization, ‘Looking back at a year that changed the world: WHO’s response to COVID-19’, available at: <https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-COVID-19> (accessed 28 August 2022).

<sup>63</sup> World Health Organization, ‘WHO Health Alert brings COVID-19 facts to billions via WhatsApp’, (26 April 2021), available at: <https://www.who.int/news-room/feature-stories/detail/who-health-alert-brings-COVID-19-facts-to-billions-via-whatsapp> (accessed 28 August 2022).

<sup>64</sup> World Health Organization, ‘OpenWHO.org: 2021 year in review’, (16 December 2021), available at: <https://www.who.int/news/item/16-12-2021-openwho.org-2021-year-in-review> (accessed 28 August 2022).

<sup>65</sup> World Health Organization, ‘WHO, UN Foundation and partners launch first-of-its-kind COVID-19 Solidarity Response Fund’, (13 March 2020), available at: <https://www.who.int/news/item/13-03-2020-who-un-foundation-and-partners-launch-first-of-its-kind-COVID-19-solidarity-response-fund> (accessed 28 August 2022).

**Table 1.** Top 15 Contributors to the WHO for COVID-19

2020			2021		
Contributors	Agreement Amount (US\$ Million)	Percentage	Contributors	Agreement Amount (US\$ Million)	Percentage
Germany	425.49	30.65%	Germany	400.87	31.21%
The United Kingdom	123.97	8.93%	European Commission	170.62	13.29%
European Commission	109.04	7.86%	Miscellaneous	118.05	9.19%
World Bank	68.21	4.91%	Canada	102.47	7.98%
Kuwait	56.44	4.07%	United States of America	81.41	6.34%
Iran	51.97	3.74%	GAVI Alliance	77.51	6.04%
COVID-19 SRF	50.37	3.63%	France	51.46	4.01%
Japan	47.54	3.42%	UNDP	28.27	2.20%
Saudi Arabia	37.71	2.72%	World Bank	20.05	1.56%
The United States	33.12	2.39%	Saudi Arabia	19.69	1.53%
China	32.30	2.33%	Denmark	15.80	1.23%
COVID-19 SPRP MSPF	26.91	1.94%	Norway	15.68	1.22%
UNDP	24.29	1.75%	Kuwait	15.00	1.17%
UNOCHA	20.60	1.48%	Netherlands	14.33	1.12%
CERF	20.21	1.46%	Philippines	14.09	1.10%

Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners> (accessed 28 August 2022).

Note: COVID-19 SRF: COVID-19 Solidarity Response Fund; COVID-19 SPRP MSPF: COVID-19 SPRP Member States Pool Fund.

Besides, the WHO itself has been aware of the financial problems it faces. Throughout history, there were many rounds of reforms about financing, such as the Financing Dialogue launched in 2013<sup>66</sup>, the Contingency Fund for Emergencies established in 2015,<sup>67</sup> and so on. To expand truly flexible funding, the WHO established the Sustainable Financing Working Group in January 2021 which can be counted as a significant new step. It has made ambitious phased

<sup>66</sup> World Health Organization, 'Financing Dialogue', available at: [https://apps.who.int/gb/ebwha/pdf\\_files/EB134/B134\\_9-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB134/B134_9-en.pdf) (accessed 28 August 2022).

<sup>67</sup> World Health Organization, 'Contingency fund for emergencies: enabling quick action to save lives', available at: <https://apps.who.int/iris/bitstream/handle/10665/272300/WHO-WHE-EXR-2018.1-eng.pdf;sequence=1> (accessed 28 August 2022).

plans of gradually increasing countries' membership dues to half of the 2022-2023 base budget by the 2030-2031 biennium.<sup>68</sup>

**Table 2.** Summary of Constraints and How the WHO Overcomes the Constraints

Constraints	Representation of constraints during COVID-19	How the WHO overcomes the constraints
Political constraints	Weaponization of the WHO. Stigmatization of coronavirus. Politicization of prevention and control measures.	Depoliticizing coronavirus, origin-tracing, and anti-virus measures. Maintaining impartial and underscoring its role as an international organization.
Enforcement constraints	Lack of data collection and sharing. Member states' absence in international collaboration. Member states' ignorance of scientific guidance.	Expanding cooperation with friendly countries and improving data collection and analysis systems. Leveraging multilateral mechanisms. Disseminating scientific and accurate knowledge about COVID-19.
Resource constraints	Lack of funding in quantity. Lack of thematic and strategic engagement funds.	Increasing financing channels from non-state actors. Establishing the Sustainable Financing Working Group

### Evaluate the performance of the WHO

During the process of battling COVID-19, the performance of the WHO was not without its merits. The WHO managed to achieve progress against the backdrop of multiple impediments to multilateral cooperation. The criticism of the WHO should not go beyond the scope of its capability. According to the *Lancet*, the WHO should play a role during the COVID-19 pandemic in six areas, knowledge and expertise, epidemiological data, diagnostic tests, therapeutics and vaccines, medical supplies, and support for disadvantaged countries.<sup>69</sup> Despite the aforementioned constraints, the WHO has been making continuous efforts in these areas. In addition to knowledge and expertise and epidemiological data (which have been listed above), the WHO released the final version of Target Product Profiles (TPP) for priority COVID-19 diagnostics<sup>70</sup> under the ACT-A framework, and issued an implementation guide to SARS-CoV-2 antigen-detecting rapid diagnostic tests.<sup>71</sup> As the co-initiator of COVAX, it provided policy recommendations and issued emergency use listings and the target product profiles for COVID-19 vaccines. The Independent Allocation of Vaccines Group (IAVG) was established to provide strategic guidance and promote vaccine equity.<sup>72</sup> The COVAX No-Fault Compensation Program

<sup>68</sup> World Health Organization, 'Working toward a sustainably financed WHO', available at: <https://www.who.int/about/funding/sustainable-financing> (accessed 28 August 2022).

<sup>69</sup> Olivier Nay et al., 'The WHO We Want', *The Lancet* 395(10240), (2020), pp. 1818–1820.

<sup>70</sup> World Health Organization, 'COVID-19 Target product profiles for priority diagnostics to support response to the COVID-19 pandemic v.1.0', available at: <https://www.who.int/publications/m/item/COVID-19-target-product-profiles-for-priority-diagnostics-to-support-response-to-the-COVID-19-pandemic-v.0.1> (accessed 28 August 2022).

<sup>71</sup> World Health Organization, 'SARS-CoV-2 antigen-detecting rapid diagnostic tests: An implementation guide', available at: <https://www.who.int/publications/i/item/9789240017740> (accessed 28 August 2022).

<sup>72</sup> World Health Organization, 'Independent Allocation of Vaccines Group (IAVG)', available at: <https://www.who.int/groups/iavg> (accessed 28 August 2022).

for AMC-eligible economies was also developed.<sup>73</sup> As of March 2022, COVAX had delivered over 1.37 billion doses of WHO-approved COVID-19 vaccines to 144 countries, especially to low-and middle-income countries.<sup>74</sup> During the pandemic, the interruption of global supply chains made it difficult to translate financial resources into direct medical supplies. The WHO cooperated with multilateral organizations such as the World Food Programme and the United Nations Children's Fund (UNICEF) to coordinate the supply of medical equipment across the world. In May 2020, the COVID-19 Supply Portal was launched. Countries could request about 50 types of personal protective equipment, biomedical equipment, and diagnostics supplies.<sup>75</sup> As of March 2022, 20.6 million sample collection kits, 81.7 million antigen RDTs, 44.4 million PCR tests, 220 million medical masks, 124 million gloves, and 9.8 million face shields have been delivered globally.<sup>76</sup> Furthermore, the WHO provided substantial support for disadvantaged countries. According to whether a country is included in the UN Global Humanitarian Response Plan (GHRP) for COVID-19, the WHO prioritized vulnerable countries that are most in need of human resources, technical support, and funding. Based on the assessment, the WHO maintained essential health services in fragile, conflicted-affected, and vulnerable countries.<sup>77</sup>

## Conclusion

Tense bilateral relations between China and the US gave rise to battles in the field of global governance,<sup>78</sup> with the global COVID-19 pandemic becoming the focal point. This posed unprecedented political constraints to the WHO. The WHO coordinated multilateral efforts while avoiding political attention.<sup>79</sup> Besides, powerful countries demonstrated a reluctance to delegate more power to the multilateral organization which has virtually no powerful means to reverse the trend. As a non-governmental organization, the WHO has no force to punish member states who violate the International Health Regulation. As the largest contributor, the United States cut funding for the WHO, weakening its financial sustainability, and making it harder to fill the huge funding gap in response to the COVID-19 pandemic.

The WHO was struggling in a mire of political constraints, enforcement constraints, and resource constraints. Therefore, the constraints that the WHO faced during the pandemic must be taken into consideration when we try to criticize or comment on the WHO. From what we have

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<sup>73</sup> COVAX No-Fault Compensation Program for AMC Eligible Economies, 'About the Program', available at: <https://covaxclaims.com/> (accessed 28 August 2022).

<sup>74</sup> World Health Organization, 'WHO's response to COVID-19—2021 Annual Report', available at: <https://www.who.int/publications/m/item/who-s-response-to-COVID-19-2021-annual-report> (accessed 28 August 2022).

<sup>75</sup> World Health Organization, 'COVID-19 Supply Chain System', available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/COVID-19-operations> (accessed 28 August 2022).

<sup>76</sup> World Health Organization, 'WHO's response to COVID-19—2021 Annual Report', available at: <https://www.who.int/publications/m/item/who-s-response-to-COVID-19-2021-annual-report> (accessed 28 August 2022).

<sup>77</sup> World Health Organization, 'Looking back at a year that changed the world: WHO's response to COVID-19', available at: <https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-COVID-19> (accessed 28 August 2022).

<sup>78</sup> Gregory T. Chin, 'US-China Relations and Remaking Global Governance: From Stalemate and Progress to Crisis to Resolutions', *Asian Perspective* 45(1) (2021), pp. 91-109.

<sup>79</sup> Sara E Davies and Clare Wenham, 'Why the COVID-19 Response Needs International Relations', *International Affairs*, 96(5), (2020), pp. 1227-1251.

discussed above, it is fair to say that the WHO has responded to COVID-19 in an all-around, timely and scientific way.

To end the pandemic is not the sole responsibility of an international organization like the WHO. Member states should follow technical advice, fulfill their obligations specified in the International Health Regulation, and provide more resources for the WHO. More importantly, refraining from politicizing the coronavirus could intensify international efforts to combat the coronavirus. Major countries, especially the United States and China, can decide the influence and power of the WHO to a large extent.<sup>80</sup> The WHO could seek to become a middleman between the two countries to expand more space for health cooperation.<sup>81</sup> The WHO needs to improve, but the attempt would become futile in the absence of member states' participation.

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<sup>80</sup> Tiewa Liu, 'The Central Position and Challenges of World Health Organization in Global Health Governance', *Pacific Journal* 29(02), (2021), pp. 15-28.

<sup>81</sup> Joseph S. Nye Jr., 'Why the Coronavirus Is Making U.S.-China Relations Worse', *The National Interest*, (3 April 2020), available at: <https://nationalinterest.org/feature/why-coronavirus-making-us-china-relations-worse-139457> (accessed 28 August 2022).

## **Research 5: A Comparative Study of Chinese and American Public Health Aid during the COVID-19 Pandemic**

**Haixiao Gao and Christina Williams**

### **Abstract**

This paper examines the similarities and differences between Chinese and U.S. public health aid during the COVID-19 pandemic. The research finds three similarities. First, the national governments of China and the United States respectively proposed guidelines to direct their aid. Second, through public health aid, China and the United States hope to enhance their wretched national images. China faced the suspicion that it deliberately spread the virus, while the Trump administration's indifferent attitudes toward public health aid ruined the U.S. reputation as the leader of the global health cause. Third, China and the United States donated many vaccines to promote equitable and enhanced distribution globally, and most recipient countries are in similar areas. There are also a few differences. In terms of aid transparency, the United States disclosed more information than China. When it comes to vaccine distribution, China prefers direct donation, while the United States favors cooperation with multilateral organizations. Moreover, many countries do not recognize the validity and effectiveness of Chinese vaccines, while U.S. vaccines are approved by more countries. This paper summarizes three reasons for these similarities and differences. To defend public health, China and the United States donate aid mainly to countries with lower medical capabilities, most of which are in Asia and Africa. The public health aid is also a race for the two countries to improve their influence in some areas. Due to its abundant experience in public health aid, the United States possesses advantages in terms of aid transparency, international recognition, and cooperation with multilateral institutions. But China also showed its advantages during the pandemic.



## Introduction

### Research Background

The novel coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most of those infected with the virus will have mild to moderate respiratory symptoms and recover without requiring special attention. However, some infected will become seriously ill and require medical assistance. Severe sickness is more likely to strike the elderly and those with preexisting medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease or cancer. The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. Anyone has the potential risk of getting sick with COVID-19, becoming seriously ill, and dying at any age.<sup>1</sup>

The first COVID-19 case was reported in Wuhan, China, in December 2019. On January 30, 2020, the World Health Organization (WHO) claimed that the outbreak met the criteria for a Public Health Emergency of International Concern (PHEIC) and appealed for global solidarity to guard against the virus.<sup>2</sup> After almost three years, the virus continues to plague the whole world. As of June 29, 2022, 542,188,789 confirmed cases and 6,329,275 confirmed deaths have been reported in different countries across the globe.<sup>3</sup> One distinctive feature of COVID-19 is its astonishing ability to spread. As globalization accelerates, the frequent personal exchanges and international trades between the countries, unfortunately, allow the virus to spread. Only if nations work together can COVID-19 be reduced to minimal contraction rates. However, as countries differ significantly in their public health resources and emergency response capabilities, it is difficult for some countries to deal with the pandemic alone. We agree with Scott Barrett's suggestion that every country must ensure that the virus is eliminated so that people can eradicate infectious diseases. Barrett is of the opinion that if one country fails, all efforts will be wasted.<sup>4</sup> As a result, countries with advanced medical capabilities should provide public health aid for countries in need.

Researchers have not yet found a precise definition of public health aid in previous studies. However, there is a relatively clear definition of "public health." The definition of public health suggested by the American bacteriologist Winslow has perhaps best stood the test of time.<sup>5</sup> "Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency." Specific ways to achieve these goals include "the

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<sup>1</sup> 'Coronavirus disease (COVID-19)' from the WHO website, available at: [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1) (accessed 27 June 2022).

<sup>2</sup> 'Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', from the WHO website, (30 January 2020), available at: [https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)) (accessed 27 June 2022).

<sup>3</sup> 'Coronavirus Disease (COVID-19) Pandemic', from the WHO website, available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> (accessed 29 June 29, 2022).

<sup>4</sup> Scott Barrett, *Why Cooperate? The Incentive to Supply Global Public Goods* (New York, NY: Oxford University Press, 2007).

<sup>5</sup> Jeffrey P. Koplan et al., 'Towards a common definition of global health', *The Lancet* 373(9679), (2 June 2009), p.1993.

control of community infections,” “the education of the individual in principles of personal hygiene,” etc.<sup>6</sup>

However, most developing countries lack enough trained health workers, monetary resources, or knowledge to fulfill public health’s basic needs.<sup>7</sup> In some cases, foreign aid from developed countries is necessary. Foreign aid refers to “the international movement of money, services, or goods from governments or international institutions for the benefit of the receiving country or its citizens.”<sup>8</sup>

Based on the two definitions, we define “public health aid” as resources transferred by donor countries to affected countries to strengthen, from a systemic perspective, their respective public health delivery of services to prevent, curtail and ultimately eradicate the spread of infectious diseases such as COVID-19.

Amongst the countries highly impacted by COVID-19 are the United States and China, two of the world’s largest superpowers. In the face of the virus, the Chinese government took timely measures to cut off the spread of the disease. And the Chinese people actively responded to the government’s appeals for quarantine and vaccination. While most other countries were still exhausted from handling the pandemic, China had well contained the virus at home and began to offer public health aid. By contrast, President Trump downplayed the threats of the virus. He was hesitant and pretty much failed to cope with the domestic outbreak. The Trump administration was unwilling to assume the responsibility to offer public health aid and even severed its relationship with WHO. As a result of President Biden’s election victory, the new administration progressively moved to lead the world’s humanitarian and public health response to the COVID-19 pandemic.

Both China and the United States have experience in providing public health aid. The public health aid they once supplied to developing nations is crucial for affected countries’ fight with past public health crises such as Ebola, Malaria and HIV outbreaks. China and the United States actively provide public health aid. However, they choose different methods with respective systemic advantages and disadvantages. This report aims to analyze Chinese and American public health aid during the COVID-19 pandemic.

## Research Questions

This report explores selected elements of the two countries during the COVID-19 pandemic. There are mainly three major research questions in this report:

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<sup>6</sup> Charles-Edward Amory Winslow, ‘The untilled fields of public health’, *Science* 51(1306), (9 January 1920), p.30.

<sup>7</sup> Dean T. Jamison and W. Henry Mosley, ‘Disease control priorities in developing countries: Health policy responses to epidemiological change’, *American Journal of Public Health* 81(1), (January 1991).

<sup>8</sup> ‘Foreign aid: The voluntary movement of capital from one country to another’, from the Corporate Finance Institute website, (6 May 2022), available at: <https://corporatefinanceinstitute.com/resources/knowledge/economics/foreign-aid/#:~:text=Summary%201%20Foreign%20aid%20is%20the%20voluntary%20movement,a%20government%2C%20allowing%20it%20to%20obtain%20diplomatic%20recognition> (accessed 27 June 2022).

1. How do China and the United States provide public health aid during COVID-19?
2. What are the similarities and differences between Chinese and American public health aid?
3. What causes these similarities and differences?

### **Outline of the Report**

After the introduction, this report includes three sections:

In part two, the report describes how China and the United States provided public health aid during the COVID-19 pandemic. Then, the report compares the public health aid offered by China and the United States, finding the similarities and differences. In part three, the report tries to explain the similarities and differences between the two countries. Part four is a conclusion for the whole report. This part summarizes the findings of the research. It also includes some advice about how the two countries should learn from each other and cooperate to contribute to global health.

## **Chinese and American Public Health Aid during COVID-19**

### **Chinese Public Health Aid**

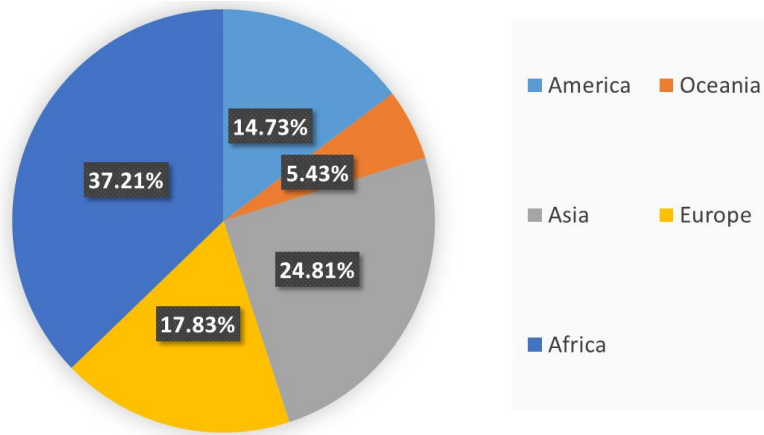
In December 2019, COVID-19 was discovered in Wuhan, Hubei Province, China. The virus had an amazing ability to spread. With frequent population movements, the virus quickly escalated into a nationwide and later worldwide pandemic. China was among the first countries that suffered the effects of COVID-19. In the roughest of times, many countries offered aid to assist China in defending against the pandemic. In March 2020, the situation in China improved, and China gradually recovered from the pandemic. However, COVID-19 was inflicting colossal damage worldwide. It was time for China, the staunch advocator of “a community with a shared future for mankind,” to help other countries.

The authors collected data from the websites of the China International Development Cooperation Agency (CIDCA) and Chinese embassies in recipient countries, and news from official media such as the Xinhua News Agency, *People's Daily*, etc. The data collected might not be accurate, considering the restricted access to all information, but it could reflect a general trend.

Based on collected data, as of December 31, 2021, China had supplied public health aid against COVID-19 to 130 countries. Of the 130 countries, 36.92% were in Africa, 24.62% in Asia, 17.69% in Europe, 14.62% in America, and 5.38% in Oceania. Only 21 developed countries received the aid, accounting for 16.15%, and developing countries for 83.83%. The ratio was understandable considering that most countries that needed public health aid were developing countries whose ability to cope with a public health crisis like COVID-19 independently was not enough compared with that of developed countries.

**Figure 1:**

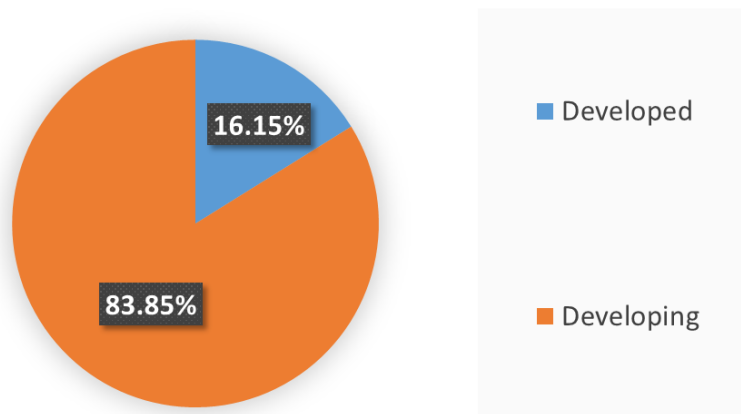
*The Geographical Distribution of Chinese Public Health Aid's Recipient Countries*



*Note.* The data comes from the reports on the websites of the CIDCA and Chinese embassies in recipient countries, and news from Chinese official media.

**Figure 2:**

*The Percentage of Developed and Developing Countries that Received Chinese Public Health Aid*



*Note.* The data comes from the reports on the websites of the CIDCA and Chinese embassies in recipient countries, and news from Chinese official media.

This report divided Chinese public health aid into five categories: medical materials, vaccines, medical teams and facilities, cash assistance, and contributions to multilateral institutions. The following part would give a more detailed description of these five aspects of Chinese public health aid against COVID-19.

Medical materials and vaccines were two of the most significant kinds of aid that China supplied. The process of Chinese public health aid could be divided into two stages based on the main form of aid offered. The first stage was from March 7, 2020. China offered aid to Iraq. It was the first COVID-19 assistance that China publicized on the official website of the CIDCA. In this stage, medical materials such as masks, ventilators, protective clothing, etc., were given to Iraq. As of December 19, 2021, China had provided anti-epidemic materials to more than 150 countries and 14 international organizations.<sup>9</sup>

On February 1, 2021, China sent vaccines to Pakistan. Chinese public health aid entered the second stage. During this stage, vaccines replaced medical materials as the primary aid. As of December 26, 2021, China had provided more than 2 billion COVID-19 vaccines to over 120 countries and international organizations, becoming the country that provided the most vaccines.<sup>10</sup> Another point worth noting was that, in the first stage, some developed countries received medical materials from China. However, fewer developed countries were still willing to receive Chinese vaccines in the second stage. Some developed countries even refused to admit the validity of Chinese vaccines.<sup>11</sup> The focus of aid was further shifted toward low-income countries.

Besides medical materials and vaccines, medical teams and facilities were also significant aid. China had paid attention to facilitating the capabilities of the locals to deal with public health crises independently for a long time. As of May 31, 2020, China had sent 29 medical teams to 27 countries. It also guided the foreign medical teams stationed in 56 countries to assist the host countries in pandemic prevention and control, provided technical advice and health education to locals and overseas Chinese, and held over 400 online and offline training sessions.<sup>12</sup> On December 9, 2020, China assisted Tunisia in building a general hospital as a designated COVID-19 treatment hospital. It also aided Vietnam and Africa in establishing their Centers of Disease Control and Prevention to enhance their scientific research capabilities and medical and public health intervention strategies against COVID-19 and other diseases from a comprehensive systemic perspective.

China disfavored cash assistance to developing countries compared to the previous three types of assistance and only directly provided cash assistance to the World Health Organization and the COVAX, as recorded.<sup>13</sup> Besides, almost no reports about cash assistance to other

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<sup>9</sup> 'The second batch of vaccines assisted by the Chinese government arrived in Salva' ['Dier Pi Zhongguo Zhengfu Yuanzhu Yimiao Yundi Saerwa'], from the CIDCA website, (24 December 24 2021), available at: <http://www.cidca.gov.cn/2021-12/24/c1211500443.htm> (accessed at 15 April 2022).

<sup>10</sup> 'Review: Contribution of Chinese vaccines to global immune barrier' ['Zongshu: Gongzhu Quanqiu Mianyi Pingzhang Zhongguo Yimiao Zuochu Gongxian'], *Xinhua News Agency*, (17 January 2022), available at: <https://baijiahao.baidu.com/s?id=1722098073069494420&wfr=spider&for=pc> (accessed at 15 April 2022).

<sup>11</sup> 'France has issued new rules that Chinese vaccines are not recognized' ['Faguo Fabu Rujing Xingui, Bu Chengren Zhongguo Yimiao'], *Global Times*, (16 June 2021), available at: <https://baijiahao.baidu.com/s?id=1702649796476460794&wfr=spider&for=pc> (accessed 15 April 2022).

<sup>12</sup> The State Council Information Office of the People's Republic of China, 'Fighting COVID-19 China in action', (June 2020), available at: <https://language.chinadaily.com.cn/a/202006/08/WS5edde063a310834817251871.html>.

<sup>13</sup> 'Foreign Ministry: China will add 30 million US dollars donations in cash to the WHO' ['Waijiao Bu: Zhongfang Xiang Shiwei Zuzhi Zengjia Xian Huikuan 3000 Wan Meiyuan'], *People's Daily Online*, (23 April 2020), available at: <https://baijiahao.baidu.com/s?id=1664770847405642438&wfr=spider&for=pc> (accessed 16 April 2022); 'Wang Xiaolong,

countries or institutions were found. Compared with financial aid, China preferred to provide material and personnel assistance.

The contribution to various international and regional organizations were also significant constituents of Chinese public health aid. China positively supported the work of international institutions like the United Nations and the WHO. On April 23, 2020, Chinese Foreign Ministry spokesperson Geng Shuang announced that China had decided to donate 30 million U.S. dollars in cash to the WHO in addition to its previous 20 million U.S. dollars donation on March 8, 2020. On August 6, 2021, the Chinese government pledged 100 million to COVAX, a program initiated by the Global Alliance for Vaccines and Immunisation (GAVI), the WHO, and the Coalition for Epidemic Preparedness Innovations (CEPI) to ensure the equal distribution of vaccines. Regional organizations such as the Association of Southeast Asian Nations (ASEAN) and the African Union also received aid from China. However, in most cases, China preferred to offer direct aid to its members rather than take advantage of organizations as intermediaries to distribute resources.

### **American Public Health Aid**

Public health aid offered by the United States also helped affected countries mitigate the damage caused by the pandemic. According to the data collected from the websites of the U.S. Department of State and the U.S. Agency for International Development (USAID), the United States donated aid to about 138 countries. Of the 138 countries, 36.23% were in Sub-Saharan Africa, 21.74% in Asia, 21.74% in Latin America and the Caribbean, 17.69% in Europe and Eurasia, and 7.25% in the Middle East and North Africa. Only four developed countries received the aid, accounting for 2.89%.

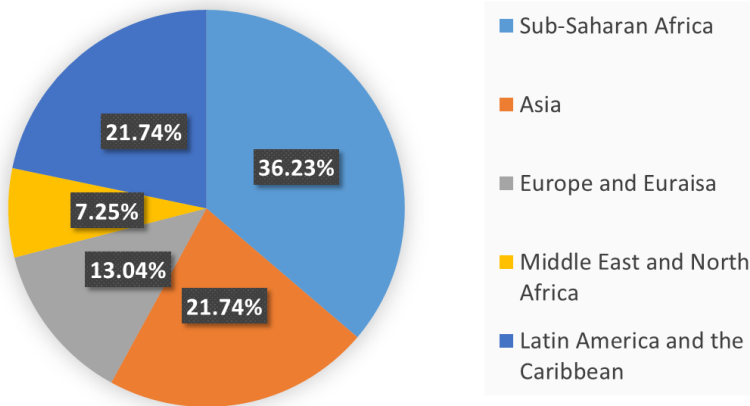
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Director-General of the Department of International Economic Affairs of the Foreign Ministry, held a briefing on COVID-19 vaccine supply' ['Waijiao Bu Guoji Jingjisi Sizhang Wang Xiaolong Juxing Duiwai Tigong Xinguan Yimiao Chuifenghui'], from the Ministry of Foreign Affairs of China website, (10 August 2021), available at: [http://foreignjournalists.fmprc.gov.cn/wjb\\_673085/zzjg\\_673183/gijjs\\_674249/xgxw\\_674251/202108/t20210810\\_9176244.shtml](http://foreignjournalists.fmprc.gov.cn/wjb_673085/zzjg_673183/gijjs_674249/xgxw_674251/202108/t20210810_9176244.shtml) (accessed 16 April 2022).



**Figure 3 :**

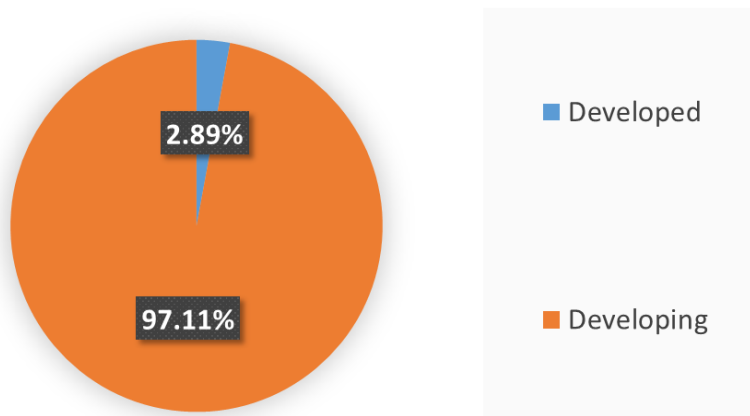
*The Geographical Distribution of American Public Health Aid's Recipient Countries*



*Note.* The data comes from the reports on the websites of the U.S. Department of State and USAID.

**Figure 4:**

*The Percentage of Developed and Developing Countries that Received American Public Health Aid*



*Note.* The data comes from the reports on the websites of the U.S. Department of State and USAID.

However, the country's attitude towards public health aid was not consistent. The United States, during the COVID-19 pandemic, had two different presidents: the right-leaning President Donald Trump and the left-leaning President Joe Biden. These two presidents had different beliefs in terms of public health aid.

During the Trump administration, the president and Congress were at odds regarding public health aid. President's vow to put "America first" included a plan to slash aid to low-income nations. During Trump's administration, he repeatedly threatened to cut substantial foreign aid to other countries and withdraw from international treaties. However, Congress believed that "foreign strategic assistance serves as a key instrument of promoting U.S. interests abroad and in various global governance issues" and thus impeded the Trump administration's attempts to cut the foreign aid budget.<sup>14</sup>

The situation was similar during the COVID-19 pandemic. Despite divided domestic opinions, the United States still provided considerable aid. According to the official report published on August 21, 2020, the U.S. Government announced more than \$1.6 billion in State Department and U.S. Agency for International Development (USAID) to aid more than 120 countries. More than \$250 million was invested in fulfilling President Trump's commitment to providing ventilators to U.S. partners and allies worldwide. Besides medical materials, the funding was also used to build healthcare facilities and train local healthcare workers, improving some countries' laboratories, disease surveillance, and rapid-response capacity.<sup>15</sup>

However, Trump's "America first" opinion hindered U.S. efforts to provide public health aid during the pandemic. His attitudes toward vaccine distribution and decision to withdraw from the WHO implied his indifference to other countries. In his remarks at the Operation Warp Vaccine Summit, Trump admitted the significance of cooperation with other countries to end the pandemic. However, he stressed that the United States government should "prioritize the getting out of the vaccine to American citizens before sending it to other nations."<sup>16</sup> In the deal with Moderna, a vital vaccine supplier, the Trump administration accepted Moderna's term that "no doses delivered to the U.S. could be shared with the rest of the world," allowing the firm to refuse pleas to aid the neediest countries. The deal was "100 percent focused on the United States" and beneficial to the country, while it obstructed global efforts to contain the pandemic.<sup>17</sup>

President Trump also ruined U.S. cooperation with international organizations. On May 29, 2020, President Donald Trump announced the United States would sever its relationship with the WHO and redirect funds to U.S. global health priorities. On July 6, 2020, the U.S. administration officially declared its intention to withdraw from the WHO membership.<sup>18</sup> The

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<sup>14</sup> Salvador Santino Regilme, 'United States foreign aid and multilateralism under the Trump presidency', *New Global Studies*, (2022), p.19; Bryant Harris, Robbie Gramer, and Emily Tamkin, 'The end of foreign aid as we know it' *Foreign Policy*, (24 April 2017), available at: <https://foreignpolicy.com/2017/04/24/u-s-agency-for-international-development-foreign-aid-state-department-trump-slash-foreign-funding/> (accessed 12 April 2022).

<sup>15</sup> 'State Department: Update: The United States continues to lead the global response to COVID-19', from the USAID website, (21 August 2020), <https://www.usaid.gov/news-information/coronavirus/fact-sheets/aug-21-2020-update-united-states-continues-lead-global-response-COVID-19> (accessed 8 July 2022).

<sup>16</sup> Remarks by President Trump at the Operation Warp Speed Vaccine Summit, (8 December 2020), available at: <https://trumpwhitehouse.archives.gov/briefings-statements/remarks-president-trump-operation-warp-speed-vaccine-summit/> (accessed 14 April 2022).

<sup>17</sup> Adam Cancryn, Sarah Owerhohle, and Erin Banco, 'How Trump's deal with Moderna hampers the global vaccine effort', *Politico*, (5 November 2021), available at: <https://www.politico.com/news/2021/11/05/trump-deal-moderna-global-vaccine-effort-519771> (accessed 14 April 2022).

<sup>18</sup> Lawrence O. Gostin et al., 'U.S. withdrawal from WHO is unlawful and threatens global and U.S. health and security', *The Lancet* 396 (10247), (1 August 2021), available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31527-](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31527-)

decision to withdraw from the WHO would disrupt the system to track the virus globally, impede clinical vaccine trials, and set back global endeavors to curb the pandemic.<sup>19</sup>

On January 20, 2021, the United States welcomed a new president. Compared with Trump, President Biden paid more attention to public health aid. After hearing Trump's decision to withdraw from the WHO, President Biden, then a presidential candidate, claimed that on his first day as the president, he would rejoin the WHO.<sup>20</sup> Just one day after taking office, the president released *the National Strategy for the COVID-19 Response and Pandemic Preparedness*. The strategy was mainly aimed at dealing with the domestic pandemic. However, the president also stressed the importance of restoring U.S. leadership to the international COVID-19 response and future public health crises.<sup>21</sup>

Under the leadership of President Biden, the United States carried out assistance activities efficiently. As of January 3, 2022, USAID had worked in more than 120 countries and provided more than \$9.6 billion in COVID-19 supplemental funding toward the fight against COVID-19.<sup>22</sup>

Widespread and equitable access to vaccines was one of the most important aims of American public health aid. At the Global COVID-19 Summit on September 22, 2021, President Biden announced bold new commitments from the United States to supply an additional 500 million doses of Pfizer vaccine that will all be shipped by this time next year, bringing the U.S. total commitment of donated vaccines to over 1.1 billion.<sup>23</sup> By the end of 2021, the United States had provided about 350 million vaccines. To improve the vaccination rate, USAID also worked with United Nations International Children's Emergency Fund (UNICEF) and other non-governmental organizations (NGOs) to conduct quarterly assessments to understand the causes of low vaccine confidence and organize volunteers to encourage people to get vaccinated.<sup>24</sup>

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<sup>19</sup> Brianna Ehley and Alice Miranda Ollstein, 'Trump announces U.S. withdrawal from the World Health Organization', Politico, (29 May 2020), available at: <https://www.politico.com/news/2020/05/29/us-withdrawing-from-who-289799> (accessed 16 April 2022); Katie Rogers and Apoorva Mandavilli, 'Trump administration signals formal withdrawal from W.H.O.', The New York Times, (7 July 2020), available at: <https://www.nytimes.com/2020/07/07/us/politics/coronavirus-trump-who.html> (accessed 16 April 2022).

<sup>20</sup> Joe Biden, 'Americans are safer when America is engaged in strengthening global health', Twitter, (8 July 2020), <https://twitter.com/JoeBiden/status/1280603719831359489> (accessed 16 April 2022).

<sup>21</sup> The White House, 'National strategy for the COVID-19 response and pandemic preparedness', (January 2021), p. 21, available at: <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>.

<sup>22</sup> 'USAID's COVID-19 response: ending the global pandemic and building back better', from the USAID website, (27 January 2022), available at: <https://www.usaid.gov/coronavirus/fact-sheets/global-response-fact-sheet> (accessed 20 April 2022).

<sup>23</sup> 'Global COVID-19 Summit: Ending the pandemic and building back better', from the White House website, (24 September 2021), available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2021/09/24/global-COVID-19-summit-ending-the-pandemic-and-building-back-better/> (accessed 22 April 2022).

<sup>24</sup> 'COVID-19 – Europe & Eurasia, Fact Sheet #3, Fiscal Year 2021', from the USAID website, (30 November 2021), available at: [https://www.usaid.gov/sites/default/files/documents/Regional\\_Fact\\_Sheet\\_3\\_-\\_EE.pdf](https://www.usaid.gov/sites/default/files/documents/Regional_Fact_Sheet_3_-_EE.pdf) (accessed 22 April 2022); 'COVID-19 – Sub-Saharan Africa, Fact Sheet #3, Fiscal Year 2021', from the USAID website, (30 November 2021), available at: [https://www.usaid.gov/sites/default/files/documents/Regional\\_Fact\\_Sheet\\_3\\_-\\_SSA.pdf](https://www.usaid.gov/sites/default/files/documents/Regional_Fact_Sheet_3_-_SSA.pdf) (accessed 22 April 2022).

## Similarities and Differences

During the COVID-19 pandemic, China and the United States made substantial contributions to public health. The aid they offered alleviated the medical pressure of affected countries, protected the life and health of numerous people, and instilled extraordinary energy in the worldwide fight against COVID-19. Due to the different national conditions, there were differences between their public health aid. However, the research also found similarities. This part would compare the similarities and differences between Chinese and American public health aid in terms of aid transparency, guidelines, motivations, and vaccine distribution.

### Aid Transparency

There was a growing call for aid transparency because the international community gradually realized its significance. The disclosure of aid information was “a prerequisite for improving efficiency and effectiveness, building accountability, and reducing the risk of waste and corruption.”<sup>25</sup> During the COVID-19 pandemic, China tried to improve its aid transparency, but its aid transparency was not enough compared with that of the United States.

Aid transparency was a weakness of China’s foreign aid for a long time. Many scholars recommended that the Chinese government publicize more foreign aid information timely to dispel domestic and international suspicion about Chinese foreign aid and provide enough data for academic research.<sup>26</sup>

China disclosed information about its public health aid on the website of the CIDCA.<sup>27</sup> The website provided updates allowing the researchers to obtain valuable information regarding public health aid to needed countries. Through these reports, readers could have a preliminary understanding of the contributions of Chinese public health aid. However, in some of these reports, the concrete list, number, or value of the aid were unavailable. And in general, the reports focused on the achievements of one single aid operation. Few reports put together these pieces of information to give an easily comprehensible overview of China’s public health aid. It was hard to learn about how much aid China offered to one country or area. This undoubtedly incurred suspicions and misunderstanding.

In comparison, the United States did a better job in aid transparency. USAID had a website recorded fact sheets about its COVID-19 response. These fact sheets included both detailed and overall reports. Some fact sheets summarized USAID’s aid in specific areas and worldwide. In *U.S. COVID-19 Global Response and Recovery Framework*, the U.S. government promised to “ensure transparency of and accountability in decision-making and the use of

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<sup>25</sup> Sven Grimm, et al., ‘Transparency of Chinese aid: An analysis of the published information on Chinese external financial flows’, the Centre for Chinese Studies at Stellenbosch University and Publish What You Fund, (August 2011), p. 1, available at: <http://scholar.sun.ac.za/handle/10019.1/21430> (accessed 18 June, 2022).

<sup>26</sup> Zhang Zhongxiang, ‘Why is China’s foreign aid being challenged as never before?’, *Wuhan University Journal (Physiology & Social Science)* 72(03), (2019), p.181; Wang Yuping, ‘China’s foreign aid policy adjustment in the new era’, *Contemporary International Relations* no. 08, (2018), pp.14-15.

<sup>27</sup> Available at: <http://www.cidca.gov.cn/hzcg.htm>.

funds.”<sup>28</sup> Most fact sheets provided a detailed account of where the funding came from and where it went and listed some response highlights to demonstrate the effects of its aid. Moreover, the Department of State created a website to track vaccine donations.<sup>29</sup> The visitors could learn about how many countries had received U.S. vaccines and the specific number of vaccines the United States provided for each recipient.

### **Guidelines on Public Health Aid**

On March 21, 2020, President Xi Jinping sent a condolence message to French President Emmanuel Macron on the COVID-19 outbreak in France, and he first proposed building “a global community of health for all.” Since then, President Xi reaffirmed this initiative on various occasions and advocated that countries worldwide should join hands to deal with the crisis.<sup>30</sup>

At the Virtual Event of Opening of the 73rd World Health Assembly and the Global Health Summit, President Xi delivered speeches on “a global community of health for all” to advocate global cooperation and made promises that China would continue to provide assistance selflessly.<sup>31</sup> The concept of “a global community of health for all” became a crucial guideline for China’s public health aid during the COVID-19 pandemic. Based on the concept, China continually provided public health aid to countries in need without additional requirements in the past years.

However, things were different for the United States. During Trump’s administration, there was an indifference to the pandemic and the plight of other countries. President Trump did not propose any national plan to deal with the domestic pandemic, let alone public health aid for other countries. During this period, the United States continued providing global public health aid. However, it did not have any guidelines to direct the distribution process. That fact, coupled with Trump’s scorn for multilateralism, presented barriers regarding the effectiveness of American public health aid.

It was not until Biden’s administration that the United States began actively and systematically providing public health aid. On July 1, 2021, the White House released U.S. COVID-19 Global Response and Recovery Framework. This document soon became the guideline for U.S. public health aid. After July 1, all the USAID’s fact sheets made it clear at the beginning that the framework guided its response. The framework proposed five specific

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<sup>28</sup> The White House, ‘U.S. COVID-19 global response and recovery framework’, (1 July 2021), p.11, available at: <https://www.whitehouse.gov/wp-content/uploads/2021/07/U.S.-COVID-19-Global-Response-and-Recovery-Framework.pdf>.

<sup>29</sup> Available at: <https://www.state.gov/COVID-19-recovery/vaccine-deliveries/>.

<sup>30</sup> Mao Junxiang, ‘Study the theory: the realistic, historical and theoretical basis of constructing a community of common health for mankind’ [‘Lilun Xuexi: Goujian Renlei Weisheng Jiankang Gongtongti De Xianshi, Lishi, He Lilun Yiju’], (4 January 2021), <https://baijiahao.baidu.com/s?id=1687968433028617410&wfr=spider&for=pc> (accessed 15 May 2022).

<sup>31</sup> Xi Jinping, ‘Fighting COVID-19 through solidarity and cooperation. building a global community of health for all’, from the Ministry of Foreign Affairs of the People’s Republic of China website, (18 May 2020), available at:

[https://www.fmprc.gov.cn/mfa\\_eng/wjdt\\_665385/zyjh\\_665391/202005/t20200518\\_678859.html](https://www.fmprc.gov.cn/mfa_eng/wjdt_665385/zyjh_665391/202005/t20200518_678859.html) (accessed 15 May 2022); Xi Jinping, ‘Working together to build a global community of health for all’, from the Ministry of Foreign Affairs of the People’s Republic of China website, (21 May 2021),

[https://www.fmprc.gov.cn/mfa\\_eng/wjdt\\_665385/zyjh\\_665391/202005/t20200518\\_678859.html](https://www.fmprc.gov.cn/mfa_eng/wjdt_665385/zyjh_665391/202005/t20200518_678859.html) (accessed 15 May 2022).

objectives: to deliver safe and effective vaccines equally, strengthen local health systems, address acute needs driven by COVID-19, bolster economies and other critical systems, and strengthen the international health security architecture.<sup>32</sup>

### To Enhance National Image

The national images of China and the United States were impaired during the pandemic. The public health aid could not only help curb COVID-19 but also improve their national reputations.

Some media sources and politicians took advantage of the pandemic to slur China. They claimed that the COVID-19 virus was produced by China deliberately and the Chinese government withheld information about the pandemic to delay other countries' responses.<sup>33</sup> These prejudiced opinions injured China's reputation. According to the report from the Pew Research Center, 84% of Americans suspected the information from Beijing regarding the coronavirus outbreak, and 64% of them thought China's handling of the outbreak was only fair or poor.<sup>34</sup> Another report by the Central European Institute of Asian Studies (CEIAS) showed that, among the respondents from 13 European countries, significant amounts believed the virus spread due to the Chinese habit of eating wild animals or that China produced and spread the virus intentionally.<sup>35</sup>

Stigmatization and politicization of the virus deeply troubled China. In *Fighting COVID-19 China in Action*, the Chinese government stated that the conclusion about the origin of COVID-19 must be based on facts and evidence. "It is both irresponsible and immoral to play the blame game." China categorically rejected any baseless accusation.<sup>36</sup> At the Regular Press Conference on December 10, 2020, spokesperson Hua Chunying responded to U.S. Secretary of State Pompeo's accusation that the CPC unleashed the novel coronavirus. She urged relevant U.S. politicians to respect the facts and stop stigmatizing and politically manipulating the pandemic situation.<sup>37</sup>

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<sup>32</sup> The White House, 'U.S. COVID-19 global response and recovery framework', (1 July 2021), pp. 6-9, available at: <https://www.whitehouse.gov/wp-content/uploads/2021/07/U.S.-COVID-19-Global-Response-and-Recovery-Framework.pdf>.

<sup>33</sup> Zeng Xiaohong and Li Linlin, 'The stigmatization of China by western countries against the background of the COVID-19 pandemic', *International Forum* 22 (05), (September 2020), p.122.

<sup>34</sup> 'Americans give higher ratings to South Korea and Germany than U.S. for dealing with Coronavirus', (May 21 2020), from the Pew Research Center website, available at: <https://www.pewresearch.org/global/2020/05/21/americans-give-higher-ratings-to-south-korea-and-germany-than-u-s-for-dealing-with-coronavirus/> (accessed 6 August 2022).

<sup>35</sup> Richard Q. Turcsányi, et al., 'Survey: Europeans' views of China in the age of COVID-19', from the CEIAS website, (28 March 2021), p. 24, available at: [https://ceias.eu/wp-content/uploads/2020/11/COMP-poll-report\\_3.pdf](https://ceias.eu/wp-content/uploads/2020/11/COMP-poll-report_3.pdf) (accessed 6 August 2022).

<sup>36</sup> The State Council Information Office of the People's Republic of China, 'Fighting COVID-19 China in action', (June 2020), available at: <https://language.chinadaily.com.cn/a/202006/08/WS5edde063a310834817251871.html>.

<sup>37</sup> Foreign Ministry Spokesperson Hua Chunying's Regular Press Conference on December 10, 2020, from the Ministry of Foreign Affairs of the People's Republic of China website, (10 December 2020), available at: <https://www.fmprc.gov.cn/eng/xwfb665399/s2510665401/2511665403/202012/t20201210693527.html> (accessed 6 August 2022).



Chinese public health could show China's responsibility as a power and its sincere willingness to work together with countries around the world to inhibit the expansion of COVID-19. The assistance was one of the most effective ways for China to refute groundless accusations.

During the beginning of the COVID-19 pandemic, President Trump led the stigmatization of China. Trump initially called COVID-19 the "Wuhan virus" and the "Chinese virus." Calling the virus by those names escalated the conflicts between the two nations. Chinese Foreign Ministry spokesperson Geng Shuang urged some American officials to respect the facts and stop passing the buck.<sup>38</sup> Different leaders condemned Trump's comments. Eugene Cho, an evangelical pastor and immigrant from Korea, urged the president to set a positive example of cooperation rather than blame-shifting. During a hearing on March 10, 2020, Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, agreed that it was "completely improper and inappropriate" to refer to COVID-19 as the "Chinese coronavirus."<sup>39</sup>

Trump also repeatedly criticized the WHO's handling of the coronavirus. He alleged that the WHO was "China-centric."<sup>40</sup> And eventually, he claimed that the United States would sever its partnership with the WHO. Moreover, the Trump administration did not prioritize equal vaccine distribution. It focused only on getting vaccines for the American people while ignoring the needs of other countries.<sup>41</sup>

The former president's behaviors damaged the United States' reputation. A new 13-nation Pew Research Center survey showed that a median of just 15% agreed that the United States handled the Coronavirus well. America's reputation declined further in 2020 among many key allies and partners.<sup>42</sup>

When the Biden administration replaced the Trump administration, Biden was tasked with repairing the image of the United States. According to Joe Biden, if elected president, he would immediately move to reassert America's preeminence as the world's leader in tackling the most urgent issues.<sup>43</sup> Biden also made efforts to improve global ties related to COVID-19. In 2021, More vaccines were supplied by the United States than all other nations. On the sidelines

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<sup>38</sup> Foreign Ministry Spokesperson Geng Shuang's Regular Press Conference on March 20, 2020, from the Ministry of Foreign Affairs of the People's Republic of China website, (20 March 2020), available at: <http://new.fmprc.gov.cn/web/fyrbt673021/jzhsl673025/202003/t202003205418745.shtml> (accessed 6 August 2022).

<sup>39</sup> Christopher Britto, 'President Trump uses term 'Chinese virus' to describe coronavirus, prompting a backlash', *CBS News*, (19 March 19 2020), available at: <https://www.cbsnews.com/news/president-trump-coronavirus-chinese-virus-backlash/> (accessed 10 August 2022).

<sup>40</sup> 'Coronavirus: Trump attacks 'China-centric' WHO over global pandemic', *BBC News*, (8 April 2020), available at: <https://www.bbc.com/news/world-us-canada-52213439> (accessed 10 August 2022).

<sup>41</sup> Adam Cancryn, Sarah Oweremohle, and Erin Banco, 'How Trump's deal with Moderna hampers the global vaccine effort', *Politico*, (5 November 2021), available at: <https://www.politico.com/news/2021/11/05/trump-deal-moderna-global-vaccine-effort-519771> (accessed 14 July 2022).

<sup>42</sup> Richard Wike, Janell Fetterolf, and Mara Mordecai, 'U.S. Image Plummets Internationally as Most Say Country Has Handled Coronavirus Badly', from the Pew Research Center website, (15 September 15 2020), available at: <https://www.pewresearch.org/global/2020/09/15/us-image-plummets-internationally-as-most-say-country-has-handled-coronavirus-badly/> (accessed 15 August 2022).

<sup>43</sup> Joe Biden, 'The Power of America's example: the Biden plan for leading the democratic world to meet the challenges of the 21st century', available at: <https://joebiden.com/americanleadership/> (accessed 14 July 2022).

of the U.N. General Assembly, the United States also invited its partners to attend the Global COVID-19 Summit, strengthening their collaboration to end the pandemic.<sup>44</sup>

## Vaccine Distribution

Among various kinds of public health aid, the vaccine was the most effective in protecting people from COVID-19. According to the statistics from Bridge, the Kaiser Family Foundation (KFF), and the U.S. State Department, as of June 10, 2022, the United States had donated about 543 million free of charge to more than 115 countries, while China donated about 380 million vaccines to over 118 countries.<sup>45</sup> China and the United States devoted themselves to ensuring sufficient supplies and equal distribution of vaccines.

Regarding the vaccine donation deliveries by region, the two countries also differed. The United States delivered most to Sub-Saharan Africa, about 158 million vaccines. South and Central Asia and East Asia and the Pacific also received more than 120 million doses. For China, countries in East Asia and the Pacific were its primary vaccine recipients, receiving 132.3 million doses of vaccine. Sub-Saharan Africa came in second with 109.7 million doses. But it could also be seen that, in general, Asia and Africa were the focus of the two countries' vaccine assistance. In comparison, European areas received just a little vaccine donation.<sup>46</sup>

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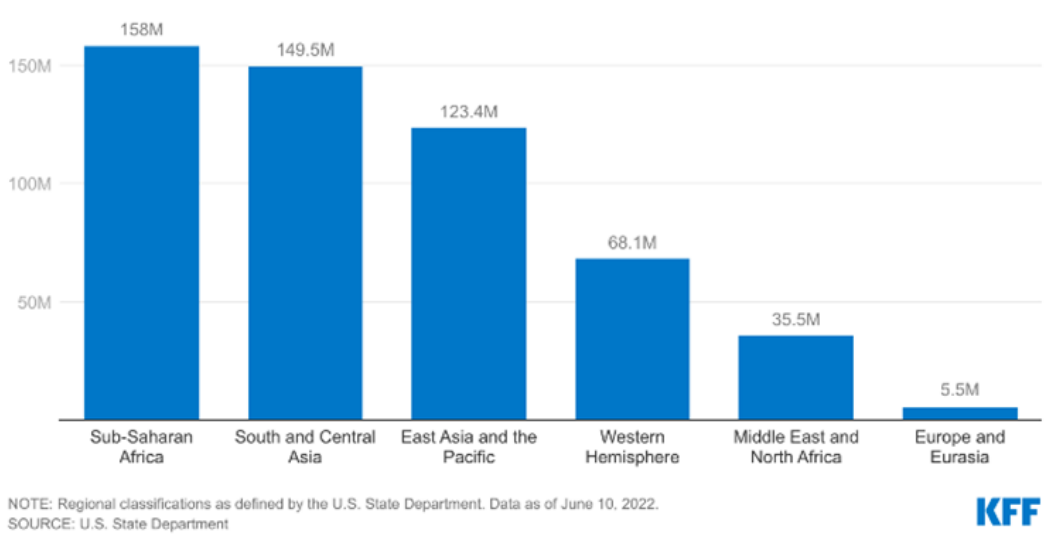
<sup>44</sup> 'Fact Sheet: President Biden's global COVID-19 summit: ending the pandemic and building back better', from the White House website, (22 September 2021), available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2021/09/22/fact-sheet-president-bidens-global-COVID-19-summit-ending-the-pandemic-and-building-back-better/> (accessed 14 July 2022).

<sup>45</sup> 'COVID-19 vaccine donations', from the U.S. Department of State website, available at: [https://www.state.gov/COVID-19-recovery/vaccine-deliveries/#map\\_western](https://www.state.gov/COVID-19-recovery/vaccine-deliveries/#map_western) (accessed 12 June 2022); 'China COVID-19 vaccine tracker', from the Bridge website, available at: <https://bridgebeijing.com/our-publications/our-publications-1/china-COVID-19-vaccines-tracker/> (accessed 12 June 2022).

<sup>46</sup> 'U.S. international COVID-19 vaccine donations tracker – Updated as of June 10', from the KFF website, available at: <https://www.kff.org/coronavirus-COVID-19/issue-brief/u-s-international-COVID-19-vaccine-donations-tracker/> (accessed 12 June 2022). 'China COVID-19 vaccine tracker', from the Bridge website, available at: <https://bridgebeijing.com/our-publications/our-publications-1/china-COVID-19-vaccines-tracker/> (accessed 12 June 2022).

**Figure 5**

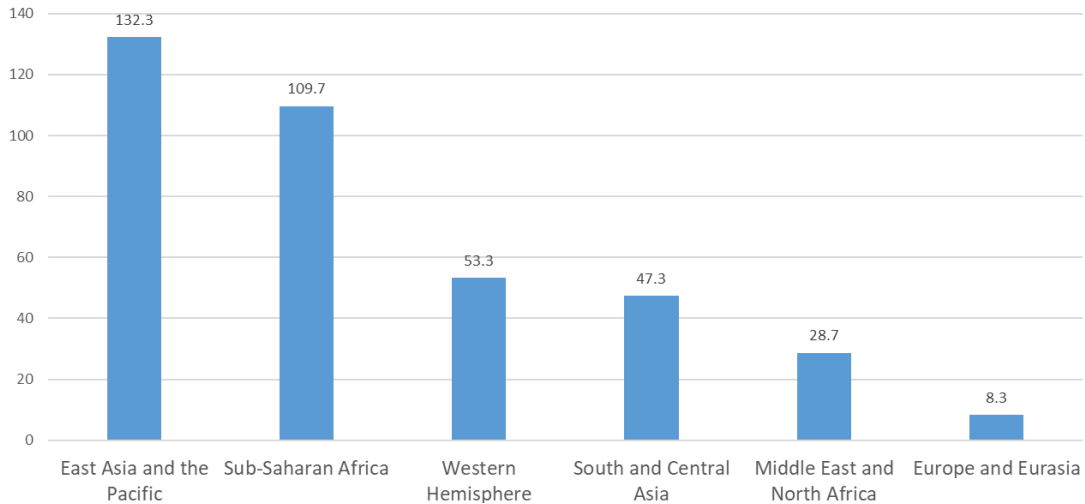
*U.S. COVID-19 Vaccine Donation Deliveries by Region (in millions)*



*Note.* Cited from *U.S. International COVID-19 Vaccine Donations Tracker – Updated as of June 10*, by KFF, <https://www.kff.org/coronavirus-COVID-19/issue-brief/u-s-international-COVID-19-vaccine-donations-tracker/>. (Accessed June 12, 2022.)

**Figure 6**

*Chinese COVID-19 Vaccine Donation Deliveries by Region (in millions)*

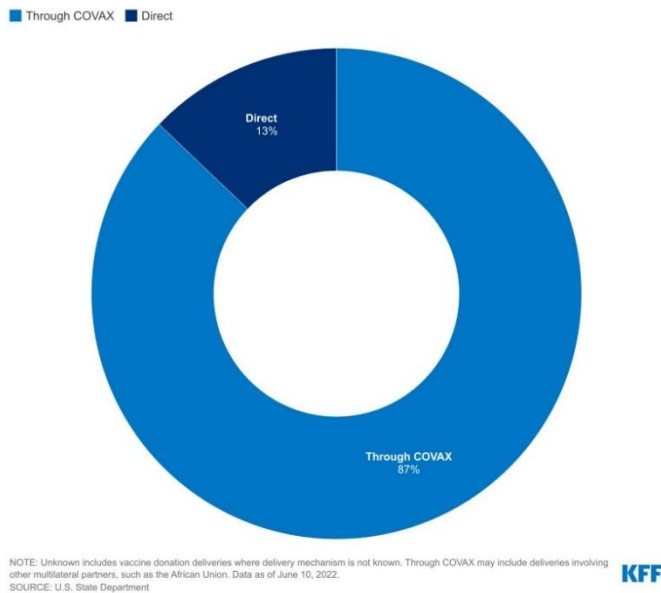


*Note.* Adapted from *China COVID-19 Vaccine Tracker*, by Bridge, <https://bridgebeijing.com/our-publications/our-publications-1/china-COVID-19-vaccines-tracker/>. (Accessed June 12, 2022.)

In terms of the mechanism to deliver vaccines, the two countries combined direct bilateral donations with cooperation with multilateral institutions. However, the priorities for these two approaches were different for the two countries. Multilateral institutions played a more critical role in U.S. COVID-19 vaccine donation. About 87% of the donated vaccines were delivered in partnership with COVAX, while 13% were through bilateral agreements. In comparison, 61% of the donated vaccines were bilateral contributions directly from China, while 39% were donated through COVAX. The United States made better use of multilateral institutions while China preferred bilateral cooperation.<sup>47</sup>

**Figure 7**

*U.S. COVID-19 Vaccine Donation Doses Delivered by Delivery Mechanism*



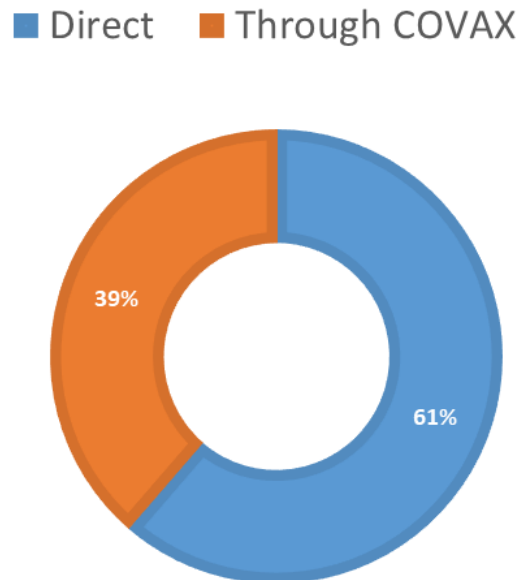
*Note.* Cited from *U.S. International COVID-19 Vaccine Donations Tracker – Updated as of June 10*, by KFF, <https://www.kff.org/coronavirus-COVID-19/issue-brief/u-s-international-COVID-19-vaccine-donations-tracker/> (Accessed June 12, 2022.)

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<sup>47</sup> ‘U.S. international COVID-19 vaccine donations tracker – Updated as of June 10’, from the KFF website, available at: <https://www.kff.org/coronavirus-COVID-19/issue-brief/u-s-international-COVID-19-vaccine-donations-tracker/> (accessed 12 June 2022). ‘China COVID-19 vaccine tracker’, from the Bridge website, available at: <https://bridgebeijing.com/our-publications/our-publications-1/china-COVID-19-vaccines-tracker/> (accessed 12 June 2022).

**Figure 8**

*Chinese COVID-19 Vaccine Donation Doses Delivered by Delivery*



*Note.* Adapted from *China COVID-19 Vaccine Tracker*, by Bridge, <https://bridgebeijing.com/our-publications/our-publications-1/china-COVID-19-vaccines-tracker/>. (Accessed June 12, 2022.)

Compared with U.S. vaccines, the international recognition of Chinese vaccines still needed to be improved. Two Chinese vaccines, namely inactivated COVID-19 Vaccine (Vero Cell) produced by Beijing Institute of Biological Products Co., Ltd. (BIBP) and CoronaVac by Sinovac Life Sciences Co., Ltd., were approved for emergency use by the WHO. However, the validity of Chinese vaccines was still questioned by some countries. According to Statista, two Chinese vaccines were approved separately by 85 and 51 countries. In contrast, American vaccines were recognized by more countries.<sup>48</sup> Chinese vaccines faced challenges in European areas. They had not yet received approval from the European Medicines Agency (EMA), an agency of the European Union in charge of the evaluation and supervision of medicinal products. In contrast, vaccines produced by American pharmaceutical company Moderna, Inc. and Janssen Pharmaceuticals, a pharmaceutical company wholly owned by American multinational corporation Johnson & Johnson, were authorized by EMA.<sup>49</sup>

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<sup>48</sup> Florian Zandt, ‘AstraZeneca, the People’s Vaccine?’, *Statista*, ( 13 January 2022), available at: <https://www.statista.com/chart/26587/number-of-countries-currently-approving-the-following-coronavirus-vaccines/> (accessed 12 June 2022).

<sup>49</sup> ‘COVID-19 Vaccines: Authorized’, from the European Medicines Agency (EMA) website, available at: <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-COVID-19/treatments-vaccines/vaccines-COVID-19/COVID-19-vaccines-authorized> (accessed 12 June 2022).

**Figure 9**

*Number of Countries Currently Approving the Following Coronavirus Vaccines*



*Note:* Cited from *AstraZeneca, the People's Vaccine?* by Florian Zandt, *Statista*, January 13, 2022, <https://www.statista.com/chart/26587/number-of-countries-currently-approving-the-following-coronavirus-vaccines/>.

## Reasons for Similarities and Differences

### To Defend Public Health

COVID-19 has posed a threat to countries worldwide. It is a struggle for some countries with weaker public health systems to handle the pandemic. During the pandemic, both China and the United States realized their international responsibility as powers to defend global health. In the white paper on China's battle against COVID-19, China reiterated its stance to insist on "a global community of shared future," "act as a responsible member," and "do all it can to provide humanitarian aid in support of the international community's endeavors to stem the pandemic."<sup>50</sup> President Biden also stated that the United States should support global efforts to fight the virus. It was about the country's humanitarian obligation to save as many lives as possible. The United States values, which respected "the inherent dignity of all people," called on the country to offer help to people suffering from COVID-19.<sup>51</sup>

<sup>50</sup> The State Council Information Office of the People's Republic of China, 'Fighting COVID-19 China in action', (June 2020), available at: <https://language.chinadaily.com.cn/a/202006/08/WS5edde063a310834817251871.html>.

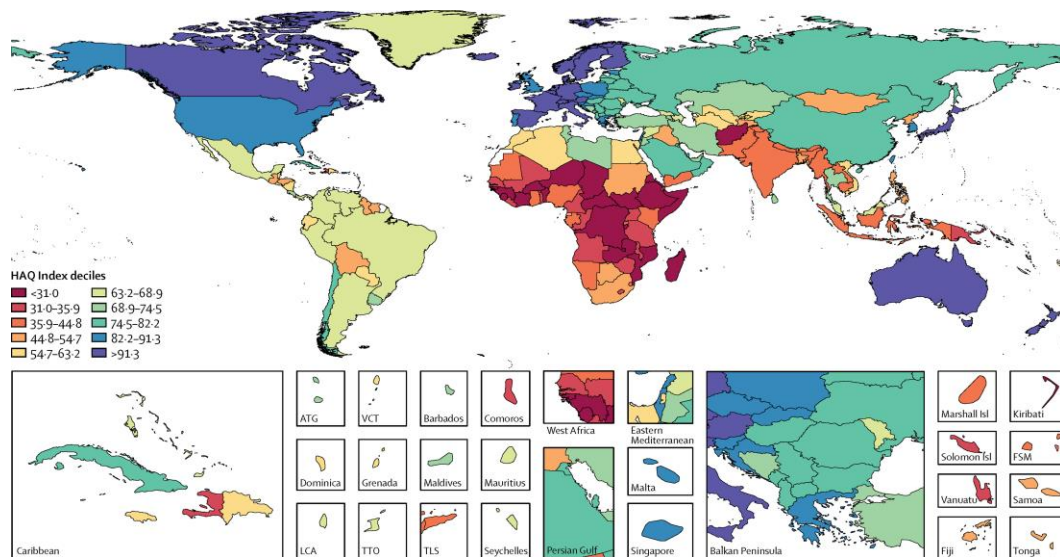
<sup>51</sup> Remarks by President Biden on the COVID-19 Vaccination Program and the Effort to Defeat COVID-19 Globally, from the White House website, (10 June 2021), available at: <https://www.whitehouse.gov/briefing-room/speeches->



The responsibility to defend public health could explain why the focus areas of Chinese and American aid, especially vaccine donations, were almost similar. Countries in Africa, South Asia, and Southeast Asia were the primary recipients of public health aid, while fewer European countries received aid. The aid was distributed not according to political considerations but for the protection of global health. The distribution was related to countries' medical levels. An article in *Lancet* assessed the medical care levels of 195 countries and territories in 2016 with the Healthcare Access and Quality (HAQ) Index, a measure to track gains and gaps in personal healthcare access and quality. The HAQ Index performance followed distinct geographical patterns in 2016. Most countries clustered in Europe or nearby belonged to the higher deciles, scoring over 80 points. Almost all countries in the lowest decile were in sub-Saharan Africa. Many countries in this area scored below 31. Some other countries' scores were higher but scarcely exceeded 44.8. Compared with sub-Saharan African countries, South Asian and Southeast Asian countries had a better performance, but most of them just scored between 31 and 54.7.<sup>52</sup> Countries with more advanced healthcare received less aid, while countries that lagged in healthcare received more.

**Figure 10**

*Map of HAQ Index values, by decile, in 2016*



*Note:* Cited from *Measuring Performance on the Healthcare Access and Quality Index for 195 Countries and Territories and Selected Subnational Locations: A Systematic Analysis from the Global Burden of Disease Study 2016* by Nancy Fullman, et al. *The Lancet*, Vol.391, June 2, 2018, pp. 2236-2271. [http://dx.doi.org/10.1016/S0140-6736\(18\)30994-2](http://dx.doi.org/10.1016/S0140-6736(18)30994-2)

remarks/2021/06/10/remarks-by-president-biden-on-the-COVID-19-vaccination-program-and-the-effort-to-defeat-COVID-19-globally/ (accessed 10 August 2022).

<sup>52</sup> Nancy Fullman, et al., 'Measuring performance on the healthcare access and quality index for 195 countries and territories and selected subnational locations: A systematic analysis from the global burden of disease study 2016', *The Lancet* 391, (2 June 2018).

Typically, public health aid is offered mainly to countries with inferior medical technology. These countries are usually unable to manage severe diseases independently. As WHO claims, vaccination is the most effective way to slow the coronavirus pandemic, save lives, and secure a global economic recovery.<sup>53</sup> However, in low-income countries, only 18.25% of people had been vaccinated with at least one dose as of June 15, 2022. In comparison, 72.07% of people in high-income countries had been vaccinated.<sup>54</sup> Due to backward medical capabilities and tight budgets, it is challenging for low-income countries to cure affected patients efficiently and prevent the spread of the diseases. Moreover, the failure of some countries to contain the pandemic will also cause damage to other countries' efforts to defend against COVID-19. In the era of globalization, donor and recipient countries are entangled via the high transmissibility of COVID-19.<sup>55</sup> As a result, the virus may continue to survive and even mutate in certain countries, cross borders, and wreak havoc on everyone around the world.<sup>56</sup>

The fight against the pandemic is not a game between powers. On the contrary, it is a battle in which countries worldwide should work together to face the common enemy – the COVID-19 virus. Similar conditions were witnessed in the fight against public health crises like AIDS, Malaria, and Ebola. In the face of the horrible diseases threatening the whole world, China and the United States share similar aims to help affected countries get rid of diseases, prevent the spread of diseases, and create better living spaces for all humanity. All members of the international community should transcend national interests and ideologies and actively carry out international health cooperation based on humanitarianism.<sup>57</sup>

### Competition for International Influence

However, the purpose of public health aid is not just for humanitarian causes. It can also serve political aims. Public health aid can improve the country's national image and enhance its political influence.<sup>58</sup> This is a relatively new domain of competition between these two great powers. Another possible reason for the two countries' active public health aid may be the growing rivalry between the two countries in strategic areas.<sup>59</sup>

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<sup>53</sup> 'Vaccine equity', from the WHO website, available at: <https://www.who.int/campaigns/vaccine-equity> (accessed 15 June 2022).

<sup>54</sup> 'Global dashboard for vaccine equity', from the WHO website, available at: <https://data.undp.org/vaccine-equity/> (accessed 15 June 2022).

<sup>55</sup> Yoshiharu Kobayashi, Tobias Heinrich, and Kristin A. Bryant, 'Public support for development aid during the COVID-19 pandemic', *World Development* 138, (2021), p. 2.

<sup>56</sup> 'Vaccine equity', from the WHO website, available at: <https://www.who.int/campaigns/vaccine-equity> (accessed 15 June 2022).

<sup>57</sup> Zhang Guihong and Yu Jiao, 'COVID-19, humanitarian and global health governance' ['Xinguan Feiyan Yiqing, Rendao Zhuyi, Yu Quanguo Weisheng Zhili'], *Theory Monthly* no. 12, (2020), p.39.

<sup>58</sup> Zhang Chun, 'Medical diplomacy and soft power cultivation—Take the Chinese medical team to Africa as an example' ['Yiliao Waijiao Yu Ruan Shili Peiyu—Yi Zhongguo Yuanfei Yiliao Dui Weili'], *Contemporary International Relations* no. 03, (2020), pp.50-51.

<sup>59</sup> Tanisha M. Fazal, 'Health Diplomacy in Pandemical Times', *International Organization* 74(S1), (December 2020), pp. E91-E92.

One point that needs to be clarified is that the boundary between public health aid for humanitarian and political reasons is ambiguous. Even aid for political purposes can bring practical benefits to the people of the target countries and solve their humanitarian needs to a certain extent. Even if the humanitarian aid is utterly altruistic, it is beneficial to improve the donor countries' political influence and international image. It is not accurate to conclude that all Chinese or American public health aid is donated for political benefits and vice versa. Nevertheless, the potential political conflicts behind public health aid during the pandemic are worth noting.<sup>60</sup>

The Chinese government did not intend to gain any political or economic benefits through public health aid. At the press conference during the third session of the 13th National People's Congress, Chinese Foreign Minister Wang Yi emphasized that the aim of Chinese public health aid was to save innocent people's lives. "Nothing we do to help other countries' COVID-19 response is out of the geopolitical calculation, or in pursuit of economic gains, or with any political strings attached."<sup>61</sup>

However, subjectively, Chinese public health aid increased the country's international influence. Chinese reputation was improved due to its timely assistance. According to the report of CCTV, government officials and the public of many countries expressed their sincere appreciation for Chinese vaccines donation.<sup>62</sup> As Dan Runde et al.'s study pointed out, Chinese vaccine donation made tremendous progress in reversing, or at least mitigating, its detrimental reputation from the outbreak.<sup>63</sup> Moreover, the aid also expanded Chinese interactions with other countries. A survey about China's actions in the Middle East argued that Chinese unconditional help was favored by governments in the Middle East. It enabled China to build up ties with countries whose relations with China were historically weaker, such as Yemen, Lebanon, etc.<sup>64</sup> According to China's Foreign Ministry spokesperson, the Belt and Road Initiative continued to move forward during the pandemic. China actively engaged in cooperation on vaccines with Belt and Road countries and provided assistance. The abundant cooperation achievements attracted more countries and international organizations to join the initiative.<sup>65</sup>

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<sup>60</sup> He Jiajie, 'Winning hearts and minds through health aid: A case study of U.S. health aid to Vietnam after normalization of bilateral relations', *Fudan American Review* no. 01, (2020), p. 80.

<sup>61</sup> 'Wang Yi answered questions from Chinese and foreign journalists on China's foreign policy and relations at the video press conference on the sidelines of the third session of the 13th National People's Congress' ['Wangyi Zai Dishisan Jie Quanguo Renda Sanci Huiyi Juxing De Shipin Jizhehui Shang Jiu Zhongguo Waijiao Zhengce He Duiwai Guanxi Huida Zhongwai Jizhe Tiwen'], (25 May 2020), available at: <https://baijiahao.baidu.com/s?id=1667623180482905531&wfr=spider&for=pc> (accessed 8 August 2022).

<sup>62</sup> 'Chinese vaccines are coming! These countries expressed their thanks' ['Zhongguo Yimiao Laile, Zhexie Guojia Huashi Ganxie'], *Xinhua News Agency*, (2 March 2021), available at: [http://www.xinhuanet.com/2021-03/02/c\\_1211047958.htm](http://www.xinhuanet.com/2021-03/02/c_1211047958.htm) (accessed 8 August 2022).

<sup>63</sup> Dan Runde, Conor Savoy, and Shannon McKeown, 'Post-pandemic governance in the Indo-Pacific: Adapting USAID's strategy in the face of COVID-19', Center for Strategic and International Studies (CSIS), (September 2020), p. 6, available at: <http://www.jstor.org/stable/resrep26382>.

<sup>64</sup> Guy Burton, 'China and COVID-19 in MENA', from the Project on Middle East Political Science (POMEPS) website, available at: <https://pomeps.org/china-and-COVID-19-in-mena>, (accessed June 23, 2022).

<sup>65</sup> Foreign Ministry Spokesperson Zhao Lijian's Regular Press Conference on June 22, 2021, (22 June 2021), from the Ministry of Foreign Affairs of the People's Republic of China website, available at: <https://www.fmprc.gov.cn/mfaeng/xwfw665399/s2510665401/2511665403/202106/t202106229170770.html> (accessed 10 August 2022).

The U.S. government did not directly express the tendency to contain China through public health aid. The main aim of assisting countries in need was to save people's lives and protect the United States from new mutations.<sup>66</sup> But in the documents about the country's strategies to deal with the pandemic, the U.S. government never concealed its aim to restore U.S. global leadership, indicating the purpose to maintain its international influence.<sup>67</sup>

Moreover, some American experts and scholars thought that public health aid was significant to maintain U.S. global leadership and contain China. They believed that China had achieved its political ends through public health aid. And the United States should take similar measures to contain China's growing influence in certain areas. Mark P. Lagon and Rachel Sadoff commented that Chinese public health aid to Africa served as "positive talking points." The United States needed more effective health aid against COVID-19 to counter Chinese growing influence in Africa, considering the continent's strategic significance.<sup>68</sup> Another survey from the Center for Strategic and International Studies (CSIS) worried that China might take advantage of the pandemic to "threaten established democracies in the Indo-Pacific and globally, undermining U.S. interests and democratic values." U.S. assistance was important for its allies in Indo-Pacific areas to survive the pandemic and maintain their democratic governance.<sup>69</sup> In the face of Chinese active public health aid, the United States should provide enough health aid to cement the relationships with recipient countries. Then the United States could cooperate with local countries to promote its valued ideas such as democracy, human rights, and the free market.

### **Experience in Providing Public Health Aid**

The performance of the Trump administration in terms of public health aid was terrible. However, when President Biden claimed that the government would adjust Trump's policies and be actively involved in public health aid. The United States again quickly became one of the most influential leaders and donors. In contrast, although China consistently supported global efforts to dampen the effects of COVID-19, it still suffered criticism and suspicions from some countries. Furthermore, the recognition of its vaccines was lower compared with that of U.S. vaccines.

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2022).

<sup>66</sup> Remarks by President Biden on the COVID-19 Vaccination Program and the Effort to Defeat COVID-19 Globally, from the White House website, (10 June 2021), <https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/06/10/remarks-by-president-biden-on-the-COVID-19-vaccination-program-and-the-effort-to-defeat-COVID-19-globally/> (accessed 10 August 2022).

<sup>67</sup> The White House, 'National Strategy for the COVID-19 Response and Pandemic Preparedness', (January 2021), available at: <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>; The White House, 'U.S. COVID-19 global response and recovery framework', (1 July 2021), available at: <https://www.whitehouse.gov/wp-content/uploads/2021/07/U.S.-COVID-19-Global-Response-and-Recovery-Framework.pdf>.

<sup>68</sup> Mark P. Lagon and Rachel Sadoff, 'America Must Not Allow China to Go Viral in Africa', *The National Interest*, (1 May 2020), available at: <https://nationalinterest.org/feature/america-must-not-allow-china-go-viral-africa-150566> (accessed 23 June 2022).

<sup>69</sup> Dan Runde, Conor Savoy, and Shannon McKeown, 'Post-pandemic governance in the Indo-Pacific: Adapting USAID's strategy in the face of COVID-19', Center for Strategic and International Studies (CSIS), (September 2020), p. 9, available at: <http://www.jstor.org/stable/resrep26382>; Li Huping, 'COVID-19 aid of the US to Pacific Island countries: causes, paths and implications for China', *Area Studies and Global Development* 6(03), (2022), pp. 32-36.

One possible explanation for the gap in international recognition is the United States' decades of leadership in life-saving health and humanitarian assistance. After the end of the Cold War, the United States became the largest provider of international public health products, the world leader in medical and life science research and related industries, the most important rule-maker of global health governance, and the leader of global health security.<sup>70</sup>

The United States possesses rich experience and achievements as the leader of the cause of public health. Through negotiation and consultation with countries, non-governmental organizations, and multilateral institutions, the country built global surveillance and response networks such as Global Fund to Fight AIDS, Tuberculosis and Malaria, International Partnership on Avian and Pandemic Influenza, the Global Health Security Agenda, etc. The United States often acted as a leader in global health affairs and worked with partners to dampen the harm of communicable diseases until Donald Trump broke the tradition.<sup>71</sup> The United States has formed a relatively mature public health aid system. The country's past contributions have established its image as a creditable partner and fostered close relationships with other countries and organizations. This may explain why the United States can quickly reestablish its cooperation with other entities after the Biden administration decided to resume public health aid.

However, it was after the 21st century that China moved from an aid recipient to an emerging and vital international development partner in the health field.<sup>72</sup> China was also an active donor of public health aid for a long time. But compared with the United States' active multilateral cooperation, most Chinese assistance was donated through bilateral cooperation. China considered states as the primary recipients while lacking contact with non-state actors. The lack of contacts increased the difficulty for China to gain international recognition for its efforts for public health.<sup>73</sup> China was also short of experience as the leader in the cause of public health aid. It was not until recent years that China put forward "Silk Road of Health" and "A Community of Common Health for Mankind" as their frameworks and began to play the leading role.<sup>74</sup>

Moreover, although China developed quickly, its medical capabilities still could not match that of most developed countries. In 2018, China's total public health expenditure was about 5.9 trillion-yuan, accounting for 6.43% of GDP. The percentage was lower than that of

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<sup>70</sup> Xu Tongwu, 'Global Health: Power, Challenge, and China's Development Strategy', *The Journal of International Studies* 37(3), (2016), p.18.

<sup>71</sup> Zhou Kang, *A Study on American Global Health Diplomacy after the Cold War* [Lengzhan Hou Meiguo Quanzhou Weisheng Waijiao Yanjiu], China Foreign Affairs University, Dissertation, (2019), p. 42.

<sup>72</sup> Wang Yu and Liu Peilong, 'History, challenges, and countermeasures of China's foreign health aid' ['Zhongguo Duiwai Weisheng Yuanzhu De Lichen, Tiaozhan, He Duice'], *China International Strategy Review*, (2017), p. 97.

<sup>73</sup> Salvador Santino F. Regilme, Jr and Obert Hodzi, 'Comparing U.S. and Chinese foreign aid in the era of rising powers', *The International Spectator* 56(2), (2021), p. 119; Ma Xiaolong, *Study on Chinese Medical Aid Diplomacy to Africa*. East China Normal University, Dissertation, (2017), p. 48; Wang Yu and Liu Peilong, 'History, challenges, and countermeasures of China's foreign health aid' ['Zhongguo Duiwai Weisheng Yuanzhu De Lichen, Tiaozhan, He Duice'], *China International Strategy Review*, (2017), p. 101.

<sup>74</sup> Chen Guangzhao, *Research of China's Participation in Global Public Health Governance: A Case Study of PHEIC*, Shandong University, Dissertation, (2021), p. 49; Zhou Kang, *A Study on American Global Health Diplomacy after the Cold War* [Lengzhan Hou Meiguo Quanzhou Weisheng Waijiao Yanjiu], China Foreign Affairs University, Dissertation, (2019), p. 125.



high-income countries (8.1% on average) and even low-income countries (6.8% on average).<sup>75</sup> According to the HAQ index, China ranked 48th out of 195 countries and territories. Its score (78) was lower than that of the United States (89) and many other developed countries. These may explain why some countries suspect the validity and effectiveness of Chinese public health aid.

As an established donor, the United States has richer experience in public health aid and closer partnership with some countries and organizations than China. But as a new donor, China possesses unique advantages. Under the Communist Party of China's leadership, the country can configure its foreign aid programs over longer time horizons. However, multifaceted political restraints manipulate the United States' decision. The unwillingness of presidents, Congress, or the electorate can impede the aid, weakening the stability of public health aid.<sup>76</sup> At the beginning of the COVID-19 pandemic, China's quick and generous aid sharply contrasted with Trump's anti-multilateralism and exclusionary discourses. Moreover, China also strengthened its cooperation with multilateral institutions such as WHO and GAVI and tried to assume the role of leader in these organizations during the United States' vacancy.

## Conclusion

The COVID-19 pandemic has caused great damage. The virus has invaded almost all countries and territories worldwide, bringing about many confirmed cases and deaths. About two and a half years have passed since the first case was reported, while nations still fail to eradicate the virus completely.

China and the United States have donated abundant public health aid to people in need during the pandemic. Their aid helps cure confirmed patients and protect healthy people from infection.

The two countries' public health aid shares similarities and differences. The United States does better in disclosing related aid information than China. Both countries realize their responsibilities as powers and make their guidelines to provide public health aid. However, the U.S. government led by Trump failed to realize its responsibility at the beginning and fell behind the Chinese government until President Biden made up the gap. One similar reason to provide aid is that both countries want to fix up their wretched images. China wants to eliminate the criticism of China's initial handling of the outbreak, while the United States hopes to rebuild its leadership which the former president has ruined. Regarding the most critical aid, the vaccine, countries in African and Asian areas become the primary recipients, while the channels that

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<sup>75</sup> Ru Qian, 'Analysis and suggestions on the establishment of public health investment system in China' ['Woguo Jianli Gonggong Weisheng Shiye Touro Jizhi De Fenxi Yu Jianyi'], from the International Institute of Green Finance (IIGF) website, (19 March 2021), available at: <http://iigf.cufe.edu.cn/info/1012/3985.htm> (accessed 3 July 2022).

<sup>76</sup> Salvador Santino F. Regilme, Jr and Obert Hodzi, 'Comparing U.S. and Chinese foreign aid in the era of rising powers', *The International Spectator* 56(2), (2021); Zhou Kang, *A Study on American Global Health Diplomacy after the Cold War* [Lengzhan Hou Meiguo Quanzhi Weisheng Waijiao Yanjiu], China Foreign Affairs University, Dissertation, (2019), pp. 121-122.



China and the United States prefer to donate vaccines differ. And the validity of U.S. vaccines is recognized by more countries than that of Chinese vaccines.

The two countries' public health aid serves humanitarian and political aims. On the one hand, they intend to help countries in need contain the pandemic. On the other hand, they take advantage of the aid to develop closer relations with some countries to achieve their political goals. The two aims propel them to help developing countries in Africa and Asia. Temporarily, as the donor with more experience, the United States has a better international reputation and mature multilateral cooperation systems. But as the new donor, China also shows its potential to lead the global health cause.

COVID-19 may not be the last public health crisis people have to face. The multi-country monkeypox outbreak stirs up a new wave of panic. As of June 23, 2022, 3040 cases had been reported to WHO from 47 countries. Transmission occurred in many countries that previously never reported cases of monkeypox. Although WHO did not determine that the event constituted a PHEIC at the meeting on June 23, it called for intensified public health actions and collaborative international efforts in response to this event.<sup>77</sup>

In the era of globalization, it is not realistic to restrict the virus to a few countries or areas. The health of people all over the world is closely connected. All countries should work together to handle potential public health crises in the future. Countries with advanced medical capabilities should provide timely aid to those with weaker capabilities. Public health aid can help recipient countries contain the virus and protect donor countries' people. In the face of the common enemy of humankind, countries should set aside ideological and political conflicts. We sincerely hope that China and the United States will reach agreements to deal with public health crises together in the future.

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<sup>77</sup> 'Meeting of the International Health Regulations (2005) Emergency Committee regarding the multi-country monkeypox outbreak', from the WHO website, (25 June 2022), available at: [https://www.who.int/news/item/25-06-2022-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee--regarding-the-multi-country-monkeypox-outbreak](https://www.who.int/news/item/25-06-2022-meeting-of-the-international-health-regulations-(2005)-emergency-committee--regarding-the-multi-country-monkeypox-outbreak) (accessed 12 July 2022).

## About the Supervising Academic Staff and Contributors

### **Professor XIE TAO** **Beijing Foreign Studies University**

Professor XIE TAO is the Dean of the School of International Relations and Diplomacy, Beijing Foreign Studies University. He holds a PhD in political science from Northwestern University. Professor Xie's primary research interests are American politics and China-U.S. relations. He has published extensively in both English and Chinese, including most recently "In the Shadow of Strategic Rivalry: China, America, and the Asian Infrastructure Investment Bank," in the Journal of Contemporary China. He is an adjunct professor at the Australia-China Relations Institute, University of Technology Sydney.

### **Dr. Raymond Terry** **Morgan State University**

Dr. Terry is an International Health Systems Analyst. His areas of interest are: Community and Health Systems Managerial/Policy Development initiatives, Health Systems Entrepreneurship Training and Capacity Development and Health Systems Resource Acquisition. In addition, Dr. Terry has professional and applied experiences in the area Strategic Planning and Grant Development. He has assisted Faith-Based Organizations, Governmental Agencies and Non-Governmental Organizations internationally to develop health systems plans and services delivery grants. Dr. Terry has served as a United Nations Health Systems Planning Delegate to Africa, and Delegation Leader for the National Youth Leadership Council on Medicine to Africa.

**Dalyn Allen** is a 2011 graduate of Morgan State University, and he earned a Master of Science degree in Industrial/Organizational Psychology from University of Baltimore in 2014. Dalyn has valuable experience in organizational assessment, comparative benchmark data analysis, and data visualization. Dalyn is currently a Personnel Psychologist with the Export-Import Bank of the United States (EXIM). In this role, Dalyn supports employee engagement and satisfaction, data analysis, and change management.

**Brittany Coote** studies Community Health at the School of Community Public Health and Policy, Morgan State University.

**Ann-Marie Coore** is an affiliate researcher with the Morgan State University School of Community Health and Policy Office of Global Health Initiatives. Her key strengths are in Project Management Strategies from research and applied perspectives for a collaborative approach.

**Oreoluwa Fasola** studies Project Management at Graves School of Business and Management, Morgan State University.

**Haixiao Gao** obtained his bachelor's degree in English Language and Literature and is currently pursuing a master's degree in American Studies from Beijing Foreign Studies University

**Mingxuan Guo** obtained her bachelor's degree in International Economics and Trade, Minor in English from Beijing Foreign Studies University. She is currently pursuing a master's degree in Translation Studies with a focus on translation and cross-cultural research.

**Yuting He** is currently pursuing a master's degree in Diplomacy from Beijing Foreign Studies University.

**Menghan Li** is currently pursuing a master's degree majoring in Journalism from Beijing Foreign Studies University.

**Christina Williams** studies Sociology & Anthropology at College of Liberal Arts, Morgan State University

**Olivia Xiang** obtained her bachelor's degree in Italian language and culture, ranking top of her class from Beijing Foreign Studies University. She is currently pursuing a master's degree in Public Diplomacy, specializing in Global governance and international discourse & communication.