

Pursuing Health as Foreign Policy: A Case of China

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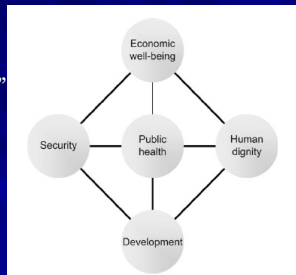
October 21, 2008

Outline

- Overview of the Maoist health diplomacy;
- Changing domestic and int'l context + SARS → China's perception of health as FP;
- Defining features of China's contemporary health diplomacy;
- Limits and constraints of China's pursuit of health as FP;
- Summary

Intersections b/t health and foreign policy

1. health and national security (e.g., BW, BT)
2. "Health produces wealth" (Fogel; Sachs)
3. Health and international development (e.g., rising health care costs and global competitiveness)



4. Health's importance to civil/political rights and economic, social and cultural rights

The Maoist Health Diplomacy

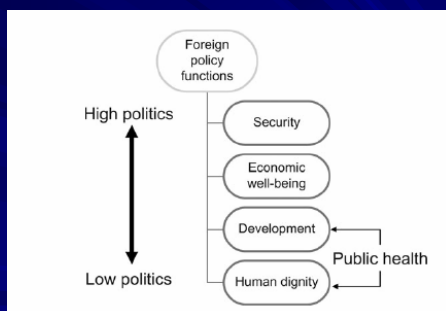
Lack of robust FP engagement with health

- 1960s: health diplomacy served to expand its political influence in the Third World;
- Primary instrument: foreign-aid medical teams
- Sole regional focus: Africa

- China's expansion of its health diplomacy after 1972, esp. after 1978

- Still, until the late 1980s China pursued a health diplomacy that was flimsy, implicit, and passive

Traditional hierarchy of foreign policy governance functions



Changing Context in the 1980s and 1990s

- The end of Cold War and China's integration into the world economy led to a soul-searching of China's "identity" in the international system:
 - no longer viewed the int'l system as alien and illegitimate;
 - the development of a new sense of accountability and commitment in its interactions with the outside world
- New thinking about the meaning of security and int'l cooperation

The Shift to a New Security Agenda

- Unveiling of the "New Security Concept" in 1996
- Seeking common security through mutually beneficial cooperation
- Recognition of "extensive common interests" in coping with **Non-Traditional Security (NTS)** threats in China's relationship with SE Asia (2002)
- Allowing the incorporation of a wide range of "human security" issues and challenges

A favorable political environment for addressing health challenges after 2002

- Human security's focus on people and the call for changes in the development agenda and state-society relations;
- The single-minded pursuit of economic growth prior to 2002;
- Leadership transition and the incentives to strike a new theme

SARS and Health Security

The joining streams of problems, politics and policy ideas:

- SARS highlighted the devastating impact of health-related NTS threats
- Previous arguments about the negative impact of infectious diseases on economic growth, stability, and security gained currency in academic and policy circles;
- November 2003: MoFA listed HIV/AIDS as a NTS threat

- SARS served as a catalyst for reorienting development agenda and relax government control (no “trickle-down”; public health an independent marker for good governance)
- Increased funding for public health and more investment in public health infrastructure building (good for int’l cooperation);
- Reinforced the perception of China as a stakeholder, creating strong incentives in int’l cooperation (e.g., Wen’s SARS diplomacy in Bangkok)



Defining China’s New Health Diplomacy

1. A more transparent and cooperative China

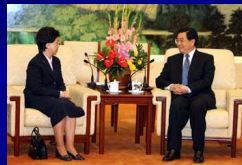
- more willing to share important public health info
- also expanded its cooperation with other countries in disease prevention and control (e.g., high-level dialogue mechanisms with ASEAN, US, Russia, UK, and Japan)

2. Growing interest in multilateralism

- increased participation at global, regional, sub-regional levels;
- more active in participating in regional multilateral platforms (e.g., APEC, ASEM, ASEAN+3);
- expanded health cooperation projects with countries in the Greater Mekong Subregion (GMS)

3. Growing involvement of top leaders

- beginning with Premier Wen's SARS diplomacy;
- Sept. 2005: Hu and Bush hammered out "Ten Core Principles" of global pandemic response;
- nominating and campaigning for Dr. Margaret Chan to be WHO DG



4. Sustaining healing power in Africa

- 39 medical teams still active in 108 clinics in the continent;
- beneficiaries include both general public and "upper-class"
- the friendship Chinese physicians nurtured with African leaders helped project China's soft power and achieve desired FP objectives over important issues (e.g., human rights, the bid for 2008 Olympic games, the application for WTO, Taiwan).

5. Southeast Asia: A new regional priority

-- cooperation focuses on combating diseases as a NTS threat;

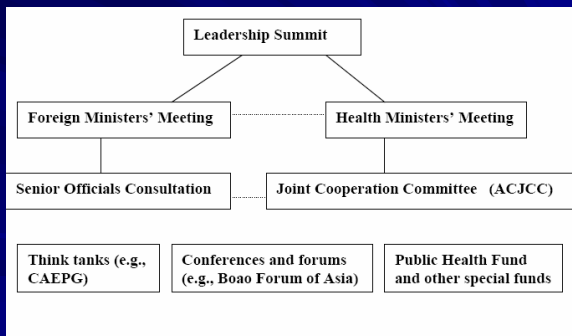
Factors driving the cooperation:

- a. geographic proximity
- b. high concentration of health-related NTS threats in the region
- c. relatively high level of security interaction and interdependence

China and Regional Cooperation on NTS

Region	SE Asia	South Asia	Central Asia/Russia	NE Asia
Common threats	Drug trade; Infec. Disease	Terrorism; HIV/AIDS	“Three forces;” drug trade	Nuclear proliferation
Level of inter-dependence	High	Low	High	High
Cooperation regime	Ten plus One	None	SCO	Six-Party Talks

“10 Plus One” Cooperation Framework



Dilemmas and Constraints

■ **traditional emphasis on state sovereignty vs. the universalistic ambitions in handling global health challenges**

- Sha Zukang: "health is a very important issue, but sovereignty and territorial integrity are more important to a sovereign state. China will firmly defend its sovereignty and territorial integrity at all cost" (Nov. 12, 2004)
- recalcitrance over Taiwan's WHO participation

■ **Efficacy of international cooperation is undermined by the traditional security concerns**

- Non-interference principle is against the basic concept of int'l cooperation in responding to NTS threats
- Example: China's stance toward the HIV/AIDS crisis in Myanmar

■ **Self-defeating governance in handling health-related challenges**

- poor regulation in the health/food sector;
- central-local capacity gap and continued cover-up and inaction at the local level

Example: Sanlu milk powder scandal

Summary

- China's health diplomacy in the Cold War era was limited and passive
- "Health as foreign policy" transformation did not occur until recently
- The transformation has led to significant changes in the substance and style of China's participation in int'l cooperation over health
- China's pursuit of health diplomacy is still constrained by traditional concerns of national security and sovereignty, as well as domestic problems in health governance
