

## 8 China's evolving global health engagement – and the need for collaboration

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*China is now one of the largest providers of health assistance in all regions of the globe, and an increasingly active participant in global health governance. The Chinese capacity for engagement on a wide range of global health issues has increased substantially since the 2010s. Chinese global health institutions have been strengthened, and their areas of expertise have diversified in the last ten years.*

*COVID-19, and now the US withdrawal from major global commitments, are turning points in China's approach to global health. Following the US withdrawal of funding from the World Health Organization (WHO), the Chinese government committed an unprecedented USD 500 million over five years in support of the WHO. This chapter discusses the evolution of China's global health engagement for a Swedish and European policy audience.*

## Introduction

“Global health” as a term became more widely used in the 1990s as an alternative to “international health.” International health as a concept was often seen as a discourse, with a set of institutions, aiming to limit infectious disease spread, originating in the 19th century (Fidler, 2005). Global health, by contrast, can be characterized as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide [and which] emphasizes transnational health issues, determinants, and solutions.” As well as addressing epidemic-prone infectious diseases or specific health concerns in the global south, the field of global health also addresses issues such as economy and finance, climate change, and urbanization (Koplan et al., 2009; Government Offices of Sweden, 2018). Further, “global health governance” may be more pluralistic, including how factors outside the health system affect health (Lee & Kamradt-Scott, 2014). Countries’ global health strategies frequently encompass multiple priorities and modalities, including engagement with “global health initiatives” (discussed more below) or shaping global governance arrangements or agendas, specific priorities (e.g., strengthening health systems, infectious and noncommunicable diseases, health determinants), and elements of domestic policy or systems (e.g., research and innovation for global ends).

Over the course of the 1990s and 2000s, China increasingly engaged with the UN and multilateral system, though largely as a recipient of assistance and support to its own domestic capacities and systems. The 2000s coincided with China strengthening its diplomatic outreach to countries in the global south, including through the Forum on China-Africa Cooperation (FOCAC) and increased “health diplomacy,” or the inclusion of health issues in bilateral and multilateral diplomacy (Kickbusch & Kökény, 2017). But by the 2010s there was an increasing realization among key Chinese health agencies and researchers that the country’s approach to global health needed to be brought up to date. The period since has been one of rapid

change, first of somewhat experimental policy development and subsequently, since COVID-19, of more focused attention on the role China can play in a modern conception of global health. The second Trump presidency has added impetus to this search for a new Chinese role.

Much of China's role in global health is shaped by the country's domestic institutions, their evolution, and reforms of the domestic government and policy architecture. This is also reflected in the chapter on gender equity and sexual and reproductive health and rights. Previously, Chinese health agencies were almost exclusively domestically focused, but in recent years the country has started to develop academic centers of expertise. Technical agencies such as the Chinese Center for Disease Control and Prevention (CDC) have become more engaged overseas, and parts of the Chinese government system have started to issue policies and strategies related to global health. However, policy and institutional fragmentation have continued to challenge a coherent, whole-of-government approach to global health. At the time of writing in late 2025, the field of global health is now in flux, requiring novel thinking and approaches to meeting the needs of countries in the global south. China, as a major middle- (verging on high-) income country with huge scientific and manufacturing resources, will necessarily be part of what comes next. The questions are how—the Chinese system gears up for a new set of challenges, and how new kinds of relationships can be formed as the country seeks a new role in global affairs.

The chapter unpacks this history and discusses the challenge of China's increasing engagement in global health, paying special attention to policy and institutional fragmentation, and related policy experimentation (Heilmann & Perry, 2011; Husain & Bloom, 2020). Moreover, it asks what role there is for cooperation between high-income countries such as Sweden with China at this critical time.

## History

A starting point for Chinese involvement in global health is often described as the sending of the country's first overseas medical team to Algeria in 1963, as part of the “revolutionary solidarity” with countries in the third world. Since then, the country has sent medical teams to countries across the global south, providing primarily clinical services to people in those countries. This continues to be a source of pride, but by the early 2010s debates in China were starting to shift and to recognize that the country needed a new role in global health. As early as 2010, leading Chinese scholars were pointing out that China's approach to global health was outmoded and inefficient (Guo et al., 2010). This coincided with an increasing “outward”-oriented policy discourse of “going global” (from the early 2000s), then Belt and Road Initiative (BRI), and increasing engagement in areas such as agriculture. The push to advance global health also coincided with an interest from an international donor (the UK Department for International Development, DFID) in exploring a new relationship with China as the country became more engaged overseas and as the UK sought a new, post-aid relationship with China. Within the Chinese health research and policy community, the assessment was also that the country's experience of health reforms might provide lessons for other developing countries (e-Pact, 2018). These actors argued that China should seek a more coherent role in global health, in line with its status as a major developing country and its recent experience of carrying out far -reaching domestic health reforms in areas such as communicable diseases, maternal and child mortality, strengthening of its health system, and extending insurance coverage to the vast majority of the population (though this remains shallow and health-related financial hardship remains high).

Simultaneously, China had increased its involvement with the multi-lateral system, including the UN health agencies (e.g., WHO, UNICEF, and UNAIDS), as well as major “global health initiatives” (GHIs) such as the Global Fund and Gavi. China has had some en-

agement with these mainstream global health initiatives, but mainly on domestic issues, and less so in the global arena.

China was also a recipient of support from the World Bank and bilateral development agencies in the 1990s and 2000s, much of which focused on strengthening domestic health institutions and systems and provided a platform for learning and absorption of international lessons that contributed to Chinese reforms (Bloom et al., 2009). Examples include DFID's partnership with China on piloting rural health reforms in the 1990s and support to strengthening Chinese HIV/AIDS programs in the early 2000s, and the US Centers for Disease Control's (CDC's) support to the establishment of the China CDC.

The next sections trace the trajectory that China has pursued to become more central to global health. However, understanding that trajectory requires a baseline understanding of some key factors that have shaped China's engagement with global health and, vice versa, the global health field's engagement with China.

First is that “global health” (previously “international health”) has historically been a primarily western construct, originating from mid-19th-century concerns about preventing transmission of infectious diseases into countries of the core. This field has evolved substantially over time, with the inclusion of new concerns, new organizational forms, and new governance arrangements. However, non-western countries have not been central to the development of the institutions, discourses, and fields of knowledge generally thought of as “global health,” with implications for the recent calls for “decolonization” of global health, and an increased emphasis on, for example, African-led agendas and pharmaceutical sovereignty policies (Cabane, 2023; Nnamani, 2025). China has been slow to adopt the dominant discourses and institutions of global health, as commonly understood.

Second is the historically predominantly domestic focus of China's health agencies and researchers. Whether the focus is strengthening the domestic health system or controlling and eliminating infectious

diseases, China displays a relatively common pattern. The country's focus has been primarily on dealing with domestic issues. Examples include the rapid progress from a “failing” health system, as assessed by the Development Research Centre of the State Council in the mid-2000s, to widespread insurance coverage and increases in health care provision (numbers of doctors, facilities, high-level care), improvement of prevention and treatment for communicable diseases (e.g., HIV, tuberculosis [TB]), or control and elimination of malaria and other parasitic diseases. As momentum started to build for the country to play a more active role in global health in the 2010s, and it became apparent that there were few medical professionals and researchers with experience of working on health issues outside China's borders. China's experience in the 2010s and onward is significant for the extent to which Chinese institutions sought to develop capacity to be more globally engaged.

An influential analysis by Chinese academics in 2013 pointed to a “distinctive” Chinese approach to global health, composed of the following main elements (Liu et al., 2014):

- Health aid—largely sending teams of clinicians overseas and constructing medical facilities (the bulk of funding), donating drugs and equipment, training personnel in China, and some malaria control projects.
- Health security—largely focused on strengthening China's domestic systems, though there were also some regional infectious disease control programs, such as in the Greater Mekong Region around the early 2000s.
- Health governance—primarily supporting the technical work of WHO both globally and through WHO cooperating centers—WHO -approved centers for scientific research and exchange on specific issues, such as influenza.
- Knowledge exchange—research and education, including of overseas students and health professionals.

The authors argue that this is distinctive and reflects Chinese history and experience. For example, health aid has concentrated on the activities highlighted above, with very little technical assistance-type activity, minimal support to global health initiatives, and no general sectoral support to countries.

Historically, these activities were not highly coordinated, but developed quite organically, with responsibilities dispersed across the Chinese system. Sending medical teams, for example, was a provincial responsibility and not nationally coordinated or regulated. Building medical facilities overseas was primarily carried out through the Ministry of Commerce (MOFCOM) system, with little engagement with the health agencies on needs analysis and integration with recipient countries' health systems. The Department for International Cooperation of the National Health Commission (formerly the Ministry of Health) historically had very limited staff, and Chinese participation at the World Health Assembly, for example, was traditionally limited, though the country has been increasingly successful in placing its nationals in WHO, including in senior positions.

## **Development of Chinese global health strategies**

The 12 million euro UK-China collaborative program, Global Health Support Programme (GHSP), was a close, strategic collaboration between actors in the UK and Chinese systems, and was managed from the Chinese National Health Commission, with a joint DFID-Health Commission-MOFCOM steering committee, and implementing partners including Peking University, Fudan, the National Health Development Research Centre, the China CDC, and others. The program ran from approximately 2013 to 2018 as a platform for strengthening Chinese research on global health, building the capacity of Chinese institutions (primarily but not exclusively research centers), supporting policy development and the formulation of a Chinese global health strategy, and carrying out joint pilots overseas.

During the 2010s, there was a period of largely piecemeal Chinese experimentation with new forms of health cooperation. Examples include initiatives such as the “Brightness project” (mobile cataract surgeries), engagement with elements of the global health security architecture (such as participation in WHO “joint external evaluations”), and signing of MOUs with global health agencies such as WHO on health and the BRI and health cooperation in Africa.

There was also some engagement with other global health initiatives, including small amounts of funding to Gavi and seconding senior personnel to the Global Fund. At this time, the UK-China collaborative program, GHSP, supported the development of a Chinese global health strategy that attempted to take a holistic view of China's significance for global health. The strategy included areas such as health assistance, which was an increasing focus in some of China's emerging global health research centers, but also the intersections of health with trade, food and agriculture, environment, and so on. At that point this was not substantially a part of Chinese research or debate. That work, undertaken by researchers at Peking University, which houses the country's leading global health center, revealed some of the limits to domestic Chinese expertise on many of these issues—issues that had not previously been a major concern for the country (e-Pact, 2018).

In parallel and prefiguring the discussion of institutional fragmentation later in the chapter, while the Chinese global health strategy was under development, other high-level national strategies—in the form of the Belt and Road Initiative (BRI)—were being developed across the Chinese system. Belt and Road health cooperation strategies were issued in 2015 and 2018. These strategies adopted the language of global health, but fundamentally linked it to the then-emerging geoeconomic and strategic framing represented by the BRI (NHFPC, 2015; NHC, 2017; NHC, 2018).

The first BRI health strategy reflected a system in rapid evolution, and was strongly grounded in a bottom-up assessment of the kinds of engagement that were then underway (from infectious disease

cooperation, to twinning of Chinese and overseas hospitals for remote diagnosis and treatment, to medical tourism, to traditional Chinese medicine). It lacked the breadth or the “globality” of the work undertaken by Peking University and, arguably, these strategies had more traction in the mid–late 2010s than that work.

## **COVID, post-COVID, and the new health order**

The COVID-19 pandemic marks a turning point in China’s approach to global health, possibly comparable to the response to SARS in 2003 that helped to stimulate domestic health system strengthening. The country’s domestic response to COVID -19 was forceful and extreme. Initially, and in aggregate, the country performed far better than would have been predicted, considering its position in the (then) most recent ranking of health security and preparedness (51st out of 195 countries), the Global Health Security Index (Nuclear Threat Initiative, 2019). The global spread of the control measures practiced in China in early 2020 to control COVID-19 represents a case of extraordinarily rapid policy diffusion.

Arguably, COVID-19 was important for China’s approach to global health in at least three ways. First, it put global health on the map of the central leadership and required the involvement of agencies new to global health issues. Chinese health diplomacy during the period was led by the Ministry of Foreign Affairs, while private companies such as Cainiao were drafted in to help with logistics and ensure supply of Chinese -produced personal protective equipment (PPE) overseas. Second, COVID-19 demonstrated new dimensions of global health—that health threats genuinely can be global (and can impact China), and that global health can present soft power and commercial opportunities. Third, COVID strongly politicized global health in China, and more widely, including a battle of narratives over the origins of the virus, with China presenting itself as a strong supporter of countries in the global south, helping meet their needs for PPE, vaccines, and other health commodities and consumables.

The period since the COVID pandemic has seen fundamental challenges to the field of global health. Responding to them requires new ways of thinking and engaging. This has implications for a wide range of countries, including Sweden, and—for the purposes of this chapter—for how China “does” global health in the 2020s and 2030s.

Funding for health, globally, is far from sufficient to meet the health-related Sustainable Development Goals (SDGs), achieving universal health coverage, or pandemic preparedness. Funding for global health initiatives is facing a traffic jam, while development assistance for health dropped by 21% between 2024 and 2025 and is expected to fall further by 2030, undermined by the United States' withdrawal of much health funding, and an overall challenge to high-income countries' ODA and health assistance. This compounds the challenges faced by many low-and middle-income countries, 60 of which face falling levels of health spending (or share of health spending in government budgets); indebtedness, strained fiscal resources and/or liquidity challenges; and persistently low levels of domestic health financing that are insufficient to support effective health system functioning (e.g., IHME, 2025; WHO, 2024; UNCTAD, 2024).

There is an urgent need for innovation in the global health order, toward a less aid-reliant system, supported by stronger domestic funding from low-and middle income countries (LMICs), targeted support to low-income and fragile states, and equitable markets for the provision of effective and low-cost health technologies (including pharmaceuticals, diagnostics, and digital technologies). The challenge of finding new approaches to global health comes amid the increase in complex challenges linked to climate change, rapid urbanization, and management of One Health<sup>1</sup>, and as multilateral cooperation is under increasing strain. Large, technologically sophis-

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<sup>1</sup> One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. [www.who.int/health-topics/one-health#tab=tab\\_1](http://www.who.int/health-topics/one-health#tab=tab_1)

ticated middle-income countries are likely to be increasingly important in this new global health order.

## **New frontiers – China’s evolving significance for global health**

It is evident that the Chinese government intends the country to play a greater role in global health. Alongside the initiatives announced in recent years (including the Global Development Initiative and Global Governance Initiative) has been Chinese leadership discourse regarding the idea of a “community of common health for mankind” (人类共同健康共同体). Health was included as a key concern in the framing of the Global Development Initiative from its inception, and China recently committed 500 million USD to WHO over five years in the wake of the US withdrawal—the largest non-assessed Chinese contribution to WHO or any global health initiative (Wise, 2025).

There has been substantial discussion in the global development community regarding the extent to which China is likely to “fill the gap” in funding left by the US and other donors. In many cases, this represents a desire to maintain a status quo and existing/legacy programs and initiatives. Aside from the contribution to WHO, there is little evidence that China intends to play such a role. However, this assessment risks missing China’s changing “structural” significance for global health and development—how and where the country is important to major global flows of finance, commodities, technologies, and ideas. Elements of this are discussed below, followed by a discussion of implications for policy agendas, reforms, and the development of institutional capacity in the Chinese system.

- China is an increasingly significant provider of health assistance and investments in health. Data on Chinese aid and lending is not transparent, and many analyses rely on AidData, a US-based project tracking Chinese development assistance. The most up-to-date available analysis of Chinese health assistance shows this

to make up around 17% of all Chinese development assistance over the period 2000–2017, with an estimated worth of around 398 million USD per year between 2014–2017.<sup>2</sup> There is little overlap in apparent Chinese priorities and OECD DAC donors, with China primarily prioritizing medical services and infrastructure. This prioritization has historically been comparatively stable, likely reflecting the focus on providing medical teams and construction of medical facilities identified by Liu et al. (2014), though there have been fluctuations in attention to areas such as malaria and communicable disease projects. Chinese health assistance is present in most global regions, with a consistent focus on Africa, but an increasing presence in Asia, Oceania, and the Americas in 2014–2017 (Guo et al., 2024).

- The Forum on China-Africa Cooperation (FOCAC) has provided a platform for announcing priorities for engagement with the African region. The 2024 FOCAC meeting reiterated Chinese support for African countries in areas including pharmaceutical and medical devices industries, strengthening pandemic preparedness and disease surveillance, prevention and control of infectious diseases, cancers and cardiovascular disease, and maternal and infant mortality. Many of these are areas that play to China's domestic experience, or where the government assesses that China can provide added value (e.g., in strengthening African manufacturing capability, also aligned with an African local manufacturing and sovereignty agenda).
- China is increasingly a leading investor in biotech and biopharma, the implications of which have yet to be fully felt. Strategic research programs intended to support the development of

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<sup>2</sup> The opacity of Chinese development finance makes accurate assessments of overall spending, project values, and specific priorities hard. The most up to date analysis of Chinese health assistance uses data up to 2017, the principal cut-off date of the AidData 2.0 dataset. Depending on assumptions regarding projects for which no financial values are available, the range of annual spending is estimated to be between 286 million USD and 585 million USD for the 2014-2017 period, with a likely annual value of 398 million USD. See Guo et al. (2024), supplementary materials, Table 5.

the Chinese biopharma industry go back to at least the 1990s, with a series of “Major Projects” (重大专项) drug development and infectious disease research programs running since around 2008. By 2023, China was ranking first globally in areas including synthetic biology, genomic sequencing and analysis, and antibiotics and antivirals (Brown & Groenewegen-Lau, 2025). Since the mid-2010s, extensive regulatory reforms and incentives for overseas talent to return to China have seen the country’s pharmaceutical industry move from being focused on active pharmaceutical ingredients and generics to, increasingly, a “fast follower” and emerging leader in some product categories. China’s scientific development and research and development (R&D) in pharmaceuticals and biotech is not only focused on the domestic market but is also reliant on demand from high-income countries. In some areas, such as cancer research (Ngoma et al., 2024), Chinese cooperation with global south LMIC partners is clearly increasing. However, it is not clear how the priorities of countries are accounted for in Chinese strategic research funding and priority setting. This is now more relevant than ever, given the Trump administration’s proposals to substantially cut health research funding.

- China has emerged as the world’s largest provider of development finance and second -largest bilateral creditor to developing countries, mainly targeting infrastructure in LMICs (Parks et al., 2023). As China’s engagement in LMICs matures, its development finance appears to be increasingly able to “square the circle between speed and safety,” and surveys show that Chinese finance is predominantly welcome (Parks et al., 2023). As a major creditor, however, how China engages with initiatives such as the G20 Debt Service Suspension Initiative (DSSI) and Common Framework is of significance to countries in debt distress and facing liquidity challenges (UNCTAD, 2024). This is a complex picture—China is a less significant creditor to many LMICs than commercial bond markets and has contributed to the DSSI—and the situation is evolving rapidly, as shown by the recent

renegotiation of Kenyan debt and redenomination in Rmb. However, as many Chinese loans to LMICs are now entering their principal repayment period (55%, rising to around 75% by 2030), including loans to countries in debt distress, there are questions regarding how Chinese financial institutions take into account social welfare and health concerns, and spending on the SDGs, in their spending and debt management decisions, and how the country sees its future engagement with elements of the development finance architecture and norm setting (Kell, 2025; Parks et al., 2023; Duke, 2025).

- China is indisputably essential to aspects of global health governance. A paradigmatic example of this is antimicrobial resistance (AMR). While the country has made substantial progress in areas including strengthening surveillance and stewardship, AMR remains an area in which China faces challenges domestically, and in which it is not substantially engaged internationally. For example, there is little Chinese involvement in initiatives focused on R&D for novel antimicrobials or debates about access to antibiotics and other products (e.g., low-cost diagnostics) in the global south, and China was not significantly involved in the UN General Assembly High-level Meeting on AMR in late 2024. Given China's significance as a leading producer of antibiotics and associated active pharmaceutical ingredients (APIs), a significant investor in antibiotic and antiviral research, and a country with recent experience of strengthening its surveillance and stewardship systems at a comparatively low per capita GDP, this is a missed opportunity.

## **New challenges, new systems, and capacities**

This chapter started with a brief history of China's "global health" engagement and continued with an overview of changes in the 2000s and 2010s, ultimately culminating in a discussion of some of the "new frontiers" for China and global health—areas where China is, for systemic reasons, increasingly significant. This is not to single

China out as uniquely good or bad, but rather to point to a missing dimension of our analysis of China and global health—an ongoing process of institutional and policy change and strengthening that is needed to overcome fragmentation within the Chinese system and increase effectiveness.

The UK-China Global Health Support Programme (GHSP), flagged above, was a mid-2010s partnership between an external agency and forward-thinking elements within the Chinese system, and reflects a particular moment in China’s exploration of a new role in global health, the challenges to such an enhanced role, and possible ways forward. The case of global health represents a starkly interesting case of policy experimentation within the Chinese system, from an approach to overseas health engagement rooted in a tradition of revolutionary solidarity with countries in the third world, to increasing integration with mainstream global health structures and institutions (though primarily as a recipient), to “managed experimentation” through the GHSP and simultaneous comparatively freewheeling, bottom-up exploration of new forms of engagement, to a stronger central government articulation of a vision of China as a global health power.

Each stage of this process has been accompanied by (largely piecemeal) institutional reforms that have helped explore new ways forward. For example, the 2010s saw universities and the research community develop global health centers, which increased from zero at the beginning of the decade to at least 16 by 2018 (e-Pact, 2018), as well as some strengthening of linkages between key research centers and government. However, the history of the 2010s also underscores the fragmentation of the Chinese system. Examples include the challenge of linking Chinese development banks and the country’s health agencies (with implications for how Chinese -built health facilities can be integrated with health systems in recipient countries), the absence of linkage between the country’s domestic work on AMR and its global engagement, and limited linking between the country’s emerging global health agenda and its science and research funding

system. While progress is being made on some of these issues, substantial gaps and fragmentation remain.

In contrast to the 2010s, in which there was marginal Chinese leadership attention to global health, this is now being articulated as a high-level policy priority, along with ambitious commitments to agendas such as strengthening local manufacturing of pharmaceuticals in Africa. The “global health” order is under unprecedented strain and is evolving—and large, technologically sophisticated middle-income countries are likely to be increasingly significant in what comes next. The history of China's global health engagement from the 2010s onward has been one of institutional innovation, combined with challenges to overcoming institutional fragmentation. China now faces a need for institutional innovation that responds not just to the challenges of the last 10 years, but to the future challenges of contributing to what comes next. That will require dealing with both old and new kinds of fragmentation, and more consistently linking global health with the broader development, finance, science and research, and innovation architecture.

## Conclusions

China's advance in global health has not been linear, but rather piecemeal and marked by a range of sometimes conflicting aims. To date, it remains unclear the extent to which China has a substantive global health strategy. Since the COVID-19 pandemic, global health has assumed increased importance in Chinese leadership discourse, and it is increasingly clear that the Chinese government intends the country to play a larger role in this area. However, the country's current global health engagement and future trajectory are not transparent, and fragmentation in the Chinese system both risks undermining current efficiency and the country engaging with new and emerging challenges.

Saying this, as the challenges facing global health become starker, it is hard to see how China will not be important to what comes next

for the field. That poses challenges for Europe and individual European countries such as Sweden with a strong commitment to global health at a time when the United States is reducing funding and pursuing a more instrumental policy (United States DoS, 2025). In 2019, the EU issued an update identifying the multiple kinds of relationship the bloc needs with China, including cooperation on global goods (European Commission, 2019). Since then, the EU-China relationship has deteriorated, as challenges to multilateralism have increased, and as the United States has become less engaged and predictable.

Following the extreme securitization of relations on many issues during the COVID-19 pandemic and in its aftermath, there are signs of an intellectual rebalancing underway. China is increasingly open, once again, to engagement with European countries on development issues, while ideas such as “values-based realism,” as articulated by the Finnish President Alexander Stubb, point to the need for pragmatic cooperation on major global issues (Stubb, 2024). Global health is an area where there is a high degree of consensus regarding the need for cooperation. From a European standpoint, this is not a “nice to have” but a necessity, given China’s systemic importance to many of the challenges we face.

Sweden has a long history of engagement in global health, and there are likely to be complementarities between Swedish and Chinese approaches. As discussed in this chapter, the Chinese approach to global health, and the institutions responsible for this, are in rapid evolution, creating space for engagement on issues of mutual concern where both countries have complementary expertise. There is increasing willingness on the part of Chinese agencies to cooperate on issues including health systems strengthening in the global south, antimicrobial resistance, and research and development for medical technologies (including pharmaceuticals and diagnostics) and downstream measures to help improve access and strengthen pharmaceutical sovereignty in the global south, among others. Given the collapse in financing for global health, engaging China on these issues,

and ensuring that China's potential contributions are maximized, should be a priority, linked to emerging European strategies such as Von der Leyen's European "Global Health Resilience Initiative" (Iribarren & Fortuna, 2025). Moving forward will require building new capacities and new kinds of relationships with China and the global south.

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