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**China-Africa health
cooperation:
impact of the Health Silk Road
and Covid-19**

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前言

20世纪60年代，中国将其重点从少数社会主义发展中国家转向更广泛的亚洲和非洲国家。为加强这些关系，周恩来提出了“援外八项原则”，并将“和平共处五项原则”应用于非洲。从1964年至1970年，中国的援助迅速扩展，覆盖了许多非洲国家。医疗援助在其中扮演了重要角色，标志着中国现代历史上首次海外医疗任务。这一行动旨在促进全球健康，建立外交对话，同时试图限制苏联在非洲的政治影响，并在全球冷战期间建立第三世界的团结。

进入新千年，医疗卫生逐渐成为中国对非洲接触的代表性组成部分。北京推出了多边卫生合作的新平台，如中非合作论坛（FOCAC）下的中非卫生发展部长级论坛和“一带一路”峰会下的“一带一路”健康会议（胡等，2017）。通过这些举措，中国在卫生合作中的参与范围扩大到包括卫生安全、卫生治理和高层次知识交流。随着改善和加强最不发达国家公共卫生系统的倡议加速推进，中国也面临许多批评。一些批评认为，中国的援助“机会主义”倾向明显，旨在通过软实力等工具谋取经济和政治利益。而另一些则认为中国的援助是纯粹的利他主义（Daly等，2020）。本论文的选题基于研究中国在非洲大陆角色的必要性，尤其是在面对将其视为“全球南方新殖民者”的众多批评时，重点关注北京在非洲卫生领域的角色。

本论文将分为三个章节。第一章将探讨中非卫生合作的历史和政治背景，强调中国在非洲国家卫生援助中的日益重要的角色。为此，本章将全面解释中非关系的历史背景，并分析中国的卫生发展援助概念，突出其与西方概念的不同。还将回顾文献中提出的中国对非洲援助的各种动机，指出卫生领域仍是中国相对投资较少的领域。为解释中国在非洲卫生系统中的政策背景，第一章将考察中非卫生合作的主要参与者，特别是中非合作论坛（FOCAC）和“一带一路”倡议（BRI）。

第二章将深入探讨“一带一路”倡议中的卫生分支，即“健康丝绸之路”。该倡议首次在2016年由习近平主席在乌兹别克斯坦的一次演讲中提到（新华社，2016），可以追溯到2015年的《推动共建丝绸之路经济带和21世纪海上丝绸之路的愿景与行动》文件。该文件重点强调了与“一带一路”国家在卫生合作中的优先领域：扩展卫生合作机制、传染病防控、培训项目和能力建设、紧急医疗救助、推广中医药、卫生系统改革与政策协调、卫生发展援助（如免费手术）以及卫生产业发展（Rudolf, 2022）。疫情为中国解决全球健康问题提供了机会，强调了“一带一路”从“硬”基础设施向“软”基础设施转移的重点。通过健康丝绸之路及相关的卫生外交，北京试图应对“新冠病毒”的叙述，展示其作为一个有经验的行动者提供支持和解决方案（Tagliapietra, 2020）。然而，它也面临批评，有文献将健康丝绸之路与更广泛的地缘政治影响和软实力战略联系起来。考虑到这些批评，本章将提供一个关于口罩外交和疫苗外交的更广泛视角，这是中国在疫情期间的两个重要方面。

最后一章将展示中国对两个东非国家的援助的两个案例研究。在第一个案例研究中，分析将考察中国与坦桑尼亚的关系，突出中国医疗队在在该国的角色。将重点介绍新冠疫情前的所有事件，以提供中坦关系的背景，并更深入地理解这些关系对中国在新冠疫情期间参与的影响。肯尼亚案例研究将展示这个非洲国家对中国基础设施投资的重要性，以及这对中国对肯尼亚卫生部门援助的影响。通过考察他们在疫情期间的合作及其在“一带一路”中的重要性，第三章将尝试回答这些国家的历史重要性和战略地位如何影响中国在新冠疫情期间的参与。还将探讨中国被视为“新殖民者”和推动新一轮非洲竞赛的看法，研究这两个典型非洲国家的反应及其在与中国卫生干预中的作用。

Introduction

In the 1960s, China shifted its focus from a limited number of socialist developing countries to a broader range of Asian and African nations. To strengthen these ties, Zhou Enlai introduced the ‘Eight Principles for Economic and Technical Assistance to Other Countries’ and adapted the ‘Five Principles of Peaceful Coexistence’ to the African context. From 1964 to 1970, Chinese assistance expanded rapidly, reaching many African countries. Medical assistance played a significant role, marking China's first overseas medical mission in modern history. This movement aimed to promote global health and establish diplomatic dialogue, while attempting to limit Soviet political influence in Africa and build solidarity in the Third World during the global Cold War.

In the new millennium, health care has increasingly become a representative component of China's engagement with Africa. Indeed, Beijing has launched new platforms for multilateral health cooperation, such as the China-Africa Ministerial Forum on Health Development under FOCAC and the Belt and Road Health Conference under the Belt and Road Summit (Hu et al., 2017). With these initiatives, Chinese engagement in health cooperation has expanded to include health security, health governance and high-level knowledge exchange. With the acceleration of initiatives to improve and strengthen public health systems in Least Developed Countries (LDCs), China has come under much criticism. Some of the criticism analyses Chinese aid as ‘opportunistic’, i.e. geared towards economic and political gain, using tools such as soft power. Others, however, define Chinese aid as purely altruistic (Daly et al., 2020). The decision to develop this thesis was born out of the need to study China's role on the African continent in the face of numerous criticisms that have seen it as the ‘new coloniser of the global south’, focusing on Beijing's role in the health sector in Africa.

This thesis work will be divided into three chapters. The first chapter will examine the historical and political context of Sino-African cooperation in the field of health, emphasising China's growing role in health care to African countries. To do so, this chapter will give a comprehensive historical background explanation of Sino-African relations. Furthermore, it will analyse the Chinese concept of Development Assistance for Health, highlighting how it differs from the Western concept. It will also review the literature presenting various motives behind China's assistance to Africa, noting that the health sector remains one of the sectors with

relatively less investment by China. To explain the policy context behind China's engagement in African health systems, the first chapter will examine the main actors in Sino-African health cooperation, in particular the Forum on China-Africa Cooperation (FOCAC) and the Belt and Road Initiative (BRI).

The second chapter will delve into the health branch of the Belt and Road Initiative, known as the Health Silk Road. This initiative was first mentioned in a 2016 speech by President Xi Jinping in Uzbekistan (Xinhua, 2016) and can be traced back to the 2015 document 'Vision And Actions On Jointly Building Silk Road Economic Belt and 21st-Century Maritime Silk Road.'¹ This document highlights priority areas for health cooperation with BRI countries: expansion of health cooperation mechanisms, prevention and control of infectious diseases, training programmes and capacity building, emergency medical care, promotion of Traditional Chinese Medicine (TCM), health system reforms and policy coordination, health development assistance (e.g. free surgeries) and health industry development (Rudolf, 2022). The pandemic provided an opportunity for China to address global health issues and highlight the shift in BRI's focus from physical to 'soft' infrastructure. Through the Health Silk Road and related health diplomacy, Beijing sought to counter the 'Chinese virus' narrative by presenting itself as an experienced actor offering support and solutions (Tagliapietra, 2020). However, it has also faced criticism, with the literature associating the Health Silk Road with a broader strategy of geopolitical influence and soft power. Considering these criticisms, this chapter will provide a broader view of Mask Diplomacy and Vaccine Diplomacy, two significant aspects of China's approach during the pandemic.

The final chapter will present two case studies on Chinese assistance to two East African countries. In the first case study, the analysis will consider the China-Tanzania relationship, highlighting the role of the Chinese Medical Teams in the country. It will highlight all events prior to Covid-19 in order to provide background on their relationship and to gain a deeper understanding of the impact it had on Chinese engagement during the pandemic. The Kenya case study will present the importance of this African country for Chinese infrastructure investment and what impact this has had on Chinese assistance to the Kenyan health sector. Examining their cooperation during the pandemic and the importance of these two nations

¹ Vision And Actions on Jointly Building Silk Road Economic Belt And 21st-Century Maritime Silk Road. Available at: <https://eng.yidaiyilu.gov.cn/p/1084.html>

within the BRI, the third chapter will attempt to answer how their historical importance and strategic positions influenced China's engagement during COVID-19. By doing so, it will be given a better understanding of how the Belt and Road Initiative can effectively build *a global community of shared future* within African countries, establishing win-win cooperation and *a community of health for all*.²

² Ministry of Foreign Affairs of the People's Republic of China. (2023) A Global Community of Shared Future: China's Proposals and Actions. Full text available at:

https://www.mfa.gov.cn/eng/zxxx_662805/202309/t20230926_11150122.html .

Chapter One: Historical and political context of Sino-African health cooperation

1.1 Historical events: from 1949 to Ebola outbreak

Sino-African relations have ancient roots.³ During the Ming dynasty⁴, in the 15th century, Zheng He's naval fleet reached the north-east coast of Africa (Shinn, 2019), whereby direct contact was established with African states out of diplomatic curiosity and trading purposes (Alden & Alves, 2008). However, throughout history and up to 1949, China-Africa contacts may be said to have been more a result of transnational trade flows with other merchant civilizations, namely the Arabas and Persians, and later a side effect of the international framework than a specific Chinese foreign policy endeavour. For this reason, when the People's Republic of China was founded in 1949, China not only had no negative record on the African continent, but it also benefited from a shared history of hardship under Western imperialism. The founding of the People's Republic of China coincided with the dawn of Africa's independence movement, and this provided a unique opportunity for the Chinese leadership to forge a new and thriving relationship (Alden & Alves, 2008).

In 1955, in Bandung, the Chinese Foreign Minister, Zhou Enlai, met several African leaders, including Gamal Abdel Nasser of Egypt⁵. The conference, attended by delegations from 29 Asian and African countries⁶, was convened to address the problems of peace, independence, and development in the area (Samarani, 2018).⁷ China shared with these nations a sense of humiliation, the urge to restore dignity, and a determination to take control of its destiny (Muekalia, 2004). The leaders present at the Bandung Conference sought to affirm their nations' independence from 'Western imperialism'⁸ while keeping the Soviet Union at a

³ Snow (1988), Alden and Alves (2008) suggest that "China's current engagement with Africa is not 'new' but in fact has its roots in policies pursued since the mid-1950s as well as earlier historical precedents".

⁴ More about the Chinese role in Africa during the Middle Age can be found in FILESI, Tebaldo, "I viaggi dei Cinesi in Africa nel Medioevo", *Africa. Rivista trimestrale di studi e documentazione dell'Istituto italiano per l'Africa e l'Oriente*, 16, 6, 1961, pp. 275-288.

⁵ In 1956 Egypt became the first African country to establish diplomatic relations with China and, for several years, Cairo served as the main base for the Chinese operations on the continent.

⁶ There were six representatives of African States (Egypt, Ethiopia, Liberia, Libia, Sudan, Ghana).

⁷ As Samarani explains, at that time the military victories of the Vietnamese and the anti-French insurrections in North Africa against the forces of French colonialism as well as the rise of Arab nationalism and the parallel decline of British influence in the Middle East were providing a strong acceleration to the decolonisation process.

⁸ As Snow (1994) writes, "China and Africa are held to face common enemies and in an historical perspective, the most obvious candidates for this role, in a historical perspective, have been the European colonial powers."

distance. This strategy laid the foundation for what later came to be known as the Non-Aligned Movement (Muekalia, 2004).⁹ China saw natural common ground with Africa as a result of their shared historical experiences: Africa and China were both victims of “colonisation by the capitalists and imperialists” and faced the same task of national independence and liberation after World War II¹⁰. In the 1950-60s these ‘common points’ (Snow, 1994) were woven by the PRC leaders into an elaborate rhetorical schema, where the two nations belonged to the same club, which is commonly referred to as ‘The Third World and the South’¹¹ (Dirlik, 2014).

Throughout the Cold War, China played a crucial role in African political and institutional affairs. The political-ideological foundations of today's relations between Beijing and the African continent date back to the period between 1950 and the early 1970s, i.e. the relations established during the anti-colonial wars for African independence between the newly formed People's Republic of China, still shaken by revolutionary afflatus, and a continent in turmoil after decades of Western colonial rule. This long-standing Sino-African partnership has always been characterised by Beijing's emphasis on the existence and necessity of close South-South cooperation, i.e. a relationship based on the perception of numerous affinities between China and African states (Garelli, 2009).

In the 1960s, ideological differences and increasing tensions between China and the Soviet Union significantly impacted Chinese diplomatic relations. To navigate this challenging scenario, China redirected its focus from a limited number of developing socialist countries to a broader array of Asian and African nations, particularly in the wake of African independence movements (Cheng and Taylor, 2017).

To deepen ties with these countries, Zhou Enlai embarked on a diplomatic tour of 14 nations in 1963.¹² During this tour, he introduced a framework for Chinese foreign aid known as the 'Eight

⁹ Non-aligned, understood as no alignment with the opposing political-military blocs led by the USA and the USSR

¹⁰ Zhou Enlai, “Speech at the Plenary Session of the Asian-African Conference” [在亚非会议全体会议上的发言], April 19 1955, english version available at <https://digitalarchive.wilsoncenter.org/document/supplementary-speech-premier-zhou-enlai-plenary-session-asian-african-conference>

¹¹ Unfamiliar readers of Mao's concept of Third World and his anti-imperialist campaign can see: Cook, A. 2010. ‘Third World Maoism.’ In *A Critical Introduction to Mao*, edited by Timothy Cheek, 288–312. Cambridge, Cambridge University Press; Evans, J. G. 2021. Maoism, Anti-Imperialism and the Third World, *Made in China Journal*, available at <https://madeinchinajournal.com/2021/11/08/maoism-anti-imperialism-and-the-third-world%E2%80%A8/>; Jiang An. 2013. Mao Zedong's “Three Worlds” Theory: Political Considerations and Value for the Times, *Social Sciences in China*, 34:1, 35-57.

¹² Between 13 December 1963 and 1 March 1964 Zhou En Lai visited United Arab Republic, Algeria, Morocco, Tunisia, Ghana, Mali, Guinea, Sudan, Ethiopia, Somalia, Myanmar, Pakistan, and Ceylon (Cheng & Taylor 2017)

Principles for Economic and Technical Assistance to Other Countries'.¹³ These principles prioritize principles of equality, sovereignty, economic self-reliance, and fair provision of technical support. Very similarly, he adapted the 'five principles of peaceful coexistence'¹⁴ to the African context, presenting them to African countries during his tour. As Cheng and Taylor (2017) explain in their book *China's Aid to Africa-Does Friendship really Matter?* both of these kinds of principles are pivotal in understanding the dynamic of Chinese foreign assistance towards African countries, the notion of Sino-African friendship and solidarity, and how it began.

Between Zhou En Lai guidelines for foreign aid, there was also medical assistance (Colarizi, 2022). Through the newly independent Algeria's call for foreign aid to bolster its fractured medical system, China had the opportunity to make its first venture into global health diplomacy (Killeen et al, 2018). The arrival of a Chinese medical team in Algeria in 1963 was the first time China had sent an overseas medical mission in modern history (Balazovic and Li, 2013). This not only contributed to strengthening Sino-Algerian relations but also underlined the importance China gave to global health promotion as a means of expressing and affirming its international presence and establishing diplomatic dialogue on the continent.

From 1964 to 1970, China's foreign aid in Africa rapidly developed. In the pursuit of supporting liberation movements and helping newly independent countries achieve self-reliance, the Eight Principles led to China's aid being disseminated to 11 more countries, reaching 31 countries as foreign aid recipients, of which 14 were in Africa (Cheng & Taylor, 2017). Sending medical doctors and building hospitals were Chinese efforts to spread communist ideology and build Third World solidarity during the global Cold War and the Chinese-Soviet split. Notably, Chinese health diplomacy in Africa sought to limit the political influence of the Soviet Union in Africa, and to minimise Soviet involvement in African liberation movements (Killeen et al., 2018). This political and ideological agenda impacted how health projects were carried out. For example, selection criteria for medical doctors included personal commitments to communism, good family background and no Western connections (Ding, 2022).

¹³ 1964. *The Chinese Government's Eight Principles for Economic Aid and Technical Assistance to Other Countries*. In Selected Diplomatic Papers of Zhou Enlai; Beijing. Available at http://www.china.org.cn/government/whitepaper/2011-04/21/content_22411843.htm

¹⁴ The Five Principles of Peaceful Coexistence were introduced by Zhou En Lai during Bandung Conference in the early 1950s. See Wen Jiabao speech "Carrying Forward the Five Principles of Peaceful Coexistence in the Promotion of Peace and Development", June 2004. <http://tr.china-embassy.gov.cn/>. They are: mutual respect for territory and sovereignty, mutual nonaggression, mutual non interference in internal affairs, equality and mutual benefit, peaceful coexistence.

Despite China's own domestic economic difficulties, it provided large amounts of foreign aid to Africa even during the Cultural Revolution (1966-1976).¹⁵ This also included the famous Tanzania-Zambia Railway, built between 1970 and 1975¹⁶: China supplied a zero-interest loan of 988 million yuan, and the railway remains one of the largest foreign aid projects that China has provided to Africa. Such foreign aid projects contributed to the establishment of diplomatic relations between a group of African countries and China (Sun, 2014).

As post-colonial African states came to make up approximately 30% of votes in the United Nations, People's Republic of China (PRC) projects and health assistance to Africa in the 1960–70s strengthened African states support for the PRC's international recognition against the Nationalist government in Taiwan, with 26 African states in the UN General Assembly voting successfully in 1971 to recognize the PRC as the legitimate government of China. Following the PRC's assumption of the Chinese seat in the UN, the World Health Assembly also voted to recognize it as the legitimate government of China, giving China a new role in multilateral global health diplomacy (Killeen et al., 2018). It is pivotal to mention the first time China assumed its seat in the United Nations, particularly against Taiwan's claim, and the critical role of African countries in supporting this decision. This historic moment not only marked a shift in global political dynamics but also solidified China's position in multilateral global health diplomacy. Moving forward, this work will emphasize how China's political recognition continues to be an undeniable factor that influences African countries' access to Chinese assistance, often beyond considerations of natural resources or other economic factors.

While Western donors often provided financial support for disease-specific interventions, from 1948–1979 China favoured in-kind aid to governments (Ding, 2022). Chinese medical teams, like the first one sent to Algeria in 1963, became a hallmark of Chinese health diplomacy. These

¹⁵ The reader unfamiliar with Chinese modern history and Cultural Revolution can see this literature for a better understanding: Maurice Meisner. 1986, *Mao's China and After: A History of the People's Republic*; Roderick MacFarquhar. 1974 *The Origins of the Cultural Revolution: Contradictions Among the People*, 1956-1957; Frank Dikotter. 2013. *The Tragedy of Liberation: A History of the Chinese Revolution 1945-1957*; Simon Leys. *The Chairman's New Clothes: Mao and the Cultural Revolution* (1977); Samarani G. 2017. *La Cina Contemporanea : Dalla Fine Dell'Impero a Oggi*.

¹⁶ To have a deeper knowledge of the importance that TAZARA Railway had in Sino-African relations: Embassy of the People's Republic of China in the Republic of Zambia. Speech at the Opening of Exhibition "The TAZARA: A monument of friendship for 40 years. By Chinese Ambassador to Zambia, H.e. Mr Yang Youming, November 6, 2017, available at http://zm.china-embassy.gov.cn/eng/dshdyjh/202210/t20221008_10778384.htm; Snow P., 1994, China and Africa: Consensus and Camouflage in Chinese Foreign Policy. Theory and Practice by Robinson T.W., Shambaugh D., Clarendon Press, Oxford., p. 287, Morrison J. 2010, Labor and Modernization during the Construction of the TAZARA Railway, 1968-86 in *Making a world after empire: the Bandung moment and its political afterlives* by Christopher J. Lee, Ohio University Research in International Studies. Global and Comparative Studies Series No. 11.

teams treated patients, trained healthcare personnel, and focused on building sustainable local capacity and constructing hospitals (Killeen et al., 2018). Such in-kind support was in line with its horizontal approach to health while simultaneously reflective of China's limited financial resources following the Great Leap Forward.¹⁷ With its own economy disrupted, it was more feasible for China to send physicians and tools rather than financial assistance.

The end of the Cultural Revolution imposed challenges that required priority commitment at the national level, leading to a significant drop in fiscal spending on foreign aid and the termination of programmes to dispatch medical doctors abroad (Ding, 2022). There was an urgent need for funds for internal construction, and the improvement of China ties with the West for introducing technology and capital in the country (Li, 2016), played a significant role. Between the end of the 1970s and the beginning of the 1980s, China-Africa relations witnessed transient fluctuations, with a modest reduction in economic aid, a decline in trade, and a drop in the number of medical teams (Shinn, 2012; Li, 2016).

With limited foreign aid budget, Chinese policy was now focused on cultivating as many allies as possible in Africa and maintaining those friendships through low-level aid projects and limited grants of capital. The emphasis was on unassuming diplomatic endeavours intended to preserve the current Sino-African connections and to continue providing effective developmental economic support to those states that needed it.

The Twelfth National Congress of the CPC in 1982 marked a shift in global Chinese policy from “war and revolution” to “peace and development” (Shinn, 2012). Beijing's version of Marxist-Leninism propaganda and agitational threats against China's perceived opponent – notably the Superpowers – had now been abandoned to promote projects aimed at assisting Africa's agriculture and health (Cheng & Taylor, 2017).

The 1980s were then a decade of continuing aid reform with a continuing search for methods of delivering effective and sustainable foreign aid. As Cheng and Taylor (2017) explain, the isolation of the West after the Tiananmen events resulted in a Chinese campaign to widen its contacts in the developing world. Du Plessis (2014) highlights that the period after the Cold War saw China's rise as a superpower in desperate need of raw materials to stimulate its booming economy and that, at the same time, Africa received less financial aid from the West. Therefore, Africa's abundance of natural resource deposits and China's financial capability

¹⁷ The Great Leap Forward (1958-1961), which invested colossal resources in the whole country, proved to be an utter failure. Following the movement, the famine killed tens of millions of people. The decade-long political storm hit the politics, economy, and society severely. See Jung, H.-S., & Chen, J.-L. (2019). Causes, Consequences and Impact of the Great Leap Forward in China. *Asian Culture and History*, 11(2), p. 64.

made them compatible. Furthermore, after the Tiananmen Square event in 1989, in the early 1990s diplomatic competition with Taiwan as the sole legitimate government of China intensified. To regain international influence and support, Chinese overseas aid pledges grew by 68% in 1990, accompanied by the resumption of health assistance (Ding, 2022).

While ideological and political agendas were the primary drivers of Chinese overseas health assistance until the 1990s, the new millennium is marked by growing economic and commercial interests behind health cooperation. The 21st century in China-Africa relations has an emblematic beginning with the creation of the Forum on China-Africa Cooperation (FOCAC), which is a forum hosted every three years, to discuss different cooperation engagements in social, political, economic fields.¹⁸

To promote domestic medicine and equipment, the Ministry of Health required overseas Chinese medical doctors to prescribe Cotecxin - the anti-malaria medicine developed by Beijing Holley-Cotec. The Chinese government also donated Cotecxin and other Chinese drugs to African hospitals, which was seen as a ‘clever and low-cost way to introduce Chinese-made medication to the African market’ (Ding, 2022). Africa played an important role in helping Beijing enter the multilateral world, including health-wise. China has made modest contributions to the WHO¹⁹, United Nations Children’s Fund (UNICEF) (Opali, 2022), United Nations Population Fund (UNPF), Joint United Nations Program on HIV/AIDS, Global Fund to Fight AIDS, Tuberculosis and Malaria, and Global Vaccine Alliance. In recent years, Africa’s support for China-led positions became significant in the run-up to the WHO approval of Traditional Chinese Medicine, which in 2019 was included in the influential 11th International Classification of Diseases (Hunt, 2019), a compendium of world health trends (Procopio & Sciorati, 2021).²⁰

Beijing has launched new platforms for multilateral health cooperation, such as the Ministerial Forum on China-Africa Health Development under FOCAC and the Belt and Road Health Conference under the Belt and Road Summit (Hu et al., 2017).

With these initiatives, Chinese engagement in health cooperation has expanded to issues of health security, health governance, and high-level knowledge exchange.

¹⁸ FOCAC importance in the health aid discourse will be further analysed in section 1.3.

¹⁹ For example, in 2019, China contributed a total of \$86 million to WHO (including \$75.8 million as assessed contribution and \$10.2 million as voluntary contribution), which is relatively small compared to the United States (\$893 million), the United Kingdom (\$434 million), Germany (\$292 million) and Japan (\$214 million). (Ding, 2022)

²⁰ More information about the International Classification of disease is available at <https://icd.who.int/en>

The importance of Chinese health engagement has its watershed within the 2002-2003 SARS epidemic. Chan et al. (2010) describe SARS as a watershed since it helped the Chinese government recognize the importance of public health to national development and strengthened its multilateral cooperation in combating contagious diseases. In other words, SARS served to make China put public health high on its foreign policy agenda, getting a vision for global health diplomacy and increasing engagement with other nations and international organisations.

After the SARS outbreak, despite its failing health system, the Chinese government reaffirmed, in its document *China's African Policy*²¹, the nation's dedication to strengthening Africa's public health system.

China emphasizes its unconditional approach when providing financial aid and technical assistance to less developed nations, including those in Africa (Li, 2018; Chan et al., 2010). This differs from the practices of Western donor countries and international financial institutions, which typically attach conditions to their aid programs related to market and political reforms as well as good governance practices. Instead of imposing such requirements, China highlights that its aid comes without any strings attached, addressing concerns about potential exploitation in the natural resource sector (Chan et al., 2010).

Despite its increasing engagement with global health governance since the SARS outbreak Chan et al. (2010) argue that China's approach remains fundamentally state centric, with a focus on intergovernmental organisations and concerns about national sovereignty. The authors state that in a highly globalising world, infectious diseases know no borders, and the major step forward would be "to resume health as a global public good that is available to every individual of the world, rather than merely as an issue of concern to nation-states" (Chan et al., 2010).

From this, it can be concluded that while China has made strides in global health cooperation, there is still a need to prioritise global public health over national sovereignty concerns.

As previously mentioned, Chinese medical assistance to African countries has its symbolic origin in 1963 when China sent its first medical team in Algeria. These medical teams are widely studied in the literature (Brautigam 2009, 2011; Li 2011; Gikiri 2017; Chen et al. 2019; Ding, 2022). The structure and administration of these medical teams have stayed largely the same since they were first created in the 1960s. However, this program has the potential to aid in improving healthcare systems in regions like Africa and strengthening China's global

²¹ China's African policy document was published in 2006.

health influence while also aligning with the Sustainable Development Goals. (Chen et al, 2019). Brautigam (2011), who defines the Chinese medical teams as part of Chinese Official Development Assistance (ODA) to African Nations, also writes that more than sixty-five developing countries and territories have hosted Chinese medical teams since 1963 (Brautigam, 2009). Li (2011) has also mentioned that between 1963 and 2009, over 20,000 CMT members have provided medical care to 240 million patients worldwide. According to him, as of early 2009, 45 CMTs had operated in 44 African countries, and around 900 members were working in approximately 100 hospitals or health centers. As per Gikiri (2017), the Chinese government claims to have dispatched 21000 medical workers on various missions abroad from 1963 to around 2009, sending medical teams to about 69 countries worldwide. In 2014, 43 CMTs were active in 42 African countries, helping bridge the gap in the African health workforce. CMTs' main duties include providing quality healthcare services to the local population and enhancing the skills of medical professionals. Each Chinese province has been paired with one or more host countries to which they dispatch teams consisting of clinicians, nurses, a leader, a translator, and a chef. These teams are often deployed to work in challenging, underdeveloped areas where the healthcare systems are weak, and the residents require medication and health services (Gikiri, 2017). According to Chen et al. (2019), the CMT program has remained largely unchanged since its establishment in 1963, and they also discuss the current challenges CMTs face in this evolving landscape.²² One of these is the recruitment of qualified doctors. The authors findings in Tanzania and Ghana CMTs indicate that provinces' governments have found it difficult to find adequately qualified health professionals willing to join the CMT team. Rising living standards in China, especially those of the middle-class, which includes doctors and teachers, have led to significant improvement in economic conditions, and the lack of adequate financial incentives is a key reason for the reluctance of many health workers to work in a CMT. Chen et al. (2019), argue that the effectiveness of the Chinese Medical Teams (CMT) program is limited by its operational system. Although the program primarily aims to provide direct clinical services to local communities, the researchers found that the medical teams could offer additional activities to enhance the sustainable capacity of local health services. However, this is not a common practice, and usually, the Chinese teams do not significantly contribute to structured capacity building, especially outside the clinical context.

²² China has undergone rapid socio-economic development over the past four decade. It is now the second largest global economy and is one of the biggest donor countries and trading partners in Africa (Chen et al., 2019).

This limitation is due to various factors: the CMT program mainly focuses on clinical medicine rather than broader public health issues, and the teams' expertise in training is less needed since they work in hospitals with sufficient specialized staff. Additionally, the CMT program does not sufficiently collaborate with the international community. Unlike countries such as Sweden, the Netherlands, the UK, and the US, which have a clear global health agenda and collaborate with other donor organizations, China and its medical teams do not follow this approach (Chen et al., 2019). This limits the opportunities to expand the program and participate in policy discussions, as the CMT program is not well known among foreign donors and Ministry of Health officials in host countries. Chen et al. (2019) suggest integrating the CMT program activities with other Chinese health aid programs and those of other international donors; diversifying the recruitment approach; providing better financial and non-financial incentives; considering a broader sector-wide approach; and incorporating China's own experience in addressing health issues into their programs.

In addition to Chinese medical teams (CMT), which operate at an estimated annual cost of 200 million to 409.6 million RMB (29.45 million to 60 million USD) (Lin et al, 2016), China also helps in hospital construction, pharmaceutical and equipment donations, and public health/health security program support including malaria control, and health professional training programs (Chen et al., 2019). Gikiri (2017) also provides a table of the Forms of Chinese health assistance to the African states, while Ding (2022) a table for Accumulated number of Chinese health projects in Africa (2000-2014):

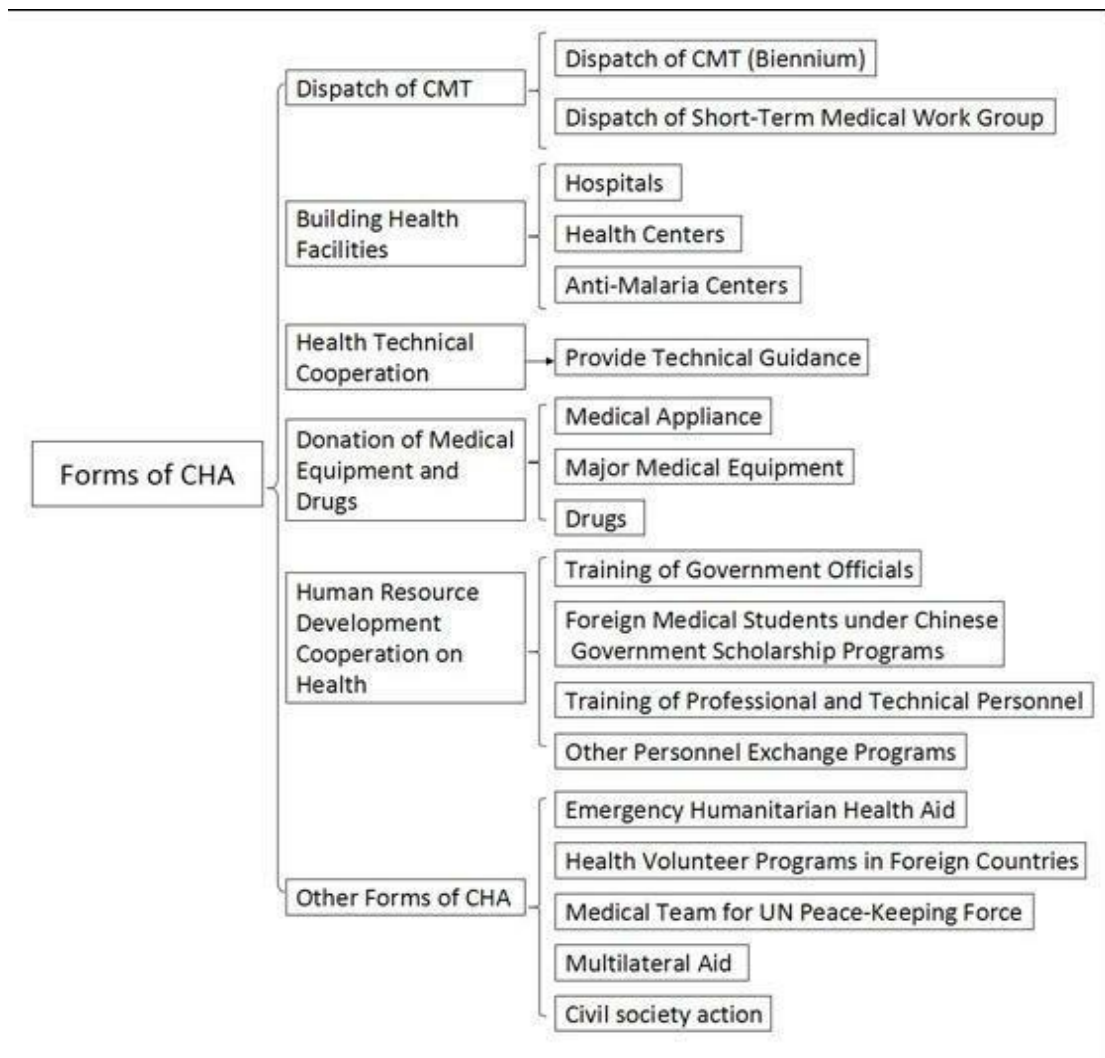


Figure 1. Forms of Chinese Health Assistance to the African States (Source: Gikiri, 2017)

In addition to sending medical teams, it is estimated that by the end of 2009, China had assisted developing countries in building over 100 hospitals and medical care facilities. At the same time, they provided a substantial amount of medical equipment and medications. The medical aid primarily involved constructing hospitals and medical care facilities, establishing centers for preventing and treating malaria, deploying medical teams, training healthcare personnel, and supplying medicines and other medical supplies (Gikiri, 2017). Even Ding (2022) states that the Chinese health cooperation with Africa has been primarily aid-based, being fulfilled through 1. Dispatching medical teams. 2. Building health infrastructure. 3. Donating medical supplies 4. Training medical personnel. Li (2011) writes that China-Africa cooperation is expressed in other fields, such as the provision of medication and medical facilities, running training courses, training African medical specialists in China. Significant enhancements have been made to the current healthcare infrastructure, along with progress in the application of

contemporary medical treatment methods. Increased involvement through Chinese health assistance in developing countries and other nations has resulted in partnerships for the exploration and application of Traditional Chinese Medicines.²³

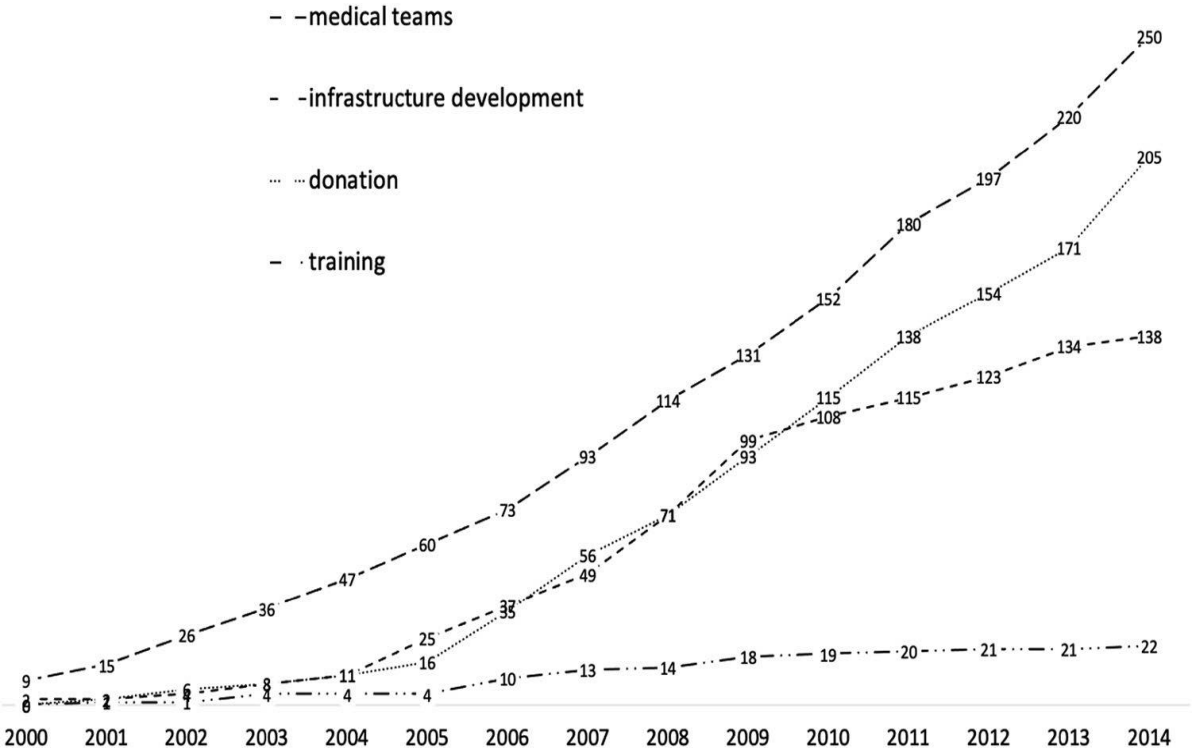


Figure 2. Accumulated number of Chinese health projects in Africa (2000-2014)

(Source: Ding, 2022)

²³ Africa is becoming traditional Chinese medicine’s best customer. Global Risk Insights, Under the Radar. 2017. Available:<https://globalriskinsights.com/2017/04/radar-traditional-chinese-medicine-became-one-africas-fastest-growing-industries/>.

Also, in the recent past, China has continually strengthened exchanges and cooperation with developing countries, mainly African states, in the prevention and treatment of infectious diseases like AIDS and Malaria (Gikiri, 2017).

China has indeed initiated the establishment of anti-malaria centers in African nations, just as President Hu committed to at the 2006 Summit (Li, 2011). Malaria has been prevalent in Africa for a long time. According to statistics from the World Health Organisation's annual health report, 71.9% of malaria deaths worldwide occurred in Africa in 2010. This percentage decreased to 41% in 2018. Malaria control in Africa depends on close international cooperation, including China's tireless efforts. Since 2003, China has actively supported the 'Malaria Eradication Programme' sponsored by the World Health Organisation, providing a total of 108 times assistance directly related to malaria treatment to 35 African countries. This assistance includes the donation of anti-malaria drugs, the construction of disease prevention centres and laboratories, and the deployment of expert teams to provide support and training. In terms of scale, malaria-related assistance grew rapidly between 2005 and 2009, with as many as 30 medical assistance missions for malaria control in 2009 alone. After 2010, with the spread of artemisinin-based combination therapy and other technologies, the disease was gradually controlled in Africa and the scale of assistance provided by China decreased accordingly (Zheng, 2020). Tropical diseases and outbreaks pose a significant threat to the health and well-being of African populations. In an effort to combat malaria in Africa, the Chinese government has implemented various initiatives such as CMT, educational programs, an anti-malaria project, free medical services and medications, and the establishment of anti-malaria centers (Li, 2011). Medical teams have taken on the crucial responsibility of fighting malaria, often contending with the disease themselves. Additionally, they typically supply their patients with free medication. The significant role of the Chinese Medical Teams (CMTs) in the anti-malaria effort has contributed to the widespread recognition of Cotecxin, the most effective anti-malarial medication developed in China, in African nations (Li, 2011). Furthermore, China has constructed approximately 30 malaria prevention and treatment centers in African countries and has supplied artemisinin as well. China is also engaged in providing training to numerous healthcare workers from other developing nations. This training and knowledge transfer is supported through Chinese Government Scholarships, as well as practical training offered by Chinese medical teams deployed overseas (Gikiri, 2017).

The Ebola crisis marked another occasion for China's cooperation with Africa. Ebola is defined as "a tragic awakening for people around the world about the crucial importance of strong health

systems” (Cheng, 2015). More than 10,000 people have died in West Africa, and the social and economic fallout in the region was devastating (Cheng, 2015). Though China’s trademark preference for bilateral setting largely persisted, the 2014 Ebola crisis also paved the way for more cooperation with multilateral initiatives and the WHO (Procopio & Sciorati, 2021). In a document of the UN Development Programme is highlighted the important role China has in the discussion of how local and international partners and coalitions can together strengthen health systems and prevent the next outbreak:

Throughout four consecutive phases in April, August, September and October 2014, China contributed a total of US\$123 million, and now plays a major role in international efforts to fight Ebola. On top of financial contributions, China also provides in-kind contributions of ambulances, motorcycles, medical equipment as well as prevention care packages and food aid. In addition, China has deployed experts and plans to train 10,000 healthcare workers and community prevention and control personnel to prevent further spreading of the disease. Over 1,000 medical and disease control experts from the Chinese Center for Disease Control and Prevention, the National Health and the Family Planning Commission (former Ministry of Health) will be sent to the affected areas, of which 500 have already been dispatched, with equipment such as mobile laboratories. China’s response to the crisis includes support to international and regional organisations, as China pledged in October 2014 to provide US\$6 million to the World Food Programme (WFP) for vital food supplies, as well as US\$2 million funding for WHO and the African Union respectively. On 2nd December 2014, China contributed an additional US\$6 million to complement UN emergency efforts through the UN Ebola Response Multi-Partner Trust Fund. In light of other major countries’ contributions, China’s contribution places itself at the forefront of the fight against Ebola.²⁴

As stated previously, the new millennium is marked by growing economic and commercial interests behind health cooperation. Ding (2022) in fact affirms that increased global interconnectedness through trade, investment and population mobility has made China an important stakeholder of global health. The growing participation of corporate actors indicates a shift from traditional aid-based cooperation to a focus on trade and business relations. Research has shown that participating in overseas health projects gives Chinese provinces and municipalities a chance to develop their soft power to complement commercial activities. (Shen

²⁴United Nations Development Programme “The Ebola Virus Outbreak and China’s Response”, December 2014 <http://www.cn.undp.org>

& Fan, 2014) Building health infrastructure donated by the Chinese government is also taken as a market-entry strategy by Chinese enterprises who can then establish themselves abroad and compete for other contracts. In the last decade, China-Africa health cooperation has become more commercially oriented with a growing focus on trade and investment. The value of China-Africa trade for medicine and medical supplies rose from 1.31 billion in 2010 to 2.93 billion in 2019, with Egypt, South Africa, Nigeria, Kenya and Algeria being China's top medical trade partners. The number of Chinese enterprises engaging in global medical trade also grew, from 5000 in 2010 to 10,000 in 2019, and 69% of them are private businesses. Joint ventures and SOEs account for 17% and 14%, respectively. Several African countries (e.g. Ethiopia, South Africa, Nigeria and Kenya) have identified pharmaceuticals as a key sector in their national development plans and have provided tax benefits to attract foreign investment. Country delegations from Ethiopia, Egypt, Uganda, Mozambique, and Côte d'Ivoire have visited China to forge cooperation in medical industrial parks. With support from the Chinese government, Chinese enterprises have established sales offices, distribution centres and production plants across Africa. Sino-african cooperation puts together different actors. Ding (2022) analyses that besides the pharmaceutical industries, health cooperation has a strong interrelationship among heterogeneous actors, who often work together to deliver health projects. For example, the Ministerial Forum on China-Africa Health Cooperation in 2018 was co-organised by NHC (National Health Commission), MFA (Ministry of Foreign Affairs) and NATCM (National Administration of Traditional Chinese Medicine). In the effort to contain an Ebola outbreak, medical teams from JLSF²⁵ worked in tandem with provincial medical teams from Guangdong and Zhejiang as well as medical experts from the Chinese CDC.²⁶ Chinese contractor State Owned Enterprises also worked with Chinese material suppliers and subcontractors to implement health infrastructure projects. But even with this cooperation, there is a lack of coordination between the many elements of health cooperation and the host nation's health institutions. For example, Chen et al. (2019) mentions the Chinese response to the Ebola outbreak as problematic and with inadequate coordination, low operational efficacy, and poor communication between the head offices in China and the implementation teams in Africa, as

²⁵ JLSF stands for Joint Logistics Support Force. It is a unit under the Central Military Commission of China's People's Liberation Army (PLA).

²⁶ CDC stands for Centers for Disease Control and Prevention. It refers to the Africa Centers for Disease Control and Prevention (Africa CDC), which is a specialised technical institution of the African Union to support public health initiatives and responses to disease outbreaks across the African continent. China has been involved in supporting the development and operations of the Africa CDC as part of its health engagement in Africa.

well as between MFA, MOFCOM (Ministry of Commerce), NHC, and PLA²⁷ (Ding, 2022). Furthermore, Chinese health initiatives are critiqued for having nothing to do with counterparts in other donor nations or with the medical establishments and social groups in the recipient nation. For example, in Madagascar, it was reported that Chinese health assistance mainly went through the Malagasy Ministry of Foreign Affairs instead of the Ministry of Health or through community organisations, which led to limited improvement of local health systems (Katedz, 2020, Ding, 2022).

Since the Hu Jintao administration (2000-2012), health has become an important element of Chinese public diplomacy. Although it previously held a relatively low position in Chinese foreign diplomacy and represented a small portion of Chinese overseas aid and investment, health has now emerged as a strategic dimension of Chinese soft power (Ding, 2022; Colarizi, 2021).

Given the increasingly significant role of China in healthcare assistance, the next section will focus on defining Chinese Development Assistance for Health in comparison to traditional Official Development Assistance.

1.2 Chinese Development Assistance for Health

Official Development Assistance (ODA) is a term used to describe the international aid provided by governments of developed countries to promote the economic development and welfare of developing countries. ODA typically includes grants, concessional loans, and technical assistance provided to support various development projects and programs in recipient countries. The concept of ODA is defined and monitored by the Organisation for Economic Co-operation and Development (OECD). According to the OECD, ODA must have the main objective of promoting the economic development and welfare of developing countries, and it should be concessional in character, meaning it must involve some genuine subsidy from the government (OECD, 2021).²⁸ Additionally, loans classified as ODA must have a grant element of at least 25% using a 10% discount rate (Brautigam, 2011).

More recently, the DAC (Development Assistance Committee) have modified the definition of this grants, “loans and other flows (the ODA flows) as those flows to countries and territories

²⁷ PLA stands for the People's Liberation Army, which is the unified military organisation of all land, sea, strategic missile, and air forces of the People's Republic of China.

²⁸ This definition has been taken from OECD definition of ODA, available at: <https://www.developmentaid.org/api/frontend/cms/file/2021/07/What-is-ODA.pdf>

on the DAC List of ODA Recipients and to multilateral development institutions that are: provided by official agencies, including state and local governments, or by their executive agencies; and each transaction of which is (a) administered with the promotion of the economic development and welfare of developing countries as its main objective; (b) is concessional in character. In DAC statistics, this implies a grant element of at least: 45% in the case of bilateral loans to the official sector of LDCs and other LICs (calculated at a rate of discount of 9%); 15% in the case of bilateral loans to the official sector of LMICs (calculated at a rate of discount of 6%); 10% in the case of loans to multilateral institutions (calculated at a rate of discount of 5% for global institutions and multilateral development banks, and 6% for other organizations, including sub-regional organization). Loans that do not adhere to the World Bank's Non-Concessional Borrowing Policy, the IMF Debt Limits Policy, or both are not considered "Official Development Assistance" (OECD, 2021).²⁹

It's important to note that ODA is distinct from Other Official Flows (OOF), which includes funds for export credits, military aid, and other transactions that are primarily export-facilitating in purpose. OOF may not meet the criteria for ODA due to their different characteristics and objectives. In the context of China's aid to Africa, understanding the distinction between ODA and other official flows is essential for assessing the nature and impact of China's development assistance in the region (Brautigam, 2011).

China's official finance in Africa consists of various instruments, including grants, zero-interest loans, concessional loans, preferential export credits, and commercial loan from Chinese banks. Development Assistance for Health (DAH) is included in the macro definition of ODA. According to traditional donors who are members of the Development Assistance Committee (DAC), official development assistance in the health sector must fulfil the general requirements for all ODA. This form of assistance consists of the transfer of financial resources or in-kind aid to low- and middle-income countries, aimed at enhancing and improving the health sector. DAH encompasses a wide range of activities, including funding for healthcare infrastructure, medical supplies, training of healthcare professionals, disease prevention and treatment programs, and other efforts aimed at improving public health in recipient countries.

Traditional contributors prefer to pursue multilateral channels supported by several UN organizations, particularly the World Health Organization (WHO). Western donors engage in Health Diplomacy through the World Health Assembly, the WHO's legislative body, by voting on resolutions that influence future health-related measures. The Global Fund, Regional

²⁹ Ibid.

Development Banks, GAVI, NGOs and the World Bank are additional multilateral sources of health support. One of the DAC members' most fundamental responsibilities is to transparently report aid granted to the central body. Even though there are other initiatives with objectives similar to those of OECD, like the International Aid Transparency Initiative, OECD is the most used by donor countries (McDade et al., 2022)

China is not part of the DAC and is not a member of the OECD, so it does not report its development finance activities to the DAC'S Creditor Reporting System, which collects international foreign aid flows (Grépin et al., 2014). In fact, China scored a 1.2/100 on the Aid Transparency Index in 2020 (McDade et al., 2022). Even though the most recent White Paper has more information than the previous ones, all three of the White Papers (White Paper 2011, 2014, 2021) lack specific data and information to adequately track aid.

Chinese Development Assistance for Health doesn't follow the traditional approach, which includes conditions of interference in local governments, but focuses on bilateral agreements that respect the independence of recipient countries and aims to create mutual economic benefits (Grépin et al., 2014).³⁰

Furthermore, China's aid is driven by demand, it responds to individual requests from governments rather than developing long-term strategies for health sector strengthening. (Dreher et al., 2016).

Chinese health aid allocation to African countries from 2006 to 2013 demonstrated a consideration for the needs of recipient countries, encompassing both economic and indirectly health-related requirements. Notably, Chinese health aid favored countries facing limitations in financing health policies through national funds. However, the allocation decisions did not exhibit a clear correlation with direct health indicators such as life expectancy, child and maternal mortality of cases of malaria and HIV in African countries. Secondly, aligning with China's non-interference principle in foreign policy, Guillon & Mathonnat (2019) findings indicate that governance in recipient countries does not significantly influence the volume of Chinese DAH they receive. Furthermore, there is no evidence that Chinese health aid preferences favored natural resource-rich countries in this period. Regarding the nexus between trade and aid, the results suggest an association between a country's openness rate to China and the volume of Chinese DAH. Health has a role in China's foreign policy, data suggest the main prerequisite for receiving DAH from China is the adherence to the one-China policy (Guillon & Mathonnat, 2019).

³⁰ White Paper China's Foreign Aid (2014)

China's health aid programs in the period from 2000 to 2013 were focused on specific areas such as general health, combating Malaria, and maternal, neonatal, and child health (MNCH) (Shajalal et al, 2017), and the distribution of aid funding was channeled towards infrastructure, equipment, and medicine, medical teams (Shajalal et al, 2017), knowledge transfer (Zhao et al, 2018), and conducting exchanges and cooperation with developing countries (McDade et al., 2022). However, the allocation decision was not limited to direct health indicators such as life expectancy, child and maternal mortality or cases of malaria and HIV. Instead, the allocation decision was based on the need of the recipient countries, which encompassed both economic and indirectly health-related requirements (Guillon & Mathonnat, 2019). A study by McDade et al. (2022) identified clear area of focus for China's health portfolio, including medical services, basic health care, malaria control, and basic health infrastructure. Chinese DAH has been increasing from 2000 to 2017, totaling around \$4 billion. This places as China the fifth largest aid donor in the health area to African countries, between 2002 and 2017, behind the United States, the United Kingdom, Canada and Germany. In this period, Sub-Saharan Africa was the region that received most China's health aid projects, with countries in this region accounting for 75% of all Chinese health aid projects (McDade et al, 2022). A study by Dolan et al. (2023) explains that DAC donors tend to maintain their priorities stable over time, while China is changing and expanding its focus areas. This shift in China's strategy can be explained by the fact that having more actors and larger amounts of money leads to greater stability. Since 2009, China has significantly increased the funds allocated to its health assistance programs, raising the amount from less than \$2 billion to approximately \$2.5 billion annually (Dolan et al., 2023).

While some believe that China provides aid to Africa primarily to gain economic advantages from natural resources (Grépin et al., 2014), other research shows that there is no direct relationship between Chinese health aid and trade or political alignment in UN votes. For example, Zhao et al. (2016), exploring potential factors influencing the allocation of China's Development Assistance for Health, find that China allocates more health aid to countries which face greater challenges in terms of health and development needs. In addition, China's DAH is associated with the recipient country's merit, particularly in terms of good governance and human rights records. Lastly, the study did not find direct evidence supporting the idea that China's DAH is directly linked to the level of bilateral trade with the recipient country. Influence is absent even in the allocation of aid related to voting patterns in the UN: no evidence

suggests that China's DAH is directly associated with the recipient country's affinity in the UN voting.

A small portion of China's global development financing is allocated to health projects. Between 2000 and 2017, China invested a significant amount in global and African health projects, but on average, African health projects received smaller funds. Before the Belt and Road Initiative (BRI) began in 2013, health investments represented a small percentage of China's total development financing. However, with the launch of the BRI, the number of health projects increased, and the funds allocated to these projects doubled, although the proportion of health financing relative to the total slightly decreased (Dolan et al., 2023).

Most studies on Chinese health assistance focus on the pre-Ebola period or immediately after, while data from the COVID-19 pandemic period are less clear. However, in China's 2021 White Paper on foreign aid, global health and COVID-19 have become a priority.

The White Paper highlights China's intention to prioritize public health systems in Africa and to uphold its commitment to the Sustainable Development Goals, the Belt and Road Initiative, and the Forum on China-Africa Cooperation (Dolan et al., 2023). For these reasons, this work will provide an overview of these topics to further the discussion on Sino-African health cooperation.

1.3 Important protagonist of Sino-African health cooperation: Forum on China Africa Cooperation and Belt and Road Initiative

In May 2000, the Economist labelled Africa as ‘the hopeless continent’³¹, reflecting a widespread sentiment in Europe and the US. Despite this pessimist view, China introduced a significant initiative in the context of China-Africa relation, the Forum on China-Africa Cooperation (FOCAC), in 2000. While the West ignored Africa’s demands for investment and funding for infrastructure development and sustainable social programmes, China recognised the opportunity to become a strategic partner. This initiative underlined a significant shift in perspective: in 2000, when Africa was labelled as hopeless, China hosted the first FOCAC, indicating its willingness to collaborate with Africa to address socio-economic challenges. This marked a crucial change in the perception and dynamic of relations between the two actors (Frimpong, 2023). Over the last two decades, China and other new donors have appeared alongside traditional DAC donors (Guillon & Mathonnat, 2019). China has significantly increased its health-related ODA to Africa since the early 2000s. Specifically, the Chinese aid policy towards African countries changed after the third Forum on China-Africa Cooperation (FOCAC) in 2006. Several specific announcements were made during this forum, such as the commitment to double China’s assistance to Africa by 2009. China also promised during the third FOCAC to enhance its health cooperation with Africa by constructing hospitals and malaria prevention centers on the continent (Guillon & Mathonnat, 2019). In 2006, the "China’s African Policy" document was also published to shape China’s aid and investment policies in Africa. The document addresses the need to increase medical and public health exchanges and cooperation with African countries, highlighting the achievements “in the prevention and treatment of infectious diseases including HIV/AIDS and malaria and other diseases” but also in “research and application of traditional medicine and experience concerning mechanism for public health emergencies” (Lin et al., 2016; Guillon & Mathonnat, 2019). Recent FOCAC meetings have also encouraged Chinese enterprises to jointly operate hospitals and establish pharmaceutical factories in Africa (FOCAC 2015, 2018,2021).³²

³¹ *Hopeless Africa* in “The Economist”, 2000, <https://www.economist.com/leaders/2000/05/11/hopeless-africa>, Accessed January 6, 2024.

³²See FOCAC. 2015. “Forum on China–Africa Cooperation Johannesburg Action Plan (2016-2018).” FOCAC. 2018. “Forum on China–Africa Cooperation Beijing Action Plan (2019-2021).” FOCAC. 2021. “Forum on China–Africa Cooperation Dakar Action Plan (2022-2024).” all available at www.focac.org.cn

2000 marks the year in which China and Africa formally institutionalised their relationship through FOCAC (Du Plessis, 2014).³³ The Forum on China-Africa Cooperation serves as an efficient platform for collaborative discussions and multilateral cooperation between China and Africa. It has established a significant framework and forum for China-Africa partnership that emphasizes long-term stability, equality, and mutual benefit.³⁴ ³⁵ China establishes FOCAC to gain international support through different ways that touch social, economic and political fields.

According to Muekalia (2004), China has geopolitical benefits from this cooperation. Among them, the most prominent is the affirmation of the One China Policy, then there is the greater support for its own world vision of multi-polarity, and finally the ability to compete with the United States's correspondingly growing involvement for markets, alternative energy sources and strategic space. Leading a coalition with African countries for China means upgrading its position on the UN Security Council, putting the steps to improve its bargaining power in other international institutions (Muekalia, 2004). Furthermore, Dawn's research and project interviews state that China had its own reasons for wanting to establish a cooperation forum with African states and that is a mechanism to promote South-South cooperation in opposition to the developed world and to build influence in African States (Dawn, 2022). For example, China wanted to counterbalance Japan's influence in Africa resulting from the Tokyo International Conference for African Development established in 1993. During the same period, the European Union (EU) was establishing a formal cooperation framework with Africa, marked by the first EU-Africa summit in 2000. China thus aimed to counteract the growing influence of the EU. In addition to this, China sought to stand in opposition to the newly formed Turkey-Africa and India-Africa cooperation organisations.

³³ The Ministerial meetings for the FOCAC are held every three years: 2000, 2003, 2006, 2009, 2012, 2015, 2018 and 2021. The 2006, 2015, and 2018 meetings were Summits that included most of the top leaders from African countries and China's President Xi. The rest of the FOCAC meetings were Ministerial conferences. The current members are the PRC, fifty-three African nations that recognize the PRC, and the Commission of the African Union (AU). With the expanding and the deepening China-Africa cooperation, various sub-forums have been established within the framework of FOCAC. They include the China-Africa People's Forum, China-Africa Young Leaders Forum, Ministerial Forum on China-Africa Health Cooperation, Forum on China-Africa Media Cooperation, China-Africa Poverty Reduction and Development Conference, FOCAC-Legal Forum, Forum on China-Africa Local Government Cooperation, and China-Africa Think Tanks Forum

³⁴ Ministry of Foreign Affairs of the People's Republic of China, China's African Policy (Jan. 12, 2006)

³⁵ FOCAC. "Focac Mechanisms." "Its objectives are equal consultation, enhancing understanding, expanding consensus, strengthening friendship, and promoting cooperation. Even the colours in the FOCAC logo, green and red, aim to highlight the values of solidarity, cooperation, peace, development, vitality, and prosperity" the text is taken from http://www.focac.org.cn/eng/ltjj_3/ltjz/

As many of the forums that China built in the last decades with the “developing South”³⁶, FOCAC core political norms reflect the Five Principles of Peaceful Coexistence³⁷ : mutual respect for territory and sovereignty, mutual nonaggression, mutual non-interference in internal affairs, equality and mutual benefit, peaceful coexistence. As opposed to the international liberal political order that focuses on promoting democracy, protecting human rights, and encouraging good governance in interacting with these countries, China explicitly vows to respect the sovereignty of and not interfere in the internal affairs of countries in these regions. Du Plessis (2014) writes that in the 2012 FOCAC Declaration, China sets important points for the two partners' cooperation and collaboration. First, it focuses on political affairs and governance in Africa, addressing crucial issues such as sovereignty, independence, security, unity, territorial integrity and national development. The aim is to enhance trust and strategic consensus between China and Africa. Furthermore, there is a commitment to promote peace and security, both at the African and international level, through multilateral cooperation in organisations such as the United Nations Security Council (UNSC) and other institutions. China also aims to intensify cooperation with regional organisations such as the African Union, the New Economic Partnership for Africa’s Development (NEPAD) and others to ensure sustainable development. Cooperation extends to key areas such as trade, investment, poverty reduction, infrastructure, capacity building, human resources development, agriculture, high-tech industries and more, with the aim of mutually enhancing comparative advantages. It also promotes the strengthening of ties in non-traditional areas of cooperation, such as cultural exchange, education, sports, tourism, and other fields. It seeks to build closer relations between young people, women, non-governmental organisations, media, and academic institutions, as well as considering environmental aspects. Finally, cooperation extends to international affairs, aiming to safeguard ‘legitimate mutual concerns and aspirations’ and promote the democratisation of international institutions (Du Plessis, 2014). In FOCAC, China is engaged in several activities stressing African medical care and disease control (especially for HIV/AIDS, malaria, and other infectious diseases). According to the Report³⁸ of the Second Ministerial Conference of the China-Africa Cooperation Forum, China had “signed or renewed

³⁶ Dawn (2022) takes CASCFC (China-Arab States Cooperation Forum) as an example of a Chinese-led forum with a similar political cooperation basis.

³⁷ The Five Principles of peaceful Coexistence were introduced by Zhou En Lai during Bandung Conference in early 1950s. See Wen JiaBao speech "Carrying Forward the Five Principles of Peaceful Coexistence in the Promotion of Peace and Development", June 2004. Available at <http://tr.china-embassy.gov.cn/>

³⁸ “Report by H.E. Mr. Li Zhaoxing Minister of Foreign Affairs of the People’s Republic of China to the Second Ministerial Conference of the China-Africa Cooperation Forum.” 2004. www.focac.org.cn. September 16, 2004. http://www.focac.org.cn/eng/zywx_1/zyjh/200409/t20040916_8079768.htm.

protocols with 40 African countries on dispatching Chinese medical teams, pledging continued provision free of charge of pharmaceuticals, medical equipment and other hospital materials, and cooperation with Africa in the prevention and treatment of HIV/AIDS, malaria and tuberculosis”. At the 2006 FOCAC Summit³⁹, Beijing first announced the building of 30 hospitals and 30 demonstration centres for malaria prevention and treatment, providing RMB 300 million of antimalarial drugs. Secondly, to send other medical teams, medicine and medical supplies to improve medical facilities and train medical workers. According to Chinese assessments⁴⁰, by the end of 2008, China built 19 of 30 hospitals and has set up one malaria prevention and treatment centre in each of the four countries (Liberia, Chad, Burundi and Uganda) and began preparations for establishing such centres in 17 other African countries. China provided anti-malaria drugs to 33 African countries with serious malaria epidemic and sent over 1,000 Chinese medical personnel and generous assistance in medicine and medical equipment. At the 2009 FOCAC Ministerial Conference⁴¹, China committed to provide RMB 500 million of medical equipment and malaria-fighting material to the thirty hospitals and thirty malaria treatment centres that China has already built; train three thousand African doctors, nurses, and administrative personnel; and continue to send Chinese medical teams to Africa. During the Fifth Ministerial Conference for 2013-2015 action plan⁴² committed to send fifteen hundred Chinese medical workers to Africa over three years. In 2015, with the issuing of the Johannesburg Action Plan, a significant increase in China's contribution to the healthcare sector emerged. In this context, two notable projects are of extreme relevance: the creation of the African Union Disease Control Centre and the integration of the China-Africa Ministerial Forum on Health Cooperation as a sub-forum within the FOCAC framework.⁴³ Even in the last two conferences, Beijing Action Plan (2019-2021) and Dakar Action Plan (2022-2024), China keeps pointing out the objectives and actions in terms of medical care and public health, aiming to give the best support in expertise technology to fight health diseases and risks. Specifically, Beijing Action Plan⁴⁴ provides details on various public health cooperation initiatives and programs between China and Africa. In brief recapitulation of the main points, China plans to scale up 50 medical and health assistance programs for Africa, including major projects such as the headquarters of the African Centre for Disease Control and Prevention and the China-

³⁹ FOCAC. 2006. “Forum on China-Africa Cooperation Beijing Action Plan (2007-2009)

⁴⁰ FOCAC. 2009. “Forum on China-Africa Cooperation Sharm el-Sheikh Action Plan (2010-2012).”

⁴¹ FOCAC. 2009. “Forum on China-Africa Cooperation Sharm el-Sheikh Action Plan (2010-2012).”

⁴² FOCAC. 2012. “Forum on China-Africa Cooperation Beijing Action Plan (2013-2015).”

⁴³ FOCAC. 2015. “Forum on China–Africa Cooperation Johannesburg Action Plan (2016-2018).”

⁴⁴ FOCAC. 2018. “Forum on China–Africa Cooperation Beijing Action Plan (2019-2021).”

Africa Friendship Hospitals. Collaboration is also envisaged on programs for the prevention and control of emerging and re-emerging communicable diseases, schistosomiasis, and HIV/AIDS. Anti-malaria projects will be intensified in collaboration with African countries, with the aim of eliminating AIDS, tuberculosis, and malaria in Africa by 2030. China supports cooperation in the regulation of drugs and medical equipment. High-level exchanges in the health sector will be enhanced through regular dialogues and maintaining the Ministerial Forum on China-Africa Cooperation as a sub-forum under FOCAC. It is also mentioned the cooperation between traditional Chinese medicine and African herbal medicine, with the establishment of centres for traditional Chinese medicine and African herbs in Africa. Cooperation on quarantine will be intensified through bilateral channels or through the African Centre for Disease Control and Prevention, establishing cooperation mechanisms and communicating information on disease prevention and control in a timely manner. China will assist Africa in strengthening health systems towards achieving universal health coverage, including strengthening primary healthcare, addressing health infrastructure and human resource gaps, and building essential drug manufacturing capacities. Further important project is the building of infrastructure for the African Centre for Disease Control and Prevention, a continent-wide public health agency, that will be constructed in Addis Ababa. In Dakar Action Plan⁴⁵ focus moves towards COVID-19. China expresses appreciation for Africa's support in dealing with the COVID-19 pandemic. Africa, in turn, acknowledges China for providing COVID-19 supplies and vaccines, as well as for starting the construction of the Africa CDC headquarters and sending teams of medical experts. It announced its intention to intensify medical assistance in Africa, pledging to support the prevention and control of COVID-19. This commitment includes promoting the establishment of national public health institutes, information sharing and technical cooperation. In particular, China has pledged to provide one billion doses of vaccine to Africa, of which 600 million will be donated and 400 million will be jointly produced with African countries. This underlines the importance of cooperation in local drug production, the development of the pharmaceutical industry and the improvement of regulatory systems for medical products. Future projects include the construction of Africa CDC headquarters, 10 medical assistance projects for African countries, and the promotion of China-Africa Friendship Hospitals. China will also support the fight against AIDS, tuberculosis and malaria in Africa, focusing on improving maternal and child health. Collaboration will extend to sharing best practices and technologies through the Silk Road Demonstration and

⁴⁵ FOCAC. 2021. "Forum on China–Africa Cooperation Dakar Action Plan (2022-2024)."

Training Platform on Health Cooperation. In addition, China will foster cooperation in drug supervision, public health testing capacity building in Africa, and collaboration between Chinese and African companies, with a special focus on COVID-19 testing and the establishment of testing centres. Finally, China will send 1500 health workers and public health experts to Africa, provide mobile medical services, and establish a training platform for China-Africa cooperation in the health sector.

In summary, China-Africa collaboration through the FOCAC is a strategic alliance tackling global issues that is characterised by equality, long-term stability, and mutual gain. It represents an alternative to the world system ruled by liberals and looks for support from throughout the globe. China's commitment to the health industry is highlighted by its efforts to send specialists, establish facilities, and promote pharmaceutical collaboration, particularly during COVID-19. Despite its flaws⁴⁶, FOCAC is an essential platform for Chinese agencies to get input from the African Union and its member states. Increasing African negotiating influence is essential to capitalise on the favourable position enjoyed by the FOCAC since 2000. To avoid potential discrepancies in Chinese contacts across different regions of the continent, Africans must forge a united position in negotiations with China and other partners (Benabdallah, 2021).

1.3.1 The Belt and Road Initiative: an overview

The Belt and Road Initiative (BRI) is an ambitious international economic initiative, initially announced as the “Silk Road Economic Belt” by Chinese President Xi Jinping during an official visit to Kazakhstan in September 2013. The project was later renamed “Belt and Road Initiative” (BRI). Its historical relevance is strongly rooted in the thousand years history of commercial, cultural and diplomatic exchanges between the Chinese Empire, the West and Africa through the ancient Silk Roads.

⁴⁶ Benabdallah (2021) describes FOCAC as ‘far from being perfect’ and emphasises that Chinese engagements and investments are not equally distributed across the continent. Because FOCAC is a multilateral forum, most of the items on the agenda do not specify the allocations per country, which are not equal shares. Despite the images of unity and representations of African government leaders attending FOCAC, not all African countries have access to major loans, investments, and projects from China. The text is available at <https://www.ispionline.it/en/publication/line-focac-2021-africa-china-and-others-31249>.

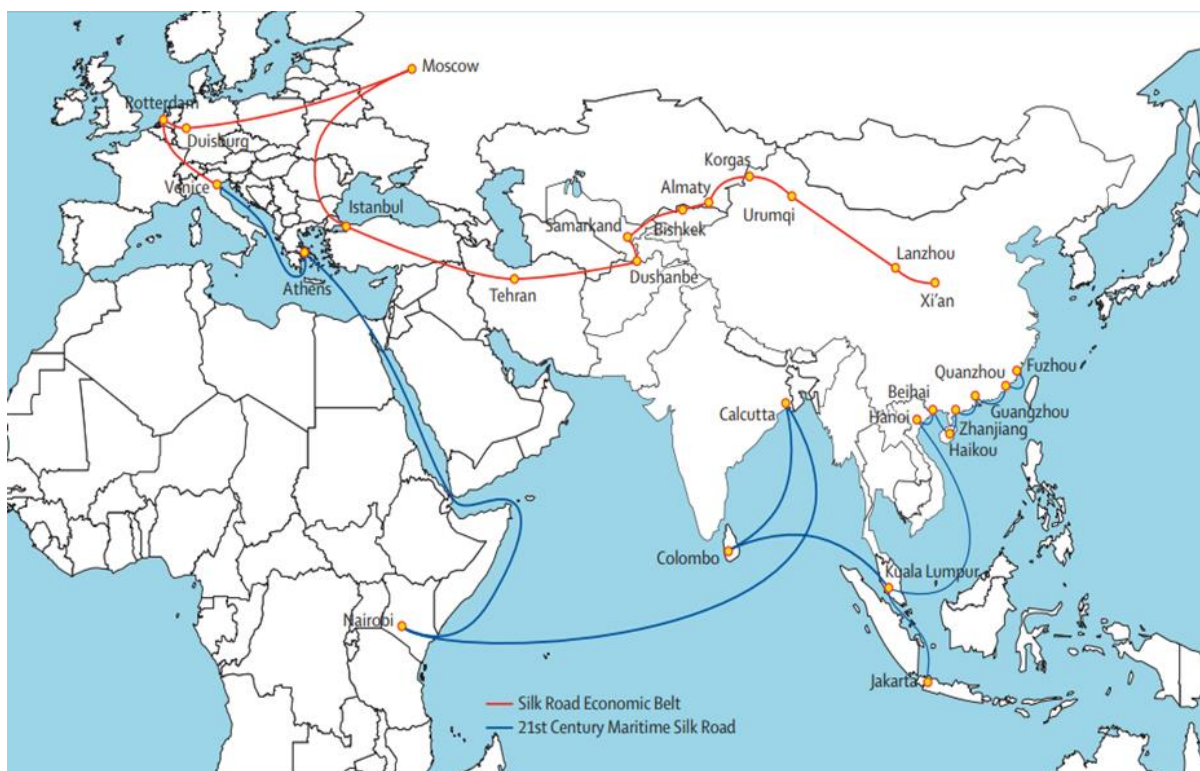


Figure 3. Map of China’s Silk Road Economic Belt and 21st Century Maritime Silk Road (Source: Tang et al., 2017)

The BRI consists of two main elements: the “Silk Road Economic Belt”, a land corridor spanning Eurasia, and the “21st Century Maritime Silk Road”⁴⁷, which follows the historical routes of Zheng He’s fleet (Colarizi, 2022). These elements intertwine to connect different regions into a vast infrastructure network with the main objective of significantly reducing the infrastructure gap in developing countries, but also promoting Chinese influence regionally and globally. Improving economic growth and achieving the Sustainable Development Goals are two other key principles throughout the BRI project. When Xi Jinping made his initial announcement in Astana, Kazakhstan, he also underlined the potential of cooperation and peace between countries of different ethnicities, cultures and beliefs through mutual trust and collaboration.⁴⁸ The BRI initiative has thus been labelled as the most ambitious effort by China’s new leadership since its election into office at the 18th Congress of China’s Communist Party in 2012.

⁴⁷ Figure 3 evidences the main cities connected to the two main routes of BRI: “Silk Road Economic Belt” in Red, and “Maritime Silk Road” in Blue.

⁴⁸ “President Xi Jinping Delivers Important Speech and Proposes to Build a Silk Road Economic Belt with Central Asian Countries.” 2013. Belt and Road Portal. September 2013. <https://eng.yidaiyilu.gov.cn/p/1849.html>.

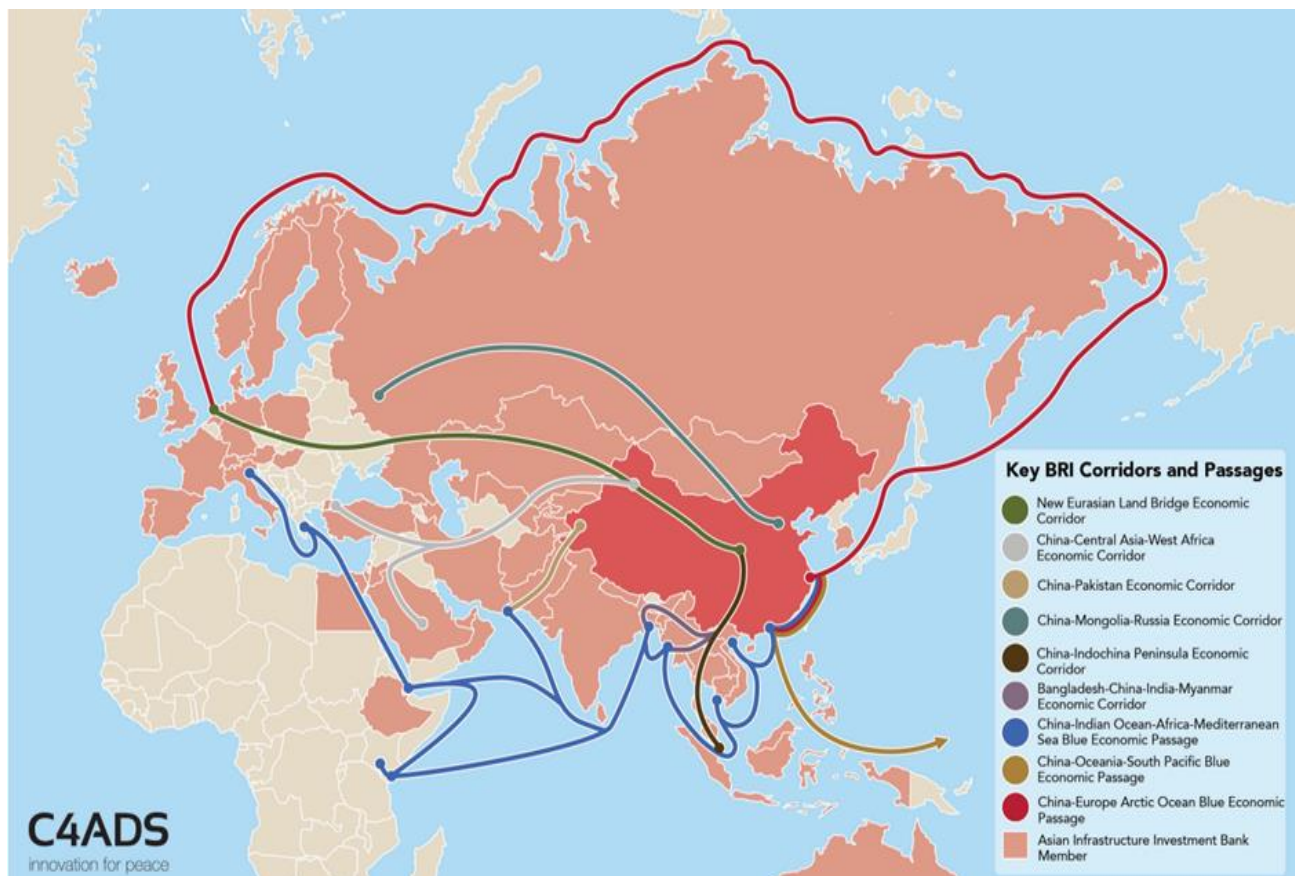


Figure 4. Key BRI Corridors and Passages (Source: Thorne & Spevack, 2017)

The project's distinctiveness stems from its extensive scope and size. At its core is a network of six economic corridors connecting China with each of its adjacent subregions (Wuthnow, 2017), integrated within a larger geoeconomic and diplomatic strategy. Figure 4, shows the key corridor and passages: New Eurasian Land Bridge Economic Corridor, China-Central Asia-West Africa Economic Corridor, China-Pakistan Economic Corridor, China-Mongolia-Russia Economic Corridor, China-Indochina Peninsula Economic Corridor, Bangladesh-China-India-Myanmar Economic Corridor, China-Indian Ocean-Africa-Mediterranean Sea Blue Economic Passage, China-Oceania-South Pacific Blue Economic Passage China-Europe Arctic Ocean Blue Economic Passage, Asian Infrastructure investment Bank Member.

By 2015, the Belt and Road Initiative had grown rapidly with outward investment expected to come from a different funds such as the Asian infrastructure Development Bank, the New Development Bank and the Silk Road Funds as well as state-owned enterprise SOEs and private

companies. The initiative is defined as a call by China to the international community to work together toward a “harmonious and inclusive” world (Abegunrin and Manyeuke, 2020).

Figure 5 indicates how the Belt and Road Initiative builds a global infrastructure network through which China uses, acquires, and builds railroads, ports, and pipelines (Eder, 2018). The participation in the BRI can in fact be considered a global phenomenon. In fact, many other countries outside the 60 along the initial path are involved or are considering their involvement in BRI-related projects. More than 140 countries across the globe are involved in the BRI, 40 countries in Sub-Saharan Africa; 34 countries in Europe and Central Asia, of which 18 are European Union countries; 24 countries in East Asia and the Pacific, 17 countries in the Middle East and North Africa, 19 countries in Latin America and the Caribbean, and six countries in Southeast Asia.

According to the Chinese government, the initiative has initiated over 3,000 projects and mobilized close to USD 1 trillion in investment.⁵⁰ The World Bank has also acknowledged that the BRI generates sustainable economic opportunities for developing nations.⁵¹

In summary, BRI represents a large-scale economic initiative with deep historical roots, engaging a broad variety of countries in infrastructure development projects with a focus on sustainability and the goal of promoting Chinese influence in an international context. However, answering the question of what exactly the Belt and Road Initiative is not an easy task. A decade after the official launch and considering the profound effects the pandemic has had on the global economic and social order, the “一带一路·*Yidaiyilu*” is undergoing substantial transformations and will continue to evolve. Studies on the Belt and Road are extremely broad and span multiple disciplines, including environmental, economic, and social impacts, as well as the evolution of the sectors in which investments are made. At the beginning, the Belt and Road Initiative focused primarily on infrastructure, with most investment targeting energy, particularly power plants. However, over time, the project has considerably diversified. The geographic scope of BRI has expanded significantly and now spans virtually every continent, except for North America (Schulhof et al., 2022).

The initiative has expanded its scope to include sectors such as digital technology and healthcare, reflecting the adaptability and flexibility of the project over the years. Nowadays, reflecting its expansion into fields related to digital technology and healthcare, it has been

To download the map: <https://merics.org/en/tracker/mapping-belt-and-road-initiative-where-we-stand>

⁵⁰ "China's Xi Promises More Market Openness and New Investments for Belt and Road Projects." (2023, October 18). *The Economic Times*. Retrieved from <https://economictimes.indiatimes.com/news/international/world-news/chinas-xi-promises-more-market-openness-and-new-investments-for-belt-and-road-projects/articleshow/104518674.cms> .

⁵¹ See <https://www.worldbank.org/en/topic/regional-integration/brief/belt-and-road-initiative>

rebranded as the “Digital Silk Road” or the “Health Silk Road”, which will be analysed in Chapter 2.

Belt and Road Initiative in Africa

It is then clear that the Belt and Road Initiative (BRI) is of undeniable importance to China's global presence, representing one of the central elements of its international and geopolitical strategy. Despite official statements underlining its economic nature, the BRI cannot escape critical analysis as a geopolitical strategy. It is officially designated as an *initiative* (倡议 *changyi* in Chinese) rather than a *strategy*.⁵² Nevertheless, as Xie Tiao underlines in his article in *The Diplomat* “Is China’s Belt and Road a strategy?” economic interests, often expressed in terms of mutual benefit, are closely intertwined with geopolitical considerations. As Chinese investments and foreign trade, both by state and private entities, increase, so do geopolitical interests in these nations.

Through the BRI, Africa remains one of the global growth key points which China has prioritised interactions with. More so, in contrast to FOCAC, the Belt and Road Initiative is not limited to the bilateral relations between China and Africa countries but aims to connect Asia, Europe and Africa collectively, with some African countries essentially benefitting a great deal from this (Abegynrin & Manyeruke, 2020). Belt and Road is not flawless and cannot avoid challenges. Yet it presents distinctive opportunities for regions of the “Global South” to contribute to the shaping of the new world order. Africa stands out as a prime example worthy of in-depth analysis.

Since the 18th National Congress of the Communist Party of China, President Xi Jinping has put forward important concepts such as the 'community of shared future for mankind,' 'sincerity and affinity,' the correct view of righteousness and benefit, and the common values of all humanity, as well as significant initiatives like the construction of the 'Belt and Road,' the Global Development Initiative, and the Global Security Initiative, providing strategic guidance and fundamental principles for China-Africa relations in the new era. Africa, as a historical and natural extension of the 'Belt and Road', has become one of the most active directions in participating in 'Belt and Road' cooperation (Abegunrin, Manyeruke, 2020). Since its implementation, the BRI has seen active participation from more than 140 countries and

⁵² Xie, T. (2015, December 16). Is China’s ‘Belt and Road’ a Strategy? *The Diplomat*. Retrieved from <https://thediplomat.com/2015/12/is-chinas-belt-and-road-a-strategy/>

international organisations, resulting in a vast infrastructure network that facilitates the more efficient flow of goods and services across borders. In Africa, the BRI has played a crucial role in building transportation infrastructure, opening trade opportunities and promoting development in remote areas. In fact, in the new century, mainly following the BRI, economic and trade cooperation has increased significantly. With a growing and unprecedented circulation of capital, population and production factors between China and Africa, China has become one of Africa's major investors and largest trading partners since 2009. The total trade volume between China and Africa increased from 5.67 billion US dollars in 1997 to 187.94 billion US dollars in 2020. The economic cooperation between China and Africa, including contractual projects and labour cooperation, rose from US\$2.02 billion in 1998 to US\$38.33 billion in 2020. Africa is now the second largest market for China's overseas projects. In 2020, China's direct investment in Africa reached US\$4.23 billion, with total investments amounting to US\$43.4 billion. Beijing's choice of addressing a significant portion of investments to Africa was partly driven by Africa's wealth of natural resources and the continent's expanding domestic market, which proved strategically aligned with Beijing's goals with the BRI. Other reasons for such investment are that China sought to export its industrial overcapacity at a time when its national economy was slowing down, to promote the use of the Chinese currency globally, to open new trade and energy routes and to consolidate diplomatic relations with a growing number of international partners, regardless of their size, wealth or political system. Despite the changes from the beginning of BRI in 2013 to today, such as the evolution of the international context and changes in China's economic priorities, Africa continues to occupy an important position on the agenda of the Chinese leadership. Unsurprisingly, Chinese media consistently portray the BRI and Africa's involvement in positive terms, emphasising inclusiveness and presenting challenges as essential steps towards fruitful outcomes. Underlining its importance in shaping international relations, the BRI is a focal point of debate in major events such as the Forum on China-Africa Cooperation (FOCAC), which commonly serve as contexts for discussion on the topic. During the Third FOCAC Summit in Beijing, leaders explored the future vision of the BRI and its role in cooperation projects. To give an example, during a seminar, Chinese Ambassador to Ethiopia Tan Jian reiterates the BRI as a platform for global cooperation and common development. The BRI's emphasis on connectivity in areas such as politics, infrastructure, trade, finance and people align with the UN's Sustainable Development Goals and the African Union's Agenda 2063, a blueprint for African development and prosperity. Ethiopian Minister of State for Foreign Affairs Afework Kassu recognizes the BRI

as beneficial to African countries, especially for infrastructure development and economic growth. An article published on China Daily in January 2023 provides several significant BRI projects in Africa, such as the Blue Line of the Lagos Rail Mass Transit Project and the Lekki Deep Sea Port in Nigeria, the Nairobi Toll Expressway in Kenya, the Pharmaceutical Warehouse at Sally Mugabe Central Hospital in Zimbabwe and the increase of exports of african agricultural products to China, especially avocados from Kenya and Tanzania.⁵³ Kenya holds strategic importance for the Belt and Road Initiative (BRI) due to its location along the East African coast of the Indian Ocean, making it a key logistical hub for China and its partners (Abegunrin & Manyeruke, 2020). The turbulent relations between North and South Sudan, a major oil exporter to China, have necessitated China to seek alternative routes for oil imports. Kenya provides a viable route for importing oil from South Sudan without the complications from the North, benefiting both China and South Sudan (Mwatela & Zhao, 2016). Additionally, the discovery of oil fields in landlocked Uganda means Kenya serves as a crucial export route for Uganda's oil to China. By securing the route through Kenya, China is positioning itself for potential future expansion of the Belt and Road Initiative into the heartland of Africa (Mwatela & Zhao, 2016; Abegunrin & Manyeruke, 2020).

Taking the words of Breuer (2017) in “Two Belts, One Road? The role of Africa in China’s BRI”, China’s engagement in Africa seems more relevant than ever. Breuer mentions many projects that see China’s infrastructure investments in Africa as the protagonist. Inevitably many are in East Africa; Egypt, Djibouti, Sudan, Ethiopia, which have geographical strategic importance for the Maritime Silk Road (Breuer, 2017). Also, in 2021 China and the African Union Commission signed a memorandum of understanding for further cooperation under the Belt and Road Initiative.⁵⁴ Furthermore, during FOCAC 2018, the BRI and its development goals were presented as in line with FOCAC and African Union Agenda 2063 objective (Benabdallah, 2021).

⁵³ Mutethya, E. (2023, January 17). Belt and Road bearing fruit across Africa. *China Daily*. Retrieved from <https://www.chinadaily.com.cn/a/202301/17/WS63c5fbf3a31057c47ebaa050.html> .

⁵⁴ “China, African Union Commission Sign Memorandum of Cooperation.” 2021. National Development and Reform Commission - People’s Republic of China. *China Daily*. December 15, 2021. https://en.ndrc.gov.cn/news/mediarresources/202112/t20211215_1307977.html.

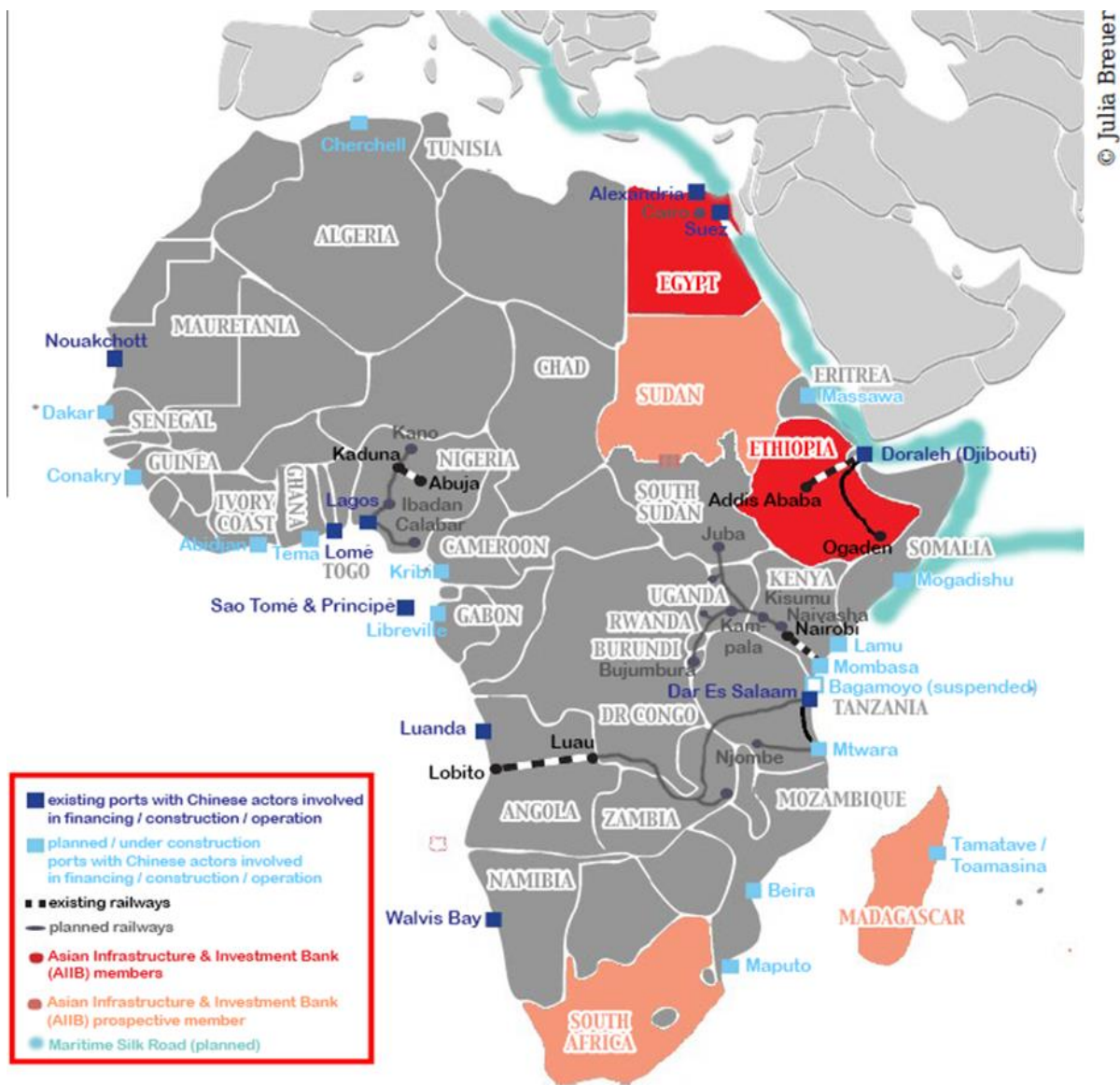


Figure 6. Julia Bauer's Map (Source: Breuer, 2017)

The BRI has been often denoted as a Eurasian infrastructure network initiative, but in fact transcends beyond that. It is also, to a substantial extent, about Africa. There is even a second belt on the African continent (Abegunrin and Manyeuke, 2020). This is well shown in Breuer's map, where there are indicated: all existing ports with Chinese actors involved in financing/construction/operation; all planned or under construction ports with Chinese actors involved in financing/construction/operation; the existing and planned railway; the members of Asian Infrastructure and Investment Bank (AIIB); the prospective member of Asian Infrastructure and Investment Bank (AIIB) and the planned Maritime Silk Road.

The Maritime Silk Road is intended to pass through the coast of East Africa, where construction of a few ports has already begun with the planned construction of more ports and infrastructure soon to follow (Breuer, 2017). Planned and under construction ports are not only on the Maritime Silk Road's direct way along Africa's east coast through the Suez Canal, but also on Central and West African coasts. Many of these ports will be linked to African's heartland by roads and railroads, of which some will run from the east coast to the west coast. (Breuer, 2017; Abegunrin and Manyeuke, 2020) The map above clearly defines that East Africa, which is already part of the Maritime Silk Road, is not the last stop in BRI's plans. Ports are planned and under construction in Central and West Africa, to connect Africa's hinterland by road and railways, all the way from the east coast to the west coast. A document published by the Africa Center for Strategic Studies in March 2019 (Nantulya, 2015) clearly highlights the crucial importance of the Belt and Road Initiative in the dynamics between China and Africa. According to President Xi, Africa stands to benefit from OBOR because "inadequate infrastructure is the biggest bottleneck to Africa's development⁵⁵". This perspective is shared by many African leaders. Indeed, a study (Mukwaya, 2018) funded by the United Nations Economic Commission for Africa found that East Africa's exports could increase by as much as \$192 million annually if new OBOR projects are used profitably.

Simultaneously, The BRI is also conceived as a strategic initiative to reduce China's vulnerability to maritime chokepoints that could be contested by rivals during crises or conflicts. Due to China's territorial disputes with various countries such as Vietnam, Japan, Taiwan, South Korea, and others, there is a risk of naval blockades that could disrupt Chinese maritime shipping. To avoid navigating through narrow and critical chokepoints the BRI aims to redirect maritime traffic towards Chinese-built ports in countries such as Djibouti, Myanmar, Colombo, Sudan, Gwadar, Hambantota, (Nantulya, 2015)

East Africa has developed into a central node in the Maritime Silk Road, connected by planned and finished ports, pipelines, railways, and power plants, constructed and funded by Chinese firms and lenders. A standard gauge railway connecting Mombasa to Nairobi is a flagship BRI project in East Africa. Another one is the electric railway from Addis Ababa to Djibouti, where China established its first overseas naval base and has stakes in a strategic deep-water port. From Djibouti, the Maritime Silk Road connects planned and completed Chinese port clusters in Sudan, Mauritania, Senegal, Ghana, Nigeria, Gambia, Guinea, São Tomé and Príncipe,

⁵⁵ "China Is Not Funding 'Vanity Projects' in Africa, Chinese President Xi Jinping Says." (2018, September 3). *CNBC*. Retrieved from <https://www.cnbc.com/2018/09/03/chinas-president-xi-jinping-on-belt-and-road-initiative-in-africa.html>.

Cameroon, Angola, and Namibia. Another route links Djibouti to Gwadar, Hambantota, Colombo, Myanmar, and Hong Kong. The final arc of this corridor connects Walvis Bay to Chinese port clusters in Mozambique, Tanzania, and Kenya before also connecting to Gwadar (Nantulya, 2015).

According to Abegunrin and Manyeruke (2020) the African Belt and Road Initiative countries will realise benefits from the new connections among the regions that are part of BRI, for instance an increase in cooperation with nations that lie along the Maritime Silk Road in South Asia and Southeast Asia. However, Africa, at this stage, is still a part player at the periphery of the initiative, as it links only a few countries in East Africa. The authors in fact explain that the more the BRI develops, the more become pivotal that the African continent is incorporated into it, to further solidify the historical friendship between China and Africa.

To conclude, FOCAC serves as a major multilateral platform for announcing cooperation plans and pledges, while the BRI provides a platform for expanding China's economic and commercial interests in the health sector. Meanwhile, various official agencies, such as the Export-Import Bank (EXIM) and the China Development Bank, provide financial support for bilateral health projects, and the Ministry of Foreign Affairs delivers assistance projects through embassies. Additionally, enterprise actors, such as Chinese provinces and municipalities, have a chance to develop their soft power through participating in overseas health projects. This interplay between FOCAC, BRI, and a myriad of actors, including financial institutions, central ministries, and enterprise actors, demonstrates the multifaceted nature of China's engagement in global health cooperation, reflecting a comprehensive approach that integrates diplomatic, economic, and health-related imperatives.

Chapter Two: COVID-19 and its implication in China-Africa health cooperation

2.1 Health Silk Road: Belt and Road Initiative adapts to health diplomacy.

Over the last 30 years, the commercial aspect has become increasingly important in health cooperation. According to Tillman et al. (2021), even though Chinese outbound investments have declined after 2016, health related investment had a significant increase, especially during 2019 and 2020. Even Dolan et al. (2023) confirmed that during the first five years of the Belt and Road Initiative era average health project numbers and dollar values of commitment doubled despite the decline of China’s overseas development assistance. According to the scholars, this indicates a potential rise in the absolute value of health aid projects despite a lower proportion relative to the total overseas development financing portfolio (Dolan et al., 2023).

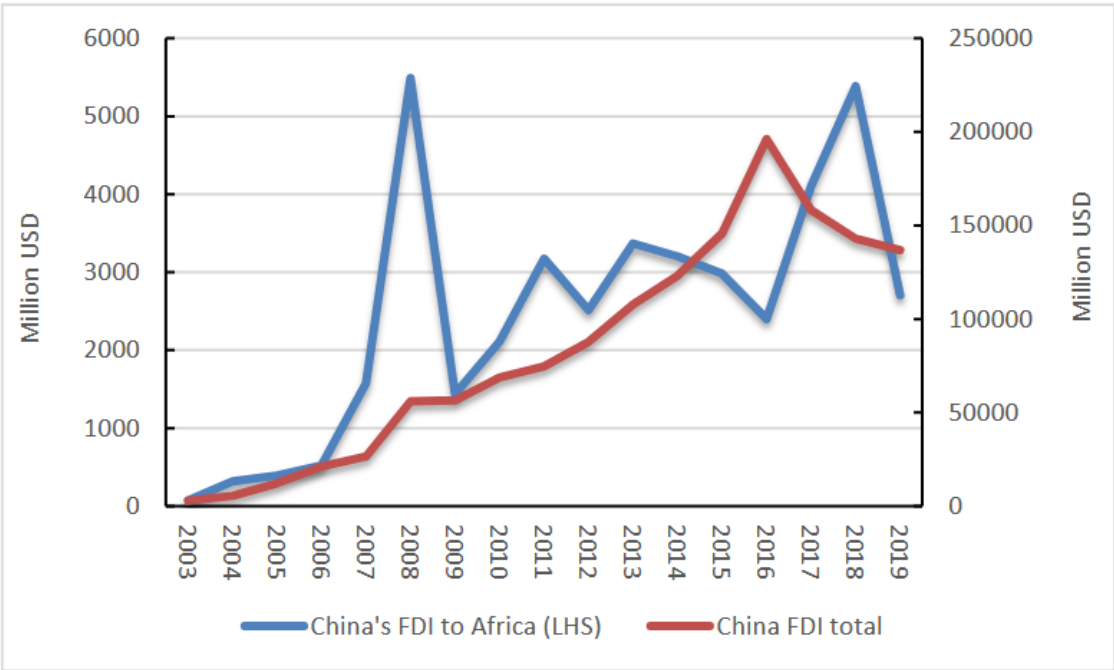


Figure 7. China's Global Outbound FDI versus FDI to Africa⁵⁶

A study conducted by Habibi and Zhu (2021) provides evidence of how China’s economic relation with Africa have experienced a substantial upgrading. Basing on the data from National

⁵⁶ Source: CEIC database, cited by Habibi and Zhu (2021)

Statistical Bureau of China, the authors highlight that Chinese general FDI in 2017 declined 19.3%, a trend that is confirmed also in 2018 and 2019, when FDI declined 9.6% and 4.3%. Nevertheless, the situation in Africa goes the opposite direction. China has increased its transfer of financial resources to Africa, emphasizing how it has become increasingly significant in Beijing global strategy. In 2008, China's FDI to Africa peaked at an unprecedented 5.5 billion dollars, representing 10% of Chinese overall FDI, as indicated by Johns Hopkins' China Africa Research Initiative.⁵⁷ ⁵⁸ From 2003 to 2018, China's outbound FDI to Africa from US\$75 million reached US\$5.4 billion. For example, in 2017, it increased by 71.1% and in 2018 by 31.3%. Furthermore, since 2013, Chinese FDI outflows to Africa have surpassed those from the United States. Ethiopia, South Africa and Zambia are among the top Chinese capital destinations (Habibi & Zhu, 2021).

The Chinese economic involvement in Africa through the Belt and Road Initiative has drawn criticism, particularly due to concerns over debt-trap diplomacy (Colarizi, 2021; Al-Fadhat et al., 2022). In addition, some scholars argue that the BRI is driven by opportunistic reasons such as securing political favours and spying (Bartlett, 2022). Others argue that it is a product of China-U.S. geostrategic competition (Clarke, 2019, Demir, 2020), which has led to growing anxiety in the West about Beijing's ambition to reshape the global order (Hong, 2017; Silviu, 2020). In this context, HSR is portrayed as an initiative of China to pose a significant challenge to western-established norms of global health governance, which has intensified pre-existing tensions between China and the West (Hillman & Tippett, 2021; Zoubir, 2020; Zoubir & Tran, 2022). The growing scepticism, particularly by Western politicians and media (Kalu, Aniche, 2020), is often rebalanced by many authors, Bräutigam (2018) for example concludes that research on China–Africa relations is about 'globalisation, not colonisation; a story of African agency, rather than Chinese rapacity'. Even Chinese officials has always denied critics, saying multilateral lenders and commercial creditor should carry the biggest blame for Africa's debt troubles (Nyabiage, 2023, South China Morning Post). Moreover, in a survey conducted by Wang et al. (2019), it is shown that among 29 BRI countries participants, for which the majority from Africa, the most are willing to be part of BRI health cooperation. To the participants, the main advantages of BRI Health Cooperation are 'the establishment of a long-term partnership', 'quality investment and financing system' and 'the convenience of cooperation'.

⁵⁷ For more data see the official website <https://www.sais-cari.org/>

⁵⁸ Habibi and Zhu (2021) attribute the increase to the Industrial and Commercial Bank of China's (ICBC) purchase of 20% of Standard Bank of South Africa's shares.

In the current global geometry, medical aid serves to enhance South-South brotherhood, to strengthen diplomatic relations with recipient countries and to promote the sale of medical supplies and medicines abroad (Colarizi, 2022). According to Tillman et al. (2021), while the number of biotech startups fell in other key regions such as the US, Europe, and Japan, China saw the emergence of more than 140 biotech companies from 2010 to 2020. Additionally, Beijing's data shows that Africa became the top market for Chinese medicine exports in 2012. (Embassy of the People's Republic of China in the Republic of Kenya, 2012)

In 2013, China and African countries held a Ministerial Forum on China-Africa Health Development⁵⁹ acknowledging health's crucial role in China-Africa cooperation. China became more involved in the global health response to an epidemic when Ebola ravaged West Africa a year later, in 2014⁶⁰ (Procopio & Sciorati, 2021).

Even though China was not able to take the lead in global health at the time, the West African crisis made the country more aware of the potential risks that global public health issues could pose to its people, business and security. Therefore, the Chinese government implemented various initiative to broaden and strengthen its health diplomacy.

A year later, the Ministerial Forum on China-Africa Health Development was incorporated into FOCAC, aiming to supply medical resources, implement training programs, construct hospitals, and support efforts against infectious diseases like malaria and Ebola (Rudolf, 2021)

As Xinhua (2016) reports, President Xi Jinping first mentioned the Health Silk Road in a 2016 speech in Uzbekistan. The initiative can be traced back to the March 2015 document *Vision And Actions On Jointly Building Silk Road Economic Belt and 21st-Century Maritime Silk Road* (National Development and Reform Commission, Ministry of Foreign Affairs, and Ministry of Commerce of the People's Republic of China, 2015), which highlighted priority areas for health cooperation with BRI countries. These areas included expanding health cooperation mechanisms, preventing and controlling infectious diseases, building capacity and providing training programs, offering emergency medical assistance, promoting Traditional Chinese Medicine (TCM), reforming health systems and coordinating health policies, providing health development assistance such as free surgeries, and developing the health industry (Rudolf, 2022). According to Yuan (2023), these efforts are focused on enhancing healthcare accessibility and efficiency in remote or underserved areas through the establishment of telemedicine and e-health infrastructure. Moreover, HSR takes advantage of the routes created

⁵⁹ See <https://www.unaids.org/en/resources/presscentre/featurestories/2013/august/20130816china>

⁶⁰ See http://en.cidca.gov.cn/2018-08/03/c_263164.htm

by the new infrastructure investments to ship medical supplies, masks, pharmacies and APIs, the active ingredients of medicines, of which China holds 20% of global production (Colarizi, 2022). Activities identified as HSR initiatives are based upon China's pre-existing health diplomacy operation and are complemented with domestic health policy measures, in particular the *Healthy China 2030* campaign⁶¹(Calabrese, 2022). Furthermore, China's National Health Commission (NHC) presented a three-stage implementation plan (2015-2017, 2017/2020-2022, and 2020-2030) that includes projects and activities aimed at advancing health and safeguard health security along the Silk Road (China Daily, 2015).

The initial move towards a multilateral approach in managing epidemic crises led to enhanced collaboration with the World Health Organization (WHO). In January 2017, China and WHO signed a Memorandum of Understanding (MoU) on Health Sector Cooperation under the Belt and Road Initiative (BRI) (Yuan, 2023; Wu, 2018; Calabrese, 2020). Additionally, in his speech of August 2017, during the Belt and Road Forum for Health Cooperation, titled *Towards a Health Silk Road*, WHO Director-General, Dr. A.G. Tedros emphasized that a Health Silk Road is visionary, as it revitalizes and strengthens ancient cultural and people-to-people connections with health as its central focus. He noted that this initiative encompasses essential components necessary for achieving universal health coverage, such as infrastructure, access to medicines, human resources, and a platform for sharing experiences and promoting best practices (WHO, 2017; Bartlett, 2022; Habibi and Zhu, 2021).

Overall, the initial mission of the HSR was to strengthen health cooperation with Belt and Road countries under the leadership of WHO, such as organising high-level regional forums for health officials and establishing a public health network in BRI countries (Zeng et al., 2023). Thus, over the years, the Health Silk Road (HSR) transitioned from an initiative at the cabinet level to a comprehensive national strategy, eventually assuming a pivotal role in China's foreign policy agenda. This transformation was underscored by the WHO Director-General's notable emphasis on the HSR's significance (Habibi and Zhu, 2021).

During the FOCAC 2018 summit, there was a heightened focus on public health, driven by the need to bolster resilience against the sudden outbreak of major communicable diseases. For these aims, there were signed Memoranda of Understanding between China, BRI participants, and international organizations (Vadlammanati & Jung, 2023). For example, under the Health Silk Road framework, Beijing funded an African Centre for Disease Control (CDC) in Addis

⁶¹ More information can be seen at: Healthy China Action Plan, National Health Commission of the PRC. <http://en.nhc.gov.cn/HealthyChinaActionPlan.html>

Ababa, Ethiopia (Bartlett, 2022). In addition, in 2019, TCM practices were included in the set of globally available treatments for medical conditions listed in the International Classification of Diseases (Colarizi, 2022). In the same year, during the general debate session of the 72nd World Health Assembly, the Minister and Secretary of the Leading Party Members' Group of the National Health Commission of China, Ma Xiaowei, made an official statement on the relationship between implementing the HSR and promoting global health governance. As reported, he claimed that “for building the HSR and joining hands with relevant countries to address health challenges, we will continue to actively advocate and promote global health cooperation under the framework of the United Nations and WHO and make positive contributions to seeking the health and well-being of all human beings and building a community of shared future for mankind”⁶² (CCTV, 2019; Zeng et al., 2023).

This new strategy differs from the previous BRI approach by focusing on high-tech and service-oriented sectors instead of expensive and capital-intensive infrastructure projects. Hence, the adoption of the Health Silk Road initiative may have reduced the fiscal burden on beneficiary countries during the fight against the COVID-19 pandemic. Furthermore, China's priority focus on Africa under the Health Silk Road initiative represents an opportunity to test the effectiveness and success of the new BRI 3.0 strategy (Habibi & Zhu, 2021).

According to the literature, the reasons behind China's investments in health care in Africa include the desire to increase its soft power as it vies with the West for influence on the continent, finding markets for its drugs and medical products and strengthening its position with international bodies like the World Health Organization (WHO) (Habibi, Zhu, 2021; Rudolf, 2022; Vadlammanati and Jung, 2023). On the contrary, Zeng et al. (2023) argue that it is designed neither to radically alter the existing architecture of global health system nor to maintain the status quo, but rather to improve existing institutions through a process of incremental upgrading. As part of its efforts to enhance healthcare infrastructure and capabilities, the Health Silk Road has fostered innovation in vaccine development, digital health solutions, infectious disease control. This innovation was possible thanks to the development of medical research facilities and laboratories (Yuan, 2023) For instance, China's involvement includes the establishment of the African Centre of Excellence for Genomics of Infectious Disease (ACEGID) in Nigeria, aimed at bolstering disease control efforts in the region. Additionally, China has supported projects like the Malaria Control project in Cameroon by

⁶²CCTV (China Central Television). (2019, May 21). 打造“健康丝绸之路” 携手应对健康挑战 [Building 'Healthy Silk Road' to Address Health Challenges Together]. CCTV. <http://jiankang.cctv.com/2019/05/21/ARTI3mFcZ9BtimsAqRS89c5190521.shtml>.

constructing laboratories and training facilities. Furthermore, under the HSR framework, Beijing has provided funding for initiatives such as the construction of the China-Zimbabwe Friendship Hospital School of Nursing, aimed at enhancing the training of healthcare professionals (Yuan, 2023).

Even though China has launched several medical assistance projects to African countries, including medical teams, material donation, infrastructure construction, and expert training, these projects lacked coordination between each other (Zheng, 2020; Zeng et al., 2023). In fact, while Western literature seeks to analyse the motivations behind Health Silk Road, Chinese literature focuses on the structure and organization of the initiative. Under Health Silk Road framework, China has supported many African nations through hospital construction, but its impact on the local health system has been limited (Wang et al., 2015). This is a result of hospital building support projects being poorly connected with other health initiatives, such as medical team deployment or hospital-to-hospital technical cooperation, that help target hospitals' post-construction operations (Wang et al., 2017). This lack of organization is due to the problematic division of responsibilities among the different bodies involved in the efficient operation of the project (Zeng, 2021). In fact, there isn't a single ministry tasked with overseeing the projects, but rather multiple ministries that collaborate with each other. Specifically, Chinese medical teams sent to partner countries are priority of the Economic and Commercial Counsellor's Office of the Chinese Embassy. At the same time, the Ministry of Commerce manages the construction of local medical facilities and the donation of medical supplies. Besides, health diplomacy and budget support are China's Ministry of Foreign Affairs and Ministry of Finance responsibility. This sectoral fragmentation and the divergent interests hinder the establishment of an effective integration scheme for health assistance, thereby impeding China's efforts to develop a high-impact health initiative (Zeng, 2021).

Although Covid-19 represented an opportunity to address these issues, China's actions in dealing with the pandemic crisis have drawn sharp criticism. These criticisms have often focused on the lack of efficiency in building multilaterally coordinated health mechanisms and long-term projects along the Health Silk Road, even in a post-pandemic era. In this sense, the next section will help in addressing an analysis of Beijing's actions during Covid-19, mentioning positive and negative actions and consequences for African countries.

2.2 Health Silk Road and Covid-19

The first phase of BRI had mainly focused on the implementation of large infrastructure projects, such as power plants, highways, and railways, aimed at promoting economic development and connectivity between the participating countries, including Africa. With the outbreak of COVID-19, BRI entered in the second phase, more focused on the upgrade of cooperation and connectivity, with the help of new technologies (Calabrese, 2022). Even though before the pandemic health consideration were relevant in BRI framework (Yuan, 2023), when the pandemic reached global proportions, infecting more than 100 million people and causing significant mortality rates (Habibi & Zhu, 2021), Health Silk Road had a significant expansion (Zeng et al., 2023).

Despite COVID-19 presented China with anti-Chinese sentiment and economic disruptions, the “massive failure”⁶³ of the pandemic response has given an excellent opportunity for Beijing to expand its Health Silk Road diplomacy and its geopolitical influence across the world (Vadlmannati and Jung, 2023). Through Health Silk Road and the related health diplomacy, Beijing contrasted the narrative of a “Chinese virus”, transforming itself from the pandemic epicentre to an experienced actor that can offer support and solutions (Tagliapietra, 2020).

The emergence of Beijing's health diplomacy following the COVID-19 crisis has increased the importance of the Health Silk Road as a tool to promote health cooperation along the Belt and Road (Calabrese, 2022; Habibi and Zhu, 2021; Tillman et al., 2021; Zheng, 2021).

According to a 2022 report by the China Africa Business Council, the global economy and supply chains have experienced significant impacts, particularly in the personal protective equipment (PPE) markets and shipping (Meier and Pinto, 2024). Covid-19 has led to economic downturns in Africa, with data from OECD indicating slowed growth in the continent's largest economies in 2020⁶⁴ (OECD, 2020). Enterprises dealt with reduced demand for their products, slow-paced supply chains due to shipment delays, and lockdown policies aimed at improving healthcare. Border restrictions, movement bans and decreased industrial activities worsened the situations, resulting in delays in goods delivery, shortages of PPE and vaccines, and logistical challenges at major ports (Park, Cyn-Yong et al., 2020). As a result, supply chain dynamics

⁶³ Sachs J.D. et al. (2022) in ‘The Lancet Commission on lessons for the future from the COVID-19 pandemic’ define the global management of the pandemic *a profound tragedy and a massive global failure at multiple levels*

⁶⁴ In Nigeria (GDP growth of 2.3%), the non-oil sector has been sluggish, in Angola (-0.3%) the oil sector remained weak, while in South Africa (0.9%) low investment sentiment weighed on economic activity

were severely disrupted, with cargo ships encountering difficulties in transporting goods efficiently. Some cargo ships were forced to redirect goods to other ports because of limitation on the mobility of port workers, accumulation of containers that were impractical to transport or repair due to staffing shortages, and congestion at ports lacking storage space for perishable goods (China Africa Business Council, 2022).

In this context, in the early stages of the pandemic, developed nations secured the largest portion of global pharmaceutical supplies, distributing items such as swabs, masks, and respirators (Colarizi, 2021).

Meanwhile China, a key player in global supply chains, to mitigate the impact of COVID-19, implemented additional policies and measures to ensure the smooth running of the ports, waterways, and international marine logistics supply chains (China Africa Business Council, 2022).

BRI infrastructures played a key role in the Health Silk Road and supply chains during the epidemic crisis, because they facilitated greater collaboration between China and African countries for an efficient distribution of medical equipment.

At the 73rd session of the World Health Assembly in May 2020, Xi Jinping pledged to provide 2 billion US Dollars for the global fight against COVID-19 (Ding, 2022, Tillman et al., 2021). China demonstrated a significant commitment to ensuring the security and efficiency of anti-epidemic supply chains by establishing a global humanitarian response depot and hub in collaboration with the United Nations (Tillman et al., 2021; Xinhua Net, 2020; Zeng et al., 2023). Chinese support was further facilitated by companies such as Huawei, CCC (China Communications Construction Company), and other Chinese entities operating on the continent. Notably, construction began on the new African Centre for Disease Control and Prevention in Addis Ababa, a project entirely financed, built, and equipped by the Chinese government (Colarizi, 2021). Additionally, with the assistance of Cainiao, Alibaba's logistics branch, China set up a cold chain airlift to transport vaccines from Shenzhen to Africa and other parts of the world via Dubai and Addis Ababa (Tillman et al., 2021). Pharmaceutical companies Sinopharm and Sinovac also established production lines in Algeria, Egypt, and Morocco (Colarizi, 2021). Moreover, China collaborated in the construction of a standard gauge railway between Addis Ababa and Djibouti, connecting Ethiopia's capital with Djibouti. Operated by a joint venture of China Civil Engineering Construction Corporation (CCECC) under China Railway Construction Corporation (CRCC) and China Railway Group Limited (CREC), this railway played a crucial role in transporting essential goods, including grain and fertilizers,

establishing a vital supply line during the pandemic (Belt and Road Portal, 2022). Since the onset of the pandemic, 588 freight trains have carried 730,000 tons of cargo, effectively meeting the basic needs of local communities and enterprises (Habibi and Zhu, 2021). Despite the challenges posed by the COVID-19 pandemic, the railway's revenue increased by 45 percent in 2019 compared to its inaugural year in 2018, and its income rose by 51.38 percent in the first half of 2020 compared to the same period of 2019.⁶⁵ By May 2022, China had provided 4.6 billion pieces of protective clothing, 18 billion test reagents, 430 billion masks, and other anti-epidemic materials to 153 countries and 15 international organizations (Zeng et al., 2023).

The analysis in the paragraph so far has discussed about how, according to the existing literature, China has undoubtedly emerged as a significant player among its international partners, serving as a model for effectively controlling the spread of COVID-19. However, another portion of the literature (Wu et al., 2020; Malik et al., 2021; Kuzmich, 2022) emphasizes the tangible effects that the pandemic has brought to the Belt and Road Initiative in its key sector, infrastructure. As previously discussed, the surge in COVID-19 cases led to the suspension of numerous infrastructure projects, while supply chains encountered delays and impediments. Consequently, the cessation of BRI projects was unsurprising. The pandemic has underscored the vulnerabilities of long supply chains and their overreliance on Asia; and many companies have sought safer alternative solutions to bolster their resilience. Belt and Road Initiative (BRI) projects faced various challenges, including financial constraints and halted infrastructure construction due to travel restrictions on foreign workers and disrupted global supply chains (Malik et al., 2021; Vadlamannati and Jung, 2023). Due to travel restrictions and lockdowns, Chinese workers were unable to continue construction on infrastructure projects in foreign countries (Wu et al, 2020). Other challenges involve slowed lending and increased debt distress. This is mainly due to the difficulties encountered by Chinese companies in carrying out BRI projects abroad during the economic downturn that BRI countries had to face. In addition, many banks, including Chinese banks that are the main source of funding for BRI projects, decided not to continue financing these projects due to the inability of borrowers to repay their debts. This led to delays or discontinuation of numerous ongoing and new projects, further exacerbated by the redirection of BRI partners' efforts towards pandemic mitigation and strengthening of health systems (Vadlamannati and Jung, 2023). This focused allocation of resources diverted attention and funding away from infrastructure development initiatives.

⁶⁵ Xinhua, "Chinese-built Ethiopia-Djibouti railway records increase in revenue despite pandemic", 2020, available at http://www.china.org.cn/world/Off_the_Wire/2020-09/19/content_76718922.htm

Consequently, the global economic recession has hindered the development of intermodal infrastructure along the Belt and Road Initiative route (Kuzmicz, 2022) and Chinese firms have become more cautious about undertaking new BRI projects (Wu et al., 2020).

Furthermore, a significant body of literature analyses the Health Silk Road and its associated projects as a broader strategy of geopolitical influence and soft power. Considering the obstacles faced by the Belt and Road Initiative (BRI), and the initial lack of a cohesive response from the World Health Organization (WHO) (Sachs et al., 2022), the pandemic has created a favourable environment for China to expand its Health Silk Road and bolster its geopolitical positioning (Vadlmannati and Jung, 2023), especially amidst the China-US competition for global leadership amid and after the pandemic (Gauttam et al., 2020).

The difficulties and obstacles encountered by the BRI prompted the Chinese government to pivot towards health diplomacy, to the extent that various scholars view the rapid development of the Health Silk Road as an extension of China's soft power (Lee, 2023). This thesis is supported by China's substantial aid at the onset of the pandemic, where it invested significant resources in donating vaccines and masks to numerous countries.

Given the significant role of Africa in Chinese mask and vaccine diplomacy, the following section will be dedicated to exploring this topic in depth.

2.2.1 Mask diplomacy and Vaccine diplomacy

The term “mask diplomacy” aims to describe China's strategy during the COVID-19 pandemic. China has adopted an active approach in providing quantities of masks and medical supplies to the governments of various countries, with the aim of protecting people from the virus and ensuring treatment for those affected. This strategy was implemented through direct donations to affected countries and through international organizations, with the intention of strengthening international ties and showing solidarity during the health crisis.

However, this strategy has sparked debate and criticism with some questioning whether it serves as a means for China to wield influence over recipient nations or enhance its reputation.

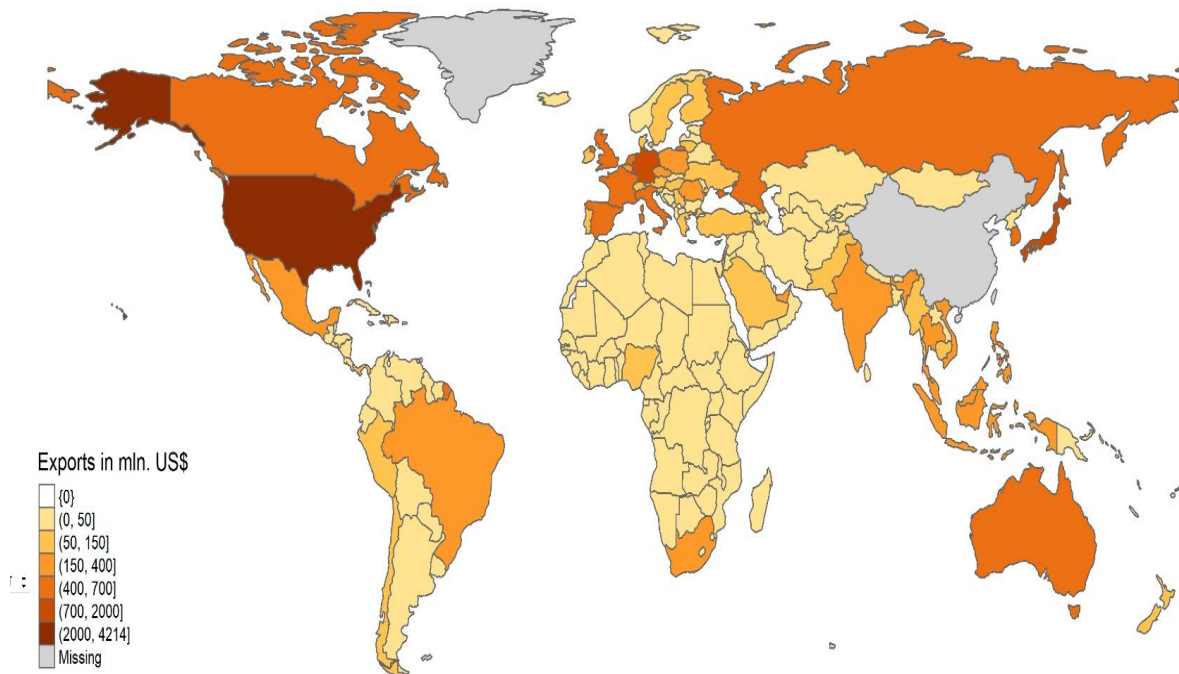
Some scholars believe that China used pandemic-related aid from COVID-19 to achieve strategic goals, such as increasing geopolitical influence in recipient countries and reforming global governance systems (Musitwaa and Li, 2020; Myers, 2020; Wong, 2020). According to others, the aid provided by China during the pandemic was not driven by strategic objectives but was a reaction to the immediate needs dictated by the emergency circumstance arising from

the health crisis and other internal dynamics (Zhou, 2020). Even for Sun and Yu (2023) Chinese assistance was not aimed at adopting a new strategic approach but was in line with its already established principles and interests. They add that therefore, China did not have a clear plan on how to deal with the pandemic.

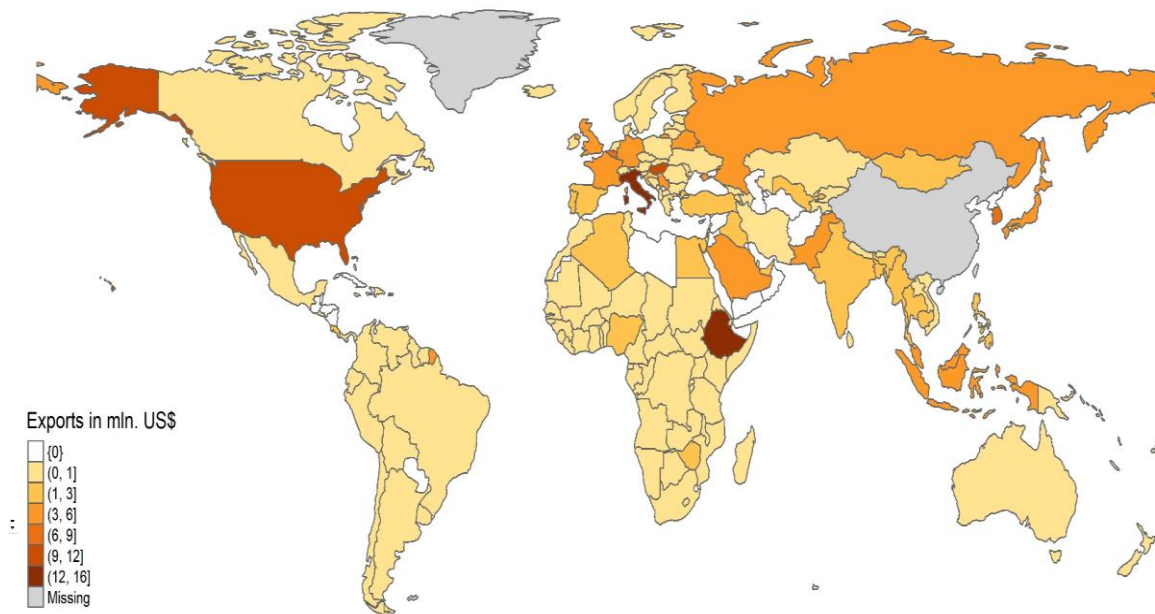
China's proactive role in addressing the health crisis, particularly through its "mask diplomacy" and "vaccine diplomacy," has solidified its position as a leading contributor in the fight against COVID-19. Health Silk Road developed fast, leading many nations to cooperate under the Chinese connectivity network of BRI. (Vadlamannati and Jung, 2023).

In January 2020, as the COVID-19 outbreak appeared contained within China, national media highlighted the efforts of Chinese medical professionals in combating the virus. However, a month later, while China managed to control its infection rate, the situation worsened globally. Beijing stepped in by sending medical supplies to severely affected countries like Spain and Italy, which initially received less aid from the European Union. China also provided guidance to countries such as Spain, Iraq, and Iran on addressing the virus (Kurlantzick, 2020).

The pandemic crisis has shown how the global trading system can be affected by disruptions in production and supply chains. The shutdown of many factories in China led to a decrease in the availability of essential products like masks, gloves and ventilators (Esteves and Van Staden, 2020) needed to combat the virus. As a result, there was a worldwide scramble to obtain these limited supplies, underscoring the significant role of Chinese industry in manufacturing these items and the reliance of developed countries on imports from China, which supplies medication and chemical component in other countries pharmaceutical industries (Liu, 2021). Moreover, China is the world largest producer of personal protective equipment, with more than 21,000 facilities operating within this sector (Bouey, 2020).



a) Commercial exports of medical equipment



b) Donation exports of medical equipment

Figure 8 Export of medical equipment from China by partner country, March and April 2020

(Source: Fuchs et al.,2020)

The two maps above, provided by Fuchs et al. (2020) and based on data collected from the General Administration of Customs of the People's Republic of China, represents (a) exports and (b) donations of medical supplies from China to the rest of the world between March and

April 2020. The authors affirm that Beijing foreign assistance is connected to commercial and geopolitical aims. An example is the case of China and UN: countries aligned with China will receive significantly more aid than the ones aligned with Taipei government. In providing aid to combat COVID-19, another relevant feature that re-emerged is the use of trade to pursue Chinese foreign policy goals. The two maps show that countries who received the most donations were Italy, Luxembourg, Hungary, U.S., Ethiopia. The time and scale of the virus' spread have driven the selection of these beneficiaries, as for Italy, the United States and Luxembourg, which were earliest and worst-hit countries. However, for the examples of Ethiopia and Hungary, the motivation of high donations may be related to pre-existing political and economic ties, more than real humanitarian needs (Fuchs et al., 2020).

According to the map provided, Africa imported fewer medical equipment from China between March and April 2020 compared to other regions worldwide. During this period, Africa experienced a lesser impact from the spread of COVID-19. Additionally, developed countries dominated the purchase of medical equipment, thereby excluding many African nations from acquiring PPE supplies.

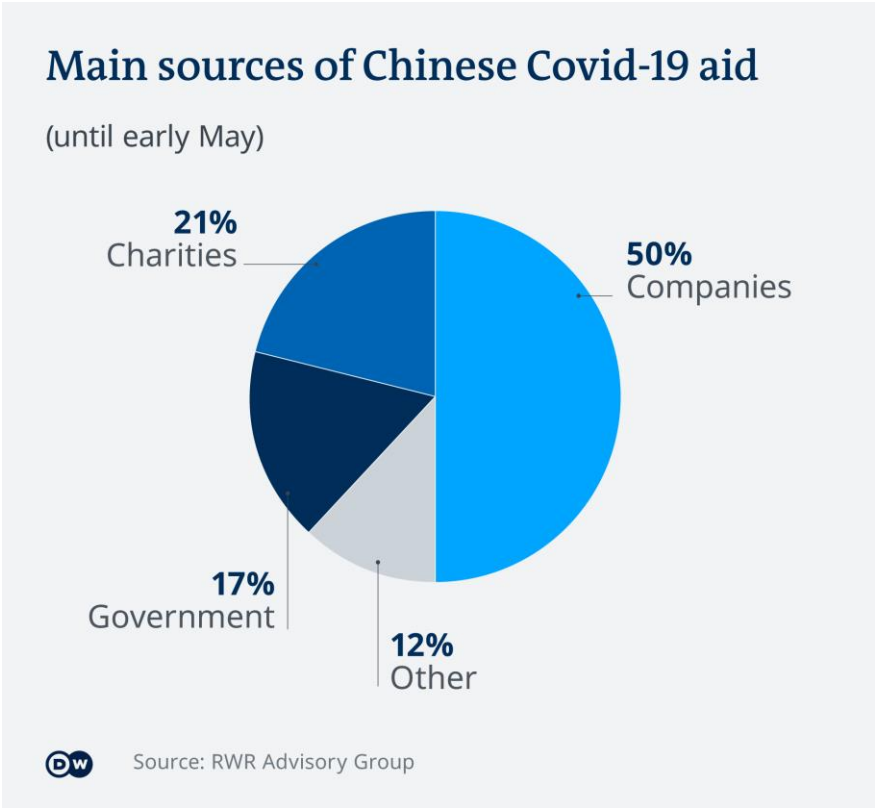


Figure 9. Main sources of Chinese Covid-19 aid until May 2020
(Source: Chimbelu, 2020)

Another source for evaluating the positive role China had in medical donations is the private sector and Chinese companies. At the beginning of the pandemic, many are the examples of private and non-governmental organizations demonstrating significant efforts by donating medical equipment and supplies to various African nations. In fact, in May 2020, 50% of the Chinese COVID-19 aid sources came from enterprises (Chimbelu, 2020). One notable example is the Jack Ma Foundation, a private charitable organisation established by Alibaba's founder, which sent over 400 tons of medical supplies to African countries (Xinhua, 2020). Additionally, in Zimbabwe, the Chinese business community, along with the Chinese Embassy, raised half a million US dollars to enhance the country's main COVID-19 treatment and isolation centre. Chinese companies also made targeted donations to African ministries and organisations. For instance, in Ghana, Jiangxi International, a major state-owned engineering company specialising in transportation projects, donated masks to the Ministry of Roads and Highways. Similarly, the leading telecommunication company, Huawei, donated technological products and personal protective equipment to the Ethiopian Ministry of Innovation and Technology. Furthermore, Chinese road construction companies collaborated with the Uganda National Roads Authority to donate medical supplies and essential items to vulnerable groups in Uganda. These donations included hand sanitizers, mattresses, mosquito nets, blankets, and bottled water. Besides material aid, Chinese companies also provided financial contributions to support Africa's COVID-19 response efforts. Huawei in fact also provided a monetary donation of 1 million RMB to The South African government (Xinhua Net, 2020; Majavu, 2020). Moreover, other Chinese companies, such as Tencent and Hua Jian Group, also contributed to Africa's fight against COVID-19. Tencent donated 100,000 test kits and two million examination gloves to Ethiopia (Bekele, 2020), while Hua Jian Group, a Chinese footwear manufacturer, donated anti-epidemic materials (Hu, 2020). Sinohydro Corporation Limited, a Chinese hydropower plant construction company, also made significant contributions by donating cooking oil, rice, mobile phones, and cash to support Uganda's response efforts. Additionally, Dodta Group of companies donated 10,000 face masks and 500 test kits to aid in the COVID-19 response efforts (Xinhua Net, 2020). These collective efforts from various Chinese enterprises highlight the importance of international cooperation and solidarity in combating global health crises. According to the 2023 White Paper released by the State Council, China has signed agreements on traditional medicine cooperation with 14 Belt and Road Initiative (BRI) partner countries. Among these, eight nations have implemented measures to support the development of traditional Chinese medicine (TCM) within their respective legal systems. Additionally, China

dispatched 38 expert medical teams to 34 countries to assist in the fight against the COVID-19 pandemic. Moreover, it aided over 120 BRI partner countries to combat the pandemic. Furthermore, China has established 30 overseas TCM centres and successfully registered and marketed more than 100 TCM drugs in partner countries. (The State Council Information Office of the People's Republic of China, 2023). In the White Paper, the Chinese government underscored its launch of the Initiative for Belt and Road Partnership on Covid-19 Vaccines Cooperation with 31 nations. This initiative facilitated the delivery of over 2 billion vaccine doses to partner countries and facilitated joint vaccine production with more than 20 nations. This effort aimed to enhance vaccine affordability and accessibility in developing regions (The State Council Information Office of the People's Republic of China, 2023).

It is then important to dedicate a part of this thesis to analyse how vaccine production and distribution have influenced the relationship between China and African countries.

When Covid-19 pandemic hit Africa, concerns arose regarding the ability of its health systems to cope with rising case numbers. On 18 March 2020, the WHO Director-General stated that the number of coronavirus transmitters in Africa was significantly higher than officially reported, concerning the capacity of African countries to withstand the pandemic. The pandemic exposed the state of Africa's health systems, which suffered from shortage of medical personnel, with an average of 0.2 doctors per 1000 people (Deych, 2023). Furthermore, unsanitary conditions, lack of drinking water, poor nutrition and the spread of disease that weaken the immune system worsened the situation. Therefore, it was imperative to implement a coordinated plan to accelerate the development, production and distribution of anti-COVID vaccines, ensuring that all countries, regardless of their income level, have access to them. For these reasons, international organizations (UNICEF, WHO, GAVI and CEPI) created COVAX, the Covid-19 Global Vaccine Access Facility (WHO, 2023). COVAX was designed to vaccinate 20% of the most vulnerable population in every country (Cinotto and Bone, 2020). It was a form of insurance for countries that could not afford to negotiate directly with vaccine manufacturers, guaranteeing them access to vital doses to protect their population (Berkely, 2020).

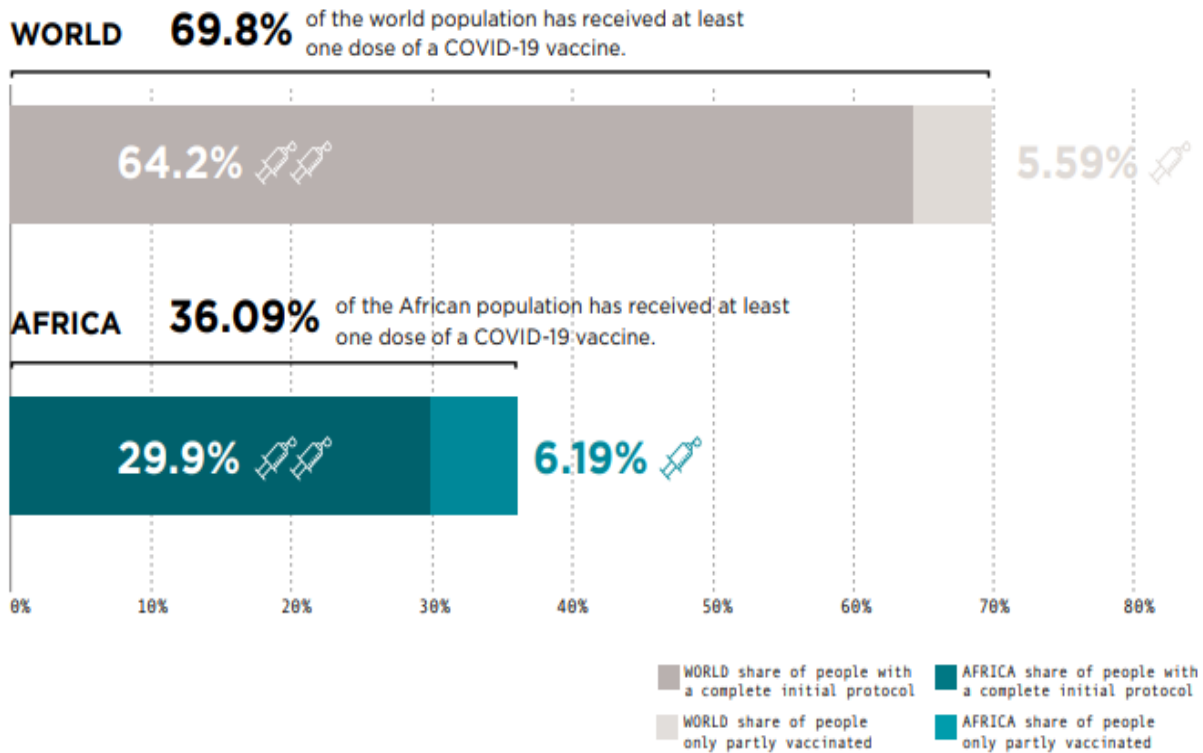


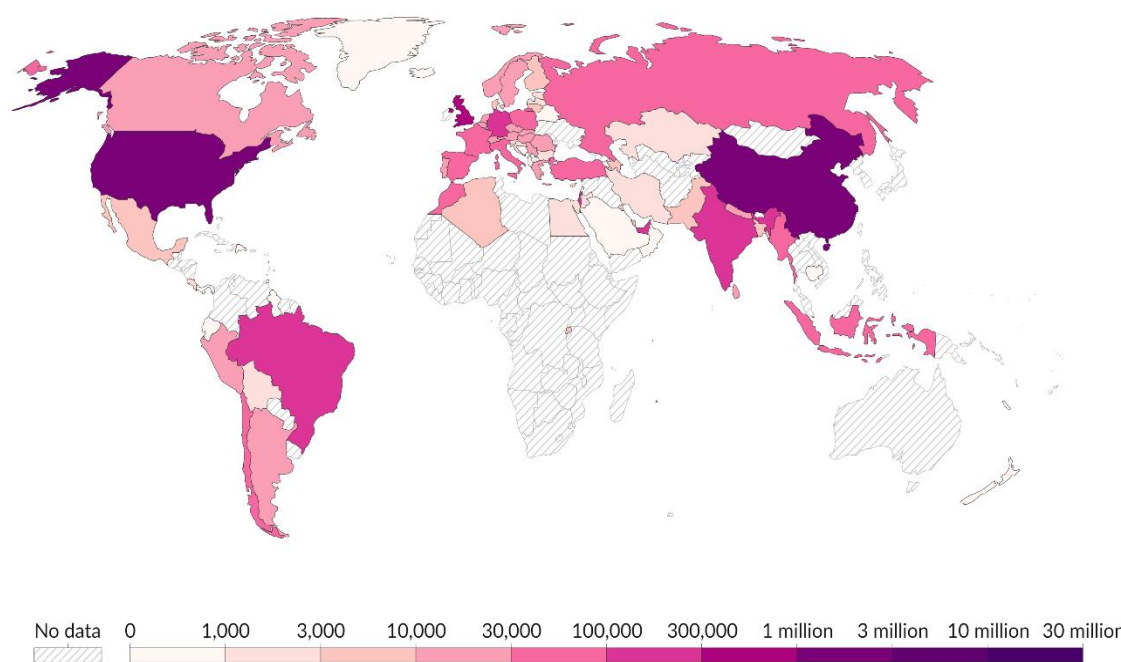
Figure 10. Share of People Vaccinated against COVID-19, Mar 30, 2023

(Source: Emergency, 2023)

An Emergency Report indicates that the COVAX Facility remains the primary source of vaccines distributed in Africa, accounting for 62.3% of the doses received on the continent. Despite delivering 2 billion doses to 146 countries through COVAX, the objective of vaccinating 70% of the global population by mid-2022 has not been met. In Africa, only 36% of individuals have received at least one dose, and, as depicted in the map above, it has the lowest vaccination rate against COVID-19 worldwide. Although COVAX has made a substantial contribution, it has not ensured sufficient access to vaccines, particularly in Africa (Emergency, 2023). While the global average of two-vaccination coverage was 67%, through COVAX it was achieved the 57% in lower income countries. Even though COVAX concluded at the end of 2023, Gavi is supplying and will supply in 2025 more doses, specifically 83 million to 58 economies who requested them (WHO, 2023).

Daily COVID-19 vaccine doses administered, Feb 6, 2021

7-day rolling average. All doses, including boosters, are counted individually.



Data source: Official data collated by Our World in Data

CC BY

Figure 11. COVID-19 vaccine doses administered until Feb 6, 2021 (Source: Our World in Data)⁶⁶

Despite COVAX being the primary source of vaccines for Africa, as shown on the map, by early February 2021, wealthier nations had already administered vaccine doses, while, besides Algeria, Egypt, and Morocco, the rest of African countries hadn't even started the vaccination process. This highlights the unequal distribution of life-saving vaccines, which were largely available in wealthy countries and scarce in poorer countries (Schlein, 2021).

Studies discovered that the low vaccination rate in Africa until December 2022 can also be attributed to vaccine misconceptions and hesitancy towards being vaccinated (Kunyenje et al., 2023). However, African countries were left behind in obtaining COVID-19 vaccines for two main reasons: the pre-purchase of doses by more advanced economies, also known as 'vaccine nationalism', and the difficulty in transporting available vaccines. In comparison to other regions, Africa was slow to start its vaccination efforts. Richer countries stockpiled vaccines and prioritized their own populations (McSweeney and Chingono, 2021), adopting the so called

⁶⁶ Map available at: <https://ourworldindata.org/covid-vaccinations>

‘vaccine nationalism’. This often involves wealthier nations securing large quantities of vaccines for their citizens, sometimes at the expense of other countries, to ensure their population receives adequate protection, including multiple doses and booster shots, before sharing vaccines with other nations (Kunyenje et al., 2023). Furthermore, African countries had logistic difficulties in receiving mRNA vaccines. This is due to tropical heat, distance, and the scarcity of ultra-cold freezers require by US producers. Vaccine from Pfizer and Moderna rely on mRNA technology, thus they need to be stored at around minus 70 degrees Celsius and minus 20 degrees respectively. Such a requirement presents a challenge for African and Latin American countries, where poor electricity infrastructure cannot support the ultra-cold freezers during transport (Hu, 2020). These factors became an opportunity for China's diplomatic stature during the pandemic crisis. China adopted both multilateral and bilateral approaches in its vaccine distribution strategy. In October 2020, China became a participant in the COVAX initiative. Concurrently, China pursued bilateral agreements, ensuring that African nation would be among the primary recipients of the Chinese vaccine.⁶⁷ Furthermore, China asserted that these vaccines would be recognized as an international public good (Cinotto and Bone, 2020). China’s proactive engagement begun with the publication of the genetic sequence of SARS-CoV-2 in mid-January, which catalysed widespread global research and development initiatives for vaccine development. Notably, the initiation of human clinical trials for the first COVID-19 vaccine candidate occurred on March 16, 2020 (Tillman, 2020). During the inaugural session of the 73rd World Health Assembly, Xi Jinping declared that China would transform the development and distribution of COVID-19 vaccines into a public service, thereby contributing to the accessibility and affordability of vaccines in developing nations. By mid-2020, numerous Chinese biotech companies were actively engaged in vaccine development, including Sinovac and Sinopharm. Sinopharm received approval for its vaccine in December 2020(Gan, 2020), while Sinovac in February 2021(Reuters, 2021). These vaccines utilize different technology from Pfizer and Moderna, boasting lower production costs and standard refrigeration requirements. Unlike Pfizer and Moderna vaccines, which necessitate stringent refrigeration, the Chinese vaccines can be stored at temperatures ranging from 2 to 8 degrees Celsius (BBC, 2021), simplifying transportation and storage logistics.

As in the distribution of medical materials, China has sparked debates and attention regarding the production and distribution of vaccines. The repeated use of the term ‘vaccine diplomacy’

⁶⁷ President Xi Jinping had assured during the extraordinary China-Africa summit on solidarity against the pandemic chaired on 17 June 2020.

by western media narratives, and western literature (Vadlamannati, 2021; Colarizi, 2021; Campbell, 2021; Graziani, 2021; Marsh, 2021) highlights the political importance of the allocation of health resources from China. This practice of 'vaccine diplomacy' is part of China's ongoing efforts to portray itself as the solution to the pandemic, rather than its source (Edwards, 2021). According to the analysis conducted by Seow Ting Lee (2023) Chinese bilateral vaccine diplomacy efforts and outcomes can be motivated and explained through the lens of nation branding and soft power frameworks. The Chinese vaccines have multiple purposes beyond improving Beijing's image and advancing its great power ambitions. They are also used to strengthen existing soft power initiatives and to capitalize on emerging economic and geopolitical opportunities. Vaccine diplomacy is an essential part of China's soft power strategy, which includes previous involvement in health diplomacy (Lee, 2023). China prioritizes providing vaccine doses to countries involved in the Belt and Road Initiative (BRI) to help them continue and improve BRI projects affected by the pandemic. This supports China's economic ties with its BRI partners and encourages these countries to stay devoted to the planned projects (Vadlmannati and Jung, 2023).

By contrast, according to Guillon and Mathonnat (2017), prior to the Belt and Road Initiative (BRI), during the period 2006-2013, there was no direct relationship between the medical assistance provided by China and the increase in Chinese investments, nor is there evidence that the allocation of health resource favoured countries supplying raw material and hydrocarbons. But as already mentioned, this does not apply to political considerations, whereby aid is primarily directed to countries that confer political significant to China. This suggests that the Sino-African relationship in the context of healthcare assistance is part of China's soft power strategy, aiming to increase its international influence and support the One China Policy (Colarizi, 2021). The COVID-19 vaccine distribution has emerged as a new instrument for global diplomatic influence. China's approach to vaccine diplomacy has been strategic, contrasting with the perceived lack of initiative from the United States during the Trump administration. While the US struggled with its response, China seized the opportunity to position itself as a global health leader and avoid direct blame over the virus' origin. China's diplomatic strategy involved the delivery of personal protective equipment (PPE) and vaccines (Itugbu, 2021). This fit within its agenda of portraying itself as a responsible global actor in healthcare (Lancaster and Rubin, 2020).

Despite Beijing's adherence to the WHO COVAX programme, most doses were distributed through bilateral channels. About half went to strategic allies such as Zimbabwe, Ethiopia, and Algeria. As much as 78% ended up in North Africa (Colarizi, 2021). The priority to bilateral channels raised questions about China's adherence to its stated principle of multilateral cooperation in the global COVID-19 response, but as Suzuki and Yang (2023) affirm, donors prefer bilateral to multilateral channels when they wish to maximize diplomatic gains from recipient countries. Thus, China's projection of soft power in the form of medical assistance towards African countries in the COVID era is both a way of oiling its public diplomacy as well as playing the role of a responsible international power by providing international public goods (Chipaike, 2022).

The effectiveness of Chinese vaccine diplomacy depends on its ability to deliver on its promises and address the urgent needs of African nations (Chipaike, 2022). In February 2021, Chinese Foreign Ministry pledged to provide COVID-19 vaccines to 19 African countries (CGTN, 2021).

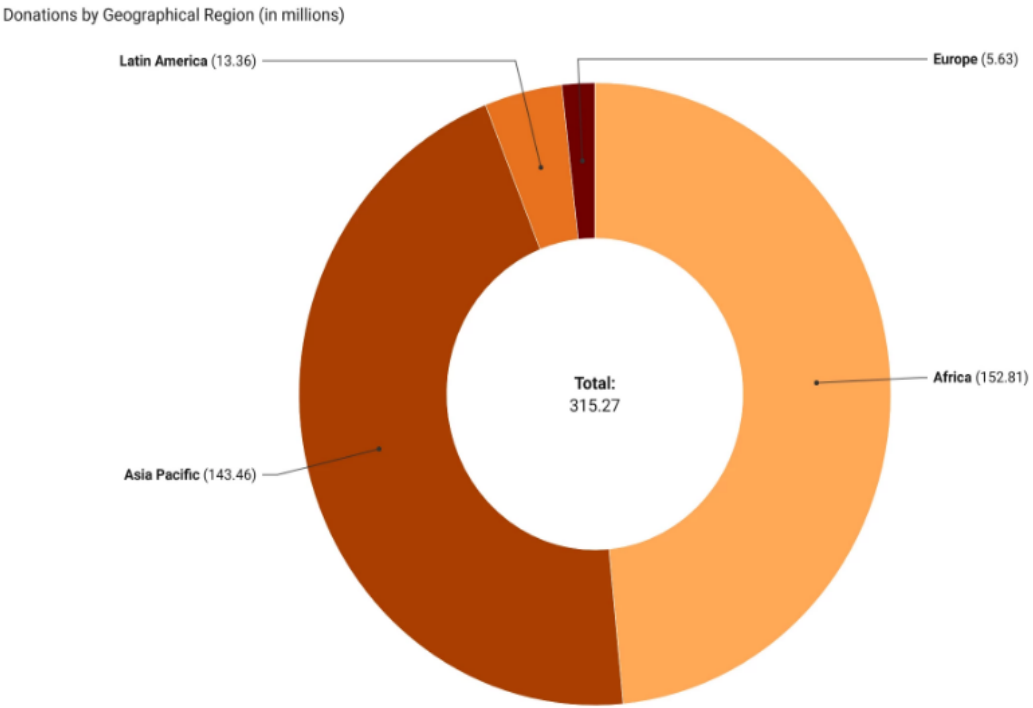


Figure 12. Chinese donations to different geographical regions (Source: Bridge Consulting)⁶⁸

⁶⁸ This graphic only includes bilateral contributions directly from China.

Some argue that the theory according to which vaccines are used by Beijing to reinforce its global influence is a mere preconception (Itugbu, 2021), because Xi Jin Ping assured that Chinese-made anti-Covid vaccine would have been a global public good during his speech at the opening of 73rd World Health Assembly. Furthermore, China committed to supplying Africa with 1 billion vaccine doses at the 8th FOCAC ministerial Conference. This includes a donation of 600 million doses and the provision of 400 million doses through collaboration between Chinese companies and relevant African countries (Deych, 2023). The graph above by the Bridge Consulting Vaccine Tracker⁶⁹ indicate that Africa is among the regions that have received the highest number of bilateral donations from China. However, Africa has not been the first destination of Chinese exports. Of the promised one billion doses, up to June 2022, China has shipped only 186 million doses to the continent, compared to the 939 million serums distributed in Asia Pacific. Only 15% were donated free of charge. This is partly due to the high prices of Chinese vaccines for local governments, which contributes to the limited distribution of vaccines in the regions (Colarizi, 2021). Since many were offered for sale through loans and not free of charge, Africa is the smallest continental destination for vaccine sales and delivery, and has made the fewest purchases (Ding, 2022). Moreover, Chinese vaccine prices were not cheaper than those in the West (Itugbu, 2021). For example, the cost of the Sinopharm vaccine varied from \$18.50 per dose in Senegal to \$44 in China (Beaubien, 2021). This data underscores how the purchasing power of African countries has been disadvantaged during the pandemic, also due to the continent's limited financial resources.

The Vaccine Tracker also indicates that in January 2022 there has been significant decline in Chinese vaccine deliveries. The individuals who developed the tracker claim that there are three potential explanations: the conclusion and subsequent non-renewal of numerous large vaccine procurement contracts, such as the one with Brazil or Indonesia, in 2021; the acceleration of global vaccine exports by other vaccine manufacturers like Pfizer and Moderna in the latter part of 2021; and the gradual relaxation of the vaccine export embargo by India, resulting in increased vaccine availability for COVAX, potentially leading to reduced demand for Chinese vaccines in other countries (Bridge Consulting, 2021).

Beyond sales and donations, China had also emphasised efforts to contribute to Africa by stepping up the manufacturing of Chinese vaccines in the continent (Colarizi, 2021). The

⁶⁹ Bridge Consulting is an independent, mission-driven consultancy that tracks China's impact on global health. It aims to examine and offer a comprehensive picture of China's vaccine outreach. Website: <https://bridgebeijing.com/>

first example is the agreement signed between the Egyptian Holding Company for Biological Products government and Chinese Sinovac Biotech and for Biological Products and Vaccines (VACSERA) (Lamptey et al., 2022). Another manufacturing plant in Morocco was established through Sothema, a local pharmaceutical company that, in 2021, agreed to commence local production of five million doses of Sinopharm (Soulé, 2022). Chinese manufacturers facilitated the independent production of vaccines in developing countries, reducing the reliance on imports and creating opportunities for these countries to supply vaccines to other developing nations (Leung, 2022). Due to the urgent need for vaccine supply during the emergency, the "tech-transfer" process has been limited to the fill-and-finish stage of vaccine production. This stage involves packaging and finishing vaccines using raw materials imported from supplying countries and includes a capacity-building component at the recipient site aimed at enabling the recipient to produce the vaccine (Leung, 2022). These actions, however, have been dictated by short-term achievements.⁷⁰ Therefore, it can be observed that for China to develop its overseas activities sustainably and fulfil its global advocacy of vaccines as an equal public good, the cooperation should not work bilaterally only but also multilaterally and with a long-term mechanism between many countries. Furthermore, the need for a global response is highlighted by the fact that many developing countries were excluded from the benefits of vaccine science and innovation at the start of the pandemic (Itugbu, 2021).

⁷⁰ Writer of this work suggests the reading of this article to further understand the global response on Africa's vaccine manufacturing agenda: <https://bridgebeijing.com/blogposts/new-landscapes-for-chinas-continued-vaccine-outreach/>

Chapter Three: Case studies of China-Africa health cooperation during Covid-19

3.1 China health assistance to Tanzania

The relationship between China and Tanzania, often described as a "historical friendship," reached a significant milestone with the signing of the friendship treaty in February 1964 and the agreement on the Tanzania-Zambia railway in September 1967. The railway project, a pivotal moment in African history (Kasonta, 2022), marked the official beginning of Sino-Tanzanian relations and established the foundation for bilateral cooperation across various sectors, including healthcare. The provision of healthcare assistance by China not only demonstrates the enduring and strong relationship between China and Tanzania but also highlights the mutual benefits of this partnership. Tanzania has greatly benefited from the long-standing presence of Chinese medical teams, a commitment that originated from the construction of the Tanzania-Zambia railway. This partnership involved the integration of medical specialists into the teams responsible for the railway project (Youde, 2010), showcasing the mutual respect and cooperation between the two nations.

Tanzania has received three types of health aid from China: the deployment of medical teams, the construction of hospitals, and the establishment of an anti-malaria center (Zhao et al., 2018). Tanzania has particularly benefited from the medical expertise of Chinese teams, notably from the provinces of Shandong and Jiangsu (Li, 2011; Hsu, 2022). These teams have been deployed in various regions, including Dodoma, Muhimbili, Tabora, Musoma, Ugunja, and Pemba Islands (Gikiri, 2017). From 2006 to 2013, Tanzania and Zambia were the primary recipients of Chinese medical teams, with 9 and 8 teams, respectively (Guillon and Mathonnat, 2019). The impact of Chinese medical teams in Tanzania has been significant, extending beyond medical expertise to include the tangible support of antimalarial drugs and medical equipment to the facilities they serve and visit. This tangible support, a testament to their dedication, has not only improved healthcare services in these areas but also fostered a sense of partnership and mutual understanding, invoking a sense of gratitude and appreciation in the audience. Numerous instances showcase China Medical Team's establishment and support of crucial healthcare facilities in Tanzania. For example, the Leah Amana Hospital Malaria Treatment Centre was established in 2009 by the Chinese government, with medical experts

training local health personnel and an annual scholarship campaign enabling Tanzanian citizens to study in China for human resource development (Yuan, 2010). Additionally, The Mnazi Mmoja General Hospital in Zanzibar has gained from the support of the Chinese medical team and the provision of medical equipment, while the Butiama District Hospital has received malaria medication donations, all through Chinese medical aid (Gikiri, 2017). Notably, a significant milestone in China's health assistance to Tanzania is the construction of a state-of-the-art Cardiology unit within Muhimbili Hospital, emphasizing China's commitment to enhancing Tanzania's healthcare infrastructure, particularly in specialized medical services. The healthcare partnership between China and Tanzania shows great promise in the future, as seen through Beijing's increased engagement in healthcare infrastructure in the nation, such as the investment in the construction of Abdulla Mzee Hospital in Zanzibar in 2016 (Pan, 2016). Chinese assistance has received favorable assessments⁷¹, especially in the efforts to combat maternal mortality and malaria (Colarizi, 2021). Since 1993, the Chinese antimalarial drug Cotecxin, developed by Beijing Holley-Cotec, has been approved by the World Health Organization (WHO). China has been leading the charge in the fight against this lethal disease (Li, 2011). Following years of relentless work, China officially announced the eradication of malaria in June 2021 (WHO, 2021). Meanwhile, 92% of global malaria deaths continue to occur in Africa (Colarizi, 2021). Therefore, it is pivotal to analyze Chinese contribution on fighting malaria in the continent. From 2008 to 2012, the Chinese government provided malaria treatment drugs to Tanzania's health ministry (Gikiri, 2017). This assistance aimed to lower the cost of these medications, thereby improving access to treatment for Tanzanian citizens. Additionally, China has supported several infrastructure projects in Tanzania to combat malaria. One example is the Muhimbili Hospital, which plays a crucial role as a center for malaria treatment within the country. Furthermore, in 2009, the Chinese government established an anti-malaria center at Leah Amana Hospital. This initiative demonstrates China's commitment to collaborating with Tanzania to address the challenge of malaria and improve public health outcomes (Gikiri, 2017; Xia et al., 2014).

Particularly, Tanzania was the protagonist of the China-UK Malaria control project. Tanzania is one of the African nations that experiences high malaria rates, which disproportionately affect vulnerable populations due to poverty and weaknesses in the health system. The China-Tanzania Malaria Control Project sought to collaborate with the Tanzanian

⁷¹ In Tanzania, China outranks U.S. as positive influence and development model, Afrobarometer survey shows. (2021). Retrieved from [www.afrobarometer.org website: https://www.afrobarometer.org/articles/tanzania-china-outranks-us-positive-influence-and-development-model-afrobarometer-survey-shows/](https://www.afrobarometer.org/articles/tanzania-china-outranks-us-positive-influence-and-development-model-afrobarometer-survey-shows/)

health system from 2015 to 2021(Sun et al., 2023), sharing expertise in malaria elimination interventions and applying Chinese knowledge in malaria control to alleviate the disease burden within Tanzania's local context. It involved China, the United Kingdom, and Tanzania⁷² and was initially funded by the UK Department for International Development (DFID) and later by the Bill & Melinda Gates Foundation (BMGF). Moreover, multi-stakeholder cooperation, involving 11 main organizations, was essential for the project's successful implementation. Therefore, the Project also included Chinese, Tanzanian, and international organizations, with evaluations conducted by various institutions such as Duke University and WHO.

Throughout the project, Chinese partners shared their extensive experience in malaria control and elimination spanning over 70 years, while UK partners provided resources and developed global health strategies. Local Tanzanian staff worked closely with all partners to ensure the effective implementation of the project (Ma et al. 2024). The project's management was characterized by a transparent mechanism to ensure proper oversight and implementation of activities. These mechanisms included selective locally effective measures, training local staff, and enriching work experience in malaria control. Local teams were empowered through active problem-solving, adopting a 'learning by doing' approach. Chinese staff and local teams collaborated to identify and resolve issues in malaria control, fostering a shared understanding of projects objective through regular lectures, internal evaluations, and quarterly stakeholder meetings. The capacity building of community health workers (CHWs) through the community approach, known as the Chinese 'village doctors' model, proved to be a game changer in mobilizing community participation and project implementation. This model saw CHWs providing primary health care at home, improving accessibility to health services, and reducing the cost of care, serving as an inspiration for similar initiatives in other African countries (Ma et al., 2020).

The Project, as one of the China's pioneering overseas projects, has opened a global health network for China and provided a model for future endeavors. Additionally, the Project diverges from the traditional pattern of North–South cooperation in previous public health programs, representing a large-scale malaria control initiative that emphasizes South–South cooperation. It marks a significant milestone following China's successful elimination of malaria, symbolizing a breakthrough and China's influential role in global health (Sun et al., 2023).

⁷² The China-Tanzania Cooperation Project on Malaria Control was conducted by National Institute of Parasitic Diseases at China CDC and Chinese Center for Tropical Diseases Research, Ifakara Health Institute in Tanzania and funding agencies from 2015 to 2022 (Ma, 2024)

After the successful implementation of the Pilot Project, a subsequent initiative named the China-Tanzania Demonstration Project on Malaria Control, financially supported by the BMGF, was conducted from 2019 to 2023. The objective of this project was to replicate the achievements of the Pilot Project and expand its scope beyond its original boundaries. This inclusive approach, termed "Learning by Doing," involved collaborative efforts between partners, known as "paired" collaboration. It is believed that this approach has the potential to serve as a model for future cooperative projects in health development within the South-South context. (Lu et al., 2023; China CDC, 2023).

The anti-malaria project represents a notable stride in enhancing healthcare in Tanzania. This project is geared towards managing and mitigating the impact of malaria in Africa and has bolstered the collaborative ties between the two nations through the exchange of knowledge and resources. Despite encountering obstacles, including funding shortfalls and the necessity for increased backing from recipient governments, the projects underscored the significance of customized strategies and a methodical approach in elevating the efficacy of public health initiatives (Sun et al., 2023). Experts suggest that China lacks a model to guide its global health engagement. Therefore, China should focus on making systematic changes to its international health cooperation and collaborating with global agencies to form new health partnerships (Ma et al., 2020). The Chinese experience can offer valuable insights to the continent, relying on action plans and protocols that allow for the prompt identification and treatment of individual cases, thereby facilitating the tracing and elimination of infection sources as quickly as possible (Colarizi, 2021).

Another aspect of the cooperation between China and Tanzania is pharmaceutical production. Some experts like Brautigam (2011) and Gikiri (2017) report that Tanzansino is an example of how China's engagement in Tanzania extends beyond infrastructure development to pharmaceutical manufacturing.

Tanzansino started as a 3 million joint venture, where Tanzania⁷³ owned 45% of share, and China⁷⁴ the 55% (Mwilongo, 2011). The first years of production, the factory mainly produced antiworm medication, anti-cholera, and anti-malaria drugs (People's Daily, 2001), however in small quantities (Chorev, 2020). This collaboration was a chance to deepen economic cooperation between Tanzania and China, therefore had a strong political importance (People's

⁷³ The National Service of Tanzania (Suma JKT)

⁷⁴ The New Technological Applications Center of Northern China's Shanxi Province

Daily, 2001). China provided technical know-how and machinery; it also sent to the plant seven to eight Chinese experts (Chorev, 2020, 2023).

In 2007, the Holley Industrial Group purchased Chinese shares with the primary objective of manufacturing antimalarial drugs (Banda et al., 2016). The acquisition was driven by the potential for local advantages, including tax incentives (Bräutigam, 2009). However, the revision of national treatment guidelines that prohibited the use of artemisinin monotherapies produced by Holley Cotec thwarted the original plan. Consequently, the Holley group made minimal changes to the factory and, in 2008-2009, resumed production, albeit limited to a few painkillers and anti-infectives (Chorev, 2020).

Chinese anti-malaria campaign increased access to anti-malarial medication for many patients, they also served to promote Chinese pharmaceuticals in African markets without fully achieving the intended goal of advancing sustainable malaria control. It was also disappointing that most anti-malarial treatments derived from artemisinin were obtained from China, as local production of raw materials for anti-malarial drugs was crucial for self-sufficiency (Kifyasi, 2021). Local production could not only reduce Tanzania's reliance on foreign aid but also create jobs and stimulate economic growth. The Tanzanian government and other stakeholders should have capitalized on the opportunity to manufacture anti-malarial drugs domestically, opting to export the extracted materials instead. Furthermore, the assistance provided by China and other countries did not support the use of locally grown *Artemisia annua* for producing anti-malarial medication within Tanzania, nor did they prioritize preventive measures. They chose to establish ties between the government and foreign-made anti-malarial treatments through grants, rather than supporting locally sourced solutions. While this approach offered temporary relief in the battle against malaria, it exacerbated Tanzania's reliance on imported drugs (Kifyasi, 2021).

Tanzania's strategic location on the Indian Ocean coast positions it as a vital hub for both regional and global trade. As a result, various countries are keen on fostering strong partnerships with Tanzania to safeguard trade routes and bolster their influence in the region (Lunogelo, Baregu, 2013). Notably, both India and China are actively working to strengthen their economic ties with Tanzania, while also prioritizing maritime security and advancing their geopolitical interests (Shangwe, 2017). India recognizes Tanzania as a key ally in promoting peace, stability, and prosperity in the Indian Ocean region. Similarly, China views Tanzania as

a pivotal component of its Belt and Road Initiative (BRI), which aims to improve connectivity and expand its influence throughout Africa and beyond (Kumar, 2023).

Countries like Tanzania and Kenya, as part of the East African Community (EAC), play a crucial role in the current geopolitical landscape, with China gaining influence through initiatives like the Belt and Road. China has become a significant provider of consumer goods, capital, and finance to the region, surpassing the EU and the World Bank in bilateral loans. The change in influence can be seen in Tanzania's choice to withdraw from the combined EAC-EU Economic partnership agreement in 2016, indicating a decrease in the EU's strategic impact in the EAC as a result of the options presented by China (Mboya, 2023). A clear example of China's presence in Tanzania is its contribution to the Dar es Salaam Port, which recently regained vitality thanks to the China Harbour Engineering Company (CHEC) upgrade, increasing its cargo handling capacity by 26%. This upgrade promotes not only Tanzania's demand for cargo transport but also the foreign trade with other landlocked countries in Africa like Uganda, Rwanda and Burundi, consolidating the critical position of the port as an important harbour in East Africa (People's Daily, 2023)

The city of Dar es Salaam also hosts the Sino-Tan Industrial Park, which encompasses various areas of industrial investment, including pharmaceuticals and chemicals. Furthermore, the prospects for the Bagamoyo area are now more promising than ever, given the imminent plans for the construction of the Bagamoyo port (Kasonta, 2022).

In this context, it is worth noting that the health sector ranks among the least prioritized areas in terms of Chinese loan commitments and investments (Chen et al., 2024). This indicates the potential for further economic development in Tanzania, particularly under Health Silk Road framework.

Tanzania's role has recently become more significant within the context of the Health Silk Road initiative. For example, Sansheng Pharmaceutical Plc, a company based in Chongqing, China, established a subsidiary in Ethiopia in 2018. The subsidiary's primary focus is the production of antibiotics and painkillers. This substantial \$85 million investment project has created employment opportunities for 270 local workers. Moreover, the project aims to export its pharmaceutical products to key destinations such as Tanzania, Kenya, Sudan, and other East African countries (Habibi & Zhu, 2021).

Additionally, Neusoft Medical Systems Company LTD, a private enterprise from China, has secured a contract with the Tanzanian government to construct a medical equipment factory. Anticipated to be the largest of its kind in Africa, this facility will manufacture various medical

equipment, including MRI and X-ray machines. This development is expected to significantly contribute to the healthcare infrastructure in Tanzania (The Citizen, 2021; Habibi & Zhu, 2021). Recent involvement of pharmaceutical manufacturers, as noted by Habibi & Zhu (2021), has brought attention to the two main characteristics of the new Health Silk Road. These include prioritizing the provision of healthcare services and pharmaceutical products to benefit both Chinese service providers and African people, as well as increasing the participation of private enterprises in healthcare initiatives. This contrasts with the traditional BRI projects, which have been dominated by state-owned enterprises.

The COVID-19 pandemic has also highlighted the historical friendship between China and Tanzania. During the pandemic, China aimed to counter accusations by developing a positive image and leveraging the soft power vacuum in Africa left by the Trump administration. China's Foreign Minister, Wang Yi, visited several African nations, including Tanzania (Itugbu, 2021). Despite the corruption scandal that emerged over Jack Ma's medical donations in Kenya and Tanzania⁷⁵, which raised doubts about China's ability to avoid corrupt institutions and ensure that medical supplies arrive to the intended targets, China's planeloads of COVID-19 donations, including hospital gowns, nasal swabs, and surgical masks, were initially viewed positively (Edwards, 2021). As a matter of fact, according to official information, Tanzania received 5 million doses of COVID-19 vaccines. AidData⁷⁶ also classified Tanzania among the top 10 African countries receiving the most health aid during the pandemic.

Among the latest official document of the Chinese government to highlight the importance of China and Tanzania relations in the last decade, which is the decade of belt and road initiative, figures out the words of the Ambassador Chen Mingjian about the achievement of China-Tanzania's Belt and Road construction⁷⁷. This discourse discusses the deepening economic and trade cooperation between China and Tanzania, including increasing bilateral trade volume, China's investment in Tanzania and the expansion of export opportunities for Tanzanian products to China. It is also mentioned Chinese assistance to Tanzania during the

⁷⁵ Kenya's Ethics and Anti-Corruption Commission accused the Kenya Medical Supplies Authority of selling a consignment of medical equipment intended for the Kenyan people to a dozen Tanzanian companies in March 2020.

⁷⁶ Housed at William & Mary's Global Research Institute, AidData is an international development research lab. More information can be retrieved from <https://www.aiddata.org/about>

⁷⁷ Ambassador Chen Mingjian : 10 Years On, China-Tanzania Belt and Road Cooperation Has Yielded Fruitful Results. (2023, September 26). Retrieved from http://tz.china-embassy.gov.cn/eng/sgdt/202309/t20230926_11150577.htm#:~:text=Moreover%2C%20Chinese%20companies%20have%20completed

COVID-19 pandemic, including vaccine donations and livelihood projects, demonstrating solidarity and support during crises. Overall, China and Tanzania Belt and Road cooperation is portrayed as mutually beneficial, impactful, and poised for continued growth and development. Some also argue that China's engagement with Tanzania have both successes and challenges. Among the Chinese significant investments in Tanzania's infrastructure and the cultivation of ties with Tanzanian elites, China still faces some vulnerabilities in its approach, particularly in the face of shifting political dynamic and public opinion within Tanzania. Local political instability led China's strategy of personalized diplomacy with Tanzanian leaders to some obstacles. Especially with President John Magufuli who has criticized previous agreements with China, highlighting the limitations of the Chinese approach (Hursh, 2019). Tanzania and China's collaboration has been reinstated under the leadership of President Samia Suluhu Hassan. However, internal political turbulence indicates that engagements between China and Tanzania will be intricate and uncertain (White, 2023). At present, it is established that in November 2022, Tanzanian President Samia Suluhu Hassan and Chinese President Xi Jinping declared the establishment of a "comprehensive strategic cooperative partnership" between their respective nations. Moreover, Tanzania continues to deal with China's investment opportunities. In March 2024 it hosted in the port city of Dar es salaam a China-Tanzania investment forum, to which 120 Tanzanian companies participated, and included many industries in pharmaceuticals.⁷⁸

3.2 China health assistance in Kenya

As previously discussed, the 1960s marked a significant period in African history, with many nations gaining independence from European powers. Kenya's declaration of independence in 1963 was a pivotal moment, signifying the country's determined journey towards economic recovery and distinction among its African counterparts. Its strategic geographical location not only provided access to other African regions but also opened doors to the global arena, creating new opportunities for commercial, technological, and political collaborations (Farooq et al., 2018). China recognized Kenya's independence in 1963 and

⁷⁸ More Chinese companies to explore investment opportunities in Tanzania. (2024, March 21). Retrieved May 21, 2024, from Belt and Road Portal website: <https://eng.yidaiyilu.gov.cn/p/0F9L0SAM.html>

established diplomatic relations, opening an embassy in Nairobi on December 14, 1963, marking a significant milestone in their bilateral ties (Xinhua, 2003).

Kenya's strategic resources played a crucial role in China's decision to maintain relations with the African nation (Chege, 2008), particularly evident in the late 1980s and early 1990s when China began making inroads into the region (Rarieya & de Vincente, 2024). Notably, China was involved in various projects, including the construction of the Moi International Sports Centre in Kasarani for the 1987 All-Africa Games and the Moi Teaching and Referral Hospital in Eldoret, the second national referral hospital (Hamasi & Amutabi, 2023).

While Kenyatta's government (1964-1978) initially sought assistance from European powers rather than China, the subsequent administration of President Arap Moi (1979-2002) remained cautious about working closely with Beijing. Despite this, Kenya's market continued to develop, attracting foreign direct investments, and solidifying its position as a gateway to the East and Central African markets (Rarieya & de Vincente, 2024).

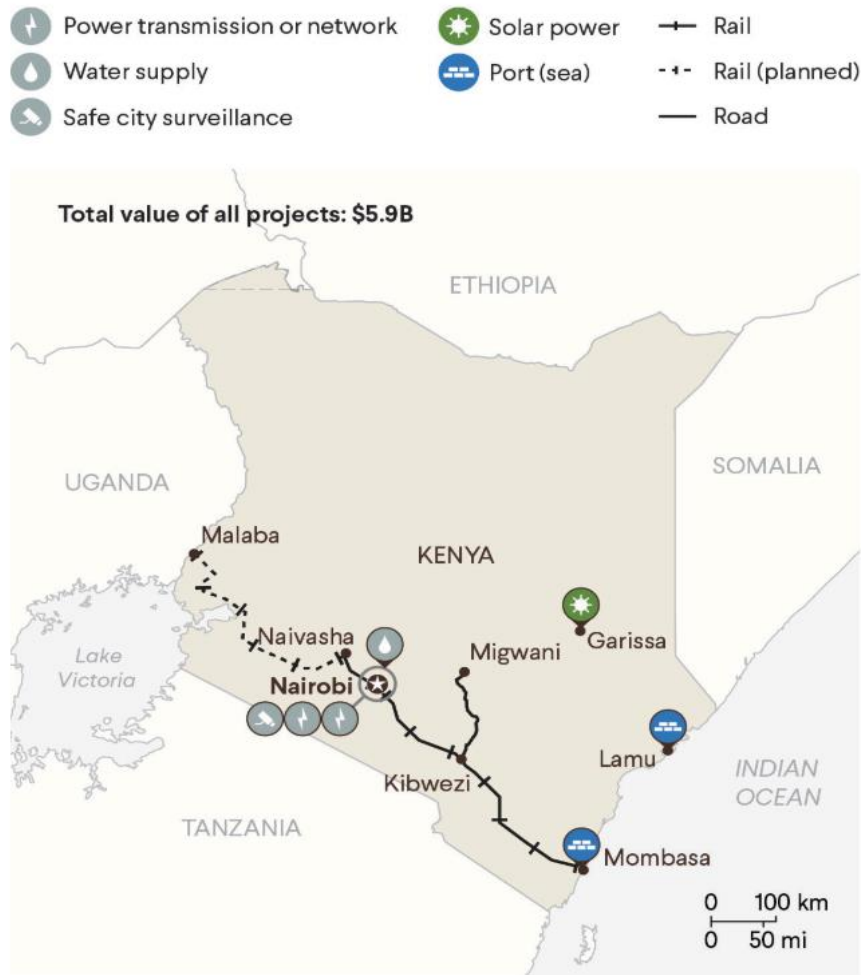


Figure 13. Chinese infrastructure project in Kenya
(Source: Lew et al., 2021)⁷⁹

In 2008, the Kenyan government introduced 'Vision 2030' as a development strategy aimed at elevating the nation to a middle-income emerging market by 2030 (Farooq et al., 2018). As a crucial step toward achieving this goal, Kenya must enhance its economy by improving its infrastructure. One of the key projects under this strategy is the Mombasa-Nairobi Standard Gauge Railway, a railway project that has strong involvement from China. The Chinese creditor company, China Communication Company, has described it as a "benchmark of the Belt and Road Initiative jointly built by China and Kenya to accelerate modernization in Kenya,

⁷⁹ Lew, J., Roughead, G., Hillman, J., & Sacks, D. (2021). China's Belt and Road Implications for the United States. In *Independent Task Force Report No. 79*. Council on Foreign Relations.

contribute to interconnection in East Africa, and promote win-win cooperation between China and Africa."⁸⁰

The project was initially proposed during the East African Community Summit in 2004 and gained traction in 2009 with the Northern Corridor Initiative between Kenya, Uganda, and Rwanda. The China Road and Bridge Corporation (CRBC) conducted a free feasibility study in exchange for the construction contract, with financing provided by the Export-Import Bank of China (China Eximbank). In 2012, the Kenyan government awarded the construction contract to CRBC, and in 2014, the loan agreement was signed during the visit of Chinese Premier Li Keqiang. China Eximbank is financing 90% of the project, and CRBC is the main contractor (Huang, 2022). The SGR represents the largest project ever undertaken by the Kenyan government, with an investment of unprecedented scale for a country of Kenya's size and economy and with plans for a second phase to link Nairobi to Kisumu and other regions⁸¹. This cooperation with China is under the umbrella of the Belt and Road Initiative. The Belt and Road Initiative has significantly impacted Kenya as it aligns with its "Vision 2030", which focuses on the long-term development driven by a shared vision for a better society with a high quality of life (Rarieya & de Vincente, 2024).

Besides this SGR, other noteworthy projects under the BRI in Kenya include the Lamu Port South Sudan Ethiopia Transport Corridor Project (LAPSSET), the Garissa Solar Power Project, the Karimenu Dam, the upgrading of the Nairobi Power Transmission lines and the Port of Mombasa (Lew et al., 2021).

Kenya, unlike other African countries, has the peculiarity of having been the recipient of numerous infrastructure projects for the construction of large-scale hospital facilities but has never regularly received Chinese Medical Team assistance (Gikiri, 2017).

For instance, the Mama Lucy Kibaki Hospital was built with a 550 million KES investment (approximately 6.4 million USD), serving around 200000 outpatients and 7000 inpatients, including 3000 childbirths. It also functions as a malaria treatment center (Gikiri, 2017), showing China's dedication to addressing prevalent health issues in Kenya.

⁸⁰ China Communications Construction Company Ltd. (2022). 5-year operation of Kenya's Mombasa–Nairobi Standard Gauge Railway. Retrieved June 1, 2024, from [en.ccccltd.cn website: https://en.ccccltd.cn/xwzx/zxbd/202206/t20220613_172683.htm](https://en.ccccltd.cn/xwzx/zxbd/202206/t20220613_172683.htm)

⁸¹ The Northern Corridor Transit and Transport Co-ordination Authority. Rail Network. Retrieved June 1, 2024, from <https://tcanc.org/rail-network>

In addition to the Mama Lucy Kibaki Hospital, China has funded the construction of several other healthcare facilities in Kenya. This includes the Nairobi East District Hospital, completed in two years, with a 46.5 million RMB grant.⁸²

Another significant Chinese-funded hospital construction is the Kenyatta University Teaching, Referral, and Research Hospital. This modern hospital, realized by China Jiangxi Corporation for International Economic and Technical Cooperation and funded through a concessional loan from the Chinese government in 2011, is a multifunctional facility that encompasses clinical, research, emergency, and health prevention functions. Its aim is to provide national-level medical services, thereby alleviating the burden on Kenya's two leading central hospitals. During the official handover ceremony in Nairobi in 2019, Guo Ce, the Economic and Commercial Counselor of the Chinese Embassy in Kenya, proudly announced that this is the first hospital project fully funded through a Chinese concessional loan (Xinhua, 2019 May 2024).

China's commitment to healthcare development in Kenya extends to remote areas as well. The donation of four modular container clinics, valued at 2.75 million yuan (approximately 400,000 USD), by the Shenzhen Institute of Advanced Technology of the Chinese Academy of Sciences, is a testament to this (Mutethya, 2016). Furthermore, the 2015 provision of 380 million KES by the Chinese government for the upgrading of several district hospitals, including Kakamega Hospital, Nyamira Hospital, Nyeri Hospital, and Malindi Hospital, demonstrates China's long-term commitment to healthcare development in Kenya (Gikiri, 2017).

In 2016, the Chinese Ministry of Commerce funded a significant expansion of Gatundu Hospital in Kiambu County. The Beijing-based Guohe Construction Group managed the 11 million USD project. The expansion included additional beds, an intensive care unit (ICU), a medical laboratory, a maternity unit, and operating theatres. Chinese funds also provided modern medical equipment such as CT scanners and X-ray machines (Morangi, 2016).

China also supported the construction of a new pavilion at Moi Teaching and Referral Hospital in Eldoret, increasing the hospital's capacity to 1,800 beds. This project includes the construction of a new inpatient complex, further enhancing the hospital's status as a referral and teaching facility (Gikiri, 2017). However, according to some African news sources and the AidData report, the project remains in the 'pledge' phase, with no implementation phase yet.⁸³


⁸² Aiddata. Chinese Government provides RMB 46.5 million grant for Nairobi East District Hospital Construction Project. Available at: <https://china.aiddata.org/projects/1267/>

⁸³ Aiddata. Chinese Government funds expansion of Moi Teaching and Referral Hospital. Available at: <https://china.aiddata.org/projects/30544/#:~:text=Description,firm%20to%20conduct%20the%20construction.>

Another notable project was the visit of the Chinese Navy hospital ship "Peace Ark" to the port of Mombasa in 2010, providing free healthcare services to Kenyan civilians and military personnel. During this visit, diagnostic services, surgical operations, and traditional Chinese treatments such as acupuncture and cupping therapy were offered. Additionally, Chinese medical staff trained Kenyan healthcare personnel and visited a local primary school and orphanage, offering medical services to children and teaching them primary healthcare (Embassy of the People’s Republic of China in the Republic of Kenya, 2010).

Besides healthcare infrastructure and hospitals, it is worth mentioning the recent Chinese donation and support to UNICEF in reducing the fatality rate of pregnant women and children during the COVID-19 pandemic. China funded a 1 million USD project to promote maternal, newborn, and children's health in Kenya. According to official UNICEF Kenya data, this project distributed equipment and training to 159 health facilities nationwide, providing aid to more than 3 million residents (Xinhua, 2022).

These efforts demonstrate China's strong commitment to improving healthcare infrastructure in Kenya and fostering bilateral relations between the two countries.

Sectoral distribution of Chinese investments 			
SECTOR	NO. OF PROJECTS	CAPITAL COST (IN KSH MILLION)	NUMBER OF KENYANS EMPLOYED
Tourism	27	30.41	1,752
Trade	70	12,636.92	1,862
Services	33	3,624.48	4,871
Manufacturing	118	46,606.44	11,557
Agriculture	5	613.8	281
Construction	36	86,116.8	5,718
Finance	1	1.00	8
Real Estate	1	0.1	6
Education	1	0.144	50
Health	4	0.4502	58
Telecommunications	3	12.072	1,329
ICT	7	11.71	104
Transport	3	2.58	67
Energy	4	0.9841	31

Source: Kenya Investment Authority © MERICS

Figure 14. Sectoral distribution of Chinese investments in Kenya (Source: Otele, 2022)

Although the initiative mentioned so far demonstrate that Chinese engagement in improving Kenya healthcare situation is important for both countries, this picture above shows that health sector is among the least attractive for Chinese investment, compared to other sector such as trade or manufacturing. Kenya is in fact a major source of raw materials for China's industry, whose finished products constitute the largest imports for Kenya, mainly including household electric appliances, industrial and agricultural tools, textile goods, commodities for daily use, building materials, and drugs (Rarieya & de Vicente, 2024).

In any case, other projects such as the Chinese collaboration with the Kenyan Ministry of Health to supply and install computed tomography (CT) scan units in 37 Kenyan hospitals (Wambui, 2018) highlight that while helping Africa to address the issue of developing appropriate healthcare infrastructure and facilities, China is also helping to create market opportunities for Chinese firms (Di Tommaso, 2020). The project aims to enhance healthcare by improving diagnostic capabilities, especially for emergency cases and early cancer detection. The initiative involves contracting Neusoft Medical Systems, a Chinese medical equipment manufacturer, and their local partner, Megascop Healthcare (Wambui, 2018).

Another strategic move that underscores the potential of the Kenyan healthcare market is Zhende Medical's decision to choose Kenya and Tatu City as their global expansion base. Also, Chairman Lu Jianguo's commitment to Kenya's healthcare industry, local talent development, and fostering cooperation between Kenya and multinational companies further highlights the significance of Chinese engagement in Kenya's healthcare sector. This strategic decision, following extensive market evaluations and site selections, is a testament to the opportunities that exist in the Kenyan healthcare market (Rendeavour, 2023).

In general, China's diplomatic relations, trade, FDI and aid to Kenya have generated a mixed impact, resulting in both gains and losses. On the one hand, large amounts of imports from China provide Kenyan consumers with affordable industrial products, although sometimes with rather poor quality. On the other hand, cheap Chinese goods put many local producers and family businesses out of jobs. Several firms have collapsed as well due to their inability to compete with their more experienced and state backed Chinese counterparts (Farooq, 2018). Furthermore, it's crucial to consider the negative implications and potential concerns associated with healthcare infrastructure investment under the Health Silk Road. Issues such as debt trap diplomacy, lack of transparency, and governance issues are particularly worrisome. Kenya serves as a prime example of these challenges. Extensive literature exists on the topic of Chinese

debt trap diplomacy in Kenya, especially in relation to hard infrastructure projects like railways and ports. These issues are not isolated incidents, but rather systemic problems even in the health sector. An example can be related to the above-mentioned Neusoft-Megascope joint venture, where the Kenyan government made a significant upfront payment to secure a Chinese loan for CT scanners, but the lack of proper procurement documentation during the audit raised concerns about the integrity and transparency of the process (Mwere, 2023). Or, to mention a COVID-19 pandemic related example, the Jack Ma Foundation donated medical supplies to Kenya, but apparently they have been misused, sold on the black market, or not reaching their intended recipients, shedding light on severe governance and transparency problems (Gul, 2020). This lack of transparency and effective governance not only hampers the efficacy of aid but also contributes to broader issues of trust and equity in international relations. Additionally, the relationship between Kenya and China faced further strain due to incidents of racial discrimination against Kenyans in Guangzhou during the pandemic. The Kenyan government, along with the African Union, condemned the discrimination, which included eviction from apartments and denial of services despite having no contact with Covid-19 patients (Shimanyula, 2020). Despite reassurances from Chinese officials⁸⁴, these incidents reveal the complexities and challenges of Sino-African bilateral relations, where economic cooperation is often marred by incidents of discrimination and governance issues.

The perception of China in Kenya is a rich tapestry of complex and multifaceted views influenced by a myriad of socio-economic and cultural factors. A survey conducted in 2019/2020 revealed that 23% of Kenyan respondents consider China the best model for their country's future development, indicating that a significant portion of the population views China as a potential example for Kenya's progress. This finding is juxtaposed with the fact that most Kenyans (74%) are aware of the loans and development assistance provided by the Chinese government suggesting that Chinese financial support is widely recognized. However, opinion regarding the conditions of these loans vary, with 29% of respondents believing that China imposes stricter requirements compared to other donor countries (Selormey, 2020).

This nuanced landscape of perceptions underscores the need for a deeper understanding of the Kenyan viewpoint on China. As this Chinese presence in Kenya has grown, so have incidents of racism and xenophobia, leading to increased polarization between Kenyan and Chinese

⁸⁴ A press release of the Chinese embassy in Kenya stated that "The Chinese side always puts the life and health of the Chinese citizens and foreigners including Kenyans in China above everything else and will continue to take effective and timely measures to address their legitimate concerns." Full text available at: http://ke.china-embassy.gov.cn/eng/zxyw/202001/t20200128_6818069.htm

people. This polarization poses significant challenges to fostering a mutually beneficial relationship between the two nations (Rarieya & de Vicente, 2024).

The xenophobia Chinese migrants experienced ((Rarieya & de Vicente, 2024). also extends to Kenyan healthcare facilities. According to a qualitative study by Qiu et al. (2019), Chinese migrants in Kenya have expressed scepticism and hold a poor perception of the quality of local healthcare services. Most prefer private hospitals and clinics over government facilities in Kenya due to perceived better quality of care, concerns about the risk of infectious diseases such as HIV, and other factors like affordability and distance to healthcare facilities.

Due to their socio-economic standing, middle and upper-class Kenyans tend to be more critical of Chinese migrations. A combination of distrust towards China's state-level involvement in Kenya and a historical aversion to foreign control, rooted in the legacies of colonialism, has made this particular group of Kenyans more wary of Chinese migrants (Ejangue, 2019). These attitudes underscore the complexities of Kenya's perception of China, which is influenced by both positive views of China's development model and negative reactions to the growing Chinese presence in their country.

The situation is further complicated by the dynamics of migration between the two countries. Chinese migrants are drawn to Sub-Saharan Africa for job opportunities, economic investments, and knowledge transfer, all of which contribute to the local economy. Many of these migrants are temporary laborers, contract employees, independent entrepreneurs, or merchants engaged in business ventures. The strengthening diplomatic and economic ties between China and countries in Sub-Saharan Africa have facilitated this migration (Qiu et al., 2019).

In my view, Beijing can enhance this collaboration in a social context by contributing to the improvement of basic public health services. Such efforts can facilitate better communication between Chinese expatriates and the local population, thereby reducing prejudice, including fears related to the risk of contracting infectious diseases. Similarly, the experiences of Kenyan migrants in Guangzhou reflect the broader social challenges of integration and acceptance in foreign countries. Therefore, while economic and commercial exchanges are crucial, addressing the social dynamics and perceptions on both sides is essential for fostering a more harmonious and mutually beneficial relationship.

Another aspect of Chinese health engagement in Kenya concerns vaccine distribution during COVID-19 and, more broadly, the relations between China and Kenya during the

pandemic. Chinese literature on this topic is limited, while other Western research platforms such as AidData and Bridge Consulting have provided valuable insights for analyzing the overall Chinese engagement during this period. Interestingly, there appears to be a lesser-than-expected level of engagement from Beijing towards Kenya

According to Aiddata, the first Sinopharm vaccine donations to Kenya occurred in September 2021.⁸⁵ During a visit to Kenya in 2022, Foreign Minister Wang Yi pledged to provide an additional 10 million COVID-19 vaccine doses to the country (Opali, 2022a). Vaccine Tracker by Bridge Consulting reports that Kenya is among the top 10 countries in terms of pledged donations of doses from China. However, the same Vaccine found that, bilaterally, Kenya only received 400000 doses from China. No other official data is available regarding Chinese vaccine donations and deliveries to Kenya. Research shows that Kenya preferred Western agencies during the COVID-19 pandemic. Several African states subsequently accepted donations of Sinovac and other Chinese vaccines, but not Kenya, which preferred Western over Eastern producers (Harrington & Ngira, 2023).

Another way to help Kenya fight against further sanitary emergency is to develop a sustainable vaccine manufacturing. As the COVID-19 pandemic wanes, there is a concern that the focus and support from national, continental, and global stakeholders may diminish as well (Wellcom, 2023). For instance, Moderna has put a hold on its plans to establish an mRNA manufacturing facility in Kenya as it assesses the future demand for mRNA vaccines in Africa. The demand for COVID-19 vaccines in Africa has decreased since the peak of the pandemic, making it insufficient to sustain the proposed factory in Kenya.⁸⁶ This decision by Moderna has drawn criticism from the Africa CDC, which expressed disappointment. The Africa CDC noted that despite the reduced demand for COVID-19 vaccines, the delayed delivery to Africa during the pandemic significantly impacted the demand. Experts at the Africa CDC are urging countries to invest in domestic vaccine manufacturing infrastructure to ensure fair access and to avoid future disparities in pandemic responses. They stress the importance of establishing a robust local vaccine manufacturing ecosystem to support research and development and to achieve the

⁸⁵ Aiddata. Chinese Government donated 200000 Sinopharm COVID-19 vaccine doses worth USD \$3.6 million in September 2021. Retrieved from: <https://china.aiddata.org/projects/95487/>

⁸⁶ Statement on Kenya Manufacturing Facility. (2024, April 11). Retrieved from investors.modernatx.com website: <https://investors.modernatx.com/Statements--Perspectives/Statements--Perspectives-Details/2024/Statement-on-Kenya-Manufacturing-Facility/default.aspx>

African Union's goal of producing 60% of vaccines, therapeutics, and other medical products locally by 2040.⁸⁷

Although the research didn't find any specific evidence regarding vaccine distribution, the invested mentioned earlier from Zhende Medical and Neusoft Medical Systems leaves hopes about Chinese funding of a future vaccine manufacturing in Kenya as for Sinovac and Sinopharm vaccine production plants in Algeria, Egypt and Morocco (Bridge Consulting, 2023) Merely receiving aid and donations from external sources is inadequate to address the issue of vaccine availability in Africa. It is essential to cultivate and bolster the capacity to produce vaccines within African countries. In essence, to ensure equitable and sustainable access to vaccines, it is crucial to invest in creating infrastructure for vaccine production within the African continent itself, rather than solely relying on external assistance.

These evidence leads to two possible conclusions. First, it suggests that Chinese health aid, as well as Chinese aid in general, may not be solely tied to the resources and investment opportunities in specific African countries, as previously pointed out by Guillon and Mathonnat (2019). Second, it implies that Kenya's bargaining power and its strategic choice to depend on Western powers may have influenced the extent of Chinese involvement. Furthermore, the autonomy and bargaining power of African nations are key considerations. African countries, particularly those like Kenya, are undergoing rapid development, possess bargaining power, and are learning to utilize it. Maddalena Procopio, another expert on China-Africa relations, advises against disregarding Kenya's role in negotiations, highlighting that the Kenyan government has actively pursued and initiated BRI projects while historically resisting unfavourable Chinese investments (Procopio, 2018).

China's economic influence in Africa, particularly in the pharmaceutical and medical equipment sectors, is becoming increasingly evident. While China promotes the Belt and Road Initiative (BRI) as a mutually beneficial partnership, countering Western narratives portraying the BRI as hegemonic (Cheng et al., 2019), many African countries are seeking to balance their relationships with both global powers. Kenya emerges as a key player in this scenario. Despite China offering vaccine donations, Kenya has chosen to collaborate with Western producers. This choice reflects Kenya's willingness to pursue its national interests and maintain its decision-making independence. However, the African pharmaceutical sector, including

⁸⁷ Africa CDC's Statement on Moderna's plan to reassess commitment to African vaccine manufacturing. (2024, April 15). Retrieved from Africa CDC website: <https://africacdc.org/news-item/africa-cdcs-statement-on-modernas-plan-to-reassess-commitment-to-african-vaccine-manufacturing/>

Kenya's, faces significant challenges. These challenges include a lack of active pharmaceutical ingredient (API) manufacturing capacity, dependence on imports, and a focus on non-patented products, highlighting the need for growth and evolution towards more complex and higher value-added production (Asoko Insight, 2023). This represents both a challenge and an opportunity to reduce import dependence and strengthen the domestic economy. Furthermore, analysis suggests that while China may not directly threaten Western supremacy in crucial sectors like pharmaceuticals and medical equipment at present, massive investments in research and development and supply chain restructuring indicate a potential shift in market dynamics. This suggests that China could soon become a leader in segments where advanced technology is required, altering the current market share division (Di Tommaso et al., 2020). In conclusion, the relationships between China, Africa, and the West in the pharmaceutical and healthcare sectors are complex and evolving. African states like Kenya are exercising their agency in pursuing their national interests while facing challenges and opportunities in strengthening the domestic pharmaceutical sector (Harrington & Ngira, 2023; Wilson-Andoh, 2022). Meanwhile, China continues to consolidate its economic presence on the continent, presenting new perspectives and dynamics in the global landscape.

3.3. Concluding Remarks: The Belt and Road Initiative, COVID-19 and Chinese global health engagement

As introduced in the first chapter, the Belt and Road Initiative (BRI) has focused heavily on infrastructure and construction projects, compared to other sectors like healthcare. Conversely, however, in Africa, as explained in the second chapter, the role of Chinese investments is beginning to become significant in this latter sector as well.

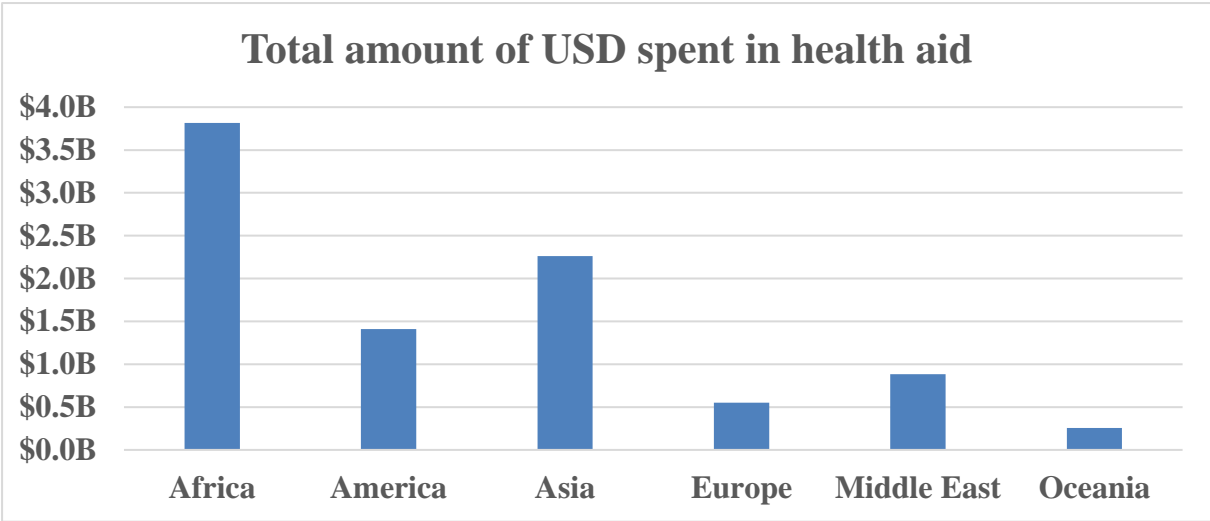


Figure 15. China's total amount of USD spent in health aid worldwide (2000-2021)

The graph above graph depicting the total amount of development aid in the healthcare sector from Chinese government or private entities, based on data from AidData, illustrates that Africa, Asia, and South America have been the primary recipients of healthcare development aid from Chinese sources from the early 2000s to 2021.

Chinese foreign aid has emerged as a substantial component of Belt and Road Initiative cooperation, particularly targeting developing countries. This is further underscored by the inclusion of the Belt and Road Initiative in the China International Development Cooperation Agency (CIDCA) (Lynch et al., 2020). Indeed, by cross-referencing these data with those provided by the Green Finance & Development Center (Nedopil, 2023) regarding the actual number of countries participating in the Belt and Road, the majority of BRI countries are in the continents with the highest columns, Asia and Africa.

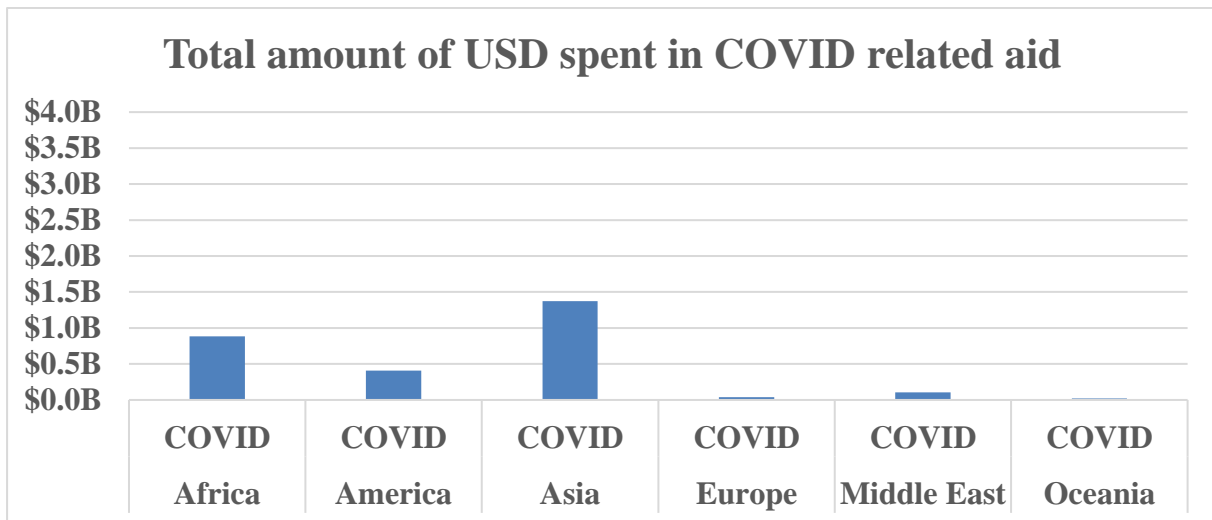


Figure 16. China's total amount of USD spent in COVID related aid worldwide (2020-2021)

A close examination of the data highlights that during the early COVID period, between 2020 and 2021, healthcare aid from Beijing was notably concentrated in regions with high participation in the Belt and Road Initiative. This trend corroborates the correlation between participation in the Belt and Road Initiative and the receipt of healthcare development aid from Beijing, particularly in African and Asian countries.

Another confirmation of this aspect is the fact that in continents like Europe, where there is less adherence to the Belt and Road, there was no significant increase in healthcare aid from Beijing during the COVID health emergency; and the amount of aid received was for countries that did participate in that period, such as Serbia and Italy (Kurtzer & Gonzales, 2020).

Furthermore, the fact that many countries outside the BRI prefer to engage in other types of financial cooperation with China is further evidence that this healthcare development aid is directed towards low and middle-income countries, generally part of the Global South, making it difficult to determine how much China has actually invested in the medical and healthcare field outside the BRI context.

In conclusion, it is crucial to highlight that nearly three-quarters of the world's countries have joined the Belt and Road Initiative, reaping benefits not only from cooperation with China but also with other participating countries. Integrating the health component into the Belt and Road Initiative not only enhances China's geopolitical influence but also contributes to global health advancements. However, there remains a need for improvements, such as an evaluation system for health standards and specific schemes to outline the expected levels of health for participating countries (Li et al., 2024). To ensure that the healthcare development aid sector moves towards systematic and concrete results, the BRI agency is essential, precisely to utilize

the network of connectivity that the initiative promotes. Additionally, fostering a truly global Health Silk Road and extending support to non-Belt and Road Initiative countries will determine the effectiveness and equity of these efforts.

Conclusions

This thesis provided an analysis of the health cooperation between China and Africa, examining its evolution, challenges, and criticisms. A variety of sources including government documents, embassy press releases, Chinese, Western, and African journalistic articles, as well as scholarly articles were utilised to gain a comprehensive understanding of the topic and conduct an in-depth analysis of Chinese involvement in the health sector.

The research conducted in the initial chapter unveiled significant historical events that shaped Sino-African relations, spanning from the Bandung Conference to the Ebola epidemic. China augmented its foreign aid to Africa between 1964 and 1970, providing medical teams and contributing to the development of hospital infrastructure in support of liberation movements. This was aimed at curbing the political influence of the Soviet Union and securing votes against Taiwan at the 1971 UN General Assembly from as many African countries as possible. Subsequently, China assumed a new international role. The thesis highlighted that political recognition had always been the primary condition for African countries to receive Chinese aid. Nevertheless, in the 21st century, China-Africa relations have pivoted towards economic and trade interests, formalised through notable forums and initiatives like FOCAC and BRI. Research indicates that FOCAC's focus on the healthcare sector involves sending specialists, setting up facilities, and fostering pharmaceutical cooperation. Furthermore, China has underscored the importance of the Belt and Road Initiative in achieving these objectives. The analysis posited for this global initiative was instrumental in understanding the Chinese government's intentions toward the countries participating in the BRI.

The thesis further delved into the Health Silk Road, a recent branch of the Belt and Road Initiative, within the health framework. The Health Silk Road played a vital role during the COVID-19 pandemic, bolstering China's position amid early criticism. However, the focus on the Health Silk Road drew attention away from the problems faced by many infrastructure projects under the BRI due to COVID-related delays. The thesis also analysed China's two diplomatic strategies during the pandemic: mask diplomacy and vaccine diplomacy. While these strategies have underscored China's new role in the health sector in Africa, they have also revealed China's need for improvement in managing global health emergencies. China's delayed participation in the COVAX initiative and its continued emphasis on bilateral relations illustrate

this. Moreover, discrepancies have arisen regarding promised vaccine doses donated and sold, raising questions about China's motives and its commitment to making vaccines more accessible to African partners.

The research underscores the intricacies and obstacles in health collaboration between China and Africa, acknowledging the progress achieved while also identifying areas that require improvement for more effective and inclusive global health governance. In summary, this analysis demonstrates that China's involvement in Africa, particularly in the health sector, defies simplistic categorization as either a form of new colonialism or a competition for Africa. While China employs soft power tactics in its foreign policy, the notion that African nations are passive recipients of Chinese decisions is erroneous and fails to capture the true nature of Sino-African cooperative dynamics.

The research revealed a significant development in the increasing autonomy of African states, such as Kenya and Tanzania, to assert their own political and economic influence. These nations are actively engaged in negotiations with China and leverage their bargaining power to advance specific national objectives, such as enhancing healthcare systems and attaining middle-income status. Their capability to accept or reject Chinese proposals signifies that the relationship is not one-sided but rather a nuanced and negotiated dynamic where African governments maintain a level of independence and impact.

It's essential to acknowledge the complexity of Sino-African interaction. Describing it solely as a form of neo-colonialism overlooks the significant degree of negotiation and reciprocity involved, albeit with noticeable imbalances. African governments actively seeking to enhance their economic and health conditions through strategic partnership with China emphasises the necessity for a more thorough and nuanced analysis of this relationship. This approach replaces the narrative of a passive and subordinate Africa with a portrayal of states that, despite grappling with influential global players, exhibit the capability to act autonomously and harness external resources for their own progress.

Moreover, it's crucial to recognize that China should play a more active and collaborative role with other global organisations like the World Health Organization (WHO) and UNICEF. To assume a central position in global health governance, particularly in the face

of future pandemics, China must enhance its internal management of global health governance. Increased engagement in multilateral efforts would not only bolster China's standing on the world stage but also improve the efficacy of global health initiatives by fostering more fair and sustainable collaboration.

In addition to these conclusions, it's important to highlight how the Belt and Road Initiative (BRI) has extended its impact beyond infrastructure projects to healthcare development, particularly in regions like Africa and Asia. The analysis of the data, as depicted in Figures 15 and 16, shows a significant allocation of Chinese health aid to BRI countries, especially during the COVID-19 pandemic. This pattern emphasizes the strategic linkage between BRI participation and the receipt of Chinese healthcare aid. Conversely, regions with less BRI engagement, such as Europe, received comparatively less aid during the same period, underscoring the geopolitical and economic motivations behind China's health diplomacy. This reinforces the notion that China's healthcare development aid is primarily directed towards low and middle-income countries within the Global South, often correlating with their involvement in the BRI. For a more effective and equitable distribution of health resources, China's future efforts should also consider extending support to non-BRI countries, aiming to build a truly global Health Silk Road.

This underscores the need to consider the diversity and intricacy of international relations and appreciate the active and strategic involvement of African countries in health collaboration with China. Simultaneously, it emphasises the necessity for greater Chinese participation in multilateral platforms to effectively address global health challenges.

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