



CHINA'S HEALTH DIPLOMACY: TAKING FORWARD THE HEALTH SILK ROAD IN SOUTHEAST ASIA

Geopolitical competition over Covid-19 vaccines is at its peak. In the absence of a fair and equitable mechanism to coordinate vaccine access, procurement seems to be based either on nationalistic goals or on geopolitical favors. While the extent to which major powers like the US and China are using vaccine diplomacy to create long-term dependencies is yet to be seen, signs of it are already noticeable, for example, in Southeast Asia. China's health diplomacy there is not new but has always been a major part of their strategic relationship and China's Health Silk Road. Increasing spotlight on it has, however, invited an increased sense of fervor among the Western countries to also court the region. Engagements are already in full swing, and the ASEAN countries are adopting multilateralism to navigate these complex dynamics. So, this paper first seeks to trace the trajectory of China's health diplomacy in Southeast Asia. Secondly, we shall see how the Chinese health silk road is opening doors to strategic vaccine diplomacy for China.

Introduction

Covid-19 has overhauled the global public health order. It has revealed not only the inefficiencies in the health infrastructure but also the caveats existing in government functioning with regards to formulating an effective response to a pandemic. While the degree of disruption varies, Covid-19 has invalidated the notion that the First World is always best equipped in times of crisis. Despite having the infrastructure, weathering a pandemic requires a high level of preparation and a robust foundation for recovery that cannot be built overnight. As countries

are now planning to re-imagine the economy and accelerate growth, distinct diplomatic trends can be seen in the way countries are conducting business with one other.

Governments are now practicing strategic vaccine diplomacy to secure sufficient vaccines for their population. For the vaccine supplying countries, this has led to a surge in vaccine production and prejudiced distribution. Covid-19 vaccines are being systematically and implicitly instrumentalized for political gains and this has huge implications for the developing world.¹ China too is carving a space

for its own global health agenda through its aid and vaccination program. It has made its domestic vaccines “a public good” and distributed them far and wide.

What helped China increase its distribution of vaccines to the developing world can be traced back to the stance the western countries had taken to bolster their vaccination rates. While the latter had overwhelmingly focused on vaccinating their residents first, China positioned itself as a champion of vaccine distribution, signifying its adherence to making vaccines a global public good. It also helps their cause that their vaccines—Sinovac, Sinopharm and CanSino Biologics—are more portable, feasible in terms of storage and cheaper than the others. Having exported on a massive scale, their vaccine outreach has been dubbed as vaccine diplomacy, aimed primarily to gain influence and favor. The outreach has been in terms of both commercial transactions and donations and more in implicit ways than explicit quid pro quo ways that might undermine China's soft power.²

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Beijing is also pushing forward its Health Silk Road (HSR), which, just like the Belt and Road Initiative (BRI), leaves room for interpretation but mostly involves cooperating bilaterally and multilaterally in the healthcare sector.³ Such health projects already exist in the multilateral (ASEAN) and sub-regional (Mekong region) arrangement, making Southeast Asia (SEA) an obvious beneficiary of the HSR due to its proximity to China and their strategic partnerships. The HSR adds to China's already existing health diplomacy by providing a framework for strengthening its role in medical supply chains

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and, more importantly, in regional and global health governance.⁴ Covid-19, in this way, has accelerated existing geopolitical trends of China's ascendance towards attaining leadership in the region.

The Sino-US trade war already has deep economic ramifications on global supply chains, which are crucial for the region's interconnected trade-dependent markets. Anticipating a more China-centric world order, commentators debate on how the Chinese vaccines could have strings attached to them, the South China Sea being the perfect example. So, how will SEA now shape its foreign policy approach towards China and other major powers like the US?

This paper takes a renewed look at the emerging geopolitical realities in the region, a reminder of the non-alignment movement in the past where nations did not engage in isolation but chose not to formally align with any power bloc. The ASEAN could be said to be a forerunner in Asia in this regard—keeping their geopolitical outlook focused on solving transnational issues through consultations, dialogues, and consensus while maintaining strict non-interference. This, however, does not imply major power influence can be obliterated. The paper will, thus, first trace the trajectory of China's health diplomacy from the early years to contemporary times. In the second part of the paper, we shall see how Chinese vaccine diplomacy is rapidly evolving now and how other major powers are responding to

it while strengthening their own diplomacy.

China's Early Health Diplomacy Days

Health diplomacy was defined by Adams and Novotny (2007) as the “tools of diplomats and statecraft [that] can be employed for the dual purposes of improving health and relations among nations.”⁵ Health-related issues, due to their transboundary nature, are already considered a human security challenge, thus requiring international cooperation. Unlike traditional security threats, which take on a zero-sum nature, health diplomacy can be more complementary in terms of establishing reciprocal relations in foreign policy.⁶

In China's case, health diplomacy has gone through several phases, mediated by varying geopolitical concerns. From being a benefiter of health supplies to the World Health Organization (WHO) to actually being a consistent partner to African and Latin American countries, China's history of health diplomacy touches upon various diplomatic strategies, which has slowly but strategically helped to extend its footprint as a consistent net donor in global health and development.⁷ While its foreign policy strategies have met several controversies, China still uses health and developmental diplomacy as a means to build strategic, oftentimes what appears to be crooked, relationships.⁸

Very briefly, China's initial phase of health diplomacy began right after its independence when it was “leaning towards one side” influenced by Soviet Union's Communist ideology. It was a recipient of the Soviet Union's health aid and expertise.⁹ It did not take much time to transform from an aid recipient to an aid donor, and during the Cold War period, China organized many missions to the “intermediate zones” and dispatched medical supplies to African, Asian, and Latin American countries. It was following the principle of “the poor helping the poor.”¹⁰

Engagement with multilateral organizations increased with China re-joining the United Nations (UN) in 1971 and the WHO in 2001,

where cooperation was shaped more by diplomatic technicalities than mere humanitarian goals. Since the end of the 1990s, the Chinese system of health and development has come to be known far and wide. It has been actively pushing for comprehensive health diplomacy, especially in four sectors—bilateral and multilateral health cooperation, investment in health technologies and capital, formal and informal health-related discussions, inflow and outflow of multifarious health assistance.¹¹ Moreover, with increased market-oriented reforms, healthcare has taken on a new lease with medical collaborations becoming a source of profit-making. China too is diversifying its foreign aid towards concessional medical loans, building medical infrastructure and attaining markets for its pharmaceutical companies and traditional medicine worldwide.¹²

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Now, an important stakeholder in global health governance, China is a crucial source of development assistance for health (DAH) and overseas development assistance (ODA), focusing on sharing know-how and eradicating transnational infectious disease threats.¹³ While most widely noticed is China's medical assistance to Africa through the setting up of medical and disease control institutions, China's health diplomacy with SEA countries also goes far back. SEA countries have always been at the juncture of China's strategic calculations and economic statecraft. In such scenarios, tapping on non-traditional security (NTS) threats with ASEAN has proven to be quite effective.¹⁴

As crises create opportunities, the spread of the 2003 SARS epidemic opened China's eyes to the importance of global health cooperation and situated

it even deeper in its international developmental agenda.¹⁵ Officially, it was in April 2003 when Health Ministers of ASEAN+3 (ASEAN members plus China, Japan, and South Korea) came together to discuss public health issues against the backdrop of the transboundary nature of SARS. They also set up a Sino-ASEAN Foundation on Public Health Cooperation in 2003, to which China contributed 10 million RMB.¹⁶ In reality, it was in 1996 when China had first used the “new security concept” at an ASEAN Regional Forum, later elaborated at a position paper in 2002.¹⁷ It highlighted the need to “rise above one-sided security and seek common security through mutually beneficial cooperation”.¹⁸ This new concept emphasized non-military threats, disarmament and arms control and improving global economic organizations, among other things. The same year, managing non-traditional security threats officially became a part of China’s national defense paper.

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In November 2002, Beijing also signed a joint declaration with ASEAN recognizing an increased attention towards “extensive common interests”, though health issues were not specifically mentioned.¹⁹ Since then, they have had several high-profile meetings and ministerial-level dialogues. It has been a win-win scenario for both parties as it helped equalize their relationship, as it was also in 2003 when ASEAN and China became “strategic partners”. Though threat perceptions continue to exist due to historical animosity and China’s growing economic heft, common interests have remained the foundation of seeking regional security.

Fast forward to 2020; health diplomacy is working rather well in Chinese geopolitics. Shouldering

greater responsibility in offering medical aid and expertise, China is well placed to situate itself as a responsible global leader, thus ensuring a more stable ground for pushing economic links and people-to-people exchange. Such solidarity is not just through governmental means but also by Chinese expats and private companies. For example, many Chinese expats in Europe are donating to their local health centers; public figures like Jack Ma, Alibaba’s CEO, have donated over a million masks, several ventilators and test kits without any transportation cost.²⁰ While there have been some pushbacks, even in SEA (like when Malaysia deemed its testing kits as unreliable), it has generated widespread recognition in the international space.

Health Silk Road

The Chinese authorities, since the beginning of the BRI, have actually emphasized health cooperation as part of holistic socio-economic development, as evident in the “A Three Year Implementation Plan for Advancing BRI Health Cooperation (2015–2017).”²¹ The year 2017 was significant as it was then when HSR first made its appearance at the first “Belt and Road High-Level Meeting for Health Cooperation”, also dubbed “Towards the Health Silk Road”, stating “The outcomes (of the BRI) lay the groundwork for essential health services needed to ensure universal health care. And they strengthen the cooperation mechanisms that are needed if we are to build regional and international health security.”²² This came after China signed a Memorandum of Understanding (MoU) with the WHO advocating global health regulations. The *Beijing Communique* and various agreements were signed centered on health security, hospital management, maternal and child health, and medical research.

However, these aspects of the HSR are just a continuation of China’s age-old health diplomacy. As other BRI projects have come to a halt due to business restrictions, China has kept its exports thriving in the medical sector. SEA countries like Vietnam are perfect for nearshoring of China’s health supplies’ manufacturing industries due to their geographical proximity, availability of production capacity and cheaper costs.²³ Middle-income countries in the

region like Malaysia, Indonesia, the Philippines, and Thailand, due to their well-established logistic networks, workforce pool, market and overall good economic linkages with China, also provide good working conditions for nearshoring and relocation of Chinese industries. Singapore, due to the nature of its advanced economy, is more likely to increase collaboration in the technological and service sector.²⁴

“For SEA, China has initiated bilateral projects according to their needs and challenges.”

For SEA, China has initiated bilateral projects according to their needs and challenges. What has been observed by the international community is that maintaining friendly relations with China has more to it than what meets the eye. Besides material aid, some of these countries received civilian and even military medical teams, the latter including Myanmar and Laos.²⁵ Even at the onset of the pandemic, the initial response towards China was more of admiration and appreciation of the way China conducted itself. Several leaders came forward, for example, the Singapore Prime Minister, Lee Hsien Loong, who stressed the need to not blame China; Cambodian Prime Minister Hun Sen, who reiterated having no reason to be afraid of “the tiger’s dung”; and, Thailand’s health minister who blamed “dirty Caucasian tourists” instead.²⁶

At the ASEAN level, the existence of a well-developed institutional mechanism is pushing forward a Covid-oriented macro-level policy coordination. Under the China-ASEAN Health Cooperation Forum, different sessions on the pandemic have been held, for instance, in Laos in February and a web-based special ASEAN Plus Three (APT) Summit in April where Chinese Premier Li Keqiang proposed a series of new mechanisms to coordinate data regarding health, customs, production and transportation of medical supplies.²⁷

Is Covid Vaccine Diplomacy Merging with the Health Silk Road in SEA?

In the midst and aftermath of the Covid-19 pandemic, the HSR is likely to feature heavily in China’s foreign diplomacy. First, China’s health diplomacy, such as medical aid and capacity training, will be expanded under the HSR concept, and now with a more urgent sense after Covid-19, partly to repair the damage to its image and demonstrate China’s capability as a global leader.²⁸ Second, there could also be an extra push towards ramping up public health infrastructure in developing countries so that a pandemic-like situation can be avoided in the future, as noted by an Asian Infrastructure Investment Bank (AIIB) note.²⁹

Beijing is finally in the final stages of mass distributing its vaccines and is extremely vocal in the global alliance of 189 countries, having pledged equitable distribution of vaccines. China’s Covid-related assistance thus falls under its vision of a “community with a shared future”.³⁰ It is almost reminiscent of the 2003 SARS outbreak, but this time China is much better prepared.³¹ First, the Chinese administration became more familiar with strong surveillance and quarantining while ensuring citizens are compliant; second, it inculcated a more robust organizational capacity to accommodate domestic requirements and third, it taught China about the significance of creating transnational health networks for public health management. President Xi Jinping has applied these lessons not just to control the pandemic but has been doing it as part of the HSR as well.

Thus, China’s vaccine diplomacy now can be divided into two parts—first, administering their vaccines to the domestic population, even though phase 3 trials were still undergoing, and second, taking their lack of Covid cases as a positive sign and carrying out phase 3 trials in foreign countries like Argentina, Bahrain, Brazil, the United Arab Emirates, Indonesia, Pakistan, and Bangladesh.³² Speculation about its vaccine diplomacy merging with the HSR is growing stronger as with reports on how out of the 56 countries that the Chinese government has pledged doses to, all except one are part of the BRI.

Health and Vaccine Crisis in SEA?

SEA is currently witnessing severe waves of Covid-19. While their vaccination rates are picking up slowly, they are certainly not out of the pandemic storm. Vaccine rollouts in places like Thailand, the Philippines, and Myanmar have been compounded by political dysfunction. The slow vaccination rate has driven up the general panic level. Only Singapore has succeeded in fully vaccinating half of its population, while Cambodia has gotten a significant number vaccinated. However, SEA as a whole is still very far away from achieving widespread vaccine coverage.

Considering the scale of Covid, ASEAN members have acknowledged their resource limitations and are relying on help from all ends to support their emergency public health needs. For example, the ASEAN+3 (ASEAN, China, Japan, and South Korea) platform was used to facilitate ministerial health meetings. The US-supported ASEAN Project on Pandemic Preparedness and Response and the Canadian-supported ASEAN Emergency Operations Centre Network have also come handy in mobilizing support. The ASEAN Dialogue partners are always encouraged to keep extending their support.³³ This is part of ASEAN's multilateral diplomacy, which it has chosen as its most preferred medium to manage Covid, which implies going beyond relying solely on geographical proximity but reinforcing multilateralism.

Moreover, in the light of the Chinese vaccines showing limited efficacy against the new Delta variant as compared to the more effective Pfizer or mRNA vaccines, countries are changing their vaccine procurement plans. For example, in Indonesia, Malaysia and Thailand, fully vaccinated medical workers who were jabbed with Sinovac have died in numbers. Therefore, these countries are now giving Pfizer or Moderna boosters.³⁴ It is only natural for these governments to be looking out for their own interests. Moreover, Chinese pharmaceutical companies had not maintained transparency on their vaccine development, which was a more compelling reason for the SEA countries to diversify vaccine procurement.

US and Indo-Pacific

The US since April 2020 is engaged in US-ASEAN Health Future Initiative, promising to divert *first*, scientific research, funding, and collaboration opportunities, *second*, mobilize government agencies like the United States Agency for International Development (USAID) and the Center for Disease Control and Prevention (CDC) to develop better health system capacity and *third*, promote US-ASEAN Health Futures Alumni Network to fast-forward ASEAN's recovery.³⁵ USAID is reportedly co-developing a Public Health Emergency Coordination System with the ASEAN Secretariat.³⁶ All of these initiatives carry additional investments to push public health amenities.

“... increased competition can be seen between China and the US, both focusing on having meetings to strengthen vaccine diplomacy...”

As of 2021, the Quad members are also gaining traction in the region with respect to health diplomacy. Besides increasing consultations for developmental projects, they are seeking to pool their resources for additional Covid vaccine disbursements. At their March 2021 summit, they promised to deliver over one billion doses to the Indo-Pacific countries, including SEA Asia, by 2022 end.³⁷ Such a commitment is actually based on the COVAX commitment of offering financial support to ensure global, equitable access to vaccines. Even though the Trump administration had refused to stick to COVAX commitments, the Biden administration seems to be more committed, having pledged US\$4 billion to COVAX in April 2021.³⁸

As of mid-2021, increased competition can be seen between China and the US, both focusing on having meetings to strengthen vaccine diplomacy, either face to face or virtually. The Chinese foreign minister met with his SEA counterparts

in Chongqing in June 2021 in a Special ASEAN-China Foreign Ministers' Meeting to celebrate their 30th Anniversary of Dialogue Relations.³⁹ Not to be overshadowed by China and to reaffirm the US's commitment to ASEAN centrality, the US is also strengthening its engagement with the region. As of July 2021, US Secretary of State Antony Blinken is going to have several rounds of virtual meetings with the ASEAN countries to announce new measures for ASEAN's economic recovery and expand existing partnerships. According to briefings, they are not expecting ASEAN to pick sides between China and the US, but they are anticipating these engagements to "pay dividends" in the long run.⁴⁰

“... the WHO Director-General stressed how out of the 700 million globally administered doses, only 0.2 percent of the developing world has been vaccinated.”

Japan too has embarked on the path of providing medical assistance with Japanese Foreign Minister Toshimitsu Motegi touring various countries in the region. Up till October 2020, Japan had pledged medical assistance of \$1 billion to the Philippines, \$100 million to the Mekong countries, \$140 million for varying enterprises in Myanmar and individual loans of \$280 million to the emergency budget support.⁴¹ The new Prime Minister visiting Indonesia and Vietnam for his maiden overseas trip and engaging in high-level official exchanges does speak volumes about the priority Tokyo is giving to SEA. There is no doubt that there is a competitive element to these initiatives with respect to Chinese influence in the region. As new variants of the Covid-19 virus emerge, it is expected that Japan will continue to emerge as a key player in policy coordination and information sharing.⁴²

However, the WHO Director-General stressed how out of the 700 million globally administered

doses, only 0.2 percent of the developing world has been vaccinated; 87 percent can be seen to have been used in the high-income and upper-middle-income countries.⁴³ So, despite China and the US looking for ways to strengthen their global influence, the developing countries need to exercise better bargaining power to actually win the vaccine race.

SEA's Gameplay

The SEA countries are still seeking to enhance their cooperation with the Indo-Pacific's middle powers like India, Japan, and South Korea while maintaining ASEAN centrality with China. Bilateral and trilateral security relations are in full swing through joint military exercises and health diplomacy. They are seeking to fast develop durable political and economic ties while capitalizing on China's assertiveness in the region.⁴⁴

Within the ASEAN+3 framework, though China takes the lion's share in terms of economic resources, Japan and South Korea too have a good hold. Despite conflicting bilateral relations between the East Asian countries, at the ASEAN forum they have a more at ease and accommodating relationship. That makes sense as ASEAN is less integrated on contentious political issues but more integrated as an institutional mechanism that coordinates action on non-contentious issues and promoting a common regional identity.

What would be pragmatic for ASEAN at this point would be adopting a multifaceted multilateral strategy aimed at maximizing opportunities while keeping a degree of strategic autonomy. Limited resources to combat the Covid-19 pandemic and the overarching presence of China in the region could be seen to be eliciting strategic adjustments favoring China more than the US or middle powers. Reports also suggest that vaccines do not guarantee lifelong immunity, thus creating longer-term dependencies on the major vaccine-producing countries. In the case of China-ASEAN relations, this could mean a major victory for the Chinese biopharmaceuticals industry.

It does not look like the geopolitical tussle over vaccine supply or administration is going to dissipate soon. As most of the developed world is inching closer to being fully vaccinated, one might expect the major powers to temper their vaccine nationalism and actually make it a global public good for good. China, on its part, should concentrate on ensuring the efficacy, reliability and transparency of its vaccines; otherwise, its current economic and geopolitical heft could fast become a self-sabotaging burden. ■

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