

Fight the COVID-19 Pandemic and Improve Global Health Governance

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I. Foreword

The depth and width of globalization has ever increased following the continual advancement of communications and transportation technologies. Cross-border business and trade, travel and academic activities have become more convenient and frequent. Meanwhile, the new changes have brought a series of global problems and the global governance of various types of global issues has become even more important and urgent. Among them, following the occurrence of global public health problems, public health has become an important field of global governance, with governance of epidemics being the top priority that urgently needs to be put under control. Each year, one fourth of global deaths are caused by epidemics and the ratio is even higher in Africa. Some epidemics, such as the AIDS, constitutes to be a long-term threat; but the sudden eruption of some infectious diseases also often catches us off guard. It is urgently necessary to comprehensively improve the global health governance capacity.

Human history is fraught with public health incidents, which, to an extent, have significantly altered and reshaped human history. They include, for example, the Plague of Athens (430-427 BC), the Antonine Plague in ancient Roman Empire (164-180 AD), the Black Plague in the Middle Ages, from 1347 to 1353, the Great Plague of London, from 1665 to 1666, and the Spanish Flu from 1918 to 1919. People then lacked relevant knowledge about infectious diseases and the epidemics raged through many countries and even wreaked havoc on other continents, causing repeated disasters; as a result, population had contracted, economy had been disrupted, and the whole society had been thrown into great panic. In recent years, epidemics, such as the Ebola, the H1N1 Flu, the SARS and the current COVID-19, have appeared frequently, which has attracted great attention from the international community.

History shows that the sudden eruption of epidemics inevitably causes serious losses. The painful historical lessons constitute a warning for us that a sound governance mechanism that can ensure timely, effective and rapid global action is urgently needed in tackling such global health incidents caused by highly infectious diseases; such diseases spread very fast and the exact impact of which is difficult to be estimated at an earlier time; besides, in the short term, there lack effective treatments to kill the virus. Facing the raging infectious diseases, no country would be able to go unscathed. The global health governance focuses on public health problems that threaten people's life and health security, orderly social and economic development, and even national security. Among the public health problems, infectious diseases are the most serious threat because, as cross-border transmissible diseases, it is difficult to put them under control.

Unlike issues menacing human and national security, global health problems belong to the category of non-traditional security issues. For sovereign countries, tackling such issues inevitably requires the international community to mobilize all types of entities, including countries, international organizations and even ordinary people, so that all the countries would pay adequate attention to the challenges and attach importance to efforts of actively preparing medical materials, advanced medical equipment as well as means of treatment, and pooling first-class medical professionals from both at home and abroad; in this way, the sudden eruption of infectious diseases and normal health incidents can be put under effective control.

Global health governance indicates countries, inter-governmental organizations and non-governmental entities effectively address health challenges that require collective actions through formal or informal institutions, rules and procedures (Fidler, 2010; WHO, 2013).

The global health governance mechanisms, especially the WHO, have taken a series of important actions in line with those four aspects after the eruption of the novel coronavirus and played a very important role in

containing the spreading of the epidemic. However, the continual worsening of the situation across the globe urges to strengthen global health governance and cooperation. This report aims to explore and analyze ways to further improve the global health governance mechanisms, and methods and paths for resorting to international cooperation to jointly fight the epidemic. In the report, the foreword and the second chapter, based on human history and the current state of fighting pandemics, introspect about on the global health governance's current state, problems and space for its improvement. To tackle the challenges, the global health governance mechanisms need to evolve in the following four aspects (Jamison et al., 1998; Frenk and Moon, 2013; Jamison et al., 2013): leadership and stewardship, which provide overall strategic direction for global health governance, such as launching negotiations to reach consensus, inter-departmental advocating and setting of rules; provision of global public goods, such as provision of unified norms, standards and directive guidelines, exploration, development and supply of new health tools, and formation and sharing of relevant knowledge; management of externalities, which prevents or reduces negative impacts of a country's state or decision on the health governance of other countries, such as surveillance and information sharing, coordination of global prevention and countermeasures; and global solidarity mobilization, such as development financing, health development assistance, technological cooperation, and humanitarian aid. Chapter three selects some key countries and regions, including the US, Europe, Africa, East Asia and "Belt and Road" countries, to analyze the impacts of the COVID-19 on them and their fight against the epidemic and, on the basis of analyzing the cooperation history and current state of health governance, goes further to explore feasible ways to strengthen global health governance cooperation in the future; and the concluding chapter first analyzes China's contribution in the fight against the COVID-19 before putting forward suggestions for China's in-depth participation in global health governance.

The report is compiled by the Global Governance Research Team of the Institute of World Economics and Politics (IWEP), the Chinese Academy of Social Sciences. Other researchers from the institute also provide detailed comments and general support for the compilation of the report; and Li Junwei, Tian Xu, and Peng Bo from the IWEP assisted the proofreading of the Chinese and English versions of the report.

II. Challenges Facing Global Health Governance Amid the COVID-19 Outbreak and Countermeasures

The fast spreading of the COVID-19 across the globe points to the urgency of strengthening global health governance. As the core global health governance institution, the WHO has taken a series of actions after the eruption of the epidemic and played an important role in providing guidance and coordinating global forces to combat the epidemic. The epidemic, however, has also exposed some defects of the global health governance mechanism, especially the WHO, and posed challenge to it. The international community needs to strengthen its support for the WHO to improve its role in the global health governance.

1. Countermeasures of WHO and the International Community against the COVID-19 Pandemic

This section summarizes actions of the global health governance institutions (mainly the WHO) based on the four key functions of stewardship and coordination, global public goods provision, externalities management and global solidarity mobilization.

(1) Stewardship and Coordination

First, the WHO traced the development of the COVID-19 and sent alarms. Noticing the outbreak of the COVID-19, Tedros Adhanom Ghebreyesus, Director-General of WHO, immediately convened the meeting of the International Health Regulations (IHR) (2005) Emergency Committee. On January 22 and 23, the committee held the first meeting regarding the outbreak of the novel coronavirus, participants of which held that the COVID-19 was yet to constitute a public health emergency of international

concern (PHEIC), but agreed on the urgency of the situation^①. The committee held the second meeting on January 30, concluding that the epidemic constituted a PHEIC and suggesting that temporary recommendations should be released. Based on suggestions by the committee, Dr Tedros declared that COVID-19 constituted a public health emergency of international concerns and accepted the Committee's advice and issued this advice as Temporary Recommendations under the IHR (2005)^②. On March 11, the Director-General announced at a news conference that the COVID-19 can be characterized as a pandemic and reminded all countries to activate and scale up emergency response mechanisms^③. The third meeting of the Emergency Committee took place on April 30, 2020, and committee agreed that the outbreak still constituted a public health emergency of international concern. The WHO Director-General accepted the committee's advice and sent it to States Parties as Temporary Recommendations under the IHR^④.

Second, it strengthened health diplomacy and promoted international community to place greater emphasis on epidemic prevention and control. On February 15, at the Munich Security Conference, Dr Tedros appealed to international community to: (1) take good advantage of the time China, at great cost to itself, bought for the world and make adequate preparations for the shock brought about by the epidemic; (2) strengthen the integrated response across the government departments and take actions in line with the

^① WHO Statement on the meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). [https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)), 23 January 2020.

^② WHO 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-room/detail/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-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)), 30 January 2020.

^③ WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>, 11 March 2020.

^④ WHO. Statement on the third meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19). [https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-\(covid-19\)](https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-(covid-19)), 1 May 2020.

specific priorities in public health; (3) hold solidarity and stop stigma and politicization related to COVID-19. At the G20 Extraordinary Leaders' Summit on COVID-19 held on March 26, Dr Tedros further stated that international community should continue to fight against the COVID-19 and strengthen solidarity, igniting global production, innovation for vaccines and therapeutics, and a global movement to ensure this never happens again. At the G20 health ministers meeting on April 18, 2020, Dr Tedros urged concerned countries to fight the pandemic with determination, guided by science and evidence; he expected the G20 countries to continue to support the global response to COVID-19; the Director-General also called on all G20 countries to work together to increase the production and equitable distribution of essential supplies, and to remove trade barriers that put health workers and their patients at risk^①.

Third, it carried out inter-departmental coordination and maintained close relationship with all partners, especially the UN system. On February 4, the WHO Director-General briefed UN Secretary-General António Guterres on the development of the COVID-19 and requested the activation of the UN crisis management policy to establish a Crisis Management Team (CMT) to coordinate the entire UN system to jointly help concerned countries prepare and respond to COVID-19. On February 6, the UN Development Coordination Office (UNDCO) and the WHO held a conference call to provide UN Resident Coordinators and UN Country Teams (UNCTs) with the latest information of COVID-19, to introduce the COVID-19 Strategic Preparedness and Response Plan (SPRP), and to emphasize the importance of "One UN" in combating the crisis (WHO, 2020b). To ensure the effective cooperation among international partners and stakeholders, the WHO also established the COVID-19 Incident Management Team. The team engages in close cooperation with its partners of varying levels to provide support for countries affected by the virus,

^① WHO. G20 Health Ministers virtual meeting Saudi Arabia - 19 April 2020. <https://www.who.int/dg/speeches/detail/g20-health-ministers-virtual-meeting-saudi-arabia>, 19 April 2020.

strengthen technical and operational networking and collaboration, and support operational coordination of global efforts response (WHO, 2020e).

(2) Provision of Global Public Goods

First, it promptly released guidelines for pandemic preparedness and response. After the COVID-19 outbreak, the WHO put forward a series of documents of technical guidelines to facilitate the global efforts to prevent and tackle COVID-19. In particular, in order to implement the COVID-19 Strategic Preparedness and Response Plan, the WHO has provided a series of technical guidance documents on coordination, planning and monitoring, risk communication and community engagement, surveillance, rapid response team and case investigation, point of entry, national laboratory, infection prevention and control, case management, operational support and logistics.

Second, it actively pushed the research and innovation work regarding the novel coronavirus. From February 11 to 12, the WHO and the Global Research Collaboration for Infectious Disease Preparedness jointly held a global research and innovation forum against the COVID-19. The forum assessed the most updated knowledge about the virus and reached a consensus on the key problems that urgently need to be solved and ways to make joint efforts to accelerate and prioritize funding for research (GloPID-R and WHO , 2020). On March 6, WHO published an R&D roadmap and highlighted priorities in 9 key areas of the natural history of the virus, epidemiology, vaccines, diagnostics, therapeutics, clinical management, ethical considerations, and social sciences^①.

To accelerate the research and development of COVID-19 vaccines, the WHO has taken four crucial moves. First, it has been harnessing a broad global coalition to develop and evaluate candidate vaccines as quickly and safely as possible. To that end, the WHO has been facilitating interactions

^①WHO. WHO Director-General's opening remarks at the media briefing on COVID-19 - 6 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---6-march-2020>, 6 March 2020.

between scientists, developers and funders to support coordination, and/or provide common platforms for working together; second, the WHO has been mapping candidate vaccines and their progress across the world and fostering regular open dialogue between researchers and vaccine developers to expedite the exchange of scientific results, debate concerns and propose rapid and robust methods for vaccine evaluation; third, the WHO has been defining the desired characteristics of safe and effective vaccines to combat the pandemic and guide the efforts of vaccine developers; fourth, the WHO has been coordinating clinical trials across the world and to that end, it has joined hands with its partners to initiate international Solidarity Trial^①. Moreover, the WHO and its partners have also launched the Access to COVID-19 Tools Accelerator (ACT Accelerator) plan to ensure people all over the world can have equitable access to COVID-19 diagnostics, therapeutics and vaccines^②.

(3) Surveillance and Technical Support

First, it strengthened surveillance to prevent further worsening of the situation. After China informed the WHO of COVID-19 cases in early January, the WHO had established a Global Surveillance System to monitor and analyze the extent of global outbreak. The WHO required that its members should abide by the requirements of the IHR and report any new confirmed COVID-19 cases immediately after being found; information related clinical, epidemiological and travel history should also be reported within 48 hours after being found. Meanwhile, the WHO headquarters has also established a Global Surveillance COVID-19 database to focus on collection of COVID-19 cases outside China to monitor the spreading of the COVID-19 across the globe and provide support for combating the epidemic and implementing public health measures (WHO, 2020e). On January 21, the WHO published a

^①WHO. The 4 Critical Elements of WHO Global R&D Efforts in Detail.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-trial-accelerating-a-safe-and-effective-covid-19-vaccine>.

^②WHO. Commitment and Call to Action: Global Collaboration to Accelerate New COVID-19 Health Technologies.
<https://www.who.int/news-room/detail/24-04-2020-commitment-and-call-to-action-global-collaboration-to-accelerate-new-covid-19-health-technologies>, 24 April 2020.

temporary global guideline for surveillance of the COVID-19 and has kept it updated continuously ever since. According to the document, the objectives of the global surveillance are to monitor trends of the disease where human-to-human transmission occurs and to detect new cases in a timely manner to provide epidemiological information of the COVID-19 so that risk assessment can be conducted at national, regional and global level to guide preparedness and response of the pandemic (WHO, 2020e). Starting from January 21, the WHO has published COVID-19 situation report on a daily basis to supervise and report the development of the disease across the globe.

Second, it projected strategic preparedness and response plans at the global and national level. After declaring that the COVID-19 outbreak was a PHEIC, the WHO released the COVID-19 Strategic Preparedness and Response Plan on February 3 to outline the public health measures that are necessary for the international community to prepare for and respond to COVID-19. The plan put forward the following strategies to combat COVID-19: (1) rapidly establishing international coordination to deliver strategic, technical and operational support; (2) scaling up country preparedness and response operations; (3) Accelerating priority research and innovation (WHO, 2020a). Meanwhile, the WHO suggested that, on the basis of aligning the SPRP, the UNCTs and partners to develop a Country Preparedness and Response Plan (CPRP) to support national governments to prepare for and respond to COVID-19 (WHO, 2020b). After that, the WHO also put forward targeted response plans for combating the disease based on the different transmission scenarios for COVID-19 (no cases, sporadic cases, clusters of cases, and community transmission) (WHO, 2020f). On April 14, 2020, the WHO updated its Strategic Preparedness and Response Plan to provide guidance for countries preparing for a phased transition from widespread transmission to a steady state of low-level or no transmission. The updated documents points out that the global strategic goal in response to the COVID-19 is to slow down the transmission of the virus and lower mortality

associated with the COVID-19. Every national strategy has a crucial part to play in meeting the global objectives: a) strengthen planning and coordination and mobilize participation of communities to reduce exposure; b) find, test, isolate and provide care for cases and quarantine contacts to control transmission; c) provide clinical care and maintain essential health services to reduce mortality; d) adapt strategies based on risk, capacity, and vulnerability and ultimately achieve phased transition to a steady state of low-level or no transmission (WHO, 2020g) .

(4) Mobilization of Global Solidarity

First, it organized and coordinated technical experts, funds and materials to support the affected countries to combat the disease. On the one hand, it provided technical support for relevant countries. On February 24, the WHO-led expert team arrived in Italy to help the country understand the situation and provide support in areas of clinical management, infection prevention and control, surveillance and risk communication^①. Apart from Italy, the WHO also provided technical support for the Philippines, Iran, Iraq, Pakistan, Azerbaijan and Colombia to help them devise and improve the national preparedness and response plan. As the disease spread in Africa, the WHO and its main partners also strengthened cooperation in African regions to better coordinate the epidemic preparedness and response work of the whole African continent.

On the other hand, it joined hands with other international organizations to provide funds and material supports for relevant countries. The WHO also used its global personal protective equipment reserves to support efforts by the most affected countries to combat the epidemic. On March 12, Dr Tedros said the WHO had shipped supplies of personal protective equipment to 57 countries, were preparing to ship to a further 28, and had shipped lab supplies

^①WHO. Joint WHO and ECDC mission in Italy to support COVID-19 control and prevention efforts. <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/2/joint-who-and-ecdc-mission-in-italy-to-support-covid-19-control-and-prevention-efforts>, 24 February 2020.

to 120 countries^①. On March 13, the WHO, the UN Foundation, and the Swiss Philanthropy Foundation jointly initiated the COVID-19 Solidarity Response Fund to pool funding for the WHO and its partners to help concerned countries cope with the pandemic. The fund will be used to support initiatives mapped out in the COVID-19 Strategic Preparedness and Response Plan and help all countries, especially those with the weakest health systems, to prepare for and respond to the COVID-19 crisis^②.

Apart from the WHO, other international mechanisms and organizations have also played important roles. First, they stressed their support for efforts by the WHO to combat the disease. As a main international economic cooperation platform, the G20 emphasized that the international community should strengthen coordination and cooperation to jointly cope with the challenge of the pandemic. On March 12, the G20 Sherpa published a statement on COVID-19, pointing out that the pandemic urgently calls for a robust international response and the G20 members support the WHO and would conduct close cooperation with the organization (G20 Sherpas, 2020). On March 26, the G20 convened an extraordinary summit on COVID-19 and leaders at the meeting stressed that they fully support and are committed to further strengthening the role of WHO in coordination of international efforts to contain the pandemic.

Second, the international community actively mobilized various resources to help the affected countries cope with the pandemic. In early March, the UN released \$15 million from its Central Emergency Response Fund (CERF) to the WHO and UNICEF to help fund global efforts to contain the COVID-19. The funds will be used to monitor the spread the COVID-19, investigate cases

^①WHO. WHO Director-General's opening remarks at the Mission briefing on COVID-19 - 12 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---12-march-2020>, 12 March 2020.

^②WHO. WHO, UN Foundation and partners launch first-of-its-kind COVID-19 Solidarity Response Fund. <https://www.who.int/news-room/detail/13-03-2020-who-un-foundation-and-partners-launch-first-of-its-kind-covid-19-solidarity-response-fund>, 13 March 2020.

and operate national laboratories^①. On March 3, the World Bank Group announced to provide up to \$12 billion to support its members to cope with the impacts of the global outbreak^②. On March 17, the support package increased to \$14 billion, which aimed to strengthen national systems for public health preparedness, including for disease containment, diagnosis, and treatment^③. On March 4, the International Monetary Fund Managing Director Kristalina Georgieva announced that the IMF will provide \$50 billion (increased to \$100 billion on April 9) through its rapid-disbursing emergency financing facilities to low-income and emerging-market economies to help them combat the COVID-19^④.

2. COVID-19 Pandemic Poses Challenges for Global Health Governance

Generally, after the eruption of the COVID-19, the WHO and other international organizations and mechanisms, which have taken prompt actions to formulate preparedness and response plans and timely assisted the affected countries, have played a very important role in preventing and controlling the epidemic. The rapid spread of COVID-19 virus across the globe, however, shows that the current global health governance still faces severe challenges in tackling emergency public health incidents.

(1) Weakening Political Willingness of Some Countries to Cooperate Undermines Leadership of the WHO

^① WHO. UN releases US\$15 million to help vulnerable countries battle the spread of the coronavirus. <https://www.who.int/news-room/detail/01-03-2020-un-releases-us-15-million-to-help-vulnerable-countries-battle-the-spread-of-the-coronavirus>, 1 March 2020.

^② World Bank Group. World Bank Group Announces Up to \$12 Billion Immediate Support for COVID-19 Country Response. <https://www.worldbank.org/en/news/press-release/2020/03/03/world-bank-group-announces-up-to-12-billion-immediate-support-for-covid-19-country-response>, 3 March 2020.

^③ World Bank Group. World Bank Group Increases COVID-19 Response to \$14 Billion To Help Sustain Economies, Protect Jobs. <https://www.worldbank.org/en/news/press-release/2020/03/17/world-bank-group-increases-covid-19-response-to-14-billion-to-help-sustain-economies-protect-jobs>, 17 March 2020.

^④ Kristalina Georgieva. IMF Makes Available \$50 Billion to Help Address Coronavirus. <https://www.imf.org/en/News/Articles/2020/03/04/sp030420-imf-makes-available-50-billion-to-help-address-coronavirus>, 4 March 2020.

The WHO should be the leader of global health governance. However, it has been marginalized in recent years. The Ebola epidemic in 2014 has even been seen as a global health leadership crisis (Gostin and Friedman, 2014). The weakening leadership of the WHO is attributable to the inadequate capacity of the organization to handle public health emergencies (including efficacy of function and rules, and sufficiency of resources); it may also come from reduced support from its members (including authorization for the WHO and adherence to the WHO rules). In terms of the second factor, if the WHO member countries only pursue to maximize their own interests and have their rights materialized and refuse to shoulder their due responsibilities, it will be difficult for the WHO to play a leading role in response to the COVID-19 pandemic.

Some moves by the US in the pandemic have obviously undermined the global health leadership of the WHO. US President Donald Trump criticized the WHO of failing to properly tackle the pandemic and announced to temporarily stop funding the organization^①. As the US is the largest source of fee contribution, its decision to stop continuing to fund the organization will widen the WHO's funding gap in tackling the pandemic and seriously undermine its capacity of coordinating global forces to jointly fight the pandemic. Thanks to the passive attitude of the US toward the global cooperation to combat the COVID-19, the G20 health ministers meeting, held on April 19, 2020, failed to release any statement and in its news release, there was no mentioning of the WHO's role in combating the pandemic.

(2) Ineffective Global Health Governance Rules Damage WHO Leadership

In recent years, following the repeated eruption of global public health

^① The White House. Remarks by President Trump in Press Briefing. <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-press-briefing>, April 14, 2020; The White House. President Donald J. Trump Is Demanding Accountability From the World Health Organization. <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-demanding-accountability-world-health-organization>, April 15, 2020.

incidents, the international community has put the issue of global public health on the international agenda with higher priority and the leadership of the WHO has been further strengthened. The Extraordinary G20 Leaders' Summit Statement on COVID-19 issued on March 26 said that the G20 fully supports and is committed to further strengthen the role of the WHO in coordinating global anti-pandemic actions. The importance the global political institution has attached on public health is conducive to strengthening the leadership of the WHO.

However, the global health governance rules remain ineffective and there lacks strong impetus for concerned countries to cooperate with each other, which damage the leadership of the WHO and affected the effectiveness of global health governance.

First, the members of the WHO have failed to implement the IHR (2005) to the letter. The IHR is an important legal tool for global health governance and provides a framework for the WHO to prevent and rapidly respond to epidemics. According to the Article 13 of the IHR (2005), each State Party should, no later than five years from the entry into force of these Regulations for that State Party, develop, strengthen and maintain capacity to respond promptly and effectively to public health risks and public health emergencies of international concern. However, according to the States Parties self-assessment annual report, in 2018, there were still 117 countries that failed to develop the capacities required under the IHR (2005) (WHO, 2019). Such failure not only weakens the capability of those countries to cope with epidemics, but may possibly create loopholes in the global epidemic prevention and control mechanism.

Second, facing the current epidemic, some countries even violated the IHR (2005). Article 7 of the IHR (2005) stipulates that if a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a PHEIC, it shall provide to WHO all relevant public health information. In reality, however, for various

reasons, quite a few countries still failed to sufficiently share relevant data with WHO. On February 26, the Director-General of WHO, said: “One of the biggest challenges we face is that too many affected countries are still not sharing data with WHO^①”. In another case, after the eruption of the COVID-19, 16 health law scholars pointed out in a commentary published in the Lancet medical journal that some countries violated the IHR by imposing restrictions on travellers who’ve been in China (Habibi *et al.*, 2020).

Last but not least, some countries have failed to fully recognize the importance of suggestions the WHO has made for them. For instance, although the WHO repeatedly reminded its members of the necessity to strengthen the preparedness and response to COVID-19, “some countries are not approaching this threat with the level of political commitment needed to control it^②”, “The challenge for many countries who are now dealing with large clusters or community transmission is not whether they can do the same – it’s whether they will^③”.

(3) Capability of the WHO in Tackling Public Health Emergencies Needs to be Improved

The capacity of the WHO in coping with public health emergencies is mainly reflected by its provision of public goods for public health and management of externalities. On the whole, due to its professional health resources that other governance actors do not have, the WHO is indispensable in those two aspects. However, seen from the fight against COVID-19, the existing public health surveillance capability of the WHO remains inadequate in detecting and reporting emerging infectious diseases. The disease-specific surveillance system, in particular, it lacks the ability to monitor wider range of

^①WHO. WHO Director-General's opening remarks at the mission briefing on COVID-19 - 26 February 2020 <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---26-february-2020>, 26 February 2020.

^②WHO. WHO Director-General's opening remarks at the Mission briefing on COVID-19 - 12 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---12-march-2020>, 12 March 2020.

^③WHO. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>, 11 March 2020.

health conditions. The COVID-19, after its eruption, has involved into a global pandemic within a short period of time, which points to the inadequate capability of the WHO in tackling global health crisis. Such an inadequacy may come from the inadequate capability building of the WHO; it may also come from the above-mentioned inefficacy of global health governance rules or lack of resources, which will be further discussed later.

(4) WHO Fails to Mobilize Global Solidarity

After the eruption of the COVID-19, the WHO has provided technical, material and funding supports for relevant countries and regions in a timely manner. As we mentioned earlier, however, although the WHO has an advantage in providing support of medical expertise, it lags far behind other international organizations in terms of material and funding support. The WHO does not have rich funding budgets to support its members and it has to rely on other international organizations or donations to combat the COVID-19, thus making it unable to effectively mobilize the global solidarity.

(5) Inadequate Funding Resources of WHO

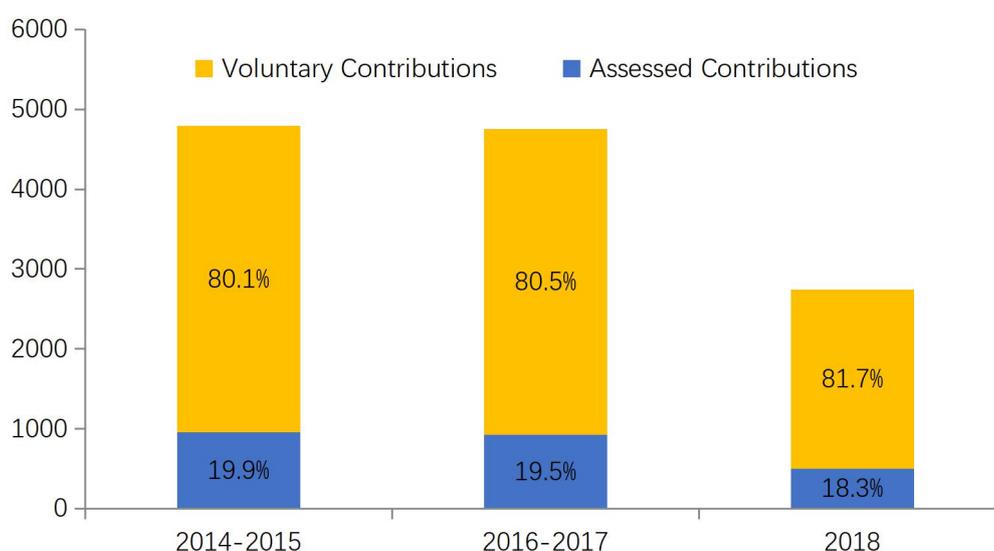
The above-mentioned challenges are mostly related to the inadequate funding resources of the WHO.

First, the scale of the WHO budgets is relatively small. Its budget for the 2020-2021 biennium was \$4.8 billion, up by 9.5% compared with the 2018-2019 biennium. Although it has been on the rise in recent years, its absolute scale remains small. For instance, the proposed 2020 budget of the US Centers for Disease Control and Prevention was \$6.6 billion^①. On average, the annual budget of the WHO is about one third of that of the US CDC. Some scholars have pointed out that the budget of the WHO is even lower than many major hospitals in the United States (Gostin, 2015). The limited budget of the WHO has affected its implementation of its functions. Meanwhile, the proportion of assessed contributions by its members in its total budget has

^①The Centers for Disease Control and Prevention. CDC-Budget Request Overview. <https://www.cdc.gov/budget/documents/fy2020/cdc-overview-factsheet.pdf>, 20 March 2020.

been declining continually while that of voluntary contributions is on the rise. For instance, in 2018, assessed contributions only account for 18.3% of the total of WHO budget (Graph 2-1); in 1998-1999, the proportion was 49% and it was 24% in 2012-2013 (WHO, 2011). The continually rising proportion of voluntary contributions, which is conditional, has greatly affected the independence of the WHO operation.

Million \$

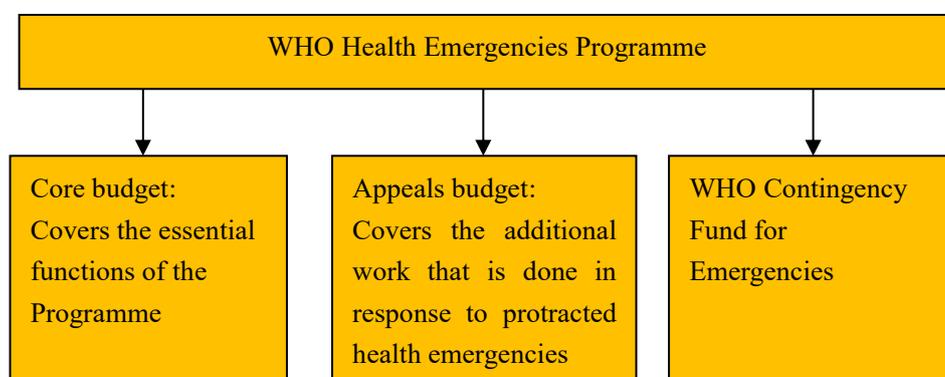


Graph 2-1 Amounts and proportions of WHO voluntary and assessed contributions

Source: WHO, Audited Financial Statements for the year ended 31 December 2018.

Second, the WHO has a large funding gap in tackling public health emergencies. For a long time, the funding sources of the WHO for early and rapid response to health emergencies mainly come from its normal budgets and bridge financing for emergencies. To make up for the budgetary gap, the WHO has also made some emergency financing arrangements. In 2009, the WHO established the Public Health Emergency Fund to combat H1N1 flu. The fund, however, is not self-sustaining and, as at 31 December 2014, the balance was only \$86,000 (WHO, 2015). In 2015, the WHO establish the Contingency Fund for Emergencies to cope with Ebola and it is mainly financed by voluntary contributions from its members and is a separate financing

arrangement beyond the organization’s Health Emergencies Program. By January 17, 2020, a total of 22 countries had donated \$136.6 million to the Fund. However, it is similar to the above-mentioned Public Health Emergency Fund; unless there are new donations or the WHO approves additional budgetary inputs, the Fund may face the risk of depletion. The above-mentioned three types of financing (Graph 2-2) cannot ensure that the WHO can have ample funds to cope with public health emergencies. For instance, the WHO’s Health Emergencies Program, which leads global response to the COVID-19 outbreak, has been found chronically underfunded by auditors, thus causing “severe” and “unacceptable” level of hazard to the WHO^①. The WHO estimated that a funding need of at least \$675 million for critical response efforts in countries most in need of help through April 2020, however, since the WHO does not have ample resources available and mainly depends on donations, as of April 12, the WHO has received a total of \$337 million worth donations^②, and there remains a large gap of funding.



Graph 2-2 Main funding sources of WHO Health Emergencies Program

Source: WHO, Contingency Fund for Emergencies, Report of the WHO Health Emergencies Program, April 2017.

^①Joel Richards. COVID-19 and Health Governance, <https://searchlight.vc/searchlight/the-world-around-us/2020/03/10/covid-19-and-health-governance>, 10 March 2020.

^②WHO. Coronavirus disease (COVID-19) donors & partners. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners/funding>, 12 April 2020.

3. Suggestions for Improving Global Health Governance

Although different international mechanisms and organizations have played important roles in global health governance, the leadership and coordinating role of the WHO as a special UN institution should be further strengthened.

(1) International Community should Increase Support for WHO

The international community should continue to support the WHO as the core of global health governance mechanism and provide political support for the organization to fulfill its duties. The WHO should actively push the inclusion of health topics in the agenda of international and regional organizations and strengthen coordination and cooperation with other global health governance actors.

(2) Capacity of the WHO in Coping with Public Health Emergencies should be Strengthened

First, the public health emergency early-warning capability of the WHO should be further strengthened. The WHO mainly relies on the Global Public Health Intelligence Network (GPHIN), which is a cooperative program between the WHO and Canada's health ministry, Early Warning, Alert and Response System (EWARS) and notifications of all events which may constitute a public health emergency of international concern by countries that have approved the IHR (2005). To strengthen the early-warning capabilities of the WHO, the notification and information sharing obligation of States Parties should be further strengthened, so that the WHO can have access to more information of public health emergencies; meanwhile, some tools, such as internet and media monitoring and data mining, can be used to gradually improve the crisis early-warning capabilities of the WHO.

Second, the preparedness and response capabilities of the WHO in dealing with global public health crisis should be further improved. The

international community should provide support for public health emergency regular simulation exercises under the leadership of the WHO, which is responsible for putting forward suggestions for solving problems that occur in the exercises. The WHO should engage in the surveillance and prevention of epidemics as early as possible; before declaring a PHEIC, the WHO can develop intermediate triggers so that it can mobilize national, international and multilateral actions early in outbreaks (Global Preparedness Monitoring Board, 2019). The WHO should strengthen the development and international sharing of diagnosis and treatment plans, establish mechanisms and platforms for sharing experiences, coordinate various types of entities to develop drugs and vaccines, and ensure drugs and vaccines are accessible to developing countries.

(3) Actively Pushing Concerned Countries to obey and Implement Global Health Governance Rules

First, the WHO should further strengthen the monitoring and evaluation of its members abiding by and implementing the IHR (2005). The current IHR Monitoring and Evaluation Framework is mainly made up of four components: States Parties Self-Assessment Annual Reporting (SPAR), After Action Review (AAR), Simulation Exercises (SimEx), and Joint External Evaluation (JEE). They, however, concern either self-evaluation or voluntary evaluation^①. To improve the level of compliance and implementation of the IHR of the States Parties, consider establishing external mandatory evaluation mechanisms to increase peer pressure; the WHO can also regularly monitor the progress of their capabilities of epidemic prevention and control.

Second, it should be noticed that some States Parties, especially those mid- and low-income countries, may not be able to implement the IHR due to limited funds and capacity. Therefore, the international community and the

^① As of July 2019, 190 countries reported their progress in implementing IHR (2005) in 2018, using the State Party self-assessment annual reporting (SPAR) tool; 102 countries have conducted a voluntary Joint External Evaluation (JEE), 103 countries have conducted simulation exercises, 51 countries have completed after-action reviews. See Global Preparedness Monitoring Board. A World at Risk. Annual Report on Global Preparedness for Health Emergencies, September 2019.

WHO should increase aids and assistance to the mid- and low-income countries so that they can become technically more capable of preventing and controlling epidemics. The Group of Seven (G7) agreed at its Leaders' Summit in 2015 that they would help at least 60 countries (later the number was increased to 76) meet requirements of the IHR within five years^①. The G20 has also reiterated the importance of complying with the IHR. On March 12, the G20 Sherpa meeting released a statement on COVID-19, pointing out that "G20 countries will continue to lead efforts to enhance public health preparedness and response, as well as support the implementation of the International Health Regulations". The international community should fulfil their commitments and take concrete measures to help poverty-stricken countries to improve their preparedness and response capacity.

(4) Further Mobilize Global Resources to Tackle Global Health Challenges

The improvement in capability requires the guarantee of resources. However, resources inadequacy has been preventing the WHO from fully carrying out its due functions. Constrained by the principle of the zero nominal growth, in the short term, the assessed contributions by WHO members will not increase significantly, while the voluntary contributions are not always sustainable and at the same time can damage the independence of the WHO. Therefore, for global health governance, possible new sources of funding should be tapped; on the other hand, resources from entities beyond the WHO should be mobilized.

The international community should expand the scale of funds for the WHO to cope with public health emergencies. Article 58 of the WHO Constitution has provided legal guarantee for the establishment of a special fund to meet emergencies and unforeseen contingencies. Given the shocks created by the COVID-19, the international community should support the further expansion of the scale of the WHO Contingency Fund for Emergencies.

^①G7 Leaders' Declaration. G7 Summit, 7-8 June 2015.

Apart from seeking various voluntary contributions, the WHO can also consider requiring all its members to make an ad hoc contributions to expand the scale of the Fund. Fortunately, the G20 leaders committed to closing the financing gap in the WHO COVID-19 Strategic Preparedness and Response Plan and, on a voluntary basis, and providing immediate resources to the COVID-19 Solidarity Response Fund, the Coalition for Epidemic Preparedness Innovation (CEPI), and the Global Alliance for Vaccines and Immunization (GAVI); they also called on all countries, international organizations, the private sector, philanthropies and individuals to make contributions.

The WHO should take advantage of its expertise in health governance to actively coordinate international resources to cope with health emergencies. Apart from the WHO, many other actors have brought large amounts of resources- even larger than those of the WHO- to global health governance. The WHO should further bring out its advantage in health expertise and make efforts to become the coordinator of global emergency health resources, instead of playing a supplementary role.

The international community should be united and join hands to cope with the challenge caused by the COVID-19. The spread of the COVID-19 across the globe shows that neither developing countries nor developed countries can go unscathed amid the outbreak of the epidemic. To meet the global challenges, all countries should make their utmost efforts and be politically resolute to contribute to the fight against the virus; they should not only tackle the COVID-19 this time; they should also make thorough preparations for the next possible major health emergency.

III. International Cooperation in Global Health Governance

The major powers and main stakeholders should further explore their potentials for carrying out cooperation so that all countries can join hands to strengthen the global health governance. In this section, we will go on to discuss cooperation between China and the US, Europe, Africa, East Asia, and countries participating in the Belt and Road Initiative; based on bilateral and regional cooperation, the report discusses ways and paths to effectively control pandemic, restore economic activities and promote development in the long term.

1. COVID-19 Pandemic and Sino-US Cooperation in Health Governance

The eruption and spread of the COVID-19 pandemic across the world have brought serious impacts on life and economy of the affected countries and regions. In nearly 20 years, China and the United States have established multi-dimensional cooperative mechanisms in public health governance, which have been important in laying the foundation for them to carry out cooperation in global public health governance. However, at the historical juncture when the Sino-US relations face great uncertainties, the pandemic has failed to help press the brake pedal on the worsening of the Sino-US relations, which has been on the downward channel; instead, it has further worsened the situation, intensifying their differences and conflicts. Despite that, the two countries have taken a series of anti-COVID-19 cooperative moves at official, non-governmental and academic levels, which signifies that no matter how the political ecology changes, the two countries always has the space for moving in the same direction in the field of public health

governance.

(1) History and Current State of Sino-US Health Cooperation

China and the US have laid a relatively solid foundation for cooperation in public health. The two sides have long conducted in-depth cooperation in varied fields, such as malignant tumor, infectious disease, and non-infectious disease. Meanwhile, they have also joined hands to provide assistance to third-party countries that are incapable of providing decent public health services. For instance, they have cooperated to provide assistance to West African countries suffered from Ebola.

Bilaterally, China and the US have established a multi-level and multi-channel public health cooperation mechanism. First, public health cooperation appears to be an important topic in the high-level dialogues between Chinese and US leaders. The program office of Emerging and Re-emerging Infectious Diseases (EID) was formally set up in 2006 ahead of the first China-US Strategic Economic Dialogue (SED), which was one of the preliminary achievements of the dialogue. In 2015, health cooperation was included into the China-US High-Level Consultation on People-to-People Exchange, which has further deepened bilateral health cooperation of the two countries. In 2017, collaboration on health issues appeared to be one of the seven cooperative areas of the first China-US Social and Cultural Dialogue, which was set up as one of the four high-level dialogue mechanisms between the two sides.

Second, the health authorities of the two countries have set up long-term systemic cooperation. The US Centers for Disease Control and Prevention (CDC) has instituted a branch in China and since 2003, the US Department of Health and Human Services has sent health attachés to Beijing to support bilateral cooperation. Those measures aim to help China improve its public health services and strengthen China's capability in tackling public health challenges. In the recent decade, both sides worked closely in combating the H1N1 and H7N9 influenza and other infectious disease from the starting point

of information sharing to vaccines development.

Third, China and the US have established a specific cooperative program on infectious disease. In October 2005, the two sides signed the Memorandum of Understanding for the Collaborative Program on Emerging and Re-emerging Infectious Diseases, which aims to strengthen capabilities of both sides in preventing and tackling emerging infectious diseases at varying levels^①. Some of the medical professionals China sent to West Africa to combat Ebola had benefited from the training program on on-spot epidemiological survey.

Last but not least, China and the US have also established a series of joint research projects co-sponsored by the US National Institutes of Health and China's National Natural Science Foundation, to support scientific cooperation between Chinese and US scholars in the field of public health. It is fair to conclude that China and the US have built solid basis for cooperation in public health system build-up, infectious disease monitoring and biomedical research.

Regarding the current COVID-19 case, China has kept notifying the US of what had happened right after the eruption of the epidemic, which means China has fulfilled its duty of information exchanges. According to publicly available information, starting from January 3, China has regularly informed the US of relevant information and China's prevention and control measures, and the two CDC directors have discussed the situation by phone. China's sharing of information has provided support for the US to get into epidemic prevention and vaccine development in a timely manner. During this period, American social agencies became the driving force of China-US health cooperation. The public organizations, especially the Bill & Melinda Gates Foundation, The National Committee on US-China Relations and others, played a representative role in supporting China's fight against the COVID-19.

^① Xinhua News Agency. Office of the Sino-US Emerging Infectious Diseases Cooperative Program Formally Launched, http://www.gov.cn/jrzg/2006-12/13/content_468574.htm, 13 December 2006.

Moreover, against the backdrop of bilateral trade friction, China's initiative to strengthen control of fentanyl has positively impacted the bilateral health cooperation. It indicates that although the Sino-US relations are at a low ebb, their public health cooperation has not stagnated.

Multilaterally, the Sino-US cooperation in providing assistance to third parties is still at an early stage and there is a great potential for such cooperation to expand. The US has long played a leading role in the global health governance process. China has gradually become an important contributor in the global public health industry, providing personnel, funding and technical supports for global health governance. The most important case of Sino-US assistance cooperation in third-party countries by far is their joint fight against Ebola. They have collaborated to carry out collective projects to help third-party countries combat Ebola, provide funding assistance to the affected countries, sending out expert teams, setting up local clinical centers, helping train local medical staff, jointly developing anti-Ebola drugs and vaccine, and providing help for the African Union to establish disease control and prevention centers in African countries.

(2) Possible Paths for China and the US to Further Strengthen Global Health Cooperation

Cooperation between China and the US in the field of public health not only concerns the health of the two peoples, but is of great global significance. As a global public health issue, the effective governance of the COVID-19 pandemic would not become a reality without coordination and cooperation among major powers. Currently the Sino-US relations are on a downward spiral, which is set to seriously affect their public health cooperation; on the other hand, it also shows that there still exists much space for improving their cooperation in public health. China and the US joining hands to combat the COVID-19 will play a significant guiding role in encouraging global cooperation to tackle the public health crisis and contribute to the global efforts to step out of the economic recession caused by the epidemic. The two

countries can, on the basis of improving existing bilateral cooperation mechanism, jointly carry out cooperation to help third-party countries and to strengthen scientific research and development, policy coordination and project cooperation to fight COVID-19 and other infectious diseases facing the whole mankind.

At the bilateral level, the existing cooperation mechanisms of China and the US in the field of public health need to be restored and upgraded. Affected by the Sino-US frictions in trade and technology, the high-level dialogue mechanisms between China and the US in many fields have become ineffective. Among them, health cooperation mechanisms have also been seriously affected. The China center of the US CDC had employed 11 experts from the US in 2011; now there are only three left. The scale of the EID program has also been contracted and the post of Advisor of U.S. Field Epidemiology Training Program in China was terminated in July, 2019^①. To strengthen their cooperation in public health, it is necessary for both countries to re-evaluate the effectiveness of the existing cooperative mechanisms after the pandemic; and based on the results of the evaluation, the functions and personnel of their cooperative programs (such as the EID program office) should be adjusted. Moreover, the restoring of the high-level dialogue mechanisms (similar to the Comprehensive Dialogue Mechanism of China-US Social and Cultural Dialogue) would create favorable atmosphere for their bilateral cooperation and encourage private entities to participate in the Sino-US public health cooperation to improve the efficiency of cooperation. Additionally, communication and cooperation in scientific research and development should be strongly encouraged, instead of being interrupted politically. Meanwhile, China and the US has much room for cooperation in

^① According to a Reuters report, the consultant is responsible for collecting information on China's epidemiologic situation and informing the US. Insiders said that if the post had not been removed, then the disclosure of the COVID-19 and reactions of the two countries should have been more timely and the epidemic may have been stopped before it spread to other parts of the world. See Marisa Taylor. Exclusive: U.S. axed CDC Expert Job in China Months before Virus Outbreak. <https://www.reuters.com/article/us-health-coronavirus-china-cdc-exclusiv/exclusive-u-s-axed-cdc-expert-job-in-china-months-before-virus-outbreak-idUSKBN21910S>, 23 March 2020.

the research and development, production, and logistics of COVID-19 vaccines.

At the multilateral level, China and the US can try to join hands with third-party countries, especially African countries, which are not capable of providing high-quality public health services, to deepen their cooperation. Since the COVID-19 may last long and pose quite serious challenge to African countries, China and the US should, while putting the pandemic under control at home, provide assistance to African countries to help them fight the COVID-19. Such cooperation is an important reflection of the humanitarian spirit of the concept of a community of shared future for mankind. Meanwhile, globally, the two countries should coordinate their stances in relevant international organizations and jointly safeguard the professional authority of the WHO; neither of them should support the WHO on the condition that the organization toes its line and refuse to support the WHO when the organization does not satisfy the its demands.^① Additionally, they should not only attach importance to bringing out the role of traditional global governance mechanisms, such as the World Bank and the IMF, but leverage the available resource of emerging governance mechanisms, such as the G20, the New Development Bank of BRICS cooperation, Asian Infrastructure Investment Bank and so forth, so that the limited resources can be distributed across the globe in a more efficient way to achieve win-win results.

In the post-pandemic period, jointly safeguarding global public health security and addressing emerging and re-emerging infectious diseases are the best choices for the two sides. Cooperation between the two major powers is an important precondition for the effective governance of global health issues. Besides, the world economy will not recover smoothly without the policy

^① The Donald Trump Administration recently announced that the US would withdraw from the WHO. Since Trump came to power, the US has adopted an approach of “you’re either with us or you’ll be dismissed” when it deals with international organizations. Such a stance has aroused loads of criticism from within the US and international community. The WHO is the most important global public health governance mechanism; the withdrawal of the US does not help its own fight against the pandemic, nor does it contribute to the global efforts to contain the epidemic; in the long term, it is not conducive to the development of global public health industry.

coordination and cooperation among major powers. If China and the US cannot turn the crisis caused by the pandemic into an opportunity for revitalizing bilateral cooperation, then the Sino-US relations, which are the most important bilateral relations in today's world, may risk continuing to worsen.

2. COVID-19 Pandemic and Sino-European Cooperation in Health Governance

Since the eruption of the COVID-19 epidemic, the Sino-European relations have not suffered from turbulences; instead, they have largely been quite stable, with the two sides taking an approach of developing their relations based on mutual understanding and helping each other in coping with the pandemic. In February, when China faced the most daunting challenges in the fight against the epidemic, leaders of major European countries and Chinese President Xi Jinping talked for many times to exchange their views on the epidemic. The European leaders thought highly of China's effective and responsible anti-COVID-19 actions and provided material assistance to China. By the end of February, thanks to the coordination of the EU, European countries have provided over 30 tons of epidemic prevention and protection materials and equipment. Since March, China has effectively put the COVID-19 under control and the situation has been greatly eased, while Europe has become the epicenter of the disease. To help the European countries to go through the difficulties, China has provided large amounts of medical materials and appliances, such as face masks, testing kits and respirators and sent medical teams composed of experienced professionals to help those most affected European countries fight the virus.

(1) History and Current State of Sino-European Bilateral Cooperation

Since the establishment of formal diplomatic relations between China and

European Union in 1975, the two sides have cooperated in the field of public health to meet their real needs of jointly coping with public health challenges and contribute to their long-term development of bilateral relations. China-EU public health cooperation has the features of multi-level, multi-player and multi-mechanism.

First, at the global level, the Sino-European cooperation in public health is mainly reflected by their bilateral and multilateral cooperation within the WHO framework. The two sides have both support the core role of the WHO in global health governance. The European Commission and the WHO has maintained long-term links and the EU commissioners hold regular meetings with WHO Director-General. The two sides have established WHO European program. China has actively participated in the national cooperation strategy of the WHO and established the China-WHO Country Cooperation Strategy (2016-2020), which clearly put forward six major strategic targets, ranging from the increase of China's contribution to global public health to the strengthening of regulatory capacity in health services, and to the improvement of health systems towards universal health coverage. In 2013, China and the EU approved the China-EU 2020 Strategic Agenda for Cooperation, deciding to expand their dialogue and exchanges in the field of health and ensure citizens' health and security through strengthening bilateral and multilateral cooperation with the WHO^①. At the 73rd World Health Assembly, held from May 18 to May 19, 2020, the *COVID-19 Response*, which was proposed by China, the EU and many other countries, was passed; it reaffirmed the key leadership role of the WHO in comprehensively coordinating global forces to combat the COVID-19 pandemic; it also urged WHO members to provide the organization sustainable funding and share with it the information about the pandemic in a timely manner^②.

Second, at the regional level, the bilateral Sino-EU health cooperation in

^① "EU-China 2020 Strategic Agenda for Cooperation," http://eeas.europa.eu/archives/docs/china/docs/eu-china_2020_strategic_agenda_en.pdf. [2020-3-23]

^② COVID-19 Response, https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf [2020-5-19]

fighting SARS in 2003 is a landmark in Sino-EU health cooperation. Since then, the importance of health cooperation in the Sino-EU bilateral relations has continually increased. In 2004, the seventh China-EU Summit issued a joint declaration after its conclusion, pointing out that the two sides had realized the importance of strengthening their cooperation in fighting infectious diseases^① and made health cooperation a regular topic in the following summits. In 2014, when the China-EU Comprehensive Strategic Partnership entered its second decade, the Chinese government released its second EU Policy Paper, clearly pointing out that the two sides would increase information exchanges and sharing regarding major public health incidents, strengthen technical exchanges regarding prevention and control of emerging infectious diseases, and actively carry out cooperation in laboratory testing, diagnosis and treatment, and vaccine development^②. Moreover, The EU has devised a Horizon 2020 (2018-2020), which aims to promote the strategic cooperation between China and EU in health research and innovation and establish sustainable health and knowledge sharing networks^③. On March 19, 2020, the Chinese Ministry of Foreign Affairs and National Health Commission organized a joint video conference on Sino-EU epidemic prevention and control, at which the Chinese side introduced the country's experiences in fighting the COVID-19 to government officials and public health experts from 18 European countries, such as the UK, France, Germany and Italy. Chinese officials and experts elaborated on epidemiological characteristics, prevention and control strategy, and clinical diagnosis and treatment of the COVID-19 and provided professional and thorough answers to questions from their European counterparts.

Third, at the sub-regional level, China and European sub-regions, such as Northern European and Central and Eastern European countries, have made

^① Joint Statement of the 7th China-EU Summit, 8 December 2004.

^② China's Policy Paper on the EU: Deepen the China-EU Comprehensive Strategic Partnership for Mutual Benefit and Win-win Cooperation, April 2014.

^③ European Commission. Roadmap for EU-China S&T Cooperation. https://ec.europa.eu/research/ispc/pdf/policy/cn_roadmap_2018.pdf, October 2018.

some headway in health cooperation in recent years. In May 2017, China's foreign ministry and the Nordic Council of Ministers held a meeting in Beijing. Given the advantage of Northern European countries in social welfare, the two sides agreed to take welfare policy and solutions as one of the priorities of cooperation and strengthen exchanges and cooperation in health, including public health and population ageing. In June 2016, the establishment of the China-CEEC Public Health Cooperation Mechanism was announced at the 2nd China-CEEC Health Ministers Meeting. The mechanism aims to promote cooperation between China's CDC and its counterpart institutions in CEE countries. To combat the COVID-19 pandemic, two special video conferences were held on March 13 and May 13, 2020, respectively, at which officials and experts from China and 17 Central and Eastern European countries shared information and experiences in control and prevention of the epidemic; participants said the two sides would make efforts to seek more common ground and make their health cooperation a new growth point and important pillar of the overall operation between China and Central and Eastern Europe to promote the building of a health community for shared future for mankind.

Fourth, at the national level, cooperation between China and major individual European countries in public health areas has had a long history and is an integral part of the overall Sino-European health cooperation. Since 1980, when China and Germany signed an agreement on health cooperation, the two countries have established a series of cooperative frameworks and institutions, including the China-Germany Association of Medicine, framework agreements on medical economy and bio-technology cooperation, and a biennial health dialogue mechanism. Health and medical cooperation between China and France started from 1997 and the two countries have held many health cooperation forums and health strategic cooperation symposiums and established high-level people-to-people exchange mechanisms to promote their cooperation in the field of health ever since. China and Italy signed a memorandum of understanding on health

cooperation in 2000. Since then, cooperation between the two countries has been steadily improved. In 2019, the two countries reached a new health cooperation action plan, which covers prevention and control of infectious diseases, primary health and hygiene promotion, and training of health professionals^①. Starting from March 2020, the COVID-19 spread in Europe and Italy has become the most-affected country in the continent. As Italy was facing increasingly serious epidemic prevention and treatment situation, China has sent three batches of medical experts and professionals on March 12, March 19 and March 25 to Italy to help the country fight the COVID-19, sharing China's experience in tackling the epidemic with local health experts. On June 5, President Xi Jinping talked through telephone with French President Emmanuel Macron, acknowledging the achievements of cooperation between the two countries in fighting the pandemic in the past months; they agreed to continue to maintain dialogue and exchanges, adhere to multilateralism and jointly push forward the long-term stable development of the Sino-European relations.

(2) Prospects of China and Europe to Further Strengthen Cooperation in Global Health Governance

Based on the analysis of the current state of Sino-European health cooperation, it is argued that China and European countries may make more efforts in the following three aspects to combat the COVID-19 pandemic and further strengthen the capacity building of the global health governance system.

First, China and Europe could make full use of their consensus on the concept and perception of global governance and further consolidate the political foundation of global multilateral health governance. As the United States implements its unilateral stance and withdraws from international mechanisms, China and Europe are expected to jointly shoulder the

^① Zhang Chao. COVID-19 and Sino-European Health Partnership, Institute of European Studies. http://ies.cssn.cn/wz/yjcg/qt/202003/t20200309_5098470.shtml, 9 March, 2020.

responsibility of safeguarding the existing global governance system and maintain an open and rule-based global order. In recent years, Chinese and European leaders have frequently held talks and meetings. The joint statement of China and France in 2018 and President Xi Jinping's idea of eliminating "four deficits" of governance, trust, peace and development, proposed in 2019, reflect the common ground of China and Europe in safeguarding global multilateral governance system. On April 29, 2020, Chinese Premier Li Keqiang talked through telephone with European Commission President Ursula von der Leyen to discuss the COVID-19 pandemic; during the talk, they agreed to jointly safeguard multilateralism, conduct international cooperation on vaccine and drug research and development and provide support for countries and regions with a weak public health system. Moreover, as the core mechanism of global health governance, the WHO has taken a fair and responsible stance in handling the COVID-19 pandemic, repeatedly acknowledged China's contribution to the fight against the novel coronavirus, and played a key role in thwarting politicization of the impacts of the epidemic. Therefore, China and Europe could support the unbiased and professional role the WHO has played in fighting the COVID-19 and integrate the Sino-European bilateral cooperation with the WHO multilateral governance mechanism.

Second, China and Europe could strengthen their bilateral public health cooperation under the framework of China-EU Comprehensive Strategic Partnership. Given the "multi-level, multi-player and multi-mechanism" characteristic of the Sino-European health cooperation and the complicated politics in Europe, the two sides may stick to the China-EU Comprehensive Strategic Partnership and take it as the guidance for Sino-European health cooperation, which could strike a balance between effectiveness and legitimacy, i.e., it could not only promote the targeted cooperation between China and EU through sub-regional and national channels, but it may also contribute to the stability and development of Sino-European bilateral

relationship at the regional and global level. Moreover, as one of the four pillars of the China-EU Comprehensive Strategic Partnership, the China-EU partnership for growth will play a crucial role in alleviation of the pandemic shocks and recovery of the world economy in the post-COVID-19 era. On the basis of the 21st meeting of Chinese and EU leaders last year, the two sides held the 29th round of China-EU investment agreement negotiations through video conference from May 25 to May 29, 2020. They negotiated over text and list of the agreement and made positive headway. Inking the China-EU investment agreement at an earlier time will mark an important upgrading of their bilateral economic cooperation and serious implementation of their partnership for growth; it would also be a wise move that will contribute to recovery of the world economy against the backdrop of the raging COVID-19 pandemic.

Last but not least, China and Europe could make efforts to contribute to the multilateral health assistance cooperation to help underdeveloped countries and regions and strengthen the structure and process of multilateral health governance. On the one hand, those underdeveloped regions still have a great demand for public goods, such as health, water, electricity and education. Take the Democratic Republic of the Congo for example, the Ebola virus has posed great challenge to the country's public health management and disease prevention. On the other hand, developing effective multilateral cooperation with third parties will contribute to the improvement of the capacities and clout of China and Europe in global governance. The joint statement released after the 9th China-EU Summit in 2006 said that the two sides promise to make efforts to promote peace, stability and sustainable development in Africa^①. At the World Health Assembly in May, 2020, the participants, including China and European countries, confirmed that the COVID-19 pandemic has an especially serious impact on low-income and middle-income countries and developing economies; they reiterated the

^① Joint Statement of the 9th China-EU Summit, 9 September 2006.

importance of continuing to join hands to provide development assistance to those countries. In June, Chinese and French leaders reaffirmed that China, France and Africa would strengthen trilateral cooperation to combat the COVID-19 pandemic and increase support for the fight against the pandemic in the less developed countries and regions, such as Africa. To sum up, faced with the challenge posed by the COVID-19 pandemic, China and Europe share political consensus, expertise and material capabilities in aligning multilateral forces to assist the less developed countries and regions with fighting the pandemic.

3. COVID-19 Pandemic and China-Africa Cooperation in Health Governance

The cooperation in the health sector has constantly been a priority of the China-Africa relations. In the fight against the epidemics of Ebola, cholera and malaria, China had actively collaborated with virus-hit African countries and set up an image of a responsible major power. As some African countries have recently reported confirmed COVID-19 cases, their expectations for China providing its epidemic prevention and control plan and technical and material supports have been on the rise. From the perspective of building a “China-Africa community with a shared future”, China should closely monitor and thoroughly evaluate the development of the epidemic in the region and, within its capacity, provide material and technological assistance for countries in desperate need.

(1) Current State of China-Africa Joint Fight against the COVID-19

Given the generally weak public health system of African countries, once the epidemic spreads widely and deteriorates, it would be urgent for them to seek the assistance from the international community. In the e-commerce platforms such as Amazon and eBay, the price of per N95 respirator has risen

to \$20 dollars and that of other protective materials, such as protective suits and nucleic acid detection kits, is even higher. However, as the per capita GDP of African countries in 2019 is less than \$2000 dollars, it is apparent that most of them cannot afford such sizable health expenses. The shortage of medical staff in Africa is even more severe a challenge. During the fight against the Ebola virus from 2014 to 2016, there were only 386 doctors and 1365 nurses that were able to engage in disease treatment in Sierra Leone, which actually need additional 2,900 doctors and 8,600 nurses to meet the challenge. Due to lack of medication and protective gears, the medical staff often fall victim to the infectious diseases in Africa. From October 2015 to December 2015, 60 medical workers were infected with the Ebola virus in Guinea, accounting for 40% of all infections nationwide in the same period. The infection of medical workers will not only undermine their already weak capacity of epidemic prevention and control, but cause cross infections and accelerate spread of the epidemic.

Since March 2020, China has achieved temporary success in containing the epidemic. Since it has accumulated rich experiences in COVID-19 treatment, scientific research and social governance, China has regained the ability to provide more medical assistance to the international community, including the African countries. While continuing to take stringent measures to prevent and control the COVID-19 at home, China has proactively helped African countries and regional organizations to support their fight against the virus. The Chinese government has provided a batch of detection kits to African countries through the Africa Centers for Disease Control and Prevention, and provided anti-virus materials to African nations that have reported COVID-19 cases. China has also sent medical teams to help African countries actively fight the virus. On March 22, the epidemic prevention medical materials from China arrived in Addis Ababa, capital of Ethiopia. They are donations from Jack Ma Foundation and Alibaba Foundation that will be used to support 54 African countries fight the epidemic.

Since the COVID-19 is highly infectious, hard to get detected at an early state, and there lacks effective drugs and vaccines to contain the epidemic, it is quite difficult for the affected African countries to treat COVID-19 patients and to technically eradicate it. A small proportion of patients have tested positive sometime after being cured, which means the process of containing the disease may be prolonged and it is easy for the virus to attack people again even if they have recovered. African countries have experienced this similar situation in their fight against Ebola, which broke out in Guinea and last about 3 years, infecting approximately 11,000 people in three rounds of intensive transmission. In the Democratic Republic of the Congo, the latest round of the Ebola epidemic occurred in August 2018 and lasted for a long time; even today, there remain some sporadic confirmed cases. To prevent the recurrence of the COVID-19 in the continent, African countries should not take monitoring, prevention and treatment of the disease lightly even after the virus was largely put under control.

(2) Prospects of China and Africa Strengthening Cooperation in Global Health Governance

The major challenge facing African countries now is containing the COVID-19 at the very start. At present, almost all African countries have detected the COVID-19, but the epidemic is still at an early stage in most of the country. However, they should not be optimistic about the relatively small number of confirmed cases. As is known to all, the most effective measure to contain the COVID-19 is quarantine of infected people, cutting the infection chain, and protecting the non-infected people. China has mobilized all its resources nationwide to fight the virus through strict quarantine rules and intensive treatment. However, African countries have different political systems and social development levels and most of them can only conduct moderate entry and exit restriction measures in the affected areas. It remains unknown whether those measures can control the epidemic at an early stage.

First, based on the scale of epidemic and social development levels of

African countries, the China-Africa health cooperation should be targeting at sub-regions with distinct situations. In Africa, the COVID-19 cases are reported mainly in three regions at present: North Africa, including Algeria, Egypt, Tunisia and Morocco; West Africa, including Senegal, Cameroon, Nigeria and Togolese; and South Africa in the south of the continent. Since it is adjacent to Italy and Iran, which have suffered from the eruption of the COVID-19, North Africa has seen a rapid rise in the number of COVID-19 cases and faced high risk of epidemic expansion; therefore, it should be a major area for the current China-Africa health cooperation. West African countries suffer from a weak medical system, which has been reflected in its fight against the Ebola virus; more attention should be paid to them and more support should be given to them to help them fight the COVID-19. South Africa has relatively solid social management and emergency-tackling capabilities, and China can conduct joint prevention and control of the COVID-19 through monitoring of infected cases, data sharing, and scientific exchanges.

Second, it is important to enhance cooperation with international organizations, such as the WHO, to push forward the China-Africa health cooperation step by step. Experiences show that African countries urgently need help from other countries to improve its emergency response capability. In those virus-hit countries, China can/may work with the WHO and relevant countries to improve the local healthcare capability and help them restore normal social order. It is noteworthy that those actions are only ad hoc measures after the eruption of the epidemic and, therefore, have not been incorporated into the public health system of African countries. Improving the level of health standards, laws and regulations serves as the basic guarantee for reduction of epidemic risks in Africa. When it comes to the COVID-19, China-Africa health cooperation ought to carry out mid- to long-term interference by plan based on different prevention and control phases. On the one hand, China, on the basis of its experiences of fighting against the

COVID-19, can cooperate with the WHO to jointly guide African countries to improve storage and updating of anti-virus drugs, vaccines and equipment and guarantee the emergency needs of local healthcare departments. On the other hand, China and Africa are expected to engage in long-term collaboration in talent cultivation, formulation of an epidemic prevention and control plan, and upgrading their public health system.

Third, the lists of materials for overseas assistance should be made in accordance with the risk level issued by the WHO. The Chinese side should formulate corresponding material lists for overseas assistance based on the WHO risk level. In countries with low risk level of epidemic, the assistance items should be mainly composed of nucleic acid detection kits, face masks, and infrared thermometers. As to countries with high risk, protective gears with high level of bio-safety should be provided to medical personnel and the proportion of protective gears, treatment equipment and medication should be increased to prevent infection of medical workers. In some areas with severe epidemic situation, people there may probably face the pressure of survival, and daily necessities should also be included in the lists of materials for assistance. As the epidemic prevention and control situation improves and production gradually resumes in China, the items and scales of assistance to Africa should also be adjusted accordingly.

Fourth, China and Africa should formulate targeted communication strategies and conduct information sharing across different departments. Given the social characteristics of infectious diseases, the handling of epidemics should not merely rely on biomedicine; the interaction among governmental departments, social organizations and the public must also be handled in an appropriate manner. First, in regard to information exchange with the public, relevant departments should take advantage of social media platforms to introduce the evolution of the epidemic to the African public and respond to the most serious concerns from the public, such as the epidemic monitoring, vaccine research and development, and material reserves.

Experiences indicate that epidemic reporting and spreading of information on epidemic prevention and control in a skillful way can strengthen public trust in the government, so that the public can be more cooperative toward the prevention and control work of the government. Second, China should communicate with African health professionals and build visual platforms for interested African experts to share clinical cases and experimental developments through online seminars and epidemic information sharing to improve abilities of local medical workers in handling the disease as soon as possible. Third, China should communicate with African media outlets and, through release of news briefing, video clips and new conferences, actively spread positive information on China's fight against the virus and its international cooperation to raise African people's confidence in overcoming the epidemic.

To strengthen solidarity and cooperation, jointly combat the pandemic and highlight the close China-Africa community with a shared future, China and South Africa, the rotating chair of African Union, and Senegal, the co-chair of the Forum on China-Africa Cooperation, proposed a special virtual China-Africa summit for jointly combating the pandemic, which was held via video link on June 17, 2020. The two sides determined to improve China-Africa friendship, strengthen mutual support, and make efforts to build a closer China-Africa community with shared future; they also said they will strengthen solidarity and cooperation, support the leading and coordinative role of the UN and the WHO in jointly fighting the pandemic, and accelerate the implementation of the outcomes achieved at the Beijing Summit of the China-Africa Cooperation Forum, tilting toward health, resumption of work and production, and improving people's livelihood; they also agreed to safeguard multilateralism, oppose politicization of the pandemic, and safeguard international fairness and justice. It is predictable that those moves will lay a solid foundation for accelerating the building of the China-Africa community with a shared future.

4. COVID-19 Pandemic and China-East Asia Cooperation in Health Governance

East Asia is one of the areas that the COVID-19 was first found. Thanks to the rich experiences accumulated in treatment of infectious diseases, such as the SARS, and cooperation and coordination among regional countries, the COVID-19 has to a large extent been put under control. However, some East Asian countries still face high risk of COVID-19 spreading due to their weak abilities in handling epidemic, which is the result of unstable political situation, less developed economy, and deficient public health system.

(1) Cooperation to Fight against COVID-19 in East Asia

Since the outbreak of the SARS in 2003, the East Asian countries have consistently been strengthening their systematic ability to handle infectious diseases eruption. Such measures include building of specialized national center for infectious diseases and national public health laboratory; increasing the number of beds available in the entire public hospital system; storing individual protective gears and face masks; establishing cross-department information coordination platforms to track any infection cases in a quick and large-scale manner; training health professionals to have them equipped with high awareness of preparedness; and building more BSL-3 or BSL-4 laboratories.

It is impressive that East Asian countries support each other to fight against COVID-19. When China faced its worst and toughest time in its fight against the epidemic, a number of Japanese agencies donated medical face masks, protective gears and other medical assistance materials to Wuhan and other sister cities in China, and in particular, the poetic verses imprinted on the donated materials also aroused extensive attention of the Chinese people. South Korea also donated medical materials on a large scale to China at least twice. On February 3, the South Korean government donated 1.5 million face

masks to Wuhan. On February 19, the North Chungcheong local government in South Korea and the Wuhan University alumni association in South Korea jointly donated 3 million face masks. As the epidemic prevention and control situation improves in China, the Chinese government has provided support for other countries. On February 27 and 28, the Chinese government donated 5000 protective suits, 100 thousand face masks and virus detection kits to Japan. The Chinese central government and more than 20 local governments also donated face masks, protective suits, safety goggles, virus detection kits, thermometers and other materials to South Korea through inter-governmental channels and sister cities partnership.

Besides the China-Japan-South Korea cooperation, China-ASEAN and “ASEAN Plus Three” have also carried out active cooperation in epidemic prevention and control. First, their cooperation has been carried out through inter-governmental communication at governmental levels. Through the ASEAN-China Health Ministers Meeting, ASEAN Plus Three Health Ministers’ Meeting and Special ASEAN Plus Three Summit, East Asia countries have enhanced policy communications on epidemic prevention, containment, treatment and research. Second, they have carried out medical technical cooperation. China and ASEAN member countries have shared their treatment plans, fully implemented the ASEAN-China MOU on Health Cooperation, and supported their efforts to conduct more jointly cooperation programs. Third, China has provided personnel and material support for ASEAN countries. The Chinese local governments, enterprises and social organizations have rendered donations to ASEAN member states, and medical assistance team from the Guangxi Zhuang autonomous region has arrived in Cambodia to help fight the epidemic. To sum up, since the COVID-19 outbreak, East Asian countries have consistently maintained communications. The level and scope of cooperation have been continuously upgraded and expanded (See Table 3-1).

Table 3-1 Meetings related to COVID-19 in East Asia

Date	Name of Meeting	Department	Main Agenda
2020.2.3	ASEAN-China-Japan-ROK Senior Officials Meeting on the COVID-19	Health department	<ol style="list-style-type: none"> 1. China introduces the epidemic prevention and containment situation 2. Strengthen communication and joint prevention and control
2020.2.20	Special China-ASEAN Foreign Ministers' Meeting on the COVID-19	Foreign Ministry	<ol style="list-style-type: none"> 1. Strengthen departmental connection and joint prevention and control 2. Build long-term public health mechanism 3. Share information in a timely manner 4. Strengthen digital trade
2020.3.11	The 26th Economic Ministers Retreat Meeting	Economic Ministry	<ol style="list-style-type: none"> 1. Maintain ASEAN market open 2. Enhance regional information sharing 3. Enhance digital trade 4. Strengthen cooperation with external partners 5. Reduce non-tariff barriers
2020.3.13	The first video meeting of China-ROK joint prevention and control the COVID-19	Led by Foreign Ministry, and participated in by Health, Education, Customs, Migrant and Civil	<ol style="list-style-type: none"> 1. Reduce unnecessary personnel flow 2. Strictly control the exit of people in four categories 3. Strengthen quarantine and inspection at border exit and entry 4. Exchange prevention and

		Aviation Department	diagnosis technology 5. Guarantee foreign exchange students and overseas compatriots
2020.3.17	China-Japan-ROK Departmental-Level Dialogue of Epidemic Containment	Department in charge of Asia affairs in Foreign Ministry	1. Prevent the epidemic spread and strengthen joint prevention and control 2. Coordinate Special China-Japan-ROK Foreign Ministers Meeting
2020.3.20	The Special China-Japan-ROK Foreign Ministers Video Meeting	Foreign Ministry	1. Discuss the building of joint prevention and control mechanism 2. Stabilize industrial and supply chains of the three countries 3. Strengthen information sharing, conduct cooperation on drug and vaccine research 4. Promote people-to-people friendship
2020.4.7	ASEAN Plus Three Health Ministers' Meeting on the COVID-19	Health department	1. Support the WHO leadership 2. Share information openly and transparently 3. Coordinate policy actions 4. Apply traditional medicine
2020.4.14	Special ASEAN Plus Three Summit on COVID-19	Heads of state or government	1. Strengthen regional public health capacity 2. Ensure adequate financial support 3. Ensure the supply of basic materials 4. Promote effective public

			<p>communication</p> <p>5. Work together to address potential risks</p> <p>6. Promote an early economic recovery</p>
2020.6.4	<p>Special meeting of economic and commerce ministers of ASEANS and China, South Korea and Japan against COVID-19</p>	<p>Economic and commerce department-s</p>	<p>1.Provision of material purchase facilitation</p> <p>2. Ensuring industrial and supply chain level</p> <p>3. Deepening regional economic integration</p>

Source: Compiled by the author.

(2) Prospects of East Asian Countries to further Strengthen Global Health Governance Cooperation

The East Asian experiences show that cross-department coordination should be improved to meet the requirement of health governance. Health governance cannot merely rely on biomedical science, but must integrate different disciplines, such as virology, immunology, public health, hospital operation and risk management, to adopt comprehensive measures to fight epidemics.

First, East Asian countries should improve the quality of healthcare and update their medical infrastructure. The healthcare systems of some countries, such as the Philippines and Indonesia, are very fragmented; in those countries, healthcare qualities vary among different provinces. To avoid the shortage of medical supplies caused by the epidemic, they should make continual efforts to increase storage and renewal of anti-virus medication, vaccines and

equipment so that the local healthcare departments can have ample resources to use in emergencies. Bio-safety infrastructure is the basic guarantee for fulminating infectious disease research and safety of medical staff. At present, relevant research and treatment sites in East Asia are yet to form a complete system; therefore, they need to expedite the layout planning and increase investment to build a diversified and well-functioning bio-safety infrastructure network.

Second, they should reinforce coordination of regional emergency prevention and control measures. At the stage of massive eruption of epidemics, they should place a great emphasis on maintaining the stability of supply chains and strengthening inter-departmental connectivity to mitigate the blow of epidemic to economic and trade cooperation to the largest extent, implement open-up policy, share risk information, promote digital trade, and reduce non-tariff barriers. For instance, China and South Korea should consolidate the cooperation mechanism of joint prevention and control of the COVID-19. The mechanism, led by foreign ministries of the two countries, also involves other ministries and departments, including health, education, customs, immigration and aviation; it aims to guarantee essential bilateral trade and personnel exchanges on the basis of border control measures. In the near future, similar mechanisms could create conditions for further coordination across different departments in the entire East Asia region.

Normally, the epidemic-handling measures should focus on prevention, including: (1) disease monitoring; (2) use of anti-virus drugs; (3) health services; (4) personal protection suggestions; (5) close contact tracing; (6) cancelation of large-scale assemblies; (7) issuance of travel warnings; (8) border inspections; (9) international notification. After the eruption of epidemic, measures should focus on control and containment of the virus, including: (1) loosening of the application and prescription standards of anti-virus drugs; (2) special provision of services to vulnerable groups; (3) closure of schools and other public sites; (4) drug and vaccine production.

After the spread of the epidemic weakens, relevant departments should submit epidemic summary report and assess and improve their epidemic emergency systems.

Third, they should strengthen research cooperation and training of professionals. The research and development of specific anti-COVID-19 drugs and vaccines requires East Asian countries to synergize exchanges of data, technology, experience and capability-building in the spirit of shared global health; especially, agencies with professional knowledge and expertise should be encouraged to help the ones with limited resources. All concerned countries should jointly evaluate the scope of inoculation and track the effect and side effects after the injection to ensure the safety and effectiveness of vaccines. China and the ASEAN member states should implement their medical worker training agreements as soon as possible, exchange visits by medical experts and other professionals in the field of health, hold China-ASEAN seminars to improve capabilities of health professionals in handling emergencies, and strengthen collaboration between their disease control and prevention centers and relevant agencies.

Fourth, they should coordinate to ensure consistency in information sharing regarding regional prevention and containment of the COVID-19. In the era of social media, the medical circle needs to find better approaches to communicate with and attract the attention from the public. Given the fast spread of infectious diseases, the range and speed of epidemic-related information flow through social media platforms have drastically picked up. While it grants the public more opportunities to access to the latest information, given the large quantity and diversity of information as well as fake news and rumors that are easy to spread, it also brings daunting challenges for public health officials. Amidst the spread of infectious diseases, reliable information dissemination in a clear, precise and timely manner is of great significance. The East Asian countries should enhance communication on risks and emergency response cooperation to make sure that the local

people can have full access to genuine information on epidemics so that they can avoid being misled and misguided by wrong and fake information.

5. Strengthening Health Governance Cooperation with BRI Countries to Build a Health Silk Road

The worldwide spread of the COVID-19 pandemic has had huge impacts on the implementation of the Belt and Road Initiative (BRI). Facing the threat of the pandemic, BRI countries should stand together and jointly combat the virus outbreak. All concerned countries should take advantage of jointly fighting the pandemic to further strengthen bilateral or multilateral relations and deepen health governance cooperation.

The cooperation in COVID-19 prevention and containment between China and BRI countries is a part of their health cooperation. Compared with other cooperation fields, health is a topic that all concerned parties would like to push forward. Health cooperation has been quite complicated since a number of factors are involved. As of the end of 2019, China has signed 198 documents with 167 countries and international organizations on jointly building the BRI. The 167 countries vary greatly in national conditions. First, their economic development level and health development conditions are unbalanced; second, they differ in geological and human conditions and have multiple types of climate and topographic conditions as well as health conditions of inhabitants and ethnic groups, resulting in complicated epidemic situation in those countries; third, with the deepening of economic and trade cooperation, the flow of people and goods between countries has increased, which has also brought about the risk of cross-border spread of epidemic. Great importance has been attached to health cooperation in the building of the BRI. In March 2015, China issued the Visions and Actions on Jointly Building Silk Road Economic Belt and 21st-Century Maritime Silk Road, which indicated that “we should strengthen cooperation with

neighboring countries on epidemic information sharing, the exchange of prevention and treatment technologies and the training of medical professionals, and improve our capability to jointly address public health emergencies”. In the summer of 2016, Chinese President Xi Jinping put forward the vision of jointly building the health silk road. With the threat of the COVID-19, all concerned countries have realized the importance and urgency to further strengthen health cooperation. Therefore, countries involved in the BRI should jointly handle the COVID-19 and further enhance health cooperation. Generally, attention should be paid to the following tasks:

(1) Formulate and Implement the Health Cooperation Plan

With the purpose of carrying out health cooperation with BRI countries, China has issued Three-year Plan for Belt and Road Health Exchange and Cooperation (2015-2017) and The Guideline for Promotion of Health Communication and Cooperation among BRI countries (2018-2022). In January 2017, Chinese President Xi Jinping visited the WHO, and the two sides signed Memorandum of Understanding on Health Sector Cooperation Under the Belt and Road Initiative. The Chinese government also issued documents named Healthy China 2030 Plan and Healthy China Action Plan 2019-2030 to push forward the Healthy China initiative. China should also properly integrate its domestic plans with the BRI agenda and, based on detailed planning, map out concrete action plans.

(2) Enhance Health Policy Communication and Information Sharing

It is important to establish long-term cooperation mechanisms to promote policy communication with BRI countries, especially to push forward the policy coordination and negotiation mechanisms in bilateral and multilateral cooperation. Since the first Belt and Road Forum for International Cooperation, China has inked 56 proposals to advance health cooperation with a number of BRI countries, such as Mongolia and Afghanistan. It should make active efforts to have more health cooperation

endorsed by BRI countries and also accelerate the implementation of the endorsed documents. The BRI countries should promote exchange visits of senior officials, especially in the field of health, and strive to build a multilateral health cooperation agreement within the BRI framework. Meanwhile, the BRI countries should make efforts, including setting up special committees and launch special forums, to facilitate information communication and exchange for health officials.

(3) Strengthen Joint Prevention and Control of Public Health Incidents in BRI Countries

In recent years, the outbreak of public health incidents, such as global infectious diseases, have become increasingly frequent, requiring the BRI countries to strengthen cooperation and carry out joint prevention and control. They need to carry out the following tasks: First, the BRI countries should improve prevention and treatment capabilities in handling domestic public health incidents. They can set up hospitals for inspection and pre-warning, and enhance the ability of syndrome sampling, detection, screening and reporting regarding public health emergencies. Second, they should strengthen prevention and treatment cooperation in border areas, deepen information communication, policy connectivity and joint prevention and control concerning public health emergencies.

(4) Reinforce Support for Information and Professionals

The strengthening of health cooperation needs to be supported by informatization which can be enhanced through scientific and technological measures, such as to the adoption of cloud platform, big data and geo-information, and an efficient epidemic monitoring and emergency system needs to be established. As to talent cultivation, on the one hand, the BRI countries should cultivate their own specialized healthcare professionals that have international vision and capability; on the other hand, the BRI countries with advanced health development conditions can help train healthcare personnel from other countries and share experiences with them.

To sum up, either from the perspective of joint fight against the COVID-19 pandemic at the current stage or from a long-term perspective, the BRI countries will have promising prospects of health cooperation. The reasons are as follows, first, strengthening of health cooperation can bring more real benefits to the BRI countries; second, the cooperative programs between China and most BRI countries will not be easily undermined by external factors given they share traditional friendship and cooperation bonds.

IV. Policy Suggestions for China to Participate in Global Health Governance

Facing the severe threat of the COVID-19, the Chinese people have stand united and make strenuous efforts to combat the disease and achieved preliminary progress at the moment. In the course of fighting the epidemic, China has closely coordinated and collaborated with WHO and some other countries, to jointly cope with the epidemic. The endeavor has not only effectively curbed the spread of the virus, but deepened ties between China and other countries and international organizations, which has promoted global health governance.

1. China's Efforts in Fighting against the COVID-19 Pandemic

Since the outbreak of the COVID-19 in China, the country has taken decisive and effective measures to curb the further spread of the virus nationwide, which has basically put the epidemic under control within a short period of time. While containing the epidemic, China has actively deployed and promoted work and production resumption to get the social order and production back to normal.

China's fight against the COVID-19 can be divided into three stages.

In the first phase, measures were taken to control the epidemic in Wuhan and Hubei province. At the end of December 2019, cases of pneumonia of unknown cause were identified in Wuhan City, Hubei Province. In early January 2020, China reported the epidemic situation to the WHO, its neighboring countries and the US. On January 15 2020, China's CDC launched top-level emergency response. On January 20, Wuhan reported dozens of confirmed cases. During that period, Hubei province formulated

diagnosis, monitoring, deployment, close contact management and laboratory detection plan, and conducted monitoring and epidemiological investigation.

In the second phase, epidemic prevention and control measures were taken nationwide. On January 20 2020, Zhong Nanshan, head of the National Health Commission senior expert team, confirmed the human-to-human transmission of the COVID-19. On the same day, the State Council designated the virus as Class-B infectious disease stipulated in the Law of the People's Republic China on Prevention and Treatment of Infectious Diseases, and adopted Class-A prevention and control measures to contain the infectious disease. On January 23, Wuhan was locked down. Subsequently, other provinces in China also launched the First Level Response to Public Health Emergencies, marking the start of the nationwide epidemic prevention and control. The central government coordinated supply of medical materials to Hubei province, and other provinces and cities also helped cities in Hubei to fight the virus. New hospitals were built, including Fangcang shelter hospitals, in Hubei to receive all (as much as possible) patients infected with the COVID-19. During that period, most areas in China adopted measures such as work and production shutdown, traffic restrictions and human transportation reduction. With the aim to contain the epidemic, all regions took active monitoring, instant diagnosis and quarantine measures and thoroughly traced and isolated those that had close contact with identified cases.

In the third phase, China coordinated the epidemic prevention and control with work and production resumption. As the epidemic has been basically put under control in China, on February 8 2020, the State Council issued a circular, announcing that the country's epidemic prevention and control work had entered the stage where the epidemic prevention and control work was well coordinated with comprehensive resumption of social and economic activities. On February 23, the central government convened a meeting in Beijing to make arrangements for advancing the work of coordinating the prevention and control of the COVID-19 with economic and

social development. During that period, the Chinese people actively participated in epidemic prevention and control and the country's containment measures became more rational. The local governments carried out epidemic prevention and control work while pushing work and production resumption. Productivities of a part of enterprises and projects were gradually resumed. Starting from the end of February 2020, the local provincial and municipal governments have gradually lowered the emergency response level and restored normal production and life in an orderly way.

To cope with the epidemic, China has adopted the toughest, most flexible and proactive prevention and control approaches to stem transmission of the virus in a timely manner, although with huge sacrifice. The country's success in containing the epidemic has not only saved many lives of the Chinese people, but bought precious time and accumulated experiences for the world at large, and boosted confidence of other countries. After China basically put the epidemic under control, it has started to offer assistance to other countries to help them fight the epidemic. China has made great contribution to the global fight against the COVID-19 and met with widespread acclaim from the international community. Dr Tedros praised China and summarized its anti-virus experience as "Chinese determination, Chinese speed, Chinese scale and Chinese efficiency". After a field trip to Wuhan and other areas, Bruce Aylward, foreign chief of the WHO and Chinese joint expert inspection team, told the world that China's approach of engaging all levels of governments, social organizations and individuals to fight the epidemic was the only successful measure in the world. The WHO called for other countries to learn from China's experiences and take immediate actions to curb the spread of the epidemic.

2. Suggestions for China's in-depth Participation in Global Health Governance

The COVID-19 has been rampaging over the world, which requires the international community to further enhance global health governance. As a responsible major power, China should take the opportunity to further participate in and contribute to global health governance and share its wisdom in that regard with the rest of the world.

(1) Sticking to the Governance Vision of Community with a Shared Future for Humankind

The building of a community with a shared future for humankind is the fundamental concept of China to take part in global governance for the new era. Chinese President Xi Jinping has put forward the idea of building a new type of international relations with cooperation and win-win at the core to shape a community with a shared future for humankind on many occasions. China should also stick to the core concept as it participates in global health governance. In the joint global fight against the COVID-19, China has shouldered responsibilities as a major country and made huge contributions to global health governance. On March 21 2020, in a message to French President Emmanuel Macron over the COVID-19 epidemic, President Xi Jinping put forward a positive proposal of building a community with shared future for the health of humankind. On March 26 2020, President Xi Jinping emphasized at a G20 special summit on the COVID-19 that China has upheld the vision of a community of common health for humankind, and has been willing to share effective experiences in epidemic containment with other countries, carry out joint research and development of medicine and vaccines, and provide due assistance to virus-hit countries. In line with the very concept, the concept of a community of common health for humankind has become the vision that China will stick to as it participates in global health governance.

(2) Promoting Global Health Governance System Reform

The worldwide spread of the COVID-19 exposes the existing problems of the current global health governance system. These problems are mainly manifested in, for example, the lacking of authority of the WHO, the necessity to reform its internal governance mechanism, shortage of resources, such as budgetary funds, and insufficient coordination among various parties participating in global health governance. Therefore, China should push forward the reform of the global health governance system.

First of all, China should support the global health governance system centered on the WHO and the UN, and uphold the core role of the WHO in global health governance. China should provide stronger support for WHO's handling of global public health affairs and consciously conform to and implement guidelines and suggestions of the WHO in dealing with the COVID-19. Within its capacity, China should also increase contribution to the WHO and help the WHO strengthen its capacity to cope with public health emergencies through donations. China should also conscientiously implement the IHR and strengthen the information and data sharing concerning public health emergencies with the WHO. And within the WHO framework, it ought to increase technological and financing support for the developing countries.

Moreover, China should push the expansion of functions of the WHO. One of the functions of the WHO that needs to be expanded is to set standards. Apart from setting standards in the field of medical techniques, it is imperative for the WHO to coordinate the setting of standards for medical materials which is an extremely apparent problem in the fight against the COVID-19. In regard to medical equipment such as face masks, protective suits and ventilators, the US and EU set up respective market entry standards which are incompatible with each other, the flow of medical materials has been seriously affected. The WHO should be entitled to coordinate the unification of medical material standard certifications. China could push forward the WHO's efforts to set a unified certification of medical materials

with major trade powers and help promote its approval all over the world.

Last but not least, China should push reform of the WHO to improve its efficiency, transparency and accountability.

(3) Strengthening Multilateral Cooperation and Promoting the Role of G20 in Global Health Governance

China could continue to cement cooperation with other platforms and organizations, such as the G20. Since the G20 covers a wide range of countries, including all the major powers, and boasts high representativeness, cooperation among G20 member countries will have a significant bearing on the global landscape. At the G20 special summit on the COVID-19, convened on March 26, 2020, China put forward relevant suggestions on cooperation of the international community to combat the epidemic, which contributed greatly to the success of the summit. The international community should take full advantage of the G20 platform to synthesize various major international organizations to achieve smooth interaction and coordination among different links in the fight against the epidemic.

In addition, apart from cooperation within the UN and WHO framework, China could also enhance multilateral cooperation with various cooperation mechanisms. For example, it can seek cooperation with the BRI health silk road initiative, the health cooperation program of the China-Africa community with a shared future, and the health cooperation initiative among BRICS countries.

(4) Enhancing Cooperation among Major Powers and Smoothing Information and Trade Flow

Major powers play a leading role in global governance. It is necessary for major powers to cooperate to improve the effectiveness of global governance, so as in the field of health. Therefore, China should strengthen its cooperative relations with the US, the EU and other countries and organizations in the field of health. Apart from strengthening the Sino-US and Sino-EU bilateral cooperation, China, the US and the European countries can also join hands

with African countries and other less developed regions to increase assistance to them. Such cooperation is conducive to the improvement of health conditions in those less developed regions and contributes to global efforts to contain the epidemic.

The smooth flow of information is of great importance for countries to share with each other information and experiences about epidemic containment; therefore, it is necessary to set up specialized information communication platforms. With the aim to combat COVID-19, China has established online knowledge center for COVID-19 prevention and control to help other countries fight the epidemic. Besides the smooth flow of information, free trade is also very important. As the epidemic will unavoidably impact trade, the supply and value chains will be seriously affected once trade activities are disrupted, which will worsen the impacts of the epidemic and undermine efforts to fight the epidemic. Therefore, the concerned parties should strengthen coordination and cooperation to get rid of the obstacles impeding trade, including tariff and logistics barriers. Given its advantages in manufacturing, supply chain management, and logistics, China worked with the United Nations to set up a Global Humanitarian Response Depot and Hub in China in April 2020. The hub is committed to providing global emergency response to the international community, including the United Nations system, national governments and other humanitarian partners. These organizations are also suggested to establish information communication and coordination platform to ensure the smooth flow of supply and value chains.

China should conform to the principles of activeness and appropriateness as it participates in global health governance. In the future, China has the responsibility as well as capability to further engage in global health governance in the future. By proposing the Chinese initiatives and plans, China may make greater contribution to improve global health governance, promote health for the international society, and build a community with a

shared future for mankind.

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