US and Chinese COVID-19 Health Outreach to Africa and Latin America: A Comparison

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Executive summary

The impact of the COVID-19 pandemic has arguably been worsened by the lack of a coordinated global response, driven in part by the tensions between the US and China. On a wider scale, the pandemic has also driven a nationalist turn that undercuts regional and multilateral approaches. This policy insight tracks these trends, and shows how the pandemic has strengthened pre-existing trends away from globalisation. However, even in this divided field, international outreach has played an important role in mitigating the impact of the pandemic. A comparison is drawn between the outreach by China and by the US to Africa and Latin America. While the US has depended largely on its earlier initiatives, China has committed significant new resources to the COVID-19 fight. Both sides have tried to use these measures to gain diplomatic ground, with especially China drawing on a wide range of state and non-state actors.

Introduction

The COVID-19 pandemic has been an unprecedented challenge to healthcare systems globally. Medical institutions in both the developed and developing worlds have come under massive strain owing to the large number of confirmed cases and the increased pressure for testing. The pandemic has also stretched the organisational capacity of national and transnational health authorities. However, the impact of the COVID-19 pandemic reaches far wider than healthcare. It has triggered the largest economic crisis since the Great Depression, and kicked off a related debt crisis in large parts of the Global South. This has implications for the entirety of global trade, investment and geopolitics.

> While the crisis represents a challenge to many national, regional and global healthcare systems, it also shows how these challenges overlap with the geopolitical and diplomatic priorities of great powers

While, at its heart, the crisis represents a challenge to many national, regional and global healthcare systems, it also shows how these challenges overlap with the geopolitical and diplomatic priorities of great powers. To illustrate this point, this policy insight investigates two regions in the Global South: Africa and Latin America. They are comparable as case studies of cross-border coordination in the face of the global pandemic. But they have also proven comparable in terms of how they have been targeted by competing health diplomacy initiatives by wealthy countries, notably the US and China. After looking at the impact of the pandemic on global systems – particularly global supply chains, political

cooperation and the balance between nationalism and regional cooperation – this policy insight compares the Chinese and US health outreach to Africa and Latin America, showing that diplomatic priorities shape responses in both regions. It concludes with suggestions on improving the efficacy of the global health outreach to the Global South.

Systemic impacts

While the COVID-19 epidemic is having unprecedented impacts on global healthcare systems, its full impact is much bigger. These wider systemic impacts are not only complicating healthcare provision but also reshaping global systems.

Global supply chains

The impact of the pandemic and the related economic crises on global supply chains must be seen against the background of the global trade trends that predate the crisis. In many ways the pandemic has hastened and complicated these trends, while uncovering previously unexamined weaknesses in the global trade system.

Even before the pandemic struck, the global trade system had been undergoing significant changes, owing to the rising trade tensions between the US and China. The Trump administration's imposition of tariffs on selected categories of Chinese goods set off a tit-for-tat tariff war between the two superpowers. The slowly escalating trade crisis put both financial and political pressure on the numerous US firms that manufacture and assemble in China to 'reshore' these activities to the US. In reality, while several of them started to divest from China, the majority ended up shifting facilities to other states such as Vietnam rather than the US.[1]

A second long-term factor was the weakening of the global institutional trade architecture through the withdrawal of support to the World Trade Organization (WTO). The activities of the WTO essentially ground to a halt in late 2019, owing to the US' refusal to approve the appointment of appellate judges. While these factors did not fully impact world trade, they did increase uncertainty, and strengthened perceptions of a global trading system under political stress.[2]

The pandemic has rapidly worsened this situation, and in the process revealed significant weaknesses in the global trade system. In the first place, the crisis started in China, and the resulting lockdown interrupted supply chains around the world. As Chinese factories closed,

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1   See, for example, Michelle Jamrisko, "Vietnam Is a Trade War Winner. Now It Has to Figure Out How to Stay Ahead", *Bloomberg*, October 29, 2019, https://www.bloomberg.com/graphics/2019-new-economy-drivers-and-disrupters/vietnam.html.
2   "WTO Judge Blockage Could Prove 'the Beginning of the End'", *Deutsche Welle*, December 10, 2019, https://www.dw.com/en/wto-judge-blockage-could-prove-the-beginning-of-the-end/a-51613082#:~:text=The%20US%20has%20been%20blocking,dispute%20cases%20at%20midnight%20Tuesday.

the manufacturing and assembly of millions of products ceased. This shutdown threatened the global supply of personal protective equipment (PPE) such as gloves and masks, as well as crucial medical equipment such as ventilators. It also had a serious impact on global stocks of pharmaceuticals, owing to the size and reach of China's massive industry, which supplies not only medication but also the chemical components used in other countries' pharmaceutical industries.[3]

The crisis in Chinese manufacturing was exacerbated as the rest of the world shut down in response to the pandemic. Flights and ships between China and the rest of the world were cancelled, leading to products piling up at harbours while shops around the world emptied. Some of these impacts have been mitigated by China's largely successful containment of the outbreak and its relatively rapid return to manufacturing. However, sectors with complicated supply chains have suffered multiple disruptions in both sourcing raw materials, manufacturing and assembly, and in getting the finished products to consumers. The impact of the first quarter's crisis on global trade was unprecedented. In October 2020 the WTO estimated a 9.2% fall in global trade merchandise volume; a shrinkage it projected would last into 2021.[4]

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The crisis has made the centrality of Chinese manufacturing to the global economy clear in most trade sectors. This, together with the wider political tensions between China and the US, has elicited calls from around the world to shorten supply chains and simplify global production processes. The shortage of PPE needed to protect healthcare workers and the public at large, as well as crucial medical equipment such as ventilators, provides a potent illustration of the danger of over-long supply chains. As the crisis struck, supplies of these crucial products quickly ran out, causing a global scramble in which the poorer countries of the Global South were shoved aside by their rich counterparts. The same problem erupted around pharmaceuticals. For example, despite the fact that the Trump administration's

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3   Deloitte, "The Impact of COVID-19 on China's Pharmaceuticals Industry", February 2020, https://www2.deloitte.com/za/en/pages/life-sciences-and-healthcare/articles/gx-pharma-industry-survey-results-2019-ncov.html.

4   World Trade Organization, "Trade Shows Signs of Rebound from COVID-19, Recovery Still Uncertain", Press Release 862, October 6, 2020, https://www.wto.org/english/news_e/pres20_e/pr862_e.htm.

claims of hydroxychloroquine's efficacy in treating COVID-19 were soon disproven, supplies of this drug ran out, creating a crisis for the lupus patients who depend on it.[5]

These supply chain problems will no doubt cast a long shadow over coming efforts to distribute a COVID-19 vaccine. The difficulties in developing and testing a successful vaccine will be matched by the complex logistics involved in keeping it cold and transporting it across the world. The calls for onshoring and shortening supply chains are also affecting thinking around these challenges. In the African case, this is leading to Chinese manufacturers' setting up manufacturing and packing facilities on the continent.[6]

The impact of the COVID-19 pandemic is also being felt in political systems globally. One of the immediate results was the closing of national borders, and the resultant weakening of many forms of global cooperation. The crisis has returned power to the nation state as a fundamental organising unit of global politics, with national governments becoming the prime decision makers about mitigation measures over regional and continental entities.

The initial instinct towards nation states' acting alone was understandable, but the closing of borders resulted in widespread disruption of supply chains, the impact of which might have been lessened by a more regional approach.[7] Different countries also took different approaches to containing the pandemic, from full lockdowns in some Asian countries to much less interventionist approaches in countries such as Sweden. The result has been wildly divergent patterns of infection. While countries such as China have returned to almost full economic activity, others have faced repeated waves of reinfection, with resultant economic impacts.

The dominance of the nation state in the global COVID-19 response has had the unintended effect of pandemic mitigation measures' being dragged into local political processes. Nowhere has this been more apparent than in the US, where the wearing of masks has become intensely politicised. The linking of wearing masks to political identity-formation has considerably complicated the national implementation of mask protocols and is now thought to have worsened infection rates in the US.

In theory, the role of nation states should have been augmented by global multilateral institutions like the World Health Organization (WHO), and in many cases this has happened. However, the politicisation of multilateral institutions, and especially the withdrawal of support by the US, has considerably complicated the role of these institutions in global COVID-19 mitigation.

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5   Dian Zhang, "'Hydroxychloroquine in Short Supply,' Says FDA. 'Angry, Disappointed and Scared,' Say Lupus Patients", *USA Today*, May 23, 2020, https://www.usatoday.com/story/news/2020/05/23/hydroxychloroquine-short-supply-lupus-patients-who-need/52 45542002/.

6   Pippa Morgan, "Can China Help Build Africa's Nascent Pharmaceutical Sector?", The China-Africa Project, October 16, 2020, https://chinaafricaproject.com/analysis/can-china-help-build-africas-nascent-pharmaceutical-sector/.

7   Anastasia Kalinina, "What the World Can Learn from Regional Responses to COVID-19", World Economic Forum, May 1, 2020, https://www.weforum.org/agenda/2020/05/covid-19-what-the-world-can-learn-from-regional-responses/.

Regional organisations are well placed to fill some of the gaps between the national and multilateral levels. However, in the early phases of the pandemic, this role was similarly complicated by the nationalist turn described above. For example, the EU is arguably one of the best-capacitated regional organisations in the world, with considerable institutional and material resources to coordinate between nation states. Yet even the EU has struggled with the pandemic. In late March 2020 the president of the European Commission, Ursula von der Leyen, lamented: 'When Europe really needed to be there for each other, too many initially looked out for themselves. When Europe really needed an "all for one" spirit, too many initially gave an "only for me" response.'[8]

In comparison to Europe, Africa mounted a strongly multilateral response to the pandemic from the beginning. The AU set up the Africa Taskforce for Novel Coronavirus (AFTCOR) to devise a cohesive continental response to the pandemic. In addition, the Africa Centres for Disease Control and Prevention (Africa CDC) convened more than 40 ministers from around the continent on 22 February, shortly after the continent's first case was confirmed in Egypt. Within days, the Africa CDC announced the Africa Joint Continental Strategy for COVID-19 Outbreak, a blueprint for continental cooperation.[9] The director of the Africa CDC, John Nkengasong, pointed to the lack of international coordination as an obstacle to the continent's response. Despite the early difficulties in coordinating international supplies of tests and PPE, the Africa CDC convened a joint continental procurement platform for medical supplies in June, and South Africa (the current chair of the AU) conducted monthly coordination sessions between heads of state and the Africa CDC. African health authorities had conducted about 15 million tests up to October 2020 and managed to keep the continent's death rate much lower than in many richer regions.[10] By late September the death rate stood at 34 000 for a population of about 1.2 billion.[11] It has been suggested that the continent has also been helped by the fact that it already had mechanisms in place at the community level to deal with mass infections, thanks to its experience in fighting Ebola, HIV and malaria.[12]

However, African regional responses have faced significant challenges owing to a lack of funding. The UN estimates that the continent has a $200 billion deficit, hampering the implementation of the Africa CDC's preparedness strategy.[13] This lack of funding heightens the continent's need for help from external actors. Such help frequently comes in the form of health diplomacy.

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8   European Commission, "Speech by president Von der Leyen at the European Parliament Plenary on the European Coordinated Response to the COVID-19 Outbreak", March 26, 2020, https://ec.europa.eu/commission/presscorner/detail/en/speech_20_532.

9   UN Office of the Special Advisor on Africa, "COVID-19: Strong International Partnerships Key to Bolstering Africa's Response", https://www.un.org/en/africa/osaa/statements/statement1.shtml; Simon Marks, "In Tackling COVID-19, Africa Gives World Lesson", *Voice of America*, October 7, 2020, https://www.voanews.com/africa/tackling-covid-19-africa-gives-world-lesson.

10   Marks, "In Tackling COVID-19".

11   Cara Anna, "As US Struggles, Africa's COVID-19 Response Is Praised", *Associated Press*, September 22, 2020, https://apnews.com/article/virus-outbreak-ghana-africa-pandemics-donald-trump-0a31db50d816a463a6a29bf86463aaa9.

12   See, for example, Karen Attiah, "Africa Has Defied the COVID-19 Nightmare Scenarios. We Shouldn't Be Surprised", *Washington Post*, September 22, 2020, https://www.washingtonpost.com/opinions/2020/09/22/africa-has-defied-covid-19-nightmare-scenarios-we-shouldnt-be-surprised/.

13   Attiah, "Africa Has Defied".

Global health agenda

Disease control and the global health security agenda

Often analysts identify the emergence of the global health agenda with the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003.[14] Since then, the global health agenda has put successive infectious disease outbreaks at its centre. The sequence of outbreaks has taken place in a highly volatile political and economic context where the rise of China, in many ways, has conditioned the development of the global health agenda (see Table 1).

After the SARS outbreak and the international outcry over China's belated reporting of the issue, the WHO coordinated a meaningful international response and the Bush administration opened inroads for cooperating with the Chinese government in scientific and public health matters.[15] The international response to SARS gave traction to the International Health Regulations (IHR) review process, which had been stalling since the mid-1990s.[16] The review, approved in 2005 (and in force since 2007), sets in place a normative and institutional framework for global surveillance and reporting systems, as well as the national capacities needed to confront a global pandemic. The IHR adopted the concept of a Public Health Emergency of International Concern (PHEIC). This is a key normative innovation that allows the WHO director-general to declare a PHEIC, urging member states to cooperate and unlock resources for a collective response.[17] The 2005 IHR also established safeguards for protecting human rights and upholding economic activities during pandemics.[18]

These pandemics established a path towards the consolidation of a global health security agenda on which the US and China collaborated. This agenda was consolidated with the Ebola pandemic in 2014. The international response to Ebola was underpinned by bilateral talks between the US and Chinese governments and endorsed the establishment of the first UN international health mission (UN Mission for Ebola Emergency Response) cleared at the UN Security Council level and approved by the UN General Assembly.

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14   Belete Yimer et al., "COVID-19 and Global Health Security: Overview of the Global Health Security Alliance, COVID-19 Response, African Countries' Approaches, and Ethics", *Disaster Medicine and Public Health Preparedness* 14, no. 3 (2020), https://doi.org/10.1017/dmp.2020.360.

15   Jennifer Bouey, "From SARS to 2019-Coronavirus (nCoV): US–China Collaborations on Pandemic Response" (Testimony presented before the House Foreign Affairs Subcommittee on Asia, the Pacific, and Nonproliferation, Rand Corporation, Santa Monica, February 5, 2020), https://www.rand.org/content/dam/rand/pubs/testimonies/CT500/CT523/RAND_CT523.pdf

16   Lawrence O Gostin, Roojin Habibi and Benjamin Mason Meier, "Has Global Health Law Risen to Meet the COVID-19 Challenge? Revisiting the International Health Regulations to Prepare for Future Threats", *The Journal of Law, Medicine & Ethics* 48 (2020), https://doi.org/10.1177/1073110520935354.

17   An PHEIC is defined as "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response". Since its inception, the WHO has declared six PHEICs: H1N1 (2009), poliovirus (2014–), Ebola (2014), Zika (2016), Ebola (2018–) and COVID-19 (2020–). World Health Organization, "International Health Regulations" (WHO, Geneva, 2005), http://www.who.int/ihr/publications/9789241596664/en/; Lucia Mullen et al., "An Analysis of International Health Regulations Emergency Committees and Public Health Emergency of International Concern Designations", *BMJ Global Health* 5, no. 6 (2020), https://doi.org/10.1136/bmjgh-2020-002502.

18   WHO, "International Health Regulations".

Disease	Year	WHO	US/China
SARS	2003	• Coordination of international response • Dispatch of experts to the field • Debate on the reform of IHR gains political traction	• Scientific and public health partnership to improve analysis and surveillance • Increase of bilateral assistance to China
H1N1	2009	• IHR first test: owing to Mexico and US' early reporting the WHO acts quickly, particularly as an informational clearinghouse • Excessive restrictions on travel and trade	• Bilateral support from the US and China for Mexico's response
MERS	2012	• Weak response owing to the WHO's inability to enforce IHR reporting rules (in the face of Saudi Arabia's delayed report) and budgetary restrictions	• Weak bilateral support from the US and China, despite scientific and technical cooperation
Ebola	2014	• Creation of the UN Mission for Ebola Emergency Response (UNMEER) displaces the WHO from the response coordination	• Bilateral negotiations between the US and China enable UNMEER's launch and cooperation in research, labs and logistics • Massive support from the US (CDC, USAID and military)
Ebola	2018	• The WHO takes the coordination role, launches and manages an emergency fund. Its performance is hindered by the late declaration of the PHEIC	• Despite a significant financial contribution from the US at the beginning of the outbreak, the great powers' response is timid

TABLE 1 SELECTED INFECTIOUS DISEASE OUTBREAKS (2003–2018): WHO AND GREAT POWERS INITIATIVES

Source: Tanisha M Fazal, "Health Diplomacy in Pandemical Times", *International Organization* 74, Supplement (2020); Adam Kamradt-Scott and Simon Rushton, "The Revised International Health Regulations: Socialization, Compliance and Changing Norms of Global Health Security", *Global Change, Peace & Security* 24, no. 1 (2012)

The launch of the Global Health Security Agenda (GHSA) in 2014 was a landmark in focusing the entire global health agenda on the concept of health security. According to the WHO, global health security comprises 'activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries'.[19] The provision of health security at a global level required every WHO member to enhance its capacities to prevent, detect and respond to emergencies.

The GHSA is a multisectoral programme aiming at building and strengthening national health systems' capacity to prevent and contain the spread of infectious diseases before

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19   WHO, *The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century* (Geneva: WHO, 2008), http://www.who.int/whr/2007/en/.

they turn into international emergencies. The Obama administration supported the programme and opened the way for G7 endorsement. The programme was endowed with $1 billion to achieve this overarching goal.[20] To access resources and technical assistance from US institutions (the US Centers for Disease Control and Prevention [CDC] included), partner countries have to evaluate their own capabilities and resources and align their policies with international regulations. A total of 17 countries, among 60 partners in the alliance, have benefited from the programme.[21]

US support for the programme was the consolidation of initiatives and lessons learned during both the Bush and Obama administrations, such as the Presidential Emergency Plan for AIDS Relief (PEPFAR), and the Global Health Initiative.[22] The US' position on health security was consolidated during then secretary Hillary Clinton's term at the Department of State, focusing primarily on national security. Considering this priority, the National Security Council channelled president Barack Obama's global health agenda towards global health security and led the intersectoral GHSA programme, which involved four ministries and their agencies.[23] The strategy was a bold multilateral move, formalised earlier in 2011 with the signing of the US–WHO memorandum of understanding regarding cooperation on global health security. As the Health and Human Services secretary summed up, the GHSA was a priority for the Obama administration, comprising three strategies:

• enhanced prevention of infectious disease threats both naturally occurring and man-made;

• more robust detection, which includes real-time bio surveillance and more effective modern diagnostics; and

• more effective response, including a public health Emergency Operation Center in each country that functions according to common standards.

Drawing upon the Ebola response, the Obama administration established a Global Health Security Unit within the NSC which, articulated with the National Institutes of Health (NIH), the CDC and the State Department, would be responsible for epidemic monitoring and response in case of new outbreaks.[24] Global health security initiatives in general and the US-led GHSA in particular incrementally assembled an international network where the

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20   Lawrence O Gostin, "'America First': Prospects for Global Health", *The Milbank Quarterly* 95, no. 2 (2017).
21   Rebecca Katz et al., "Tracking the Flow of Funds in Global Health Security", *EcoHealth* 16 (2019), https://doi.org/10.1007/s10393-019-01402.
22   President Barack Obama enacted the GHI in 2009 to coordinate the US' activities related to global health. Although the GHI succeeded in establishing a network comprising more than 40 countries, institutional weaknesses led to its discontinuation in 2012. During this period the Obama administration also issued a series of outstanding policy guidelines such as the National Strategy for Countering Biological Threats and the National Strategy for Bio-surveillance. Suman M Paranjape and David R Franz, "Implementing the Global Health Security Agenda: Lessons from Global Health and Security Programs", *Health Security* 13, no. 1 (2015), https://doi.org/10.1089/hs.2014.0047.
23   Under the National Security Council's political leadership GHS initiatives mobilised the Department of Health and Human Services, Department of Agriculture, Department of State and the Department of Defense. Agencies include the CDC and USAID. See Paranjape and Franz, "Implementing the Global Health".
24   Laurie Garrett, "Trump has Sabotaged America's Coronavirus Response", *Foreign Policy*, January 31, 2020, https://foreignpolicy.com/2020/01/31/coronavirus-china-trump-united-states-public-health-emergency-response/.

CDC (among other US institutions) became a de facto coordination and implementation hub. While the US was by far the main financial contributor in the implementation of global health security, beyond the GHSA (see Table 2), the CDC became the main source of technical support for strengthening national core capacities 'in the cross-cutting areas of public health surveillance, national laboratory systems, workforce development, and emergency response management'.[25] At the end of Obama administration, the CDC was supporting activities in at least 49 countries.[26]

TABLE 2a GLOBAL HEALTH SECURITY: TOP FUNDERS (2014–2020)		
Funder	**Disbursed ($ billion)**	**Committed ($ billion)**
US	33.50	40.12
The Global Fund to Fight AIDS, Tuberculosis and Malaria	23.72	70.81
Bill & Melinda Gates Foundation	16.43	18.12
UK	11.34	10.22
UN Children's Fund (UNICEF)	11.06	11.48
International Development Association	9.51	14.12
Global Alliance for Vaccines and Immunisation (GAVI)	9.36	18.12
EU	5.46	8.49
International Bank for Reconstruction and Development	5.21	11.54
Canada	5.13	4.92

TABLE 2b GLOBAL HEALTH SECURITY: TOP RECIPIENTS (2014–2020)		
Funder	**Disbursed ($ billion)**	**Committed ($ billion)**
Developing countries (unspecified)	22.99	25.51
Nigeria	8.69	13.41
India	5.98	8.92
Ethiopia	5.63	7.01
Kenya	5.19	5.85
Democratic Republic of Congo	5.12	9.59
United Republic of Tanzania	4.85	8.72
Pakistan	4.62	5.76
Uganda	4.08	8.85
Mozambique	3.62	9.45

Source: Georgetown Global Health Security Tracking, "International Funding by Funder/Recipient", https://tracking.ghscosting.org/analysis

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25   Arthur G Fitzmaurice et al., "Contributions of the US Centers for Disease Control and Prevention in Implementing the Global Health Security Agenda in 17 Partner Countries", *Emerging Infectious Diseases* 23, no. 13 (2017), https://doi.org/10.3201/eid2313.170898.
26   Garrett, "Trump Has Sabotaged".

The election of Donald Trump jeopardised the chances of strengthening global health security. The trade war with China weakened the already fragile cooperation between the two great powers across many sectors, including global health. The international response to the Ebola outbreak in 2018, in the Democratic Republic of Congo (DRC), evidences this rupture. Although the US maintained its financial contributions, at least at the beginning of the outbreak, the CDC was not present in the field and technical support from US institutions fell short. China also supported the DRC government from afar, without any engagement in field activities.

Moreover, a major policy change took place in the White House. During the Trump administration, funding sources for global health security programmes both in the US and abroad were frequently threatened.[27] Global health security budgets were cut in many agencies, including the CDC and NIH. Even in reauthorising the GHSA in 2018, the Trump administration, under John Bolton's guidance, dissolved the NSC's Global Health Security Unit into other divisions within the agency. Meanwhile, much of the CDC's staff responsible for managing global health security issues was cut and not replaced. In 2019 the CDC kept up activities in only 10 countries.[28] Furthermore, the administration engaged in a campaign to destabilise and discredit the CDC and other national health institutions.[29]

These trends have significantly complicated global mitigation efforts since the beginning of the pandemic. The Trump administration's announcement of its withdrawal from the WHO, owing to allegations that the organisation is too close to China, has increased uncertainty, as has Trump's promotion of unproven treatments for COVID-19, his conflation of mask protocols with electoral politics, and his linking of the pandemic with race, which has led to a series of hate crimes against people of East Asian descent.[30]

These political tensions have shaped mitigation measures, for example via competitive bursts of 'mask diplomacy', and will no doubt play a role in the global vaccine rollout. As a result, cooperation between the great powers has significantly worsened, increasing the global death toll and undermining global health institutions.

These global geopolitical factors also have an impact on Africa's mitigation options. China proved to be a major mitigation partner to Africa in the first phase of the pandemic. Beyond the use of PPE deliveries as occasions for public diplomacy, Chinese officials have also emphasised that Africa will have access to Chinese-made vaccines. This plays on fears that Africa will be relegated to the back of the queue once vaccines become available.

27   Donald G. McNeil Jr. and Thomas Kaplan, "US Will Revive Global Virus-Hunting Effort Ended Last Year", *New York Times*, August 30, 2020, https://www.nytimes.com/2020/08/30/health/predict-pandemic-usaid.html?searchResultPosition=1; Garrett, "Trump has Sabotaged"; Krishnadev Calamur, "How Will Trump Lead During the Next Global Pandemic?", *The Atlantic*, June 23, 2018, https://www.theatlantic.com/health/archive/2018/06/the-next-epidemic/563546/.
28   Garrett, "Trump Has Sabotaged".
29   Charles Piller, "Undermining CDC", *Science* 370, no. 6515 (2020).
30   See, for example, Angela R Grover, Shannon B Harper and Lynn Langton, "Anti-Asian Hate Crime During the COVID-19 Pandemic: Exploring the Reproduction of Inequality", *American Journal of Criminal Justice*, 45 (July 7, 2020), doi: 10.1007/s12103-020-09545-1

One of the gravest examples of geopolitics impacting global COVID-19 responses took place at the level of multilateral institutions. Growing tensions between the US and China have contributed to the Trump administration's campaign against the WHO. Trump officially informed UN Secretary-General António Guterres that the US would withdraw from the WHO on 6 July 2020, a day that also saw record global infections.

Critics have pointed out that the unilateral move is illegal under US law because it requires approval from the US Congress, that it will weaken the extensive cooperation between the WHO and various agencies in the CDC, and that it will cut off the US from future research and cooperation.[31] The Trump administration also announced its intention to redirect its funding to the organisation, raising fears about its financial viability.[32]

Yet, despite the financial and political impact on the organisation's future, the Trump administration's decision has backfired. First, it has delegitimised the US' position in the global health security realm and further weakened its international position. At the G7 summit in August 2020 France and Germany refused to discuss WHO reforms with the US.[33] Second, the financial risk has mobilised other donors, both public and private, to address the WHO's immediate budgetary needs. As an analyst noted, 'Trump may have used his attack on WHO to play to his support base, but WHO used the attack in the same way with its own supporters.'[34] Finally, the withdrawal also means that the US will not join the WHO-linked COVID-19 Vaccines Global Access (COVAX) facility. COVAX is aimed at smoothing the development of vaccines, providing supplies to participating countries and making sure they reach at-risk demographics.[35]

In contrast, China has pledged additional funding and political support to the WHO, and has joined COVAX. However, there have been persistent questions about whether Chinese official secrecy at the beginning of the COVID-19 caused the infection to spin out of control, as well as perceptions that WHO head Tedros Adhanom Ghebreyesus is too close to China.[36] As a result, members have approved an investigation into the global response to the pandemic, seen as aimed at China's early response.[37] This has added significant pressure to the WHO's work during an unprecedented global health crisis.

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31   Lawrence O Gostin et al., "US Withdrawal from WHO Is Unlawful and Threatens Global and US Health and Security", *The Lancet* 396, no. 10247 (August 2020), https://doi.org/10.1016/S0140-6736(20)31527-0

32   "Coronavirus: Trump Moves to Pull US out of World Health Organization", *BBC*, July 7, 2020, https://www.bbc.com/news/world-us-canada-53327906

33   Sarah Wheaton, "Germany, France Knock Down Trump Push for WHO Overhaul", *Politico*, August 10, 2020, https://www.politico.eu/article/germany-france-reject-donald-trump-push-for-world-health-organization-reform/.

34   Sophie Harman, "COVID-19, the UN, and Dispersed Global Health Security", *Ethics & International Affairs* 34, no. 3 (2020): 375, https://doi.org/10.1017/S0892679420000398.

35   Emily Rauhala and Yasmeen Abutaleb, "US Says It Won't Join WHO-linked Effort to Develop, Distribute Coronavirus Vaccine", *The Washington Post*, September 1, 2020, https://www.washingtonpost.com/world/coronavirus-vaccine-trump/2020/09/01/b44b42be-e965-11ea-bf44-0d31c85838a5_story.html

36   Kate Elland and Stephanie Nebehay, "Caught in Trump–China Feud, WHO's Leader Is Under Siege", *Reuters*, May 15, 2020, https://www.reuters.com/investigates/special-report/health-coronavirus-who-tedros/

37   Rob Picheta and Max Ramsay, "WHO Approves Call for Inquiry into Global Coronavirus Response", *CNN*, May 19, 2020, https://edition.cnn.com/2020/05/19/china/wha-pandemic-inquiry-resolution-vote-intl/index.html

From January to the end of August the UN Security Council (UNSC) met three times to discuss the pandemic, and only in July did it approve a resolution on the subject. The resolution called for the cessation of armed conflicts and recognised the role of women in responding to the pandemic and the disproportionate impacts upon them. The US has delayed the resolution, arguing against any mention of the WHO in the final text. The very fact that the UNSC needed five months after the PHEIC declaration to come up with a resolution (as shallow as it was) shows how the council is paralysed.[38]

The COVID pandemic has made apparent inequalities across multiple scales and territories: international, national and subnational. Indeed, inequalities have not only determined how the pandemic affects specific groups but have also fuelled the spread of the pandemic itself. Beyond the intractable asymmetries between countries' containment capacities, the measures themselves will increase inequalities. In most cases, procedures such as shelter-in-place, working from home, and other social distancing policies can only be adopted by non-essential workers in the formal sector. Essential workers, a labour category that is significantly racialised in many countries, have been severely impacted by the pandemic and the death rate in this group surpasses the average by far. Women are particularly affected. As the group upon whom the majority burden of household work falls, women have been disproportionately impacted. With schools and childcare services closed, women are often overwhelmed by the increase in unpaid care work at home – at the expense of their ability to engage in distance working.[39] Violence against women has also surged during the pandemic, while public authorities' capacity to provide protection and make abusers accountable has diminished. The education sector has been hugely affected as well, with the impact on populations across the globe following class and race inequality lines. As schools and universities have closed, access to online education has become a class and race privilege, with the majority of population kept outside the classroom (digital or physical). For many, rather than being an equalizer, the pandemic has deepened existing inequalities within and among countries.[40]

Beyond the impact of inequalities on specific groups and on the spread of the pandemic, the global health policy community and civil society organisations (CSOs) have called attention to health inequalities in themselves. The global health policy community and CSOs are vital stakeholders in global health security, providing early warnings and organising responses at multiple levels.[41] Despite these responsibilities, both groups have been sidelined within the global health security sector, particularly at the international level. Nevertheless, they have shed light upon the so-called 'health equity agenda'.[42] These

38   UN Security Council, "Resolution 2532", http://unscr.com/en/resolutions/2532.
39   Amanda Taub, "Pandemic Will 'Take Our Women 10 Years Back' in the Workplace", *New York Times*, September 26, 2020, https://www.nytimes.com/2020/09/26/world/covid-women-childcare-equality.html; Helaine Olen, "It's Clearer Than Ever That Covid-19 Will Increase, Not Decrease, Inequality", *The Washington Post*, July 20, 2020, Opinion, https://www.washingtonpost.com/opinions/2020/07/20/its-clearer-than-ever-that-covid-19-will-increase-not-decrease-inequality/.
40   Olen, "It's Clearer Than Ever".
41   Harman, "COVID-19, the UN".
42   Stephan Klingebiel et al., *Public Sector Performance and Development Cooperation in Rwanda: Results-Based Approaches*, http://dx.doi.org/10.1007/978-3-319-42144-5.

stakeholders have been calling attention to health inequalities for a long time. Health inequalities are defined as 'systematic, potentially avoidable differences in health – or in the major socially determined influences on health – between groups of people who have different relative positions in social hierarchies according to wealth, power, or prestige'.[43] Adopting this perspective, the Health Equity Initiative has urged the UN secretary-general to support the 'WHO by creating a multi-sector "Global Health Equity Task Force" to confront the impact of the COVID-19 pandemic in its full health, socio-demographic and economic dimensions'.[44] This initiative has added two important dimensions to the debate on how global health security should be reformed after the pandemic. First, the initiative calls attention to a neglected governance gap in the global health regime: both the global health policy community and CSOs have been alienated from the decision-making process, even though they have been proven to be crucial as whistle-blowers or respondents. Second, these groups have systematically called attention to the fact that global health security and global health equity are intertwined agendas: there is no global health security without equity.

Comparative focus on regional health outreach

Africa

China and the US have been crucial healthcare partners to Africa. Chinese medical outreach to the continent dates back to the 1960s,[45] and it has emerged as a key stakeholder in malaria mitigation. The US plays a major role in African HIV/AIDS initiatives through PEPFAR.

The US has leveraged PEPFAR's well-developed presence in Africa to spearhead its response to COVID-19. In effect, the facilities and expertise built under PEPFAR were used as a basis for COVID-19 response plans. These facilities included PEPFAR-supported laboratories, supply chain facilitation, information-sharing systems, community outreach platforms and health worker training and support capacity.[46] This strategy has picked the fruit of PEPFAR's years of investment in African healthcare. As Deborah Birx, the ex-head of PEPFAR and later the Trump administration's head of COVID-19 relief, said: 'The success countries are having with COVID-19 has relied completely on the success that we've built in HIV.'[47]

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43   Barbara C Wallace, *Toward Equity in Health: A New Global Approach to Health Disparities* (New York: Springer, 2006), 2.

44   Sustainable Health Equity Initiative, "Open Letter to the United Nations: Health Inequity during the Pandemic – A Cry for Ethical Global Leadership", 2, https://static1.squarespace.com/static/5ea092b0deed6c2ca1d50f8a/t/5ea8010666448b66c7333771/1588068 615992/UN+Letter+with+List+of+Institutions+rev+final.pdf.

45   Anshan Li, "Chinese Medical Cooperation in Africa, with Special Emphasis on the Medical Teams and Anti-Malaria Campaign" (Discussion Paper 52, Nordiska Afrikainstitutet, Uppsala, 2011), https://www.diva-portal.org/smash/get/diva2:399727/FULLTEXT02.pdf.

46   Rachel Golin et al., "PEPFAR's Response to the Convergence of the HIV and COVID-19 Pandemic in Sub-Saharan Africa", *Journal of the International AIDS Society* 23, no. 8 (August 2020), https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25587.

47   Michael Igoe, "Deborah Birx: PEPFAR's Local Partner Transition 'Critical' to Coronavirus Response", Devex, July 10, 2020, https://www.devex.com/news/deborah-birx-pepfar-s-local-partner-transition-critical-to-coronavirus-response-97132.

However, this strategy also has some downsides. The COVID-19 epidemic has greatly complicated HIV-related healthcare, forcing health workers to rapidly develop protocols to keep HIV patients safe from COVID-19 infection, to avoid disruptions in HIV care owing to increased pressure on health facilities, and to avoid infections of healthcare workers. This extra work has had to be done with no additional funding.[48]

In addition to PEPFAR, the US has also committed donations to individual African countries via agencies such as USAID, the CDC and the US Department of Defense. These donations have taken the form of both funding and equipment. For example, the US has committed a total of $41.6 million to South Africa, which excludes its contribution to PEPFAR in the country.[49] The work of US government agencies should also be seen in the wider context of non-governmental entities linked to the US, notably the Bill and Melinda Gates Foundation.[50]

China's approach to COVID-19 related aid reflects the complexity of its presence in Africa. China's central and local governments have made significant donations of PPE and tests to African national governments. For example, by May these donations to South Africa numbered 120 000 masks, 500 temperature guns and 7 550 test kits.[51] In addition, donations flowed from Chinese city governments, Chinese state-owned corporations and Chinese business associations in Africa.

> The optics of airplanes filled with PPE landing in African capitals provided potent moments of public diplomacy, which helped to salve China's image in Africa

The Jack Ma Foundation (the founder of the Tencent corporation's philanthropic arm) has been a particularly prominent donor. It worked with Ethiopia Air to deliver 6 million masks, 1.8 million test kits and 60 000 face shields to 54 African countries.[52] These flights were not only a logistical solution to overcome closed borders. The optics of airplanes filled

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48   Alicia Carbaugh, Jennifer Kates and Stephanie Oum, "COVID-19 & PEPFAR: Implications for the Future" (Issue Brief, Kaiser Family Foundation, San Francisco, May 20, 2020), https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-pepfar-implications-for-the-future/.

49   USAID, "The United States Provides Ventilators to South Africa to Battle COVID-19", News Release, May 12, 2020, https://reliefweb.int/report/south-africa/united-states-provides-ventilators-south-africa-battle-covid-19.

50   For example, early in the pandemic the foundation allocated $100 million to pandemic mitigation in Africa and South Asia. See Bill and Melinda Gates Foundation, "Bill & Melinda Gates Foundation Dedicates Additional Funding to the Novel Coronavirus Response", Press Release, February 5, 2020, https://www.gatesfoundation.org/Media-Center/Press-Releases/2020/02/Bill-and-Melinda-Gates-Foundation-Dedicates-Additional-Funding-to-the-Novel-Coronavirus-Response.

51   Shannon Ebrahim, "China Is Lending Africa a Hand During the COVID-19 Pandemic", *IOL*, May 7, 2020, https://www.iol.co.za/news/opinion/watch-china-is-lending-africa-a-hand-during-the-covid-19-pandemic-47654517.

52   Ebrahim, "China Is Lending Africa".

with PPE landing in African capitals provided potent moments of public diplomacy, which helped to salve China's image in Africa after an incident in April 2020 when the overzealous enforcement of COVID-related protocols by Chinese authorities led to the eviction of numerous African expatriates in the Chinese city of Guangzhou.[53]

The various donations by the US and China cannot be separated from the geopolitical tensions between the two. For example, before the pandemic the Chinese government had already committed to building the new headquarters of the Africa CDC. As a gesture of pandemic mitigation, the Xi administration announced that this construction would be hastened by a year.[54] In response, the Trump administration declared the construction 'a threat to Africa', and threatened to withdraw funding from the institution.[55]

Similar complaints have erupted over PPE donations. In addition, China's repeated assurances that Africa will not be excluded from vaccine provision can be seen as a similar form of diplomatic messaging aimed at the continent.

Latin America

As in Africa, the US–China rivalry has also affected Latin America and Caribbean countries. This region has become a stage for the competition between the great powers. China views Latin America as a destination for growing investments, particularly in extractive industries and infrastructure, as well as a gateway to the US market.[56] The US considers the region as being key to national security, in terms both of China's growing foothold and of migration (which the Trump administration sees as a national security issue).[57]

Following this rationale, the Trump administration has concentrated its aid in three areas:

• Haiti, for humanitarian reasons;

• Colombia, Ecuador and Venezuela: a historical ally on the war on drugs, a 'swing' state, and a country where aid has been channelled to opposition organisations; and

• Guatemala, El Salvador and Honduras, for the containment of migrant flows.[58]

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53   Human Rights Watch, "China: Covid-19 Discrimination against Africans", May 5, 2020, https://www.hrw.org/news/2020/05/05/china-covid-19-discrimination-against-africans.

54   Patrick Mulyungi, "Construction of Africa CDC Headquarters in Ethiopia to Begin Ahead of Schedule", *Construction Review Online*, July 7, 2020, https://constructionreviewonline.com/news/ethiopia/construction-of-africa-cdc-headquarters-in-ethiopia-to-begin-ahead-of-schedule/.

55   "China's Plan to Build Africa's CDC Headquarters 'a Threat to Africa'", *Medical Brief*, February 12, 2020, shttps://www.medicalbrief.co.za/archives/chinas-plan-to-build-africas-cdc-headquarters-a-threat-to-africa/.

56   R Evan Ellis, *China's Advance in the Caribbean*, Report (Washington DC: Wilson Center, 2020), https://www.wilsoncenter.org/publication/chinas-advance-caribbean; Cynthia A Sanborn, *Latin America and China in Times of COVID-19*, Report (Washington DC: Wilson Center, 2020), https://www.wilsoncenter.org/sites/default/files/media/uploads/documents/FINAL%20Updated%20Sanborn%20Article.pdf.

57   Bernabé Malacalza, "La rivalidad Estados Unidos-China en América Latina" (United States–China Rivalry in Latin America), *Cenital*, July 5, 2020.

58   Malacalza, "La rivalidad Estados Unidos".

That said, US assistance to Latin American and Caribbean countries has been relatively small when compared to that of China. Until July 2020 the US had sent the equivalent of $83 million to countries in the region, against $665 million spent by China. Furthermore, US aid to Latin America and Caribbean accounts for only 9% of its overall assistance to countries globally.[59]

> US assistance to Latin American and Caribbean countries has been relatively small when compared to that of China. Until July 2020 the US had sent the equivalent of $83 million to countries in the region, against $665 million spent by China

The Trump administration's weak leadership has been an opportunity for China to advance its interests in the region. China is already the most important trade partner and source of investments for many countries in Latin America and the Caribbean. In terms of trade, the overall volume jumped from $17 billion in 2002 to $314 billion in 2019. Chinese investment was initially concentrated in Venezuela, but has grown significantly during the last decade in other countries such as Brazil, Peru and Argentina.

During the pandemic China has become a key source of assistance, in terms of both aid and trade. Chinese aid consists of donations made by the government as well as by companies with stakes in the region. Such aid has largely gone to traditional partners (Venezuela, Chile and Cuba) and to so-called 'battleground countries' where the US and China are vying for influence (Brazil, El Salvador, Panama and Ecuador). As Sanborn notes, during the pandemic trade has been as important as aid, once access to medical supplies became a critical condition for national responses across the region.[60] Similar to Africa, after the PPE diplomacy (ie, the provision of access to PPE to partner countries via aid or trade), China has also engaged in a kind of vaccine diplomacy. While the Trump administration has turned the search for effective vaccines into a race, China, keeping strict control over research, testing and eventual production, has established a series of partnerships across the region granting production rights of and access to vaccines to Latin American and Caribbean countries.

Conclusion

The COVID-19 pandemic has significantly reshaped the global landscape, in terms of both trade and geopolitics. A key factor in these changes has been the growing tensions

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59   Malacalza, "La rivalidad Estados Unidos".
60   Sanborn, *Latin America and China.*

between the US and China, a trend that has also affected how each of the powers has contributed to pandemic mitigation efforts in the Global South. It is important to take note of these trends, because it is becoming increasingly clear that competition between the US and China will shape the international order after the COVID-19 pandemic.

While the pandemic has emerged in a competitive environment where nationalist responses have sidelined any prospect of international cooperation, its global nature has also generated significant demand for global cooperation. This should be kept in mind in planning for future pandemic mitigation measures. The pandemic has made it clear that there is no substitute for global cooperation to ensure the provision of global public goods, such as climate, health security and food security.

> The pandemic has made it clear that there is no substitute for global cooperation to ensure the provision of global public goods, such as climate, health security and food security

Comparisons between the competing health outreach measures by the US and China to Africa and Latin America have shown similar patterns. In both cases, external powers have used the pandemic as an opportunity to further their geopolitical goals. Both the provision of PPE and access to future vaccines have played a role in these initiatives. Overall, China has spent more in both regions, and its outreach in both Latin America and Africa has shown a multi-actor approach to health diplomacy that goes beyond the traditional diplomatic corps. Meanwhile, the US response has been smaller and located in pre-existing initiatives, such as PEPFAR in Africa. While in Africa both Chinese and US aid has been spread relatively evenly across states, in Latin America it has been more focused on traditional allies and 'battleground' states in the struggle for influence.

While this outreach has certainly saved lives in these regions, the wider crisis has clarified an urgent set of priorities that should be foregrounded in future pandemic mitigation. Firstly, the breakdown in global governance and the sub-optimal nationalist turn have shown the importance of drawing in CSOs to secure more fine-grained national and regional responses. Secondly, there should be more focus on equitable funding of pan-regional health initiatives, and on national governments' compliance with regional priorities. Thirdly, much more emphasis on health equity is needed, especially in regions such as Latin America and Africa. The pandemic has revealed significant weaknesses in the global healthcare architecture. Post-pandemic planning should draw on these lessons, not only to avoid similar crises but also to maximise the efficacy of the overall future healthcare system.

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Cover image

Group of surgeons performing a medical procedure in an operating room (PeopleImages via Getty Images)