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Council Special Report No. 92
January 2022

The COVID-19 Pandemic and China's Global Health Leadership

Yanzhong Huang

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FOREWORD

The Chinese word for “crisis” is often depicted (some expert linguists would say incorrectly) by outsiders as signifying both danger and opportunity. Accurate or not in terms of translation, the insight holds, in that crises almost always carry elements of risk but also potential gains for those involved. What is more, crises can entail enhanced risks and gains depending upon the stakes, how the issues are handled, and the outcome.

The emergence of COVID-19 and what has transpired over these past two years surely qualify as a crisis. As of January 2022, there have been over 5.5 million documented deaths and over 330 million cases of the virus worldwide—numbers which, in all likelihood, vastly underestimate the actual toll. It is a true crisis for the world, for individual countries and governments, for states and city authorities, for public health systems, and for businesses, schools, families, and individuals. Not surprisingly, it is true for China, where the virus first emerged.

As Senior Fellow for Global Health Yanzhong Huang details in this Council Special Report, after initially mishandling the outbreak in Wuhan and suppressing information about a contagious virus circulating, China quickly rebounded, reducing the risk to itself by mandating measures that had the effect of reducing transmission and, as a result, allowing for the resumption of economic activity. Within months of its first case, China employed a variety of surveillance techniques and instruments and a zero-tolerance policy to track and stop the spread of the virus. China then seemingly transitioned to reap the opportunity inherent in the crisis by producing and exporting large amounts of personal protective equipment, ventilators, and other medical supplies and eventually vaccines. It also partnered with developing economies to boost their vaccine manufacturing capacity, using such mask and

vaccine diplomacy to extend its influence and soft power in the hopes of staking a stronger claim for global leadership. The image of a successful China and the superiority of its model gained ballast from contrasting images of a struggling United States and Europe, which were slow to respond to the crisis.

Over time, though, realities and perceptions have moved increasingly against China. The government badly hurt itself by refusing to cooperate with legitimate inquiries into the origins of the virus in Wuhan in late 2019 and punishing Australia when it called for an independent investigation. China's stonewalling has, in effect, increased the credibility of the hypothesis that the virus escaped from the Wuhan Institute of Virology rather than appearing spontaneously because of animal-to-human transmission. China's recurring lockdowns of tens of millions of citizens are repressive by definition and undermine prospects for economic revival, two features that do little to increase the appeal of China's example. The fact that the principal Chinese vaccine has a relatively poor track record in combating the omicron variant further undoes any luster COVID-19 brought to China. All this stands in stark contrast to the far more effective vaccines produced by U.S.-based companies, higher levels of U.S. vaccine donations, and successful examples of pandemic management in the West (although not in the United States) and in Asia that did not depend on massive, prolonged, and repeated lockdowns.

Looking ahead, the question remains whether China's zero-tolerance approach to pandemic management can succeed. Omicron, which has already pierced through China's layers of protection and spread in multiple cities, as well as future variants, will pose serious tests. Even if China's approach becomes unworkable in the face of a rapidly evolving virus, Xi Jinping could find it difficult to completely abandon the zero-tolerance policy, given the extent to which he has tied the Chinese Communist Party's political legitimacy to its ability to keep COVID-19 out. And to the extent this is as well a contest of relative performance in the eyes of the world, what will also matter is how the United States deals with persistent domestic vaccine resistance, the ability to produce an adequate number of easy-to-use accurate tests, and how well it manages to open schools and businesses without serious new outbreaks of COVID-19.

It is important to view all this not just in national and competitive terms but also in a global perspective. COVID-19 will not be the last incident of infectious disease at the global level, and omicron will not be the last of the variants to COVID-19. The question is whether the

United States and China along with others can ensure that the world will be better prepared than it has been or is for such eventualities. Huang offers recommendations for how the Joe Biden administration should go about this. He argues that the United States should pursue a strategy that strategically counters Chinese influence while recognizing and utilizing Beijing's role in global health governance. As Huang argues, this effort will require strengthening the World Health Organization, introducing supplementary international machinery not under the sway of China or any other government, and increasing the capacity to produce and distribute much larger amounts of critical equipment and vaccines with little delay. As he details, this will also require cooperating with China where it serves U.S. interests, including in the realms of disease surveillance and response capacity-building, supply-chain resiliency and security, travel resumption and safety, and biosafety and biosecurity.

Huang's report offers a good starting place to guide the Biden administration on how and when to cooperate with Beijing to advance global health security. But China's behavior to date makes it difficult and then some to be optimistic about prospects for meeting these goals. To return to the notion of crisis raised at the outset, it has been said in another context that a crisis is a terrible thing to waste. Alas, we are well on our way to doing just that when it comes to curtailing this pandemic or preparing for the next one.

Richard Haass

President

Council on Foreign Relations

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Yanzhong Huang

INTRODUCTION

When COVID-19 was wreaking havoc in China in early 2020, few anticipated that the virus would create an opportunity for Beijing to advance its global leadership ambitions. The government's initial mishandling of the outbreak undermined China's image as a responsible power and threatened the implementation of its signature foreign policy project, the Belt and Road Initiative (BRI). The virus's rapid global spread, the disruption of global supply chains, and the deterioration of Beijing's relationship with the West further obstructed China's efforts to claim global leadership.

But if the initial stages of the emergency were “a brutal political stress test,” China seemed to have passed by April 2020.¹ It broke the domestic transmission chain within eleven weeks and has since maintained extremely low infection levels. As the first country to experience the pandemic, China was also one of the first to begin social and economic recovery. Its relative success early in the pandemic contrasted sharply with the general failure of the United States and many other liberal democracies, for whom battling COVID-19 became a much more divisive and deadlier process.

China's comparative success in addressing the virus emboldened Beijing to reassert its global leadership agenda, which aims to establish China's centrality in the international system and over global governance institutions such as the United Nations.² However, prior to the pandemic China did not exhibit notable leadership in global health.³ Despite its expanded engagement in global health over the past three decades, its contribution to global health remained limited and constrained by domestic public health challenges and institutional shortfalls. For instance, prior to 2020, China contributed only 1.5 percent of

the total budget of the World Health Organization (WHO), compared to 16 percent from the United States.⁴

Although the pandemic caught Beijing off guard and was not part of its global leadership agenda, Beijing has sought to transform the obstacle into an opportunity. China's current pandemic narrative clearly demonstrates its ambition to be a global health leader. In promoting the "China solution" to the pandemic, the Chinese Communist Party (CCP) aims to present its authoritarian model as a viable alternative to liberal democracy.⁵ Beijing has also kicked off initiatives to portray itself as an international leader in providing critical medical supplies and equipment. In mid-March 2020, it began its "mask diplomacy" campaign, providing face masks and other personal protective equipment (PPE) to countries hit by the pandemic. Soon after, Beijing launched "vaccine diplomacy" in earnest, promising to send vaccines to low- and middle-income countries (LMICs) once shots became available.⁶ Such attempts to project soft power and expand international influence (and garner goodwill) were accompanied by aggressive tactics to shape the global health agenda in China's favor.

Beijing's pursuit of global health leadership has helped improve its soft power and geopolitical standing and shape the agenda of the WHO, which has become a cause for concern in Washington. But its efforts to expand soft power and international influence thus far have found mixed and limited success. Indeed, recent developments suggest that China's gambit to lead in global health is losing momentum, which presents an opportunity for the United States to reclaim leadership. Still, U.S.-China competition for global health leadership does not necessarily have to be zero-sum. Under the Joe Biden administration, Washington has the opportunity to pursue an effective strategy to expand soft power and reassert global health leadership, but it should avoid overreacting to Beijing's global ambitions in ways that forsake opportunities for cooperation in global health that advance the U.S. interest.

CHINA'S GLOBAL AMBITIONS MEET COVID-19

Only months before the COVID-19 outbreak in Wuhan, Gao Fu, director-general of the Chinese Center for Disease Control and Prevention (or China CDC), touted the effectiveness of China's online disease surveillance system. "I will know within hours whether or not we have an outbreak, even in a small village," he said.⁷ In August 2019, China performed its largest public health emergency drill since the 2002–04 severe acute respiratory syndrome (SARS) outbreak. The exercise targeted a fictional "X virus" imported to China by a passenger from "Country A."⁸ No one could have been aware that a major public health crisis was looming in Wuhan.

THE PATH TOWARD CALAMITY

Scientists are still debating exactly when and where the COVID-19 outbreak started.⁹ According to state media, a respiratory doctor in Wuhan was the first to report suspected cases to hospital administrators. Such reports seemingly did not reach central health authorities.¹⁰ Driven by concerns about the outbreak's potential harm to social and political stability, local government officials were tight-lipped about the nature and scale of the outbreak.¹¹ Frontline health-care workers, such as Ai Fen and Li Wenliang, who shared information about the disease with friends or colleagues were admonished or disciplined.¹² The WHO first learned about the outbreak on December 31 through a U.S.-based open-source platform for early intelligence on infectious disease outbreaks.¹³ Chinese health authorities initially denied that the virus was contagious among human beings even though a growing number of health-care workers in Wuhan were already sick—a

clear sign of human-to-human transmission.¹⁴ China's national health authorities did not confirm that the virus could be transmitted between humans until January 20, 2020.

The lack of transparency, though, did not prevent Chinese scientists from quickly identifying the pathogen and sharing its genome sequence with the international scientific community. On January 5, 2020, Professor Zhang Yongzhen, a researcher at Shanghai Public Health Clinical Center, uploaded the genome to the U.S. National Center for Biotechnology Information.¹⁵ On January 11, Zhang's Australian collaborator convinced him to publish the genome sequence online.¹⁶ The next day, China officially shared the genome sequence with the WHO.¹⁷ The genome sequence information was crucial in facilitating rapid development and rollout of COVID-19 testing kits and vaccines.

Still, governmental actors in China played a critical role in influencing international access to information about the outbreak in Wuhan. On January 3, 2020, China began officially communicating with the WHO and the United States about the outbreak.¹⁸ Six days later, based on information from the Chinese government, the WHO reported the spread of a novel coronavirus that caused pneumonia of unknown origin.¹⁹ On January 13, Thailand identified the first overseas novel coronavirus case, prompting Ma Xiaowei, the head of China's National Health Commission, to convene a closed-door teleconference the next day. While Ma did not rule out widespread transmission of the virus, he suggested that "the ability of human-to-human transmission [of the virus] remains to be closely monitored."²⁰ By that time, WHO experts already suspected that the virus was passed or could be passed from human to human. Concerned about deviating from the Chinese government's messaging and thereby compromising its cooperation with China, however, the WHO continued to tweet that there was no evidence of human-to-human transmission.²¹

Although the initial information blackout misinformed and misled the public and policymakers, Wuhan officials took no effective measures to halt the virus's spread, and residents were barely warned about the outbreak. On January 18, forty thousand families gathered at a Lunar New Year banquet to share home-cooked food.²² The mayor of Wuhan, Zhou Xianwang, acknowledged on January 27 that the government failed to communicate effectively with the public about the outbreak, but he also blamed the delay on the regulatory requirements to seek the central government's approval before any such disclosures could be made.²³

The pandemic's outcome would likely have been different if China had been transparent from the get-go. One study suggests that the total

case count in China could have been cut by 86 percent if the government had deployed decisive containment measures two weeks earlier.²⁴ Also, if China had been forthcoming about the human-to-human transmission of the virus, public- and private-sector reactions in other countries could have been different. But any country that is the first to be hit by such a novel coronavirus outbreak could initially stumble badly. Detecting and containing COVID-19 is particularly challenging because infected persons can transmit the virus before onset of symptoms. Moreover, more transparency and better communication would not necessarily have prompted other countries to respond more effectively. Bureaucratic inertia and attempts to downplay the crisis occurred in several countries, including the United States, Brazil, India, and the United Kingdom. Compared to its initial handling of the SARS outbreak, Beijing's COVID-19 response was a significant improvement; China decisively moved to control the 2019 novel coronavirus just twenty-five days after the first alarm sounded but took more than three months to act on SARS.²⁵ Still, had officials enacted decisive and effective measures earlier in Wuhan, the outbreak could perhaps have remained a more localized epidemic.

But things unfolded differently. By January 23, five million people had left Wuhan, some of whom traveled overseas.²⁶ The first U.S. COVID-19 case was officially confirmed on January 21, 2020. In the subsequent month, U.S. public health agencies confirmed fourteen COVID-19 cases, all traceable to travel from China.²⁷ Beijing's failure to nip the virus in the bud nurtured the perception of China as a weak link in the global health security chain. Before long, China's actions in the initial stage of the outbreak faced international criticism, casting doubt on the country's approach to pandemic control and its commitment to international cooperation.

CHINA'S COMPARATIVE SUCCESS IN PANDEMIC CONTROL

On January 22, 2020, President Xi Jinping ordered a lockdown of Wuhan.²⁸ The government's policy flip and the ensuing public panic soon caused a legitimacy crisis for the CCP. Even the regime's defenders found it difficult to justify the government's response in the crisis's initial stage. China watchers began to muse about whether the bungled government response could catalyze into China's "Chernobyl moment," opening doors to political reform or even regime collapse.²⁹ The supply-chain disruptions associated with the outbreak also hampered Beijing's implementation of the BRI, leading to a potential loss of faith in "Chinese-style connectivity."³⁰

But before long, Beijing started to turn the tide. Over the span of only a few days in January and February, China completed the construction of enough hospitals and facilities to admit all those infected as well as those who had come into close contact with the sick.³¹ The outbreak led to nationwide activation of the “grid management” system, under which paid or volunteer “grid controllers” monitor and report on the households in their assigned areas.³² The introduction of an extensive array of surveillance techniques and instruments, including artificial intelligence, big data, and QR codes, to actively track and stop the spread of the virus strengthened the system.³³ Largely due to this neo-Orwellian approach, newly confirmed cases began to fall dramatically in mid-February.³⁴

By early April, China had emerged as an early victor in the war against the virus, with officials lifting the eleven-week lockdown in Wuhan on April 8.³⁵ To maintain the “hard-won achievements of epidemic control,” the government initiated a zero-tolerance approach, under which the detection of even one domestic COVID-19 case triggered mass testing, aggressive contact tracing and quarantines, and lockdown of neighborhoods and cities to reset local cases to zero.³⁶ Again, the government demonstrated robust capacity in responding to sporadic outbreaks across the country. Between April 2020 and December 2021, the reported daily new cases in China rarely exceeded one hundred. Beginning in December 2020, China kicked off a mass vaccination program. By December 10, 2021, China claimed it had administered more than 2.59 billion doses, with 83 percent of its population fully vaccinated.³⁷

BEIJING’S REBRANDING CAMPAIGN

China’s comparative success in pandemic control therefore provided a perfect opportunity for the country to rebrand itself as an exemplary leader in the global fight against the pandemic. Since March 2020, China has sought to reshape its COVID-19 narrative. The *New York Times* analyzed tweets from state media and Chinese diplomats and identified three themes in this rebranding campaign: spinning an optimistic view of the fight against the virus, including running reports of foreigners praising China’s response; highlighting China’s role as a partner and selfless leader contributing to the global public good; and disputing the origins of COVID-19, including promoting theories that the virus originated in the United States.³⁸

Beijing’s rebranding campaign features efforts to feed global media more positive narratives regarding China and COVID-19.³⁹

According to one study, which examined upward of 1.3 million English statements from more than 365,000 different news articles published on nearly 1,600 domains from more than 100 countries, coverage of China by Chinese sources was much more positive than coverage by sources from other countries.⁴⁰ China's new narrative promotes its response to the outbreak as a model for the rest of the world. It claims that China's success and Western countries' failure in combating the pandemic attest to the China model's superiority. In a January 2021 speech, Xi said, "Judging from how this pandemic is being handled by different leaderships and [political] systems . . . [we can] clearly see who has done better."⁴¹

Eager to market China's success, Chinese officials and nationalistic intellectuals have encouraged other countries to adopt Beijing's COVID-19 playbook, including using draconian lockdown measures and traditional Chinese medicine in their pandemic response.⁴² The foreign ministry urged Chinese doctors and public health officials to "share China's good practice and experience" with their international counterparts.⁴³

Being one of the first countries to emerge from the crisis and a leading producer of PPE also enabled China to claim leadership in providing medical supplies to countries struggling under the weight of the pandemic.⁴⁴ Before the pandemic, China was already the primary supplier of respirators and PPE, exporting more than the rest of the world combined, and by February its mask production increased twelvefold.⁴⁵ In mid-March 2020, China began to ship face masks, ventilators, and other medical supplies overseas. In 2020, China supplied 43 percent of global imports of PPE, compared with 21 percent in 2019.⁴⁶ In the words of China's Minister of Foreign Affairs Wang Yi, China "took the lead in building a global anti-epidemic defense."⁴⁷

In the meantime, China became a frontrunner in the global race to develop a COVID-19 vaccine. In May 2020, speaking at the World Health Assembly, President Xi promised to make Chinese vaccines a "global public good" once they became available.⁴⁸ By mid-March 2021, China had already produced about one-third of the world's vaccine doses. As of January 3, 2022, Beijing had sold or donated nearly 1.8 billion doses to 115 countries.⁴⁹

In contrast to "vaccine nationalism" in the West, China's vaccine diplomacy promises to mitigate the global disparities in vaccine access and establish China's image as a responsible and reliable great power, especially in LMICs.⁵⁰ Chinese state and social media frame the uptake of Beijing's vaccines as a clear sign of China's global

leadership. A widely circulated social media post on the Chinese messaging app Tencent QQ claims that “Chinese vaccines are taking over the whole world.”⁵¹

Beijing not only uses its provision of vaccines and medical supplies to expand soft power and boost its tarnished image during the pandemic, but its mask diplomacy and vaccine diplomacy also aim at building and cementing economic and geopolitical gains. Health-related development assistance has long offered Chinese pharmaceutical companies a low-cost way to expand their market share in the developing world. The huge global demand for COVID-19 vaccines, the massive surge of cases in India in the spring of 2021, and “vaccine nationalism” in wealthy nations have allowed Beijing to break into a market that Indian and Western pharmaceutical firms have long dominated. In addition to shipping its vaccines overseas, China has partnered with developing economies to boost their vaccine manufacturing capacity.⁵² But the opportunities for Beijing to advance its interests do not begin and end with vaccine or PPE access.

China’s health diplomacy during the pandemic has also sought to revitalize the BRI. The BRI is China’s flagship geopolitical project aimed at “extending its sphere of influence, fostering new norms of international economic cooperation, and promoting a new world order.”⁵³ Southeast Asia, the preferred region for the construction of the “21st Century Maritime Silk Road,” is also a priority of China’s vaccine diplomacy. By October 2020, that region alone claimed 44 percent of the total doses of vaccines China committed worldwide.⁵⁴ Of the top ten countries receiving Chinese vaccines, four (Indonesia, Myanmar, the Philippines, and Vietnam) are in Southeast Asia.⁵⁵ As of mid-October 2021, 91 percent of countries receiving vaccines from China were BRI participants.⁵⁶ Other geopolitical factors also matter in China’s vaccine diplomacy. China reportedly took advantage of its status as a main vaccine provider to pressure Guatemala, Honduras, and Paraguay, three countries that maintain diplomatic ties with Taiwan, to switch diplomatic recognition.⁵⁷

Beijing’s emergence as an early winner also encouraged its efforts to reshape the global health agenda, including disputing whether China was the origin point of COVID-19. Until the end of February 2020, China seemed to tacitly acknowledge being the country of origin of the outbreak.⁵⁸ Only in early March did Zhao Lijian, a foreign ministry spokesperson, begin to contend the outbreak was never proven to have originated in China. At that time, China was close to stabilizing its disease situation while the United States was beginning to see its case

numbers surge. The contrasting trajectories of the virus's spread made China's claim to global leadership in pandemic control more convincing. But the official narrative would be neither complete nor coherent so long as China was still perceived as the origin of the outbreak. After all, such a perception was intertwined with the government's initial mis-handling of the outbreak. Furthermore, if China were widely perceived to be the pandemic's starting point, it would not gain much credit for controlling COVID-19 more quickly than other countries. Not surprisingly, the fight over the pandemic's origins became an important component of China's rebranding campaign, which grew more contentious as top U.S. diplomats and President Donald Trump increasingly linked the virus to China.

The political stakes over the origins inquiry grew even higher in April 2020, when calls were growing in the West to hold China accountable for the outbreak. Late that month, Australia became the first country to call publicly for an investigation into the pandemic's origin. The Trump administration, pivoting away from its early endorsement of Beijing's handling of the outbreak, also began to throw official support behind the theory that the virus originated from the Wuhan Institute of Virology. Because the theory implies China was at fault for the pandemic, Beijing resisted requests for an international probe, calling it "political manipulation and interference in the international collaboration."⁵⁹ In order to discourage Canberra from pushing for an international investigation, Beijing threatened to boycott Australian goods and warned that the China-Australia relationship could be damaged "beyond repair."⁶⁰ Amid mounting international pressure, however, Beijing quietly changed its position and began to support instead a global scientific plan to trace the origin of the virus.

Concurrently, the Trump administration's move to halt funding to the WHO and later to terminate the U.S. relationship with the organization also handed Beijing a great opportunity to influence the international health body. After Trump's initial announcement that the United States would suspend WHO funding, China pledged \$30 million for the WHO's coronavirus effort.⁶¹ China also used Trump's decision to quit the WHO to delegitimize U.S. involvement in WHO-related activities, including investigating COVID-19's origins. On July 10, 2020, in response to Secretary of State Mike Pompeo's request that WHO scientists have unfettered access in China, China's foreign ministry spokesperson said that the United States was not qualified to comment on Chinese-WHO cooperation because it had announced its intention to quit the WHO.⁶²

As the WHO investigation loomed, China began to ramp up its narrative about COVID-19's origins. Minister Wang Yi became the highest-ranking official to question the theory that COVID-19 first originated in China, saying that "more and more research suggests that the pandemic was likely to have been caused by separate outbreaks in multiple places in the world."⁶³ Since May 2021, when the theory that COVID-19 started with a lab leak in Wuhan gained more credence in the United States as a legitimate hypothesis explaining the pandemic's origin, China has doubled down on a campaign to portray a U.S. military lab as the origin of the pandemic. In July, the state-affiliated *Global Times* invited Chinese citizens to sign an open letter calling for a WHO investigation into Fort Detrick. By August 6, it claimed that more than twenty-five million Chinese netizens had signed the letter.⁶⁴ In early August, China's CGTN Think Tank released results from its global survey on the pandemic, claiming that 83.1 percent of respondents support a WHO-led origins investigation in the United States.⁶⁵

AN ASSESSMENT OF CHINA'S EFFORTS TO CLAIM LEADERSHIP IN PANDEMIC RESPONSE

China's rebranding campaign highlights three major themes in its efforts to assert leadership in pandemic response. First, Beijing aims to use its comparative success in curbing COVID-19 to boost its image and expand soft power. Second, it hopes to cement economic and geopolitical ties with those receiving Chinese medical supplies. Third, it seeks to shape the WHO agenda in its favor, especially over the investigation of pandemic origins. An assessment of their effectiveness sheds light on strategies the United States should adopt in the future.

INTERNATIONAL IMAGE MANAGEMENT

China's efforts to project soft power and strengthen its international image have been met with mixed success. A major source of soft power—the ability to attract and co-opt, rather than coerce—is the attractiveness of a country's domestic institutions and policies.⁶⁶ In this regard, China's initial mishandling of the outbreak undermined its international reputation. Beijing's charm offensive, however, appeared to mitigate this reputational hit. According to a survey of fifty-four journalist unions from fifty different countries and territories conducted between December 2020 and January 2021, 56 percent of the countries reported more positive overall coverage of China since the COVID-19 outbreak, compared to 24 percent that said coverage had become more negative.⁶⁷

Survey data also supports the claim that China's pandemic response has won positive evaluations, even in the developed world. According to the Pew Global Attitudes Survey conducted in summer 2020, a median of only 31 percent of respondents across fourteen Organization for Economic Cooperation and Development (OECD) nations said China

had done a good job addressing the pandemic.⁶⁸ In spring 2021, however, those who had positive evaluations of China's pandemic response increased to 49 percent, compared with a median of 37 percent who rated the U.S. response positively.⁶⁹ In addition, China's contribution of medical supplies overseas during the pandemic helped improve its international image. A research report released by International Federation of Journalists in May 2021 suggests that countries that received China's COVID-19 vaccines were more likely to support the narrative on China's speedy response against COVID-19 and less likely to support the Western narrative attributing the virus's global spread to China's initial mishandling of the outbreak.⁷⁰

China's progress in improving its international image nevertheless varies across regions. According to an AidData study of 1.3 million statements mentioning China and COVID-19 from 109 countries in 2020, media tone about China and the pandemic is most positive in Africa, followed by Asia (excluding China), but is most negative in the Americas, Europe, and Oceania.⁷¹ The relatively positive evaluations of Beijing's pandemic response apparently have failed to reverse the overall decline of its soft power in the developed world, which could be attributed to a confluence of factors including Beijing's heavy-handed approach to Hong Kong and Xinjiang and the confrontational rhetoric of Chinese diplomats (often referred to as "wolf worrier diplomacy").⁷² According to the Pew Research Center, unfavorable views of China rose significantly in 2020 and were still near historical highs in most of the advanced economies surveyed in 2021.⁷³ Even in the developing world, China's success cannot be taken for granted. A survey of 2,850 Latin Americans in May 2020, for example, found that Chinese doses failed to have any significant effect in shaping public opinion toward China in the region between May 2020 and May 2021.⁷⁴

Since the summer of 2021, with the spread of the more contagious delta variant, international reverence for Beijing's zero-tolerance approach has decreased. Delta's infectiousness increased the barriers to and socioeconomic costs of maintaining zero infections, challenging Beijing with significant diminishing returns.⁷⁵ In the meantime, other followers of zero-tolerance approaches—such as Australia, New Zealand, and Singapore—abandoned the quest for zero, leaving China the world's last "zero-COVID" holdout.⁷⁶ Having tied the strategy to a global ideological competition, Beijing responded to the global shift toward "living with the virus" by doubling down on its campaign against COVID-19. In late December 2021, the government imposed a full

lockdown on the city of Xi'an, a northwestern city of thirteen million people, to halt the worst COVID-19 outbreak since the initial spread in Wuhan. Local government officials' clumsy and heavy-handed measures pushed Xi'an residents to their limits.⁷⁷ Accounts of people running out of food or being denied access to emergency medical care were widely reported in international media, further undermining the appeal of Beijing's pandemic response model.

The arrival of the omicron variant only makes China's success look more fleeting. Since only a small percentage of people in China were ever infected with previous strains of COVID-19—in part because of the prior success of the zero-tolerance strategy—few have immunity from natural infection. This, in conjunction with the ineffectiveness of China's vaccines to prevent omicron infections, means that most Chinese lack the necessary neutralizing antibodies against the omicron variant. The highly transmissible omicron variant is therefore poised to quickly become the dominant strain in China. At the time of writing, China is facing a particularly heightened risk of an explosion of omicron cases as thousands of foreign athletes, trainers, and support staff gather in Beijing and the neighboring Hebei province for the Winter Olympics in February and March.⁷⁸ While the omicron variant appears to cause milder illness than delta, China's zero-COVID strategy does not differentiate between the severity of cases; it is only concerned about the number of infections. As the pandemic becomes endemic and people learn to live with the virus in other countries, the immunity gap between China and the outside world will expand. Against this backdrop, continuation of the zero-COVID strategy will be extremely costly and highly dangerous: a small omicron outbreak in China could quickly develop into multiple larger outbreaks across the country, sending shock waves through society and the economy and intensifying the disruption of global supply chains and inflation pressures worldwide. Because of these concerns, a recent Eurasia Group report named the potential failure of China's zero-COVID strategy as the number one global risk of 2022.⁷⁹

CEMENTING ECONOMIC AND GEOPOLITICAL TIES

China's COVID-19 diplomacy also enables it to advance foreign policy objectives in economic and geopolitical spheres. Evidence suggests, however, that China is not yet a true leader in providing global public goods. Granted, against the background of "vaccine nationalism" in

the West and India's need to grapple with the devastating outbreak in spring 2021, China's provision of critical medical supplies overseas helped bolster economic and geopolitical ties with recipient countries. According to Airfinity, a science information and analytics company, Chinese vaccines had dominated in much of Asia and South America through the start of July 2021.⁸⁰ In Indonesia, Sinovac alone accounted for about 85 percent of all vaccine supplies in the country.⁸¹ The company's sales surged to \$11 billion in the first half of 2021, more than 160 times what they were a year earlier.⁸²

What comes with the shipment of the medical products is not just business advantage but geopolitical leverage. Immediately before or after receiving Chinese doses, many nations reaffirmed their support for Beijing's positions on Hong Kong, Taiwan, Tibet, and Xinjiang.⁸³ Although Beijing has insisted it is not using vaccines for political ends, this support is sometimes the result of quid pro quo diplomacy. For example, two weeks after Brazil's communication minister asked for vaccines during his meeting with Huawei executives, Brazil made a policy U-turn and allowed the Chinese telecommunication giant to participate in its 5G auction. President Jair Bolsonaro and his foreign minister also halted criticism of China, and millions of Chinese vaccines arrived soon after.⁸⁴ In December 2021, China's vaccine diplomacy scored another major success in Nicaragua, which cut diplomatic ties with Taiwan and four days later welcomed the first tranche of one million donated vaccines from China.⁸⁵

Although China's COVID-19 diplomacy is extracting some policy wins, whether the effect is sustainable or how it could be translated into expanded geopolitical influence remains unclear. Despite calls for prioritizing BRI countries in providing Chinese vaccines, as of late November 2021 roughly one-quarter (37) of the 144 BRI countries had not received vaccines from China.⁸⁶ According to a recent study by the Center for Strategic and International Studies, Beijing did not make significant inroads in forging new political and strategic relationships during the pandemic. Rather, the effect of China's COVID-19 diplomacy was most significant in countries where China already had strong geopolitical influence before the onset of the pandemic, that is, sub-Saharan Africa, Eastern Europe, and middle-income countries along China's periphery.⁸⁷

Many countries that receive Chinese vaccines have sought to diversify their vaccine supply and reduce their dependence on Chinese vaccines. By mid-October 2021, only four countries (Chad, China, Equatorial Guinea, and Gabon) relied exclusively on Chinese

vaccines.⁸⁸ Moreover, recipient countries seem to be keenly aware that vaccines could come at the price of influence down the line. Rather than allowing China's vaccine diplomacy to compromise its stance on the South China Sea territorial dispute, Indonesia sought to diversify its vaccine supplies and has reiterated its commitment to a peaceful, lawful approach to solve the dispute.⁸⁹ In July 2021, the Philippines, which initially relied on Chinese vaccines in combating the pandemic, ended efforts to terminate the U.S.-Philippines Visiting Forces Agreement, an important instrument in U.S. efforts to challenge China in the disputed South China Sea. President Rodrigo Duterte claimed that U.S. vaccine donations convinced him to change his stance.⁹⁰ As a matter of fact, in Southeast Asia—which Beijing prioritized in its vaccine diplomacy—China was ranked first in terms of providing COVID-19–related assistance, yet those policy elites who see China as the most influential political and strategic power dropped from 52 percent to 49 percent during 2020–21.⁹¹ Of course, in the absence of China's COVID-19 diplomacy, its influence could have fallen further, but the numbers show the limits of China's mask and vaccine diplomacy efforts.

Evidence does not support Beijing as a leader in the provision of global public goods, either. By definition, a public good should be non-rivalrous and non-excludable. In practicing mask and vaccine diplomacy, only a portion of what Beijing shipped overseas was considered grant assistance (i.e., donations). Donations accounted for less than 1 percent of China's PPE exports.⁹² As of January 10, 2022, about 9 percent of China's vaccines committed overseas—147 million doses—were for grant assistance.⁹³ Even for its traditional allies, the quantities of vaccines that China donates tend to be small. Though China has promised to ultimately donate 600 million doses to Africa, it has so far gifted just 38 million jabs—an amount that is insufficient to cover even 1 percent of the continent's population with a two-dose regimen.⁹⁴ Most of the Chinese vaccines sent overseas are commercial supplies, which are in some cases more expensive than Western ones.⁹⁵

The lower efficacy rate of Chinese-made vaccines and the lack of transparency about the clinical trials results led other countries to question the effectiveness of Chinese-made vaccines. Beginning in summer 2021, outbreaks of the delta variant in countries that used Chinese jabs in their mass vaccination campaigns raised further doubts about Chinese vaccines. By June 2021, Bahrain and the United Arab Emirates had already offered Pfizer-BioNTech vaccines to those who got Chinese doses.⁹⁶ They were soon followed by countries in Southeast Asia, where Cambodia, Indonesia, Malaysia, and Thailand all shifted their

inoculation strategies to recommend or require alternative jabs (Astra-Zeneca and Pfizer-BioNTech) to those who initially received Chinese vaccines.⁹⁷ In Sinovac-dependent Latin America, Chile and Uruguay rolled out Pfizer-BioNTech boosters in August for anyone who had received two doses of Sinovac, while Brazil rolled out third doses to its elderly population, which had primarily received Sinovac, to combat delta.⁹⁸ Citing inadequate efficacy data, Singapore excluded Sinovac's vaccine from its count of total vaccinations against COVID-19.⁹⁹ In October, the World Health Organization's Strategic Advisory Group of Experts even recommended all countries provide third doses to anyone aged sixty or older who received Sinovac or Sinopharm.¹⁰⁰

The omicron variant could create even greater problems for countries dependent on Chinese doses, as initial studies indicate Sinopharm and Sinovac offer significantly decreased protection against the new strain even compared to the delta variant.¹⁰¹ A study conducted by researchers at Yale University suggests that recipients of Sinovac's vaccine may need two additional booster shots to achieve sufficient protection levels against omicron.¹⁰² While these efficacy concerns may prompt some recipient countries to reconsider Chinese vaccines, it is too early to predict a global rejection of Chinese vaccines. First, all existing vaccines, including the widely acclaimed mRNA vaccines, have seen their efficacy rates drop in preventing infections from the omicron variant. Second, there is still no conclusive data suggesting Chinese inactivated vaccines are ineffective at preventing severe illness associated with the new variants.¹⁰³ Finally, the rush in Western countries to get boosters into the arms of their populations is likely to, once again, constrain their ability to deliver on global vaccine promises or expand the share of Western vaccines in low- and middle-income countries. This delay could give China time to develop and market its own mRNA or protein-based vaccines that may induce greater antibody response against the omicron variant when given as booster shots.¹⁰⁴

RESHAPING THE NARRATIVE ON THE ORIGINS OF THE PANDEMIC

China's influence over the WHO agenda was most apparent in the beginning of the pandemic. In exchange for China's compliance with the International Health Regulations (IHR), the international law that governs global infectious disease governance, the WHO not only repeated China's rhetoric on the nature of the virus's spread but also refrained from criticizing Beijing for its poor response during the early stage

of the outbreak. Under pressure from Beijing, the WHO also delayed its decision to announce the public health emergency of international concern (PHEIC) by one week, even though many global health experts believed the criteria for announcing a PHEIC had been met earlier.¹⁰⁵ Despite its frustration over China's failure to provide complete information, the international health agency praised the country for "setting a new standard for outbreak control."¹⁰⁶ Later, as part of the separate WHO Independent Panel for Pandemic Preparedness and Response, Zhong Nanshan, the public face of China's pandemic response, conceded he played a crucial role in convincing other panel members to revise the panel's report to make it less critical of China's response in the initial stage of the outbreak.¹⁰⁷

Later on, China also used its influence to shape the WHO narrative on the pandemic. Though China was unable to prevent the World Health Assembly from adopting a landmark resolution on May 19, 2020, to kick off phase one of the pandemic origin probe, China delayed the WHO's access to Wuhan until January 2021 and gained a clear upper hand in the negotiation with the WHO on the terms and timing of the investigation. After spending four weeks in the country, including two weeks under quarantine, the WHO team announced preliminary findings that were the most authoritative support China had received for its origin narrative. They supported the natural zoonotic spillover theory, legitimized the claim that the novel coronavirus could have reached China through imported frozen food, and dismissed the theory that the virus had escaped from a laboratory.¹⁰⁸ As it turned out, the conclusion of the WHO-China joint study in the spring of 2021 not only allowed Beijing to claim a public relations victory but also constrained the WHO's ability to access China and conduct a second-phase origin probe.

But Beijing's efforts to reshape the narrative on the origins of the pandemic also confirm the limits of its leverage over the WHO. The way the findings of the WHO-China joint study were reached and communicated ultimately convinced some scientists and critics of the Chinese government that the investigation was neither independent nor complete. Shocked by the announcement in February that a lab leak was "extremely unlikely" and not worth investigating, WHO Director-General Tedros Adhanom Ghebreyesus pushed back by saying that "all hypotheses"—including the lab leak theory—were still open for further probe.¹⁰⁹ Later, he also suggested that his research team's conclusion could have been too hasty, given the limited access it had to Chinese facilities.¹¹⁰ Beginning in May, as a result of the persistence

of a group of scientists and the emergence of new information, the lab leak theory gained wider acceptance as an entirely legitimate hypothesis.¹¹¹ In mid-July, in a rare departure from the WHO's typical deference to China, Director-General Tedros outlined the terms of the inquiry's next phase and asked China "to be transparent, open and cooperate, especially on the information, raw data that we asked for at the early days of the pandemic."¹¹² In an August statement about the next stages of the investigation into the origins of the pandemic, the WHO called out China when asking countries for cooperation in sharing raw data from the earliest cases and granting permission for the retesting of pre-pandemic blood samples. China immediately rejected the suggestions for new lines of investigation, saying the WHO-China joint report had already drawn internationally recognized conclusions and recommendations, and that a renewed probe was politically motivated. The soured relationship between China and the WHO suggests that Beijing's overplaying in the origins probe has backfired.

RECOMMENDATIONS

In characterizing the Biden administration's China policy, Secretary of State Antony Blinken claimed: "Our relationship with China will be competitive when it should be, collaborative when it can be, adversarial when it must be."¹¹³ To the extent that China's aggressive attempts to seek leadership in global health undermine global governance and U.S. international standing, the United States should work with like-minded countries to respond swiftly and smartly to reassert its role and strategic interests. To cope with China's leadership ambitions, the Biden administration should consider the following steps.

TAKE A MORE STRATEGIC APPROACH IN MATCHING CHINA'S COVID-19 DIPLOMACY

Because China has portrayed itself as a leading provider of global public goods during the pandemic, U.S. accusations that China attaches political strings to vaccine shipments do not help project the United States' soft power. For countries without timely and adequate access to Western vaccines, Chinese vaccines are often the only pragmatic option. Concerns about U.S. companies' sluggish vaccine deliveries, for example, partially explain why most Southeast Asian countries refused to openly criticize China, whose vaccine deliveries are considered more reliable.¹¹⁴ U.S. efforts to roll out booster vaccines in coping with the omicron variant are likely to further constrain the global vaccine supply and potentially deepen a sense of injustice in the developing world.¹¹⁵

A more immediate and effective approach for the United States to reclaim global health leadership would be to scale up its ability to vaccinate the world. This can be done between the United States and the target country through vaccine donations, technology transfers, and logistical

assistance. However, the most productive approach would entail tapping into the comparative advantages of U.S. allies and partners to increase vaccine supply as fast as possible. The Quadrilateral Security Dialogue (or Quad) alliance's promise to deliver one billion vaccine doses to much of Asia "with Indian manufacturing, U.S. technology, Japanese and American financing and Australian logistics" should serve as a launch pad for the United States to expand global vaccination outreach.¹¹⁶

Now that India has restarted vaccine exports, the time has come to revitalize and expand the Quad alliance to accelerate vaccine production and distribution. The growing interest in using AstraZeneca and mRNA vaccines as booster shots in countries that relied on Chinese vaccines provides a perfect opportunity for this multilateral approach.

In addition to leading efforts to provide global public goods, the United States should take a more strategic approach to ensure that it gains significant soft power and other influence through its health diplomacy. This means not only prioritizing strategically important countries when sending needed vaccines and essential medical supplies, but also linking the level and publicity of U.S. global health commitment more to Chinese health diplomacy. For example, China's vaccine aid to Africa should inform the Biden administration of what kind of and how many vaccines to send to the continent, and how the administration should publicize it. In part because it has thus far lacked such an approach, the United States has not benefited much from its status as a global health leader in the past.¹¹⁷

A new approach is imperative now that Beijing is strategically using the provision of critical medical supplies for geopolitical and economic gains. The United States should prioritize vaccine diplomacy with strategically important countries, especially those hit particularly hard by the pandemic. Compared with other countries, those nations are more likely to become the target of Beijing's health diplomacy and, without proactive measures by Washington, defer to Beijing's political preferences when it demands a quid pro quo for badly needed vaccines. The rapid spread of the omicron variant worldwide may put the United States in a better position to promote, or encourage like-minded countries to promote, the superiority of Western vaccines over Chinese ones in mitigating the threat of the new variant. U.S. messaging will likely be strengthened by two new developments: the U.S. Army's development of a vaccine effective against all coronavirus variants and the authorization for use in India of a U.S.-developed COVID-19 vaccine that is safe, effective, and affordable in lower-income countries.¹¹⁸

Provided U.S. interests are at stake, the United States should work unilaterally or with its allies to offer vaccines to the countries in question,

similar to what it did for Paraguay and the Philippines.¹¹⁹ It can achieve that prioritization even through COVAX, a global multilateral initiative aimed at equitable access to COVID-19 vaccines, as the United States can and has earmarked where its vaccine donations go. In addition, the United States should calculate the style and substance of its vaccine diplomacy carefully, including timing of the official announcement on the offer and the amount of vaccine committed, taking possible Chinese reaction into account. Failure to do so—as when China upstaged Vice President Kamala Harris’s pledge to donate one million vaccine doses to Vietnam in August 2021 with a larger pledge of its own—could hand China an opportunity to outcompete U.S. donations and undercut U.S. soft power gains.¹²⁰

WORK WITH LIKE-MINDED COUNTRIES TO RESPOND TO CHINA’S ADVANCES IN THE WHO

China’s influence over the WHO’s agenda and narratives about the COVID-19 pandemic has raised concerns about the effectiveness of WHO leadership in coordinating global response to future disease outbreaks. In reply, Washington should leverage its status as the largest contributor to the WHO to make participation in WHO processes a defining feature of its global health leadership.¹²¹ It should form a bloc with U.S. allies and partners to give the WHO more authority vis-à-vis member states in publishing disease-related information and dispatching experts to conduct in-country investigations of outbreaks. This would require the United States to coordinate a majority of WHO member states to push for negotiating a pandemic treaty or revising the IHR so that the WHO is less subject to member states’ political influence when declaring or assessing a PHEIC. To strengthen global infectious disease surveillance and health intelligence, the United States should also support the creation of a special WHO fund to protect and reward whistleblowers who report any imminent global health risks.

In addition, the United States should work with its allies and partners to support the WHO’s second-phase plan to investigate the pandemic’s origins, which is vital to future pandemic preparedness and response. The issue is particularly urgent, as the window is rapidly closing on the biological feasibility of conducting the probe. The United States and like-minded nations could form a bloc to push for an independent, WHO-led investigation. Unlike the WHO-China joint study in January, this multilateralist approach should ensure the WHO is in the driver’s seat when conducting investigations and drawing conclusions.

To break the current deadlock over the next phase of investigation in China, Washington should also consider negotiating a deal with Beijing for reciprocal lab visits—like the one reached between U.S. and Soviet leaders in 1990.¹²² Investing diplomatic resources in this effort promises to produce benefits that exceed the opportunity costs. On one hand, understanding the origin of COVID-19 matters for preparing for future pandemics because the risk of similar outbreaks in the future remains high.¹²³ As shown at the G7 leaders' summit in June 2021, the COVID-19 origins probe represents one of the areas that can generate consensus among the United States and its allies, making coordination relatively easy. On the other hand, Beijing has responded positively to mounting international pressure by, for instance, not objecting to the resolution of the World Health Assembly mandating the origins probe in May 2020. When the U.S.-led bloc is sufficiently large, the fear of angering China will be significantly reduced.

MAP A STRATEGY THAT COUNTERS BEIJING'S DISINFORMATION CAMPAIGNS

The spread of false or inaccurate information during a pandemic undercuts the effectiveness of public health interventions. Chinese state and social media's exaggeration of the U.S. failure in pandemic response to highlight the effectiveness of China's zero-COVID strategy, for instance, only hinders efforts to exit from the strategy, which is becoming increasingly unsustainable. When peddled by governmental actors, disinformation also sows seeds of distrust between nations and hinders badly needed international cooperation. To limit the damage or spread of disinformation, the Biden administration should work closely with civil society groups, scholars, investigative journalists, international organizations, and like-minded countries to raise awareness, identify fake news and threat actors, and negate possible harm.

Rather than adopt an ostrich policy, Washington should not hesitate to use reputable media sources to present credible information to a global audience in countering Beijing's disinformation campaigns. Given that sometimes the messenger is as important as the message itself, the United States should encourage the WHO or friendly countries such as Switzerland to lead on this messaging. The potential payoff of such proactive action was proven in August 2021, when the Swiss government denied the existence of a Swiss scientist whom Chinese state media quoted as accusing the United States of politicizing the

COVID-19 origins investigation. After Switzerland's public denial, the state-run media quietly erased the articles, and Chinese social media began to mock the disinformation attempt.¹²⁴ Since Chinese people are also victims of such disinformation attempts, the United States should continue to support social forces that promote transparency and good governance in China, including scientists, dissidents, underground churches, and liberal-minded intellectuals and opinion leaders. It should also consider supporting U.S. universities offering programs that teach students from China the importance of independent thinking and tolerance of diverse beliefs and views.

COLLABORATE WITH CHINA WHEN IT SERVES U.S. INTERESTS

Though China's quest for leadership generates incentives and pressures for Washington to compete with Beijing, Washington should avoid overreacting to Beijing's influence or allowing U.S.-China competition to paralyze efforts to address important global challenges. Despite China's relative success in battling COVID-19, there is no indication that the so-called China model constitutes a viable alternative to liberal democracy.¹²⁵ Even in areas where China had a first-mover advantage (such as providing PPE and other medical supplies), its COVID-19 diplomacy has not been a geopolitical game changer. An alarmist approach fails to consider the bigger picture.

Furthermore, breaking COVID-19's global transmission chain and improving future global health security requires U.S. leadership—yet Washington cannot effectively assume that mantle without cooperation from its allies, partners, and even competitors. The Biden administration is grappling with a shifting domestic and international reality that makes reasserting U.S. global health leadership more difficult than ever. As Council on Foreign Relations President Richard Haass has noted, the United States' efforts to reaffirm its role on the world stage are occurring at a time “when U.S. influence in the world is much diminished . . . and when the lion's share of the administration's efforts will have to go toward putting our domestic house in order.”¹²⁶ Whether or not the United States likes it, the pandemic has highlighted China's central role in health, development, and security. Rising tensions between Washington and Beijing and the suspension of most official mechanisms for bilateral dialogue have only further diminished U.S. influence over vital health security issues, from

investigation of the pandemic's origins to global, equitable access to COVID-19 vaccines.

Concerning pandemic preparedness and response, Washington and Beijing can and should cooperate on a wide range of issues, including disease surveillance and response capacity-building, development and distribution of vaccines and therapeutics, supply-chain resiliency and security, travel resumption and safety, and biosafety and biosecurity. These efforts include, but are not limited to

- signing a new U.S.-China memorandum of understanding on public health cooperation to resurrect the U.S.-China health accord, which ran continuously from 1979 until 2018;
- collaborating on the mass production and speedy distribution of vaccines, booster shots, and therapeutics to reduce the vaccination gap between high-income and low-income countries;
- holding talks to negotiate working agreements on sample sharing and surveillance on animals in China;
- establishing a special U.S.-China bilateral committee to stabilize supplies of PPE, active pharmaceutical ingredients, and raw materials;
- promoting military-to-military exchange in biodefense and transparency in possible gain-of-function research;
- facilitating multilateral dialogue in the International Civil Aviation Organization on coordinating exit and entry requirements during public health emergencies; and
- coordinating positions on negotiating a pandemic framework convention or revising the IHR within the WHO.

In doing so, the United States will need to draw a distinction between cooperation to promote common interests and coordination to avoid worst-case outcomes. The former calls for a more cautious approach, especially when cooperation can have distributional consequences that make cheating a major concern (e.g., the joint development and distribution of vaccines and other medical products). Political and security considerations, however, should not obstruct the latter, which demands only common sense and communication to achieve optimal

outcomes for both sides. Reasoning along this line, Washington should take the initiative to work with Beijing in coordinating international travel restriction measures during the pandemic and developing norms to prevent the abuse or misuse of biotechnology, especially dual use research of concern (i.e., research that could potentially pose a threat to public health and safety).

That said, even in areas that face higher substantive and political hurdles, Washington can help shape the environment for future cooperation by investing in reassurance and confidence-building measures. This global health détente could start with noncontroversial topics such as developing international norms to regulate the trade of wild animals. Given the sensitivity of discussing biosecurity and biosafety issues, the two sides could rely more on nonstate actors (for example, the Gates Foundation) and nonmilitary actors (such as the United States Agency for International Development [USAID] and the China International Development Cooperation Agency) in the initial stages of cooperation. The Biden administration should also be open to Chinese global health initiatives that are conducive to pandemic governance and health security, such as China's proposal for a global vaccine cooperation action initiative. Building upon the memorandum of understanding signed by the U.S. and China CDCs in November 2016, the two countries could also jointly support disease surveillance and response capacity-building in the developing world. Those efforts can expand upon the Build Back Better World initiative (United States) and the Health Silk Road initiative (China). In certain areas such as health system strengthening in Africa, Washington can recognize Beijing's leadership—provided Beijing abides by international rules and norms and that Washington can avoid making concessions on U.S. interests.

CONCLUSION

The COVID-19 pandemic unfolded when China was not a global health leader on par with the United States. Although China initially mishandled the outbreak, the crisis soon delivered opportunities for Beijing to promote the effectiveness of its pandemic response and its deployment of critically needed medical supplies overseas. Beijing's rapid containment of COVID-19 at home, coupled with the U.S. failure to mount a speedy and effective pandemic response, abetted its pursuit of its global ambitions.

Still, China's efforts to seek global health leadership remain opportunistic, and its mask diplomacy and vaccine diplomacy have thus far achieved mixed and limited success. Those challenges are especially pronounced now that highly transmissible variants are challenging China's draconian pandemic response and casting doubt on the efficacy rates of Chinese vaccines. China's vulnerability in maneuvering for global health leadership during the COVID-19 pandemic presents the United States an opportunity to reassert its global leadership.

In coping with China's global ambitions, the Biden administration should develop a balanced and forward-looking strategy that strategically counters Chinese influence while recognizing Beijing's proper role in global health governance and the importance of U.S.-China cooperation. This new approach does not preclude competition with Beijing, nor does it require Washington to sacrifice its national interests to accommodate Beijing's global ambitions. The Biden administration should stand firm and dispel Chinese influence and disinformation campaigns when they threaten U.S. core values and interests.

Nevertheless, in doing so Washington should avoid imitating Beijing's nondemocratic methods or overreacting to its influence in ways that undercut U.S. advantages. Washington should better

its understanding of what Beijing hopes to achieve, recognizing the CCP's adroitness in pursuing its global health leadership agenda. It should carefully collaborate with Beijing in select areas of common interest, such as strengthening global health security, and be open to Chinese initiatives that are conducive to pandemic governance and global health security.

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