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CHINA'S ENGAGEMENT IN GLOBAL HEALTH GOVERNANCE THROUGH COOPERATION WITH AFRICAN STATES

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Abstract. The article examines how Chinese health policy has evolved in the context of global governance by focusing on its cooperation with African states. It analyses the historical development of the China's health assistance, the evolution of China – Africa cooperation under the Forum on China – Africa cooperation, the Belt and road initiative, and the concept of the health silk road. The article focuses in particular on the political and institutional dimensions of China's participation in global health governance, including its engagement with the World Health Organisation and regional bodies, especially the African Union. It also reviews the main forms of health cooperation: the deployment of medical teams, the construction and upgrading of health infrastructure, infectious disease control, and support for pharmaceutical production. China's model of health cooperation combines pragmatic foreign policy interests with a discourse of global solidarity and sustainable development. The article concludes that China is expanding health cooperation with African states through multiple frameworks while presenting this engagement as part of its commitment to multilateral cooperation and the achievement of the Sustainable development goals.

Keywords: China; Africa; African Union; Forum on China – Africa cooperation; Belt and road initiative; health silk road; Agenda-2063; World Health Organisation; global health; sustainable development; security; global health governance.

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УЧАСТИЕ КИТАЯ В ГЛОБАЛЬНОМ УПРАВЛЕНИИ ЗДРАВООХРАНЕНИЕМ В КОНТЕКСТЕ СОТРУДНИЧЕСТВА СО СТРАНАМИ АФРИКИ

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Аннотация. Рассматривается эволюция политики Китая в сфере здравоохранения в контексте глобального управления через призму сотрудничества со странами Африки. Анализ охватывает историческое развитие медицинской помощи в Китае, изменение взаимодействия со странами Африки в рамках Форума китайско-африканского сотрудничества, инициативы «Один пояс, один путь» и концепции шелкового пути здоровья. Особое внимание уделяется политическим и институциональным аспектам участия Китая в глобальном здравоохранении, а также работе с Всемирной организацией здравоохранения и региональными структурами, в частности Африканским союзом. Выделяются основные направления медицинского взаимодействия, включая создание медицинских бригад, развитие инфраструктуры здравоохранения, борьбу с инфекционными заболеваниями и поддержку фармацевтического производства. Китайская модель развития сотрудничества в рассматриваемой сфере отражает как прагматические внешнеполитические интересы, так и риторику глобальной солидарности и устойчивого развития. Делается вывод о том, что Китай активно расширяет сотрудничество со странами Африки в сфере здравоохранения в различных форматах и демонстрирует свою приверженность многостороннему подходу и достижению Целей устойчивого развития.

Ключевые слова: Китай; Африка; Африканский союз; Форум китайско-африканского сотрудничества; инициатива «Один пояс, один путь»; концепция шелкового пути здоровья; Повестка дня – 2063; Всемирная организация здравоохранения; глобальное здравоохранение; устойчивое развитие; безопасность; глобальное управление здравоохранением.

Introduction

Global health governance has acquired distinctive importance in 21st century international relations. Expanding trade, migration, and transport links have accelerated the cross-border spread of infectious disease, as the SARS outbreak, the Ebola epidemic, the COVID-19 pandemic, and other public health emergencies of international concern have demonstrated. Stronger international cooperation has therefore become essential both to global health security and to the attainment of the United Nations Sustainable development goals. China has emerged as one of the most active participants in this field, particularly on the African continent. In addition to strengthening national health systems in African states, China – Africa health cooperation also reinforces regional and global preparedness.

The purpose of this study is to elucidate China's participation in global health governance through its cooperation with African states and to assess the role of Chinese initiatives in strengthening African health systems and advancing international cooperation.

The scholarship on Chinese medical diplomacy in Africa reflects a clear shift in analytical emphasis: from the study of humanitarian assistance towards the treatment of health as an instrument of foreign policy and global governance. Among the first to address the subject was G. T. Yu [1] who identified Africa as a significant element of China's foreign policy strategy. M. Chan, J. G. Store, and B. Kouchner [2], J. Jin [3], and I. Kickbusch and M. Ivanova [4] examined the relationship between diplomacy and global health. X. Wang and L. Sun [5] offer a critical analysis of China's assistance to Africa's health sector, weighing humanitarian motives against political and economic ones. K. A. Grepin, V. Y. Fan, G. C. Shen, and L. Chen [6] assess the scale of Chinese aid, underscoring China's contribution to health development in Africa. O. J. Killeen, A. Davis, J. D. Tucker, and B. M. Meier [7] interpret Chinese health diplomacy in Africa through realist and constructivist lenses. The health silk road has been examined by Aiping Zeng [8], S. A. Rodrigues and P. A. B. Duarte [9], and Huimin Zhang [10]. Ch. U. Freeman and S. L. Boynton [11] and Zhao Na [12] stress the growing role of medical diplomacy in expanding China's international influence, while D. Y. Mangani, M. V. Mutambara, and R. Shambare [13] offer a critical assessment of the altruistic and pragmatic motives underlying China – Africa health cooperation.

From a realist perspective, state behaviour is driven by the pursuit of power: global health diplomacy serves as an instrument for advancing national interests, while disease prevention protects national security and economic strength. Constructivism, by contrast, holds that international relations are shaped not only by state interests but also by shared values, ideas, and norms. Within this framework which has substantially influenced the development of the World Health Organisation (WHO) health is understood as a component of global justice, and human rights and social justice are treated as meaningful goals of international cooperation in their own right. Realist and constructivist theories thus offer distinct but complementary

explanations of the motives underlying global health diplomacy [7].

The concept of soft power occupies a central place within the liberal tradition, which rests on the premise of cooperation among states. The liberal emphasis on positive-sum cooperation provides one of the theoretical foundations of soft-power strategy [13, p. 491]. In J. Nye's formulation, soft power is the capacity of an international actor to influence others through attraction and persuasion rather than sanctions, military pressure, or threats. This capacity depends on the appeal of the instruments of engagement available to the state, including those in the field of health [13, p. 491].

China's soft-power strategy serves its self-positioning as a rising global power and its effort to counter perceptions of a «China threat». On this reading, Chinese health diplomacy operates as an instrument of international engagement that advances China's national interests while also addressing disease and pandemics in various regions, particularly Africa. The concept of soft power assumes that shared values and norms can orient states towards altruistic objectives alongside the pursuit of national interest. On this reading, China – Africa health cooperation thus functions both as a foreign-policy instrument and as part of a broader project of solidarity and joint development across the Global South [13, p. 491]. Moreover, China's display of responsible international conduct strengthens its soft-power resources and enhances its normative standing in the international community [14, p. 133].

The historical development of China – Africa health cooperation in 1960–90s

External assistance has long played a significant role in strengthening public health systems across Africa. Chinese health diplomacy on the continent dates to 1963, when newly independent Algeria appealed to the international community for support in developing its national health system [10, p. 72].

This mission was the first instance of the China's provision of overseas medical assistance in the modern era and laid the foundation for its later programmes of international medical cooperation. From the outset, the emerging model of cooperation offered greater mutual benefit and more equal terms than had historically defined the continent's relations with Western states[1].

Medical cooperation with Algeria coincided with the first official tour of African countries by a high-level Chinese delegation and reflected Beijing's efforts to expand its political and humanitarian ties across the continent. During visits to ten states, Chinese leaders emphasised the shared experience of China and African nations as developing countries, as well as their common external adversaries – first the European colonial powers, and later the Soviet Union and the United States. China sought to build mutually supportive relationships with African states through appeals to shared development priorities and common positions on sovereignty, economic development, and international peace and security. Medical assistance was one instrument of this strategy that strengthened the China's claim to international legitimacy as the sole lawful representative of China. As the number of postcolonial African states increased, and with it their representation in the United Nations system, support from African countries became increasingly important to Chinese diplomacy [7, p. 4–5].

The rapid expansion of cooperation with African states in the 1960s and 1970s helped lay the political groundwork for recognition of China in place of the government in Taiwan. In 1971, twenty-six African states supported the United Nations General Assembly resolution restoring the People's Republic of China to China's lawful seat in the United Nations[2]. In 1972, the World Health Assembly likewise voted to recognise the People's Republic of China as the lawful government of China, giving Beijing a new role in multilateral global health diplomacy [15]. Yet even after joining the WHO, the participation of the People's Republic of China in multilateral health cooperation remained limited. Beijing continued to prioritise bilateral engagement, treating health cooperation as an effective and relatively low-cost instrument for advancing its foreign policy objectives [10, p. 73].

From a constructivist perspective, China's early medical assistance to African states rested not only on strategic interests but also on norms of equality, solidarity, and social justice. Unlike Western donors and international financial institutions, China generally did not condition its assistance on political or economic requirements. This helped to shape a model of cooperation oriented towards the needs and priorities of African states. These normative commitments became a significant driver of Chinese health diplomacy alongside realist calculations of foreign policy advantage [7, p. 6].

From the late 1970s through the 1990s, the China's foreign policy priorities changed substantially, and the character of its health activities in Africa transformed accordingly. With the reform and opening-up policy, the Chinese leadership abandoned ideologically driven assistance in favour of external economic cooperation, prioritising trade expansion, service contracts, investment, and deeper engagement with African states [7, p. 7]. This reorientation was a part of China's broader turn toward a more pragmatic foreign policy centred on economic development and mutual benefit.

[1] *Balazovic T., Li A.* Healing agents // China Daily : website. URL: https://www.chinadaily.com.cn/m/chinahealth/2013-08/23/content_21973033.htm (date of access: 17.05.2026).

[2] Restoration of the lawful rights of the People's Republic of China in the United Nations // United Nations digital library. URL: https://digitallibrary.un.org/record/192054 (date of access: 17.05.2026).

The political dimensions of the China's medical diplomacy

China's motives for supporting the health sectors of African states have varied with historical and political circumstances. Officially, the Chinese leadership has emphasised the humanitarian purpose of medical assistance, presenting it as a means of improving public health in Africa. A number of studies, however, link this activity closely to foreign policy and geopolitical objectives. The scholarship identifies several strategic functions of medical assistance. First, it strengthened China's position in its competition with Taiwan for diplomatic recognition and support in the United Nations by securing the backing of African states. Second, it served as a vehicle for disseminating socialist ideas and the principles of proletarian internationalism. Third, expanding ties with African states enabled China to mitigate international isolation that intensified after the events of 4 June 1989 [16, p. 33–34, 67–69].

The principle of one state, one vote within the United Nations gave African states considerable influence over international decision-making. Maintaining stable political relations with these countries therefore became an important element of Chinese foreign policy, and medical assistance emerged as one of the most effective instruments for consolidating bilateral cooperation and securing diplomatic support [5, p. 1–2].

Chinese scholars and officials have consistently maintained that the principal aim of medical cooperation is to strengthen partnerships and foster long-term political ties with African states. In this view, medical assistance is a key instrument of trust-building, helping to consolidate diplomatic relations, secure mutual support in international forums, and lay the groundwork for broader intergovernmental cooperation. Although some analyses view medical assistance as serving China's economic interests, the Chinese government insists that any economic benefits are incidental to cooperation rather than its original aim [5, p. 2].

Since the launch of the Global development initiative (GDI) in early 2021, China's approach has evolved. Amid intensifying great-power competition, Beijing has increasingly relied on soft power instruments, highlighting its role as a responsible actor, its support for global governance, and its provision of international public goods. At the same time, cooperation has become less China-centred and more explicitly multilateral. The organisation of assistance has been repeatedly adjusted in response to the China's changing national priorities. Between 1949 and 1978, coordination rested primarily with the Ministry of Foreign Affairs of the People's Republic of China in cooperation with provincial governments. During the economic reforms of the 1980s, the leading role passed to the Ministry of Health of the People's Republic of China. From 2003, the Ministry of Commerce of the People's Republic of China assumed responsibility for many of these programmes, reflecting the growing importance of trade and economic objectives in China's foreign policy. Under reforms to the foreign-aid system introduced through the GDI, the China International Development Cooperation Agency became the lead agency for coordinating new regulatory and strategic frameworks for international development cooperation [17].

The State Council of the People's Republic of China defines the broad direction of cooperation and concludes bilateral health agreements with African states, while the implementation of specific projects and programmes is carried out largely by provincial and other subnational authorities. This model combines centralised planning with decentralised delivery. Its regulatory framework is shaped mainly by ministerial and agency documents and directives, which gives the system considerable flexibility and allows aid instruments to be adapted quickly to changing foreign policy and economic priorities [18, p. 2].

The main instruments of Chinese health diplomacy in Africa are medical teams, health infrastructure, the supply of medicines and medical equipment to partner countries, and the financing of projects and funds aimed at strengthening national health systems.

China – Africa cooperation and global health governance

Global health diplomacy refers to the process by which state and non-state actors formulate and implement political responses to international health challenges. It includes interstate negotiations, cooperation with international organisations, and interaction among a wide range of stakeholders. Over recent decades, health diplomacy has grown in importance. The United Nations and the WHO have been central platforms for coordinating global efforts in this area [7, p. 4].

The scholarship points to an increasingly close relationship between foreign policy and global health. Public health objectives now form an important part of states' foreign-policy activity, helping to manage transnational challenges while also fostering more durable forms of international cooperation [2, p. 498].

China – Africa cooperation is grounded in the Eight principles for economic aid and technical assistance to other countries (1964) and China's African policy (2006). Together, these texts provided the conceptual foundation for the Forum on China – Africa Cooperation (FOCAC). The 2006 document placed the forum at the centre of efforts to institutionalise and develop China – Africa relations.

Since the establishment of FOCAC in 2000, health has been a regular component of China's commitments to support African states in strategically important sectors. The forum has launched a range of mechanisms designed to strengthen health systems: the African Human Resources Development Fund (2000), the first China – Africa forum on traditional medicine (2002),

the China – Africa Development Fund with capital of 5 bln US dollars (2006), and the first China – Africa ministerial forum on health development (2013), among others. These initiatives collectively reflect the gradual expansion of institutional cooperation and the growing prominence of health in the China – Africa agenda [13, p. 495].

At the FOCAC summit in November 2021, the Chinese leadership reaffirmed its commitment to building a China – Africa community with a shared future, with particular emphasis on health and on addressing the consequences of the COVID-19 pandemic. The leader of the People's Republic of China stated that China would support the African Union's effort to vaccinate 60 % of Africa's population by 2022, and announced China's intention to provide African states with an additional 1 bln doses of COVID-19 vaccines – 600 mln doses as grant assistance and 400 mln doses through joint production arrangements involving Chinese companies[3]. These priorities were codified in the China – Africa cooperation vision – 2035, which identifies medicine and public health as one of the central areas of engagement. Published by the Ministry of Commerce of the People's Republic of China, the document highlights China's contribution to the development of national health systems through support for infectious-disease prevention and control, the strengthening of medical research capacity, the development of traditional medicine, and improved access to essential medicines[4].

China's deepening role in global health governance became clear during the international negotiations that led to the revision of the International health regulations and to the adoption of the new text in 2005. The outbreak of SARS in 2002–2003 exposed weaknesses both in China's domestic epidemic-response system and in existing international mechanisms for public health coordination. In response, the Chinese leadership reassessed the country's place in global health and concluded that cross-border health threats could not be managed by states acting alone, but required closer cooperation through international institutions. The revised IHR, adopted in 2005, marked an important step forward in global health governance by broadening the range of diseases and threats subject to international monitoring and strengthening the WHO's coordinating role. For China, participation in these negotiations reflected a broader effort to project itself as a responsible member of the international community while strengthening its influence within the emerging architecture of global health security [19, p. 2–6].

The November 2006 election of a new WHO director general further strengthened China's role in global health governance. Beijing vigorously backed its nominee, winning broad support. The campaign was symbolically important: for the first time since 1971, China had mounted a sustained bid for a senior post in a UN specialised agency. To do so, it invested substantial diplomatic capital in mobilising Executive Board members, especially African states. Shortly before the vote, FOCAC helped consolidate African support [19, p. 118–119]. The campaign showed China's growing ability to use multilateral and regional platforms to advance its interests in global health governance. In her inaugural remarks, M. Chan named the health of African populations and women as a key test of the WHO's effectiveness [5].

China's Belt and road initiative (BRI), launched in 2013, opened new opportunities for multilateral health cooperation, particularly with African countries. As the initiative developed, China and the WHO moved to integrate health into broader development strategies. The BRI gained a global health framework in 2014, and in 2015 China's National health and family planning commission issued a three-year plan for health exchanges and cooperation [9, p. 3]. It called for closer ties among participating states and more bilateral and multilateral agreements.

The health silk road was institutionalised in 2016 as a distinct track of China's international health cooperation and formally launched at the first Belt and road forum in 2017. There, China and the WHO signed a Memorandum of understanding on BRI health cooperation and an implementation plan. Through this framework, China has worked with BRI partner states on emergency response, infectious-disease control, and traditional medicine[6], aiming to strengthen global health security and promote health development.

More broadly, China's conduct in global health (particularly its engagement with international organisations and its emphasis on mutual benefit and multilateralism) suggests that China seeks to reinforce and adapt the existing architecture of global health governance, rather than displace it. In this sense, China can be seen less as a power intent on overturning the current order than as one seeking to reform it from within [9, p. 4–5].

The health silk road is framed as a mechanism to support the sustainable development of national health systems in BRI participating states. It promotes multilateral cooperation among state institutions, international organisations, the private sector, and civil society, with the state serving as the central coordinator. It also stresses that effective responses to public health

[3]Xi announces supplying Africa with additional 1b COVID-19 vaccine doses, pledges to jointly implement nine programs // The National Committee of the Chinese People's Political Consultative Conference : website. URL: https://english.www.gov.cn/news/topnews/202111/30/content_WS61a5733ec6d0df57f98e5bf5.html (date of access: 10.05.2026).

[4]China – Africa cooperation vision – 2035 // Forum on China – Africa cooperation : website. URL: http://www.focac.org/eng/zywx_1/zywj/202201/t20220124_10632442.htm (date of access: 10.05.2026).

[5]Dr Margaret Chan to be WHO's next director general // World Health Organization : website. URL: https://www.who.int/news/item/09-11-2006-dr-margaret-chan-to-be-who's-next-director-general (date of access: 10.05.2026).

[6]The full text of the White paper development of the health sector and progress in human rights protection in China // Xinhua : website. URL: https://russian.news.cn/2017-10/29/c_136713365.htm (date of access: 10.05.2026) (in Russ.).

emergencies depend on adequate financial, material, and technical resources [20, p. 477].

China's concept of a global health community of common destiny has also found expression in several World Health Assembly resolutions. In parallel, China has contributed to the development of international norms and agreements (including the negotiations on the Agreement on pandemic prevention, preparedness and response) while also providing humanitarian and emergency medical assistance in times of crisis[7].

China's health policy also aligns with the global sustainable development agenda through the integration of the BRI with programmes to strengthen public-health systems. At FOCAC-2024, health was included among the partnership actions for modernisation. China pledged medical personnel, support for medical infrastructure, infectious-disease control, and stronger public-health capacity in African states[8]. These commitments closely track the Sustainable development goals, especially goal 3. They also show China's effort to institutionalise health cooperation by linking bilateral programmes to broader multilateral frameworks, including the WHO and regional bodies.

The WHO has welcomed the integration of health into China's development strategy, viewing China as an increasingly active and responsible actor in global health governance. African states, meanwhile, are advancing their own health agenda. Agenda-2063 sets out a long-term vision of Africa as a leading centre of development, with particular emphasis on a healthy and well-nourished population. To support these goals, the Africa centres for disease control and prevention was established to help African states strengthen health systems and improve the prevention, early detection, and response to public health threats. Because the priorities of the BRI, Agenda-2063, and African national strategies largely converge, demand for stronger health infrastructure and resources remains high, creating space for a greater Chinese role. China and African states thus appear to share an interest in global stability, and China is increasingly seen as having both the capacity and the responsibility to help reduce the vulnerability of African health systems [20, p. 478].

The proposal to build a China – Africa community of health was put forward at the Extraordinary China – Africa summit on solidarity against COVID-19 in June 2020. It comprises several interrelated elements. First, the health silk road makes health cooperation a central pillar of China – Africa engagement. Second, unlike more traditional forms of medical assistance, it is comprehensive in scope and grounded in the principle of health for all: it extends beyond treatment to include prevention, the promotion of healthy lifestyles, and the links between health and socio-economic development, including food security, demographic policy, and environmental governance. Third, it adopts a people-centred approach that treats health as a fundamental human right and a precondition for sustainable development. In this respect, the goals of China – Africa cooperation align with those of Agenda-2063 and the 2030 Agenda for sustainable development of the UN, both of which assume broad public participation. Fourth, in line with the principles of the BRI, the HSR seeks to strengthen political coordination, expand medical infrastructure, increase trade in medical products, finance health projects, and deepen people-to-people ties [8, p. 113].

Concern has grown over shrinking global health funding following the United States' withdrawal from the WHO. Against this backdrop, China has signalled that it will continue to play an important role in the WHO by increasing its financial contributions. It is already among the organisation's largest contributors of assessed contributions. The PRC also emphasises South – South cooperation, presenting itself as an equal partner of developing countries rather than a traditional donor, and has reaffirmed its commitment to multilateralism and the Sustainable development Goals [21, p. 4].

At the May 2025 meeting in Geneva, China agreed to increase its assessed contributions by 20 % and announced 500 mln US dollars in voluntary funding over five years. Speaking on that occasion, Vice Premier Liu Guozhong argued that the spread of unilateralism and power politics was undermining global health security and stressed that stronger multilateral cooperation was the most effective response[9].

Conclusions

China's health cooperation with African states has evolved from the dispatch of medical teams in the 1960s into a comprehensive system encompassing health infrastructure, personnel training, infectious-disease control, technology transfer, and participation in multilateral health-governance mechanisms. Health diplomacy has thereby become a key instrument of Chinese foreign policy and South – South cooperation.

The analysis suggests that China's motives in global health are complex and are best understood through a combination of realist, constructivist, and liberal perspectives. Medical cooperation strengthens China's international influence, expands its political and economic ties, and helps create a favourable external environment for its foreign policy. At the same time, it reflects China's effort to present itself as a responsible

[7]«Healthy China» initiative: a contribution to global health governance and the advancement of the common well-being of humankind – Ambassador of the People's Republic of China to the Russian Federation // Xinhua : website. URL: https://russian.news.cn/20260322/3e2facc4af4347a79cdb214793f6a811/c.html (date of access: 10.05.2026) (in Russ.).

[8]Full text: keynote address by Chinese president Xi Jinping at opening ceremony of 2024 FOCAC summit // China Daily : website. URL: https://www.chinadaily.com.cn/a/202409/05/WS66d95a04a3108f29c1fca5c0.html (date of access: 10.05.2026).

[9]China to give $500 million to WHO in next 5 years, official says // Reuters. URL: https://www.reuters.com/business/healthcare-pharmaceuticals/china-give-500-million-who-next-5-years-official-says-2025-05-20/ (date of access: 10.05.2026).

actor in global governance and as a partner of developing countries in advancing the Sustainable development goals. Soft power has also played a significant role in reshaping negative perceptions associated with the idea of a «China threat».

In recent years, cooperation has shifted from a predominantly bilateral model towards more institutionalised formats: FOCAC, the BRI, the Health Silk Road, cooperation with the WHO, and support for the Africa centres for disease control and prevention. Particular weight has attached to strengthening national health systems, improving pandemic preparedness, and developing regional mechanisms of epidemiological security.

Important challenges remain. These include limited transparency in some projects, insufficient data on financial flows and programme effectiveness, continued dependence on external assistance in several countries, and the need for greater involvement of local institutions and professionals in implementation. Growing geopolitical competition may also politicise health cooperation and complicate international coordination.

In this light, China would benefit from expanding multilateral cooperation with international and regional organisations, above all the WHO and the African Union. Greater transparency in financing and in the evaluation of project effectiveness should be a priority in China – Africa engagement, alongside stronger local human-resource capacity, the localisation of pharmaceutical and medical-equipment production in Africa, and deeper research cooperation and technology transfer.

China – Africa health cooperation should therefore be seen as an important part of contemporary global health governance. Its further development could strengthen the resilience of African health systems, advance the Sustainable development goals, and contribute to a more effective global health governance architecture.

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