China’s Emerging Role In Global Health

Elanah Uretsky, Jennifer Bouey, Rebecca Katz

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The field of global health has long been thought of as part of a broader Western development assistance strategy, aimed at improving health in nations needing to develop economically. Global health funding, and consequently the programs it funds, have primarily come from Western developed nations that saw improving population health as an altruistic imperative as well as an avenue to protect their own economic and strategic interests. Funding for global health programs from Western industrialized nations has increased exponentially over the past few decades as globalization advances. The greatest amount of
funding in recent years has come from the United States, but this plateaued in recent years and decreased between 2013 and 2016.

The Changing Landscape In Global Health

As the US shifts its funding priorities and precipitates an inevitable slowdown in its investments in global health, China is poised to fill the void as it increases its international diplomatic efforts through its One Belt One Road Initiative, which will rival the scale of the Marshall Plan to develop infrastructure along with a China-centered trading network. But the Chinese philosophy on global health and its approaches in distributing aid, and development assistance for health (DAH) in particular, is vastly different from that of the US. China’s entry into the DAH field represents the first time that a developing nation switched its role from being a recipient to being a major financial contributor to global health. It is our belief that this will create new models for south-south collaboration—that is, exchanges between developing nations—in global health and prompt a paradigm shift in global health assistance as we currently know it.

DAH has long represented an effort to approach global health, and foreign assistance in general, from the perspective of a benefactor who also expects to be a beneficiary in some way. The US President’s Emergency Plan for AIDS Relief (PEPFAR) is a great example of a DAH program designed to improve health outcomes that has the added effect of protecting national security. In addition to a display of altruism, global health engagement is seen as the use of “soft power,” with engagement leading to strategic relationships. Nations may set explicit or tacit political terms with expectations that recipient nations increase democratization, transparency, or the openness of their markets in return for the development assistance they receive.

China’s Approach To Development Assistance For Health

Historically, China’s approach to DAH was grounded in the principles of people-to-people connection, including providing a health system that emphasizes primary health care and a community-based disease eradication strategy, principles that are generally in line with its domestic efforts to improve the health of its own population. This approach began as early as 1963 when China sent its first medical team of clinicians to Algeria. Today, China’s approach to aid stems from its “Eight Principles for Economic Aid and Technical Assistance to Other Countries,” which are based on the concept of foreign assistance in “equality and mutual benefit with no strings attached.” However, much of the development aid China provides to African nations in terms of grants and loans has been orchestrated by and channeled through the Ministry of Commerce. This produces a situation in which aid is not necessarily attached to political conditions but instead is more transactional, with an understanding that assistance begets access to the country’s markets and resources.

China’s approach to global health assistance has become integral to its overall development plan, structured as the One Belt One Road Initiative, a plan President Xi Jinping launched in 2013 to enhance economic development by linking countries in Southeast, Central, and South Asia; Europe; and Africa. This year, at the opening of the One Belt and One Road Initiative forum, Xi Jinping reiterated his pledge to create 100 health projects for women and children in the developing world—a commitment to maternal and child health that fills a void left by the US withdrawal of funding to the United Nations Population Fund. China is also investing in vaccine development and collaboration in biomedical advances with support from organizations such as the Bill & Melinda Gates Foundation. Between 2000 and 2012, China committed a total of $3 billion to 255 projects on health, population, and water and sanitation in Africa. The country also built hospitals and malaria control centers, invested in medical equipment, provided anti-malarial treatment, and trained health care workers. China’s assistance was crucial to both the response to the 2014 Ebola outbreak in West Africa and expanding its soft power further into Africa. China is also increasing its global health partnerships, both
academically and across governments, and now boasts multilateral and bilateral partnerships with UN agencies, developed and developing nations, and many international non-governmental organizations. The country is forming public/private partnerships for global health and is engaging in many academic partnerships. It has even established a consortium organization much like the Consortium of Universities for Global Health called the China Consortium of Universities for Global Health, which so far includes 23 member universities.

With the US decreasing DAH, China is ready to step in. China clearly takes a different approach to health both domestically and globally, emphasizing primary care and infrastructure with a commercial lens. And like other national approaches to DAH, China’s efforts will have wide-reaching impact on its diplomatic engagement with partner countries. As we watch the future trends in DAH, it will be essential to monitor China’s global health engagements and assess how its approach to the assistance impacts not only population health around the world but geopolitical alliances as well.

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