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China Fights COVID-19 Together with Other Developing Countries:
Co-building a Community with a Shared Future for Mankind

Together We Fight
against the Virus

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Contents

Abstract.....	2
Introduction.....	4
I. China’s Fight against COVID-19 Wins Respect and Praise from Developing Countries.....	6
1.1 Material Support from Developing Countries	6
1.2 Leaders and Dignitaries of Developing Countries Speak Highly of China’s Fight against COVID-19.....	12
II. New Trends and Features of the Epidemic Situation in Developing Countries	17
2.1 Current Epidemic Situation, Features and Challenges in Middle Eastern Countries	17
2.2 Current Epidemic Situation, Features and Challenges in South Asian Countries	24
2.3 Current Epidemic Situation, Features and Challenges in African Countries.....	29
III. China Supports Developing Countries in Epidemic Control and Shares Experience with Them	35
3.1 China's Support for Developing Countries’ Epidemic Control.....	35
3.2 China’s Anti-Epidemic Experience is Greatly Valued	40
IV. Working Together to Improve Global Health Governance.....	47
4.1 Current Status of the Global Health Governance System.....	47
4.2 Proposals of Developing Countries on Improving the Global Health Governance System	52
Conclusion	56

Abstract

Developing countries are in a fundamental position in China's diplomatic layout and have long provided important political support to China. China attaches great importance to relations with developing countries and actively advocates and supports South-South cooperation. In the fight against COVID-19 outbreak, developing countries not only do their best to provide material support to China, but also frequently speak for China on the international stage, praising China's efforts of fighting the pandemic and “Chinese experience”, which vividly reflects the spirit and connotation of South-South cooperation.

Looking at the three regions of the Middle East, South Asia and Africa, in which the developing countries are concentrated, though the overall situation is under control, potential risks cannot be ignored. In the Middle East, there is explosive growth of infection cases in Iran. The situation in Qatar, Israel and other countries is becoming increasingly severe as well. In addition, geopolitical struggles have caused long-term turbulence in the Middle East, posing an even greater challenge to fight against the virus. In South Asia, the epidemic development is still in its infancy, but given the large population and limited epidemic prevention capabilities there, the possibility of a further spread of the virus cannot be ruled out. The period ahead will be a critical stage for South Asia to contain the coronavirus outbreak. In Africa, the epidemic is generally manageable. The previous experience of fighting Ebola and the early intervention of WHO and other agencies have given Africa a certain amount of time for virus prevention.

Unlike developed countries such as European countries, the United States, Japan and the ROK, the medical system in developing countries is inherently weak. There are apparent defects in nucleic acid detection, treatment capacity,

financial support, etc. Besides, there are also other kinds of epidemic diseases that need to be dealt with at the same time. The pressure of “multi-line operations” is overwhelming. If the coronavirus becomes a pandemic in other developing countries, it will probably lead to more serious consequences. Based on these considerations, China actively provides support to countries mentioned above within multilateral and bilateral framework to help them improve their medical systems and make preparations. At the official level, China actively provides developing countries with financial support, human and technical support as well as material support. At non-governmental level, Chinese at home and abroad along with Chinese companies have been actively devoted themselves to material donation and fund raising, hoping to overcome the hardship together with other countries. Meanwhile, China is willing to share its anti-epidemic experience with developing countries to help them achieve goals of “early detection, early reporting, early quarantine and early treatment”, and “leaving no patient unattended”.

In this worldwide fight against coronavirus, the global health governance system represented by the World Health Organization (WHO) has played an important role. It effectively promotes information sharing and action coordination among countries. But it is still faced with many challenges. Developing countries have large populations and weak medical systems, therefore they are extremely vulnerable to epidemics. In the future, we should actively promote the reform of the global health governance system, strengthening its capacity and efficiency and enhancing equity in the distribution of global health resources, so that it can better benefit people in developing countries.

Introduction

After nearly three months of tenacious fighting, China has achieved a phased victory. The epidemic is a comprehensive “examination” of the modernization of China’s national governance system and governance capabilities. The Chinese people, who work as one and adhere to scientific epidemic prevention and precise policy implementation, are comprehensively promoting the development of economy and society while concentrating on epidemic control and prevention. It reflects the strong governance capabilities of the Chinese government and the profound advantages of the system of socialism with Chinese characteristics.

During the past three months, numerous developing countries have provided a lot of assistance to China and frequently spoken for China on the international stage, praising China for its anti-epidemic efforts and “Chinese experience”. For developing countries, the expertise and treatment experience China has accumulated in the process of coronavirus disease’s prevention and control are also worth learning. At present, China has launched epidemic prevention cooperation with developing countries, providing them with testing reagents and medical equipment, sending senior technical consultants and medical teams to Iran, Iraq and other countries. China also provides them with patient management manuals and clinical care guidance to help them diagnose precisely. China’s official and non-governmental forces have been fully mobilized to help developing countries improve their medical systems and prepare for epidemic control and prevention.

China has fully demonstrated its image as a responsible major country. It has not only made every effort to maintain the safety and health of its people, but also made a positive contribution to the maintenance of global public health security. China has demonstrated its responsibility through the effort of

**China Fights COVID-19 Together with Other Developing Countries:
Co-building a Community with a Shared Future for Mankind**

preventing the global spread of the epidemic, gaining valuable time for global epidemic prevention by “China speed”. China uses its strength to build a sturdy line of defense to control the spread of the epidemic, underscoring President Xi Jinping's proposition of “building a community with a shared future for mankind”. The virus knows no borders, and no country can survive alone. In the era of globalization, the destiny of nations is linked, and we all share the same fate. Working together to rise to challenges is the only right choice for the development of human society.

I. China’s Fight against COVID-19 Wins Respect and Praise from Developing Countries

Developing countries are in a fundamental position in China's diplomatic layout and have long provided important political support to China. In the fight against COVID-19 outbreak, developing countries have not only done their utmost to provide material support to China, but also frequently spoken for China on the international arena, praising China's efforts of fighting the pandemic and “Chinese experience”, which is a vivid demonstration of the spirit and connotation of South-South cooperation.

1.1 Material Support from Developing Countries

In the era of globalization, countries are deeply interdependent. The worldwide flow of people, goods, and information makes it impossible for the epidemic to be confined to a single country. It also makes the epidemic prevention and control a cause that requires each country to jointly work on. During the fight against COVID-19, China has gained support, encouragement and praise from most countries throughout the world and major international and regional organizations represented by WHO.

Up to now, a total of 79 countries and 10 international organizations have donated much-needed materials to China, such as masks, protective clothing. Anti-epidemic materials from 46 countries and six international organizations have arrived in China. Sixteen countries and one international organization have announced to provide China with relevant materials. Besides, 12 countries and two international organizations have provided or announced to provide China with other forms of material support, such as food and cash. Among these aids, material support from developing countries is particularly precious to China. Among them, the kindness of neighboring countries and countries in the Middle East is particularly impressive. Developing countries

in Africa, Latin America and Oceania have also done what they can to help China. The timely help has once again proved that a friend in need is a friend indeed. It reflects our efforts of building a community with a shared future for mankind along with developing countries and other countries around the world.

Material support from developing countries has three main features.

First, they do not hesitate to donate whatever they can be it money or goods to help out, regardless of returns. What is especially heartwarming is that although many countries have limited capabilities themselves, they still do everything they can to help us through the difficulties. For example, the Myanmar government provided us with rice. Sri Lanka provided us with black tea, and Mongolia donated 30,000 sheep to us. Pakistan was all in, raising 300,000 medical masks, 800 sets of medical protective clothing and 6,800 pairs of gloves from public hospitals across the country for China. Imran Khan, the Prime Minister of Pakistan, stated that Pakistan is willing to help China with its entire on-hand inventory. On February 10, the Senate of Pakistan unanimously passed a resolution of supporting China in fighting against the coronavirus disease. These actions have once again demonstrated the strong brotherhood ties between China and Pakistan.

Besides, many other developing countries have also joined the upsurge in supporting China. On February 3, 1,190 bales (59,500) of masks donated by Siem Reap Province, Cambodia arrived in Chongqing, China via Shandong Airlines. It is Siem Reap Province's support to its twin town of Chongqing. Turkey also dispatched military aircrafts to deliver medical supplies to China, including 1,000 sets of protective clothing, more than 90,000 filter masks and 1,000 sets of disposable protective clothing. The Iranian Red Crescent Society donated four million masks to China, which have arrived in Beijing. The

Iranian ambassador to China stated: “We are deeply sympathetic to the losses of Chinese people in this epidemic, and we also truly admire their firm determination and powerful will in fighting the disease. China will surely overcome the coronavirus outbreak and we will fight alongside our Chinese friends.” In addition, Kazakhstan provided 13.6 tons of medical supplies to Wuhan and Beijing. Medical supplies such as medical gloves, medical masks and protective clothing donated by the Vietnam’s government also arrived in Wuhan on February 10. The meaning of the generous support from these developing countries is far beyond material level. It embodies their profound friendship with Chinese people, and it is a great encouragement for China to overcome coronavirus disease.

Second, the government and civilians are united together. The friendship between nations lies in the connections of the people.

People in developing countries can better relate to the experiences of Chinese people as we are all in the developing world. Lately a lot of touching stories emerged. A 10-year-old girl from Mongolia who studies in China donated her 999 yuan pocket money to Hubei and two other Chinese provinces. She gave each place 333 yuan, showing her wish that the virus would “fade away” soon—a phrase that has the same pronunciation as “three” in Mandarin. Raz Galor, an Israeli student studying at Peking University, who is well-known on the Chinese network, encouraged his Chinese friends during the coronavirus outbreak while raising medical supplies in his home country of Israel for China. He appealed to everyone not to discriminate against people from Wuhan and Chinese people overall, but to support them. The 30,000 medical masks donated by South African company “U-Mask” arrived in Hubei Province within just one week under the assistance of Air China, showing their kind intention of sending aid to China as quick as possible. Yogan Pillay, the Deputy Director-General at South Africa’s National Department of Health,

China Fights COVID-19 Together with Other Developing Countries: Co-building a Community with a Shared Future for Mankind

said that China has provided selfless help for South Africa's construction and development. He said that now at this critical moment in fighting the epidemic, we hope to help our Chinese brothers and sisters overcome difficulties by actions.

The donation manifested the deep friendship between South Africa and China, and was a model of cooperation between two major developing

countries. "We hope to convey the encouragement of South African people and give Chinese people confidence in winning the fight against the epidemic".

In addition, many landmark buildings in the Middle East have continuously flashed "China red" to show their support for China. Those buildings include Burj Khalifa in Dubai, UAE, the Freedom Tower in Tehran, Iran, the Saladin Castle in Cairo, Egypt, the city hall of Tel Aviv, etc. People in the Middle East hold up Chinese flags and slogans such as "Go, China!" and "Go, Wuhan !" to encourage Chinese people, which fully shows that the Middle Eastern people and people in other developing countries are united together with the Chinese people.

Third, developing countries turn in a consistent performance with quick respond and strong implementation. This is particularly true in Middle Eastern countries. As we all know, countries in the Middle East have long suffered from ethnic and religious disputes. There have conflicts in



A Pakistani Abdul Zahir Hamad and his wife Mauritian Hosany Sumayyah, doctors at the Panhealth Medical Center in Wenzhou, both volunteer to check identity information and measure body temperature for drivers and passengers at a highway exit checkpoint.

geopolitics, economy and foreign policies, but this time they have shown a high degree of consistency in supporting China’s fight against the epidemic. This fully proves that China maintains relationships with all Middle Eastern countries, and China’s anti-epidemic measures have been generally appreciated and supported by them. For example, despite the frequent conflicts between Saudi Arabia and Iran, they have both supported China from the very beginning. In addition to the donation of medical supplies to China through the Red Crescent Society, Iran also called on domestic people to raise donations for China. Iranian Foreign Minister Mohammad Javad Zarif is the first foreign minister to publicly support China’s fight against the epidemic. Salman bin Abdulaziz Al Saud, the King of Saudi Arabia said in the call with the Chinese leader, “I believe China will certainly win the fight against COVID-19.” Saudi Arabia also quickly signed a contract with international suppliers to provide China with medical equipment and protective supplies.

Besides, the immediate assistance of Middle Eastern countries to China is also impressive. Although international organizations such as the WHO clearly expressed their opposition to unnecessary travel restrictions since the outbreak, countries in Europe and the United States have significantly reduced or even interrupted flights to and from China, causing serious obstacles to normal international exchanges. At this very time, Middle Eastern countries, have adopted relatively rational and loose control measures and responded properly. Mainstream Middle Eastern airlines such as Etihad Airways, Emirates and Qatar Airways have not only continued to operate passenger and cargo flights to China, but even opened extra charter flights to help Chinese citizens stranded overseas return to China. They have also continuously sent scarce anti-epidemic resources to China from all over the world. As the first foreign airline company pledging to open green channels

for Chinese embassies and consulates in the world, Qatar Airways sent 5 all-cargo airplanes to conduct flights to mainland China, and carried over 300 tons of emergency medical materials for free all at once, which created a new record of foreign airlines. Qatar also provides China with national airlines' cargo network. On February 21, Akbar Al Baker, the CEO of Qatar Airways, announced a donation of 2.5 million masks and 500,000 bottles of hand sanitizer to help China. It also opened up a special freight route just for China. Many other Middle Eastern countries have also provided China with help within its capacity. Sheikh Mohammed bin Zayed Al Nahyan, crown prince of Abu Dhabi, said that the UAE is ready to “continue to provide assistance to China (for virus prevention)”, and even the war-torn Iraq has shipped medical supplies to China, expressing their willingness to contribute to China's fight against the coronavirus disease.

The Middle Eastern countries generally believe that China is a reliable partner who will not interfere in their internal affairs, and that China will be of great help for their economic development. Most of the local people in the Middle East hold a positive attitude towards China. A poll conducted by Pew Research Center in December 2019 showed that over 60% of respondents in Israel, Lebanon and Tunisia have positive attitudes towards China. Therefore, it is fair to say that it is China's long-held fair and objective stance on Middle Eastern affairs and its openness to Middle Eastern countries that help establish the friendship between China and the Middle Eastern countries. It is the fundamental reason that the Middle Eastern countries would stand together with China in the fight against the epidemic. This is also the root cause of other developing countries standing firmly with Chinese people in this fight. It will also become the spiritual foundation for China and other countries to build a community with a shared future for mankind.

1.2 Leaders and Dignitaries of Developing Countries Speak Highly of China’s Fight against COVID-19

Since China started to launch the nationwide effort to fight the epidemic in January 2020, leaders of developing countries in Africa, the Middle East and South Asia have written to or phoned Chinese party and state leaders to express their condolences, sympathy, solidarity and confidence in China.



International organizations and professional institutions have also highly praised measures taken by Chinese government to fight the COVID-19 outbreak. Those organizations include the African Union, the League of Arab States, the SCO, the BRICS, the Group of 77, the Economic Community of

The African Union gives strong solidarity and valuable support to China’s anti-epidemic actions.

West African States, the Community of the Sahel-Saharan States, the Southern African Development Community, the Islamic Cooperation Organization, the African Centers for Disease Control, etc. Leaders of Ethiopia, South Africa, Senegal (the current co-chaired country of the Forum on China-Africa Cooperation), Botswana, Seychelles, Comoros, Democratic Republic of the Congo, UAE, Saudi Arabia, Qatar, and Pakistan have repeatedly addressed Chinese President Xi Jinping by letters or phone calls. As China’s domestic anti-epidemic situation is stabilizing, the developing countries hope to learn China’s anti-epidemic experience and praised China’s active move on international cooperation in containing the virus. Their positive comments on China’s fight against the COVID-19 epidemic can be

summarized in the following eight aspects.

First, there's an old saying that "Much distress regenerates a nation". China has experienced a lot of hardships but never yields.

Throughout the 5,000-year history of the Chinese nation and the history of the Communist Party of China, this is not the first time China has stood the test. Difficulties do not defeat the brave Chinese people, but will only make them more united, braver and stronger. The Chinese people have survived through a lot of challenges, which have forged their unyielding faith and the will of perseverance. The developing countries have faith in Chinese people and believe that China can overcome the difficulty.

Second, they believe that under the wise leadership of the Chinese President Xi Jinping and the Communist Party of China, China will surely win this fight against the epidemic. They highly admire President Xi Jinping's outstanding leadership and the mentality of putting people's lives and health in the first place. He has deployed and directed this battle himself, taking decisive and effective measures to contain the spread of the virus. Under the strong leadership of the CPC Central Committee with Comrade Xi Jinping as the core, China completed the national mobilization in a very short period of time. The leadership of the Communist Party of China and the system of socialism with Chinese characteristics are a powerful guarantee for winning this battle. The international community generally admires the strong leadership demonstrated by President Xi Jinping in the response to the epidemic.

Thirdly, they praise China's institutional superiority that it can mobilize all forces nationwide for one major cause. The emergency coordination ability of the Chinese Communist Party and government is outstanding. They established a joint virus prevention and control mechanism as soon as possible. All provinces, autonomous regions, and municipalities

across the country initiated a first-level response to major public health emergencies. Tens of thousands of medical personnel and a large number of medical and living supplies from all over the country quickly arrived in Hubei, reflecting the advantage of being able to “mobilizing all forces for major causes” in the socialist system with Chinese characteristics. China has built and opened the 1,000-bed Thunder Mountain and Vulcan Mountain Hospital in a very short time. There is no second country in the world that can complete all these things in such short period of time. The speed, strength and scope of China’s action are rare. Its leadership, ability of crisis and emergency handling, mobilization ability and implementation capabilities are impressive and also set a model for other countries to fight the epidemic. The Chinese people are united as one, initiating the anti-epidemic fight, which has impressed the whole world.

Fourth, they admire China’s transparent and responsible attitude and spirit. Chinese scientists identified pathogens in the shortest time and then shared the viral gene sequence with the WHO and other countries. China reports and updates epidemic relevant information every day, and conducts strict screening and medical supervision of confirmed and suspected cases. China is brave enough to close Wuhan, a city with a population of more than 10 million. China carries out necessary traffic control, requiring people to be isolated at home and to reduce public gatherings. China has made tremendous efforts to curb the spread of the virus and suffered huge sacrifices. China’s highly responsible spirit has won the full affirmation and high praise of the majority of developing countries.

Fifthly, they appreciate China for caring for their citizens in China. China makes every effort to ensure the health and safety of foreign students and other foreign nationals in China. The Chinese government, just like protecting the lives and health of its own people, provides the necessary

guarantees for the work, study, life and health of foreign nationals in China, embodying the spirit of friendship, love and cooperation. For foreign students studying in China, the Chinese government takes care of them just like protecting their own children.

Sixth, they oppose stigmatizing China during the COVID-19 outbreak. The coronavirus disease is a threat to mankind. They oppose

certain international media's political smearing of China through the spread of the virus, even naming it "Chinese virus". African countries have long been threatened by infectious diseases such as AIDS, malaria and Ebola, so they can understand China's



China has dispatched multiple batches of medical teams to help fight Ebola in Africa.

situation. China has supported African countries in combating various epidemic diseases for a long time. Especially in 2014, China took the lead in supporting Guinea, Sierra Leone and Liberia in the fight against Ebola. African countries and other developing countries bear in mind the good deeds of China.

Seventh, they value China's anti-epidemic experience and is learning from it. China has accumulated abundant professional knowledge and treatment experience in the prevention and control of the coronavirus disease, which is worthy of learning by developing countries. China is already developing anti-epidemic cooperation with developing countries such as African countries, providing them with testing reagents and diagnostic tools, sending senior technical consultants and medical teams to those countries.

China also provides case management manuals and clinical care guidance to help developing countries better conduct cases diagnosis. China and the WHO have jointly issued a report covering methods of dealing with various cases. It has reference significance for all countries in the world. China’s rich scientific research achievements in the anti-epidemic field also help other countries to do relevant prevention and treatment. China’s prevention and control strategy of uniting as one has proved to be effective and worth learning by other countries.

Eighth, China’s battle against the coronavirus disease has fully demonstrated the concept of “the community with a shared future for mankind”. China has fully demonstrated its image of a responsible major country in this battle. It has not only made every effort to maintain the safety and health of its people, but also made a positive contribution to the maintenance of the world public health security. China has demonstrated its sense of responsibility in the effort of preventing the global spread of the virus, gaining valuable time for global epidemic prevention by “China’s speed”. China has also used its strength to build a solid line of defense to control the spread of the epidemic, which underscores President Xi Jinping’s proposition of “a community with a shared future for mankind”. No country can survive alone as the virus knows no borders. In the era of globalization, the destiny of nations is linked, and we all share the same fate. Working together and rise to challenges is the only right choice for the development of human society.

II. New Trends and Features of the Epidemic Situation in Developing Countries

In the Middle East, South Asia and Africa, apart from Iran, the overall situation is still controllable, but the potential risks cannot be ignored. Since developing countries are generally faced with practical problems such as a weak medical system, a lack of protection awareness among the public, insufficient resources for epidemic prevention, political turmoil, and frequent occurrence of terrorism, they will still face severe challenges in epidemic prevention and control.

2.1 Current Epidemic Situation, Features and Challenges in Middle Eastern Countries

Since late February, the epidemic has spread rapidly in the Middle Eastern region. Iran soon became one of the few countries in the world that has accumulated more than 10,000 confirmed cases. The situation in Turkey, Israel and other countries has recently become more severe and the number of confirmed cases is rapidly increasing. The region has a large population with uneven development degree of all countries. Geopolitical conflicts have made the Middle East politically volatile for a long time. Wars have been frequent. These unfavorable factors have caused great difficulties and challenges for the Middle East in fighting the epidemic.

First, the current situation of the outbreak. As of April 13, there have been more than 155,000 confirmed cases in the Middle East, and all Middle Eastern countries have reported cases with infections. Among them, Iran is in the most serious situation with a rapid development rate, a large number of confirmed cases and a relatively high mortality rate. It only took three weeks in Iran from the first confirmed case reported to the total number of cases exceeding 10,000. As of the morning of April 13, a total of 71,686 cases were diagnosed in Iran, with a total of 4,474 deaths and 43,894 cured.

The mortality rate has somewhat declined compared to that in the beginning of the epidemic, but is still at a high level. According to media reports, as of March 15, under the national mobilization plan launched by Iran, 10 million people had been tested for coronavirus. In addition, the number of confirmed cases in Turkey and Israel has also exceeded 10,000.

The current spread of the epidemic in the Middle East has not slowed down, and the confirmed cases continue to increase. However, the number of confirmed cases in Middle Eastern countries has not yet appeared “out of control” except Iran, Turkey and Israel. There are still chances to prevent the massive spread of the virus. The UAE has the earliest confirmed case among Middle Eastern countries. But there has not been an explosive increase in confirmed cases in its territory so far due to its appropriate measures. In general, each country should adopt appropriate prevention measures according to their own national conditions, mobilizing the whole government and society to respond to the epidemic.

Second, the epidemic prevention measures and features in the Middle East. Faced with the rapid development of the epidemic, countries in the Middle East have gradually upgraded their epidemic prevention measures and conducted strict control measures to cut off the source of infection and to prevent the further spreading. Most of the countries in the Middle East have declared entering a “state of emergency” for epidemic prevention, and have carried out a “national mobilization” to use national armed forces to help fight the epidemic.

In regard to the public health, a number of countries have strengthened the management of domestic medical resources, mobilizing private clinics to join the anti-epidemic team and accept the deployment of the government. In addition, some countries require both public and private hospitals to postpone all non-emergency operations and focus on the treatment of the coronavirus disease. They established special institutions that are similar to China’s

“Square Cabin” hospitals to deal with the potential risk of large-scale growth. The government also strengthens the management for the sale of anti-epidemic goods in the market, preventing illegal operations such as wanton price increases and hoarding. At the same time, governments of all countries urgently appealed to their citizens to stay at home and avoid gatherings, not spreading rumors about the epidemic. The government also set up websites introducing the disease outbreak, publishing up-to-date information about COVID-19.

In terms of cross-border control, different countries in the Middle East have taken various measures. In general, more stringent entry quarantine has been implemented. Some countries have reduced or suspended flights with countries that are facing severe epidemic situation. Some others have decided to entirely stop domestic and international flights for 14 days. Countries generally impose restrictions on traffic at border ports and strengthen port health monitoring. They also track the health status of immigrants and require all returnees from countries with serious COVID-19 outbreak to be isolated for 14 days.

In terms of livelihood guarantee, Middle Eastern countries strengthen the management of the reserves of people’s living materials to ensure a sufficient market supply. They also strengthen market supervision to prevent the phenomenon of prices running up and market monopolies. In addition, some countries in the Middle East have set a



The only operating airport in Lebanon was closed due to the COVID-19 outbreak.

longer period for people to pay municipal fees in order to reduce personnel traffic and alleviate people’s economic pressure. Besides, some countries distribute free food, disease prevention and living necessities for people who need them the most to ensure the social stabilization.

In terms of economic support, although countries generally call on companies to work remotely, some countries, in order to maintain the normal economic order, allow the private sector to keep its normal operating model. However, if any organization has employees with symptoms of infection, all employees must be quarantined at home for 14 days. Affected by the public panic caused by the epidemic, the Middle East stock market has started to plummet since March. The stock market in some countries has triggered a circuit breaker. In response to potential financial and economic crisis, central banks of a number of countries have issued emergency measures and even adjusted financial market rules to stabilize the market. For example, the UAE government has recently announced a package of approximately \$27.2 billion, providing zero-interest loans, bank mortgages and other policy support. The Saudi central bank has also announced a \$13.3 billion package to support private enterprises. Kuwait Stock Exchange even announced adjusting the limit of the circuit breaker trigger from 10% to 5%.¹

In terms of social governance, various countries have gradually locked down provinces and regions where the virus situation is severe. Some countries have suspended public transportation services, and have also halted all kinds of large-scale gatherings, such as cultural and sports events. Outdoor sports events that can still be held must be conducted in empty fields. Many countries have closed non-essential institutional facilities, such as shopping malls, movie theaters, tourist attractions, theme parks, museums, libraries, entertainment venues, gyms, etc. At the same time, many countries require all

¹ “Saudi Aramco’s Financial Report is Poor, Stock Market in Middle East Triggers a Circuit Breaker,” *Global Times*, March 16, 2020, <https://finance.huanqiu.com/article/3xRKR8J63t>.

kinds of educational institutions to suspend classes and to carry out distance education and training. In order to prevent the virus from spreading through mass gatherings, governments and religious institutions have jointly initiated policies restricting religious activities, suspending or calling for the suspension of some religious gatherings.

In general, in the face of the sudden outbreaks, all countries in the Middle East have now taken strong measures such as active treatment, suspected cases isolation to prevent the spread of virus. They also issued a series of policies to stabilize the economy and to protect people's livelihood, ensuring social security and stability. In view of the fact that in most countries except Iran and Qatar, the outbreak in the Middle East has not yet appeared explosive, the virus prevention and control measures in the Middle East still remain at a middle level to high level. Compared with the "comprehensive lockdown" measures taken by China and European countries, the Middle East policy still has room for improvement.

Third, the Middle Eastern countries still faces challenges in epidemic prevention. Affected by multiple factors such as uneven degree of development, complicated geopolitical struggles, extremism, terrorism and refugee issues, the Middle Eastern countries have different capabilities to cope with the COVID-19. External interference factors make it extremely hard for this region to form a joint epidemic prevention force. Therefore, it is difficult to build a joint defense and control system.

On the one hand, the Middle Eastern countries generally suffer from weak medical system, lack of awareness among the public and serious shortage of virus prevention resources. On the other hand, the political turmoil, the economic downturn coupled with the continued economic sanctions and political suppression of Western countries has exacerbated the difficulty of preventing and controlling the epidemic. For instance, severe public protests broke out in both Iraq and Lebanon last year due to the

stagnation of economic development, which led to the collapse of the government and political turmoil. The Minister of Health Department of Iraq has made it clear that “if the spread of the virus in Iraq is like that in other countries, Iraq may not be able to cope with.”¹ The Lebanese government recently announced that it has been unable to repay its international debt. Its worsening economic situation has made the government’s fight with the epidemic even tougher. Affected by the U.S.-Iran dispute, the difficulties facing Iran are more realistic and arduous. Due to the long-term severe economic sanctions imposed by the United States, Iran is currently short of



Iran’s foreign minister accused the US of “economic terrorism” at a United Nations gathering in July, 2019.

anti-virus medicine and equipment. Iranian Foreign Minister Mohammad Javad Zarif met with ambassadors and delegations of various countries in Iran on March 15 and asked them to forward letters to foreign ministers of various countries. In his letter, he stated that the “economic terrorism” of the

U.S. against Iran should be stopped, as the unilateral U.S. sanctions have affected Iran’s trade of drug and medical equipment as well as humanitarian assistance, thus hindering Iran’s fight against the COVID-19 outbreak.

In war-torn countries such as Libya, Syria and Yemen, the epidemic prevention and control is more difficult. In addition, the medical resource allocation and other epidemic prevention measures are difficult to be

¹ “Observation on the COVID-19 Outbreak Situation Arab Countries (19),” China Arab Reform and Development Research Center, March 16, 2020, <http://carc.shisu.edu.cn/f4/2d/c7780a128045/page.htm>.

effectively implemented in countless refugee camps in the Middle East, which has become a vacuum zone of virus prevention. In mid-March, the United Nations Relief and Works Agency in the Near East announced that in order to avoid the outbreak in refugee camps, it decided to treat patients with respiratory diseases separately from other patients, and transfer the former to its affiliated schools for isolation treatment. The Palestine Refugee Agency announced that it will establish crisis teams in refugee camps in Northern provinces and hand out brochures. It will also set up volunteer teams to disinfect public areas. ¹

In 2015, the Middle Eastern Respiratory Syndrome (MERS) outbreak occurred in the Middle East, which has similarities with the COVID-19 outbreak. Countries in the Middle East learned from the experience of MERS prevention and treatment. During the coronavirus disease prevention process, many countries in the Middle East endeavored to avoid the poor communication between departments during MERS prevention to happen again. Therefore, they have strengthened the communication between hospitals, laboratories and various government departments. However, because the COVID-19 virus has characteristics of easy transmission and asymptomatic infection, some countries have not paid enough attention to it in the early stage. At present, they are working hard to remedy the shortcomings of the earlier virus prevention and control measures. They utilize all media channels for providing the public with timely information on prevention guidance. They are also comprehensively investigating situation of hospital admissions in patients with coronavirus disease and strengthening the laboratory's screening efficiency for viruses. At present, all countries in the Middle East have urgent needs and desires to carry out epidemic prevention cooperation with China. They hope to strengthen cooperation with China and

¹ "Observation on the COVID-19 Outbreak Situation Arab Countries (19)".

share relevant experience with each other, actively exploring joint virus prevention and control measures.

2.2 Current Epidemic Situation, Features and Challenges in South Asian Countries

The COVID-19 outbreak in South Asia is currently at the transition period, with a total of over 15,000 confirmed cases by April 13. However, in view of the large population of South Asia and the limited capacity for epidemic prevention and treatment, the spread of the epidemic in this area may be aggravated. In addition, the accuracy of the number of diagnoses remains questionable. South Asian countries, represented by India, have taken strict control of overseas imports as the focus of epidemic prevention. They also gradually upgraded internal prevention and control measures with a view to curbing the development of the epidemic. The period ahead will be a critical stage in the development of the outbreak in South Asia. Considering the inadequate testing capabilities, poor policy coordination and public medical services, South Asian countries will be put to severe challenges.

First, the outbreak situation in South Asian countries. The South Asian epidemic situation is at the transition period, but the actual situation might have been underestimated. Due to the large population and poor medical and health conditions, a large-scale outbreak in South Asian countries will give rise to disastrous consequences. The WHO has listed India as a high-risk outbreak area.

Firstly, the current total number of diagnoses is not large compared with Europe and U.S., but the daily increasing number is getting bigger. In late February, the number of diagnoses in most countries in South Asia remained in single digits. There were no confirmed cases in Bangladesh, Maldives and Bhutan. India had only 3 cases. Compared to the population of 1.8 billion in South Asia, this is certainly negligible. By mid-March, the first confirmed cases had appeared in all countries in South Asia. India reported on April 13

that the number of confirmed cases increased to 8,504, with 507 new cases added on a single day. On the same day, the cumulative number of confirmed cases in Pakistan rose to 5,170, with an increase of 278 in a single day. A total of 621 cases were confirmed in Bangladesh, and 203 in Sri Lanka, 20 in Maldives. The number of confirmed cases in Nepal and Bhutan remained below 12. Afghanistan started the surveillance of the epidemic rather late. According to its local media reports, there were 52 new confirmed cases on April 13 with a total of 607 cases.

Secondly, the limited monitoring capacity leads to a potential danger of underreporting. The medical infrastructure in South Asia is generally rudimentary, especially in the vast rural areas. And the coverage rate of medical services is extremely low. A few private hospitals with good resources in India have difficulty in serving the public, while public hospitals have only got inadequate medical facilities, most of which are not capable of detecting and curing the coronavirus disease. Plus, the masses have little awareness of medical treatment, and thus it is easy to delay the timing of the discovery of the outbreak. In early March, the Indian government stated that the country maintained zero growth in cases, meanwhile some countries and regions found imported cases from India. In addition, the medical conditions in the most populous countries, Pakistan and Bangladesh, are similar to or even worse than that in India. Nepal is still in the recovery period from the earthquake, and is lack of medical facilities. At the same time, its epidemic prevention and control methods are limited. The war-torn Afghanistan has almost no anti-epidemic medical capabilities at all. It currently has only three COVID-19 testing machines in its capital city of Kabul. Obviously, countries in South Asia have insufficient monitoring capacity for the coronavirus disease. And there are loopholes in the investigation and diagnosis of potential cases. The actual situation can be worrying.

Thirdly, South Asia has huge population and the potential risk is rising.



Indian people wearing protective masks in subways, March 13, 2020.

With the development of the global outbreak, the concern of the large-scale outbreak in South Asia has continued to rise. South Asia has the real dangers of an outbreak. First, India (1.353 billion), Pakistan (212 million) and Bangladesh (161 million)

have large populations with high mobility. Once the infection spreads rapidly, the number of infected people will be incalculable. Second, South Asian countries have a weak public health system, especially at the community-level. There are no enough funds or equipment that can be used to cope with the epidemic. Third, the social and religious contradictions within most South Asian countries are complex. The interests of the central and local governments are divided, which makes it hard to unite as a whole to prevent and control the virus outbreak.

Second, the features of epidemic prevention in South Asian countries. Considering that its own capacity for epidemic prevention and control is limited, South Asian countries, represented by India, have taken precautionary measures to build tight fences to strictly restrict overseas imports, hoping to stifle the virus spread from the source. With the increase of confirmed cases in South Asian countries, the virus turns to spread within the country. South Asian countries have also gradually upgraded prevention and control measures within its internal community and strengthened detection capabilities. At the same time, they reduced or avoided gathering activities and adopted stricter isolation measures.

Firstly, South Asian countries tried to prevent coronavirus cases being

imported to this region. They started to implement entry restrictions at a rather early stage and strengthened the relevant post-entry quarantine. Among them, measures taken by India were the most “eye-catching” ones. Indian experts said that it was way easier to keep the virus out of the door than to control the spread of the epidemic within the community. At the end of January, a number of Indian airlines grounded flights to China and strengthened screening of inbound passengers’ health situation. Since February, India has adopted strict travel restrictions that prohibited entry of people from countries with severe virus outbreak. The entry visa for Chinese citizens was suspended, and then Italy, Japan, South Korea and Iran were also added to this list. As the epidemic is spreading globally, India has promulgated a more stringent “customs closing” policy. From March 11 to April 15, all visas are suspended, except for those of diplomacy, officials, international organizations and working projects. Even within the South Asian region, India has suspended the transit of most of the land crossings with Bangladesh, Nepal, Bhutan and Myanmar. Countries that are primarily supported by tourism, such as Maldives, Sri Lanka and Nepal also have adopted partial closure measures. After the first confirmed case appeared in Maldives, it restricted activities in multiple resort islands and closed two of the islands. In addition, Sri Lanka suspended the issuance of landing visas. Nepal also suspended all tourist visas and canceled the spring climbing trips. As the situation in Iran continues to deteriorate, neighboring Pakistan and Afghanistan have closed their border crossings to Iran.

Secondly, upgrading internal control measures. In order to prevent and control the inward spread of the epidemic, South Asian countries strengthened internal epidemic prevention measures. India required states and federal territories to cite the Epidemiology Act of 1897 to implement the epidemic prevention measures of the Ministry of Health, and to include protective products such as masks and hand sanitizers into the Basic

Commodity Law to ensure its production capacity and smooth sales channels. More than ten local governments including that of Uttar Pradesh, Assam, Orissa, and Uttarakhand announced restrictions on large-scale gathering activities, and closed primary schools and public places such as movie theaters and swimming pools. The Indian military said that additional isolation spots for the isolation of overseas returnees will be built. Pakistan has decided to cancel the National Day Parade on March 23, banned wedding banquets and closed movie theaters and suspended schools as well as other educational institutions for the coming two weeks. Pakistan will also re-examine pilgrims returning from Iran to Pakistan. Countries such as Bangladesh, Nepal, Sri Lanka have also taken more measures to control the development of the epidemic after the number of confirmed cases increased in these countries. For instance, they closed educational institutions and canceled celebration activities. They also strengthened international travelers’ travel history investigation and body temperature screening. In addition, they isolated suspected patients, conducting virus detection and took other relevant measures.

Third, the South Asian countries still faces challenges in epidemic prevention. Firstly, the virus detection capability is limited. Indian officials said there are 52 designated testing agencies and 57 sampling agencies for the COVID-19 outbreak in India. WHO data shows that India has carried out nearly 5,000 nucleic acid reagent tests, while the number of people who have been isolated for observation during the same period is as high as 40,000. The same problem exists in other countries in South Asia, too. Limited detection capacity will severely restrict the investigation of suspected cases and easily lead to widespread infection in a short period of time. Because of the existence of asymptomatic patients, the problem cannot be solved only by expanding the range of isolation and extending the isolation time.

Secondly, there is a big communication gap between the central government and local governments. There exists a central-local government conflict in most of the South Asian countries. In the early stage of epidemic prevention and control of overseas imports, the central government could still conduct unified command and made overall arrangements. After entering the internal prevention and control stage, however, the central government is often weak. Policies of the central government are hard to be implemented at the local government level, especially in suburbs or rural areas. Each local government usually acts independently. There is a lack of cooperation with each other. If the epidemic breaks out on a large scale, the government will face the risk of losing control.

Lastly, poor public medical services is a matter of great concern. India, a rather strong power among South Asian countries, still faces a serious lack of medical facilities, professional medical personnel, intensive care unit, isolation area and respirator, etc. Medical resources in other countries such as Nepal, Bangladesh and Sri Lanka are even scarcer. Afghanistan is unable to deal with the epidemic at all. On the other hand, due to the limited long-term investment in the public medical system in these countries, it is not possible to mobilize more funds and personnel to respond to the epidemic in a short period of time.

2.3 Current Epidemic Situation, Features and Challenges in African Countries

The current situation in Africa is generally controllable. The previous experience of fighting against Ebola and the early intervention of WHO as well as other agencies have gained certain amount of time for Africa. However, due to Africa's own constraints and limited capacity, the future development of the epidemic still faces great uncertainty.

First, the epidemic situation in Africa. First of all, the epidemic situation in Africa is characterized by a concentrated outbreak. On February

14, the first confirmed case in Africa was found in Egypt. As of April 13, over 136,00 confirmed cases appeared in 52 African countries including South Africa (2,174), Egypt (1,939), Algeria (1,825), Morocco (1,617), Cameroon (836), Tunisia (685), Côte d’Ivoire (574), Ghana (566), Niger(491), Burkina Faso (484), Mauritius (324), Nigeria (318), Senegal (280), Congo (DRC) (223), Kenya (197), etc.

Secondly, Egypt, South Africa and Algeria need to pay more attention to the infection prevention and control of epidemic than other African countries. Virus spread within communities related to imported cases has appeared in all of the three countries above, while confirmed cases in other African countries mostly are sporadic imports from European countries, especially Italy, France, Germany and Spain. The infection prevention and control in Egypt is of great importance to the safety of the public health system of the entire African continent. The Egyptian government lately decided to suspend all large gatherings and strengthen the infection prevention and control measures of tourist facilities. The government also limited the prayer time in the mosque to 15 minutes and strengthened the inspection and disinfection of the airport. More advanced rapid detection technology was provided in the airport. The government of Egypt has issued an official directive asking people to pay attention to hygiene in public places and educated citizens to realize the importance of it. South Africa had been equipped with temperature detection equipment at all ports even before the first confirmed case appeared on March 5. It has also designated 13 public hospitals to provide free treatment for coronavirus patients.

Second, the features of infection prevention and control in Africa. Firstly, fighting Ebola has accumulated experience in dealing with COVID-19. Since the Ebola outbreak, WHO and its partners have helped high-risk countries prepare for potential infection. The improvement of ability to detect and manage infectious diseases also helps Africa prepare for dealing

China Fights COVID-19 Together with Other Developing Countries: Co-building a Community with a Shared Future for Mankind

with COVID-19. For example, investments in Ebola preparedness in DR Congo and its neighboring countries have provided experience in preventing and controlling the coronavirus disease. Most of these countries have now established partner coordination mechanisms, enhancing entry point inspections (especially at major airports) and upgrading quarantine units to handle suspicious cases. Kinshasa International Airport has established a screening mechanism for COVID-19. During the Ebola outbreak, the Nigerian CDC tracked and monitored nearly 900 contacts of the country's first case and secondary cases. Many patients were strictly isolated before being confirmed, which ultimately helped prevent the spread of the disease successfully. Nigeria is currently using the same tracking model to deal with the COVID-19 outbreak, so are many other African countries.

Secondly, WHO and the Africa Centers for Disease Control and Prevention intervened

in advance. In January 2020, the WHO survey showed that the level of preparation for COVID-19 in Africa was only 66%. There is a major gap between the preparations of the entire African continent and WHO requirements. As the coronavirus outbreak escalated, WHO and the Africa Centers for Disease Control and Prevention increased investment in infection prevention and control in Africa. With the help of international organizations such as WHO and the Africa Centers for Disease Control and Prevention, 43 countries including South Sudan have been able to independently detect the



A technician walks out of the laboratory in Nairobi, Kenya, and prepares for the sampling of COVID-19.

coronavirus. Given that over a month ago only South Africa and Senegal had the detection capability. The Africa Centers for Disease Control and Prevention has distributed more than 10,000 virus detection kits to African countries. It is also stepping up its procurement of temperature detectors and other important medical items. WHO has deployed 62 experts in 18 countries to assist governments in case management and infection prevention. In the past month, about 11,000 African health workers have received WHO online training on combating COVID-19. Over the years, WHO has established a network of national influenza laboratories and health facilities in Africa. Medical institutions that are members of this network are monitoring severe acute respiratory infections and influenza-like diseases in Africa.

Thirdly, blocking the spread of the infection is the most proper method. Compared with Asia and Europe, the number of confirmed cases in Africa is generally controllable. At present, the number of confirmed cases in Africa accounts for only 0.73% of the world's total number, which shows that Africa's early preparations were successful. Professor Jimmy Whitworth of the London School of Hygiene and Tropical Medicine (LSHTM) believes that one possible reason for the low number of infections in African countries is the implementation of prevention and control measures. “*New Scientist*” reported that considering the weak health system in Africa, WHO has acted swiftly to improve African countries' ability to detect coronavirus and to train medical staff. In practice, one of the main focuses of Africa's effort to prevent infections is to ensure that the first cases in different countries are precisely detected, so that they can prevent the spread of the virus in a timely manner. In African countries with confirmed cases, WHO helps them track people who may have contacted with confirmed patients and help strengthen the detection and surveillance capabilities of ports, airports and land crossings. In summary, by making full preparations to control the spread of coronavirus, Africa can gain the initiative to prevent and control the infection.

Third, the African countries still faces challenges in epidemic prevention. First of all, the capacity of African countries for infection prevention and control of epidemic is still limited. Factors that affect Africa's infection prevention and control capability include four aspects: limited detection capacity, limited capacity for treatment, lack of protective equipment and close personnel exchanges with countries where the outbreak occurred. During a certain amount of time, there had been no reported cases of infection in Africa, partly because the reagents are not manufactured in Africa. The lack of reagents has delayed the diagnosis in African countries. If COVID-19 begins to spread throughout the African continent, the health system there will have difficulty treating patients with symptoms of respiratory failure, septic shock and multiple organ failure. In most African countries, there are not enough intensive care beds and facilities. Considering the great demand for critical care and supplementary oxygen facilities for critically ill patients, the health system will be faced huge challenge. Lack of personal protective equipment such as gloves, masks and hand sanitizers is a global problem, especially for Africa. Thirteen African countries have frequent personnel exchanges with countries with severe virus outbreak. An online survey about the coronavirus disease in Africa shows that imported cases from Europe and the United States, especially Europe, are expected to be the main cause of the coronavirus outbreak in Africa. In terms of location, Europe is closer to Africa. Africa's past colonial history has made it very close to Europe in various fields, including frequent personnel exchanges.

Second, insufficient funds restrict the infection prevention and control in Africa. The key challenge is to mobilize domestic and international funds to implement relevant plans. The epidemic severely affected the African economy, causing the insufficiency of African governments' investment in epidemic prevention. All of these led to a vicious circle. Because of the COVID-19, sub-Saharan Africa faces a loss of \$ 4 billion in exports of

commodities and \$ 600 million in tourism exports. Small traders of Kenya have lost 30 billion Kenyan shillings (\$ 300 million) worth of imports, which have fallen by 80% in the past two months. Affected by COVID-19, Egypt’s tourist bookings have fallen by 80% compared with the same period last year. Cancellations have already begun, and most of them are in the following April and May. If the crisis continues, the travel company will be severely affected. As it is a global epidemic, it will not be possible to fine the cancellation of the booking, and the Egyptian travel company will have to fully bear these costs. The tourism industry is one of Egypt’s important sources of foreign exchange, with revenue of \$ 12.6 billion in the previous fiscal year.

Thirdly, the COVID-19 can spread easily and quickly. It is hard to be prevented and controlled. The chairperson of the African Union Commission Moussa Faki Mahamat said that if strict prevention and control measures are not taken, the spread of the virus will have a huge impact on African countries’ economy, society and security. The spread of Ebola is relatively easy to be controlled because the virus is transmitted through body fluids. But once the coronavirus spreads around, infection prevention and control will be very difficult. Fortunately, Africa has a comparative advantage in climate. The relatively high temperature is not conducive to virus reproduction.

III. China Supports Developing Countries in Epidemic Control and Shares Experience with Them

The epidemic currently is expanding globally. Confirmed cases have been found in the Middle East, South Asia, Africa and other areas. Unlike developed countries such as European countries, the United States, Japan and South Korea, the developing countries' medical systems are inherently weak. There are obvious shortcomings in nucleic acid testing, treatment capacity, and financial support, etc. Besides, there are also other kinds of epidemics that need to be dealt with at the same time. The pressure of "multi-front operations" is overwhelming. If the coronavirus becomes a pandemic in other developing countries, it will probably lead to more serious consequences. Based on these considerations, China actively provides support on epidemic control for countries mentioned above within multilateral and bilateral frameworks to help them improve their medical systems and make preparations. Meanwhile, China is willing to share its experience with other developing countries to help them achieve the goal of "early detection, early reporting, early isolation and early treatment," and "leave no patient unattended."

3.1 China's Support for Developing Countries' Epidemic Control

China's support for developing countries is currently showing a feature of integration between the government and the people. At the official level, China actively provides developing countries with financial support, human and technical assistance as well as material support. At the non-governmental level, the Chinese people at home and abroad, along with Chinese companies, have actively devoted themselves to material donation and fund-raising, hoping to overcome the hardship together with other countries.

First, China has actively donated to the WHO to support

medical and health systems in developing countries. The WHO recently pointed out that the biggest concern at present is the spread of the virus in countries with weak medical systems and poor detection capabilities, most of which are developing countries in Asia, Africa and Latin America. According to the 2019 edition of the Global Health Security Index, the health emergency response capacity of most developing countries is below the global average, which is at the level of “undeveloped” or “very underdeveloped.”

These countries generally have insufficient financial capacity and are mostly exporters of primary products. They have recently suffered from both the declining demand and the declining commodity prices. The governments of these countries



have only limited budgets and are unable to invest in

The Chinese Red Cross Society volunteer group of health experts arrived in Tehran, capital of Iran.

the construction of the medical system.

The Chinese government decided on March 7 to donate \$20 million to the WHO to support its international action against the epidemic, improving the public health system in developing countries and helping them build a firm line of defense.¹ Since the outbreak, the WHO has helped a large number of developing countries to establish nucleic acid testing laboratories. China’s donation is a strong support for the WHO’s work and a vivid interpretation of the concept of “a community with a shared future for mankind.”

Second, China sent medical teams and expert groups to some

¹ “Foreign Ministry Spokesperson Geng Shuang’s Regular Press Conference on March 9, 2020,” Ministry of Foreign Affairs of China, March 9, 2020, https://www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/2511_665403/t1753656.shtml.

developing countries and actively shared epidemic control experience with them. At present, China has dispatched medical expert groups to Iran, Iraq, Cambodia, Pakistan, Laos, Venezuela, the Philippines, and Myanmar, among other countries. Group members include experts of infectious diseases prevention and control, epidemiology, intensive care, nucleic acid testing and other fields. China tries to help them establish infection prevention and control plans at the national level while promoting the implementation of relevant measures at the community level.

Iran is currently in a rather tough situation. The Chinese Red Cross Society sent a team of volunteer experts to Iran on February 29, and two additional medical experts were sent on March 14. The current recovery rate in Iran is relatively high, and it is inseparable from the efforts of the Chinese expert group and the people of Iran. At present, the number of laboratories that can perform nucleic acid testing in Iran has increased from 3 to 30. The average daily testing capacity has increased from 200 to 6,000. In addition, many places in Iran have followed the Chinese experience to build makeshift hospitals for the treatment of patients with mild symptoms, which reduces the burden on the medical system.

Due to its close contacts with Iran, loopholes in border control and the unstable political situation, Iraq also faces huge pressure in epidemic control. A team of experts were sent by the Chinese Red Cross Society to Baghdad on March 7 to carry out work of epidemic control, and they have conducted a lot of technical communication with officials from local health and disease control authorities and WHO representatives. The Chinese team has focused on improving Iraq's nucleic acid testing capacity and is striving to expand the capacity to 1,000 per day, which is significant as the country tests more people to make up for loopholes. In addition, Chinese experts have also brought up suggestions to Iraq according to its actual situation, including setting up a

joint prevention and control mechanism, mobilizing religious leaders to participate in infection prevention and control, establishing designated hospitals and fever clinics, and using CT to screen suspected patients, etc. It plays an important role in the improvement of Iraq’s epidemic control capabilities.

Besides, China medical teams in Africa are also actively participating in anti-epidemic operations of each country, maintaining close communication with the local governments and the WHO. In Equatorial Guinea, the Chinese medical team quickly launched trainings for local medical staff on COVID-19 prevention and treatment, helping establish a sound process of isolation, diagnosis and treatment. In Zambia, the Chinese medical team actively participated in local media programs to impart knowledge about COVID-19 prevention and relieve the panic feeling. On the afternoon of March 18, officials from China’s health and customs departments as well as Chinese experts held a video conference with the Africa Centers for Disease Control and Prevention as well as government officials and experts from more than 20 African countries to exchange information and experience of anti-epidemic measures.

Third, China has provided a lot of anti-epidemic material support to developing countries. With the improvement of China’s domestic situation and production capacity, China now is able to provide material aids such as masks, ventilators, protective clothing, testing kits, hand sanitizers, and gloves. The China Red Cross Foundation has set up an Anti-epidemic International Humanitarian Aid Fund to purchase anti-epidemic materials and assist countries with severe outbreak. For example, China has provided Iran with 350,000 testing kits of various kinds, 2.4 million masks, 120 ventilators and respirators, 2,800 thermometers, 160,000 protective caps and masks, 50 boxes of various anti-virus drugs.

China Fights COVID-19 Together with Other Developing Countries: Co-building a Community with a Shared Future for Mankind

Currently there are another 3.2 tons of donated materials waiting to be shipped to Iran.

In addition, China has provided a batch of testing reagents to Africa through the Africa CDC, and other anti-epidemic materials to African countries that are experiencing COVID-19 outbreak. For the next step, China will continue to provide



A batch of Chinese aid supplies arrived in Ethiopia to help 54 African countries fight against the epidemic.

assistance within its capacity according to the needs of African countries. At the same time, health cooperation under the framework of the Forum on China-Africa Cooperation will also be implemented. The construction of the Africa CDC will be accelerated to assist African countries in improving disease prevention and control capabilities.¹

In South Asia, Pakistan is suffering from both the locust plague and the COVID-19 outbreak. In early February, the Chinese government urgently dispatched 1,000 testing kits to aid Pakistan. Later, China sent a locust eradication working group to Pakistan to carry out field visits and proposed a comprehensive locust control plan. On March 9, China once again assisted Pakistan with 14 sets of exterminator equipment, 250 barrels of exterminators and 14,000 coronavirus testing kits, with a total weight of 69.91 tons.

Fourth, China fully mobilized civilian forces to support developing countries. Chinese people at home and abroad along with Chinese companies have actively devoted themselves to material donation and

¹ “Foreign Ministry Spokesperson Geng Shuang's Regular Press Conference on March 17, 2020,” Ministry of Foreign Affairs of China, March 17, 2020, https://www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/2511_665403/t1757063.shtml.

fund-raising, hoping to overcome the hardship together with other countries. For example, after the official Weibo of Iran’s embassy in China announced the donation channel, it received more than 4 million yuan from Chinese netizens within 24 hours. Besides, some Chinese companies, such as China National Chemical Engineering Group, urgently purchased 4,000 N95 masks and 5,000 regular medical masks to assist Iran. The Dongying Xinsong Medical Protective Equipment Technology also donated 1,000 sets of protective clothing and 1,000 double antibody kits to Iran.

In Africa, a number of Chinese-funded enterprises and Chinese communities have also actively provided assistance for the anti-epidemic efforts of African countries while ensuring their own health. For example, some enterprises provided its affiliated hotels for isolation and provided health training for African employees. They also provided urgently needed anti-epidemic materials to Africa. On March 16, the Jack Ma Foundation and the Alibaba Foundation announced the donation of 100,000 masks, 1,000 pieces of protective clothing, 1,000 protective masks and 20,000 testing kits to 54 countries in Africa. These are all useful additions to official assistance and help deepen the relationship between the peoples of China and African countries.

3.2 China’s Anti-Epidemic Experience is Greatly Valued

China’s anti-epidemic story is the best interpretation of the Chinese Communist Party’s adherence to the ruling concept of “everything is for the people and everything depends on the people.” The prevention-oriented approach and the combined use of traditional Chinese and Western medicine reflects China’s historical experience and unique advantages in the fight against epidemics. The establishment of the Central Leading Group on Epidemic Prevention and Control and makeshift hospitals, along with other pioneering initiatives, have provided organizational and material guarantees

for China's eventual victory over the epidemic. China's anti-epidemic experience is therefore greatly valued.

First, taking the most comprehensive, strict and thorough epidemic prevention and control measures centered on people's health. The report of the 19th National Congress of the Communist Party of China pointed out that people's health is an important sign of a nation's prosperity. Since its establishment, the Chinese Communist Party has closely linked the protection of people's health with the cause of fighting for national independence and people's liberation. In the practice of combating COVID-19, the starting and ending point of everything China has done is putting the people's lives and health in the first place. In the face of the sudden major public health crisis, controlling the source of coronavirus and cutting off the spread channel are key points of infection prevention and control. The lockdown measure taken by Wuhan was to stem internal spread and case exports, which was a significant and responsible move for the safety and health of people all over the world. Wuhan is an important industrial city, science and education base as well as a comprehensive transportation hub in China. It stands at a crucial junction of China's transport network and has a population of more than 10 million. Therefore, it is a difficult choice for any country to implement such comprehensive and strict control over a modern metropolis of this size.

Considering that the epidemic cannot be stopped without strict control over the source of infection and cutting off the spreading channel, China took the historic action of city lockdown, which was based on the basic principle of protecting the lives of Chinese people and people all over the world, and following rules of epidemic prevention and control. With a great political courage and decisiveness, it helped build a line of defense in the core area of

the epidemic to contain the spread of virus.¹ Provinces, cities and districts outside Hubei also acted immediately in accordance with relevant legal procedures, initiating the first-level response to major public health incidents at the end of January, striving to prevent and control the coronavirus.

Second, establishing the Central Leading Group on Epidemic Prevention and Control to conduct unified command. General Secretary of the CPC Central Committee Xi Jinping demands that in the face of the outbreak, party committees and governments at all levels must resolutely follow the unified command and coordination of the central leadership. The Central Committee of the Chinese Communist Party established an anti-epidemic leading group, which carries out work under the leadership of the Standing Committee of the Political Bureau. In the early stage of the epidemic, two working priorities of the Central Leading Group were infection prevention and patient treatment, and Hubei, especially Wuhan, was the most important and decisive frontline in the battle against COVID-19. Many decisions of the leading group were made based on these two priorities. As the fight against COVID-19 entered a new stage, winning the war of epidemic prevention and control while minimizing its impact on economic and social development has become the priority. Keywords such as “targeted and localized prevention and control” and “resuming business and production” appear more and more frequently. While China’s epidemic prevention and control situation continues to improve with the order of production and life restoring at a faster pace, the COVID-19 outbreak has become a global pandemic occurring in multiple countries and regions. Given the changing situation, the Central Leading Group listed “strengthening international cooperation in epidemic prevention and control” and

¹ “Pursuing the Concept of Human Rights Centered on the People: Protection of Human Rights during COVID-19 Prevention and Control in China,” *Guangming Daily*, March 17, 2020.

“preventing import and export of cases” as top priorities. According to the development of the outbreak, the leading group has accurately predicted the trend and steadily adjusted measures of epidemic prevention and control. It vividly demonstrated that the leadership of the Chinese Communist Party is a strong political guarantee to the country’s victory over the epidemic.

Third, China’s anti-epidemic battle combines epidemic prevention and control with patriotism, and relies closely on the people. Epidemic prevention and control is fundamentally a “war of the people.” China’s anti-epidemic battle has been closely dependent on the people ever from the beginning. Patriotism is the deepest and the most lasting feeling that can mobilize and inspire the people to jointly fight against the outbreak. The sense of responsibility and the cohesiveness of helping each other stimulated by patriotism are lubricants that guarantee efficient epidemic prevention and control. Among over 42,000 medical personnel who assist Hubei, more than 12,000 of them were born in the 1990s, and a considerable part of them were born after 1995 or even 2000. Looking at them, one can strongly feel the sense of responsibility of the young generation. The People’s Liberation Army’s medical team first arrived in Hubei and was the last one to leave, once again playing the role of the Great Wall of steel at this critical moment. Workers, farmers and volunteers of various industries across the country are fighting day and night on the frontline of epidemic prevention and control. People infected with the virus and those who have a history of contact with confirmed cases behave in the interests of the majority, actively participating in their own treatment process and self-isolation, which shows a high sense of responsibility for others and the society. As the main force in this battle, the Chinese people have provided solid material and spiritual support for the war against COVID-19. The majestic cohesion and patriotism formed by the people in this fight will surely shape a new spiritual identity for

the great rejuvenation of the Chinese nation.

Fourth, infection prevention measures are the mainstay in the fight against COVID-19, and the treatment combines the use of traditional Chinese and Western medicine. At China’s first National Health Conference in August 1950, Chairman Mao Zedong proposed the country’s three basic principles of health work, which were “workers, peasants and soldiers-oriented”, “prevention first”, and “integration of Chinese and Western medicine.” In the fight against COVID-19, the principles of “prevention first” and “integration of Chinese and Western medicine” are clearly reflected. “Prevention first” means that the treatment of infectious diseases should prioritize disease prevention, stopping the epidemic from occurring or spreading in advance through various measures. General Secretary Xi Jinping pointed out that in order to improve the disease prevention and control system, we must adhere to the “prevention first” policy, taking precautionary measures to prevent minor diseases from becoming epidemics. During its stay in Wuhan, the Central Steering Group on Epidemic Prevention and Control repeatedly emphasized the importance of adhering the policy of “prevention first” and taking precautionary measures. Only when each community has put in place measures can China win this battle of epidemic prevention and control. In fact, it is precisely under the guidance of the “prevention first” policy that people across the country actively isolate themselves, thus effectively avoiding the large-scale spread of coronavirus.

The combination of Chinese and Western medicine is an important way to treat patients during this outbreak. In the treatment of the coronavirus disease, in addition to conventional treatment methods, traditional Chinese medicine treatment has played an important role. In the clinical treatment in Hubei, the participation rate of traditional Chinese medicine is over 75%. In other regions, the rate is over 90%. The use of traditional Chinese medicine

has adhered to the principles of “taking precautionary measures”, “focusing on root causes”, “early involvement” and “whole-process intervention.” In the early stage of the coronavirus disease, taking Chinese medicine can prevent mild symptoms from evolving into severe ones. When it comes to the severe stage, it is necessary to reduce the death rate by combining Chinese and Western medicine. During the recovery period, traditional Chinese medicine can help with recovery through body-conditioning prescriptions, along with some non-pharmacological treatments, such as cupping, acupuncture, scraping, diet and psychotherapy. At present, there are clinical data and cases that can prove the important role of traditional Chinese medicine in alleviating symptoms of patients and delaying or reducing the rate of mild symptoms developing into severe ones.

Fifth, China has launched makeshift hospitals to ensure “no patient is left unattended.” In the early stage of the epidemic, the number

of patients seeking medical treatment exploded. A large number of patients moved around in communities. At the same time, there was a lack of medical resources. Beds in hospitals could not meet the requirement of “leave no patient unattended.”



All makeshift hospitals in Wuhan, Hubei province were closed.

China was facing the dual pressure of treatment delay and virus spreading. At this critical moment, the Party central leadership made the decisive decision to build makeshift hospitals. Wuhan immediately transformed a number of stadiums and exhibition centers into such hospitals,

which quickly resolved the problem of insufficient beds in a short time and greatly accelerated hospital admissions. For most patients with mild symptoms, the most significant thing is to isolate them and not let them spread the virus as a source of infection. Makeshift hospitals use minimum social resources and the simplest site changes to achieve maximum capacity of admission. After the establishment of makeshift hospitals, more than 13,000 beds were added and a total of 12,000 people were treated, realizing the goal of “leaving no patient unattended.” From the construction of makeshift hospitals on February 3 to achieving the goal of “beds waiting for patients” on February 27, the once extremely passive situation was reversed in Wuhan. On March 10, all makeshift hospitals were closed. The model of expanding medical resources in the short term has become the “Chinese experience” in the treatment of the coronavirus disease.

IV. Working Together to Improve Global Health Governance

In this worldwide fight against coronavirus, the global health governance system represented by the WHO has played an important role. It effectively promotes information sharing and action coordination among countries. Developing countries have large populations and weak medical systems, and therefore are extremely vulnerable to epidemics. In the future, we should actively promote the reform of the global health governance system, strengthen its capacity and efficiency, and enhance equality in the distribution of global health resources, so that it can better benefit people in developing countries.

4.1 Current Status of the Global Health Governance System

The global spread of the coronavirus further highlights the great importance of the WHO. The WHO and its Director-General Tedros Adhanom Ghebreyesus have stepped up and taken responsibilities, pooling global forces to respond to the massive outbreak. The WHO increasingly plays an important role in the global health governance system. Meanwhile, in the face of the severe challenges, the global health governance system has yet to be further reinforced.

First, the current epidemic prevention and control in China has achieved important phased results, but the global COVID-19 outbreak situation is still worrying. WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared COVID-19 as a “global pandemic” on March 11 and called on governments to take practical measures to strengthen disease prevention and control. As of April 13, 209 countries and regions have reported nearly 1,860,000 confirmed cases to the WHO. The outbreak of COVID-19 in many countries around the world has shown a trend of rampancy, and Europe has become the center of the pandemic.

Faced with the increasingly severe outbreak across the world, the WHO and Director-General Tedros actively took actions to coordinate global anti-epidemic actions. First, they further strengthened the close cooperation with China to jointly fight the epidemic. China firmly supports the WHO’s central role in the global health governance system. At the beginning of the epidemic, Director-General Tedros led a WHO delegation to China and then commented positively on China’s anti-epidemic measures and contributions. China is at the forefront of combating the coronavirus, striving to prevent the



A press conference held by the China-WHO Joint Mission on Coronavirus Disease 2019 (COVID-19)

spread of COVID-19 to the world by taking the most determined and thorough measures. China has always attached great importance to international health cooperation. In accordance with the principle of openness and transparency, China timely informed the world of

relevant information and shared the genetic sequence of the novel coronavirus. China has also invited international experts to cooperate and has worked closely with the WHO, neighboring countries and other relevant parties.¹ The Chinese government has also adopted a series of other anti-epidemic measures, which has won high recognition among the international community and formed a broad consensus of the international community to jointly fight against the coronavirus. Director-General Tedros delivered a

¹ Wang Yi, “Resolutely Winning the Fight against COVID-19, Promoting the Building of a Community with a Shared Future for Mankind,” Ministry of Foreign Affairs of China, March 2, 2020, <https://www.mfa.gov.cn/web/wjbxhd/t1751263.shtml>.

speech at the Munich Security Conference in Germany on February 15 on the topic of global health security against the backdrop of COVID-19 and Ebola, arguing that China's measures to control the epidemic from the source have earned the world valuable time and China has paid a greater price for this. Leaders of more than 170 countries around the world and heads of more than 40 international and regional organizations expressed their condolences by calling or issuing statements to Chinese leaders. Major organizations such as the United Nations, the Shanghai Cooperation Organization, the BRICS countries, ASEAN, the African Union, the Arab League, CELAC and the Group of 77 have issued statements expressing their confidence and support for China's anti-epidemic actions. At the same time, UN Secretary-General António Guterres specifically stated that China has made tremendous sacrifices to fight against COVID-10 and prevent its spread and that China has made contributions for mankind.

Second, since the outbreak, Director-General Tedros has made full use of the WHO platform to take various measures to fight the epidemic. These measures include: according to the nomenclature guidelines agreed by the WHO, the World Organisation for Animal Health, and the UN Food and Agriculture Organization, the WHO named the disease "2019 coronavirus disease (COVID-19)" to prevent the potential use of other inaccurate or stigmatized names; launching the WHO "Global Surveillance and Monitoring System," requiring countries to report epidemic information in a timely manner, publishing and sharing global information about COVID-19 in time; bringing up a number of suggestions on infection prevention based on principles of basic public health intervention. Also, the WHO put forward the eight-pillar COVID-19 Strategic Preparedness and Response Plan; sharing the anti-epidemic experience of China, South Korea and Singapore timely with other countries; liaising with the WHO network of country representatives and United Nations coordinators to various countries to timely introduce the

outbreak situation and inform them of measures that can be taken; informing the epidemic situation to UN Secretary-General, who agreed to mobilize the entire UN system to fight the epidemic; setting up a UN crisis management team to lead the WHO to conduct relevant measures and coordinate actions of the entire UN system; gathering more than 400 top scientists from all over the world to discuss response measures to COVID-19; providing and delivering urgently needed medical supplies to various countries; launching the COVID-19 Solidarity Response Fund and calling on the international community to donate money and materials. ¹

Last but not the least, Director-General Tedros took the responsibility at the “COVID-19 moment” of positively guiding international public opinions. During the outbreak, many countries extended their helping hands to China, supporting China’s anti-epidemic actions. However, some other countries such as the United States and some European countries ignored the fact that the virus knows no borders and that the WHO has officially named it. Not only did they not assist China, but some politicians also disrespected science and the decision of the WHO, stigmatizing China and Wuhan. The *Wall Street Journal* published an insulting article “China Is the Real Sick Man of Asia.” Some media organizations in Germany, France and other countries have used the epidemic to make extreme racist remarks against Asians. In some countries, people even assaulted Chinese as well as Asians. In response to those incidents and irresponsible remarks, Director-General Tedros spoke highly of China’s contributions to the fight against COVID-19. Whether it was at a press conference or a major international conference, he resolutely refuted all kinds of rumors, criticizing wrongful acts and false statements that discriminated against Chinese citizens and created panic. He has been working hard to create a good international environment for epidemic prevention and control.

Second, in the “epidemic era,” the importance and urgency of

all countries jointly fighting against the virus and maintaining global public health security are further enhanced. In the face of the epidemic, countries tend to help themselves. The ability of responding to the epidemic is also various in different countries. All this makes it hard for different countries to work together, which further exposes deficiencies facing the global health governance system. First of all, it is difficult for countries to reach consensus on the understanding of the virus and ways of response to the pandemic. Yuri Tavrovsky, Professor from the People's Friendship University of Russia, wrote that the “political virus” caused by ideological bias and double standards is even more harmful than coronavirus.¹ Facing COVID-19, China respects science and attaches great importance to the anti-epidemic cause. China also gives full play to the advantages of the system of socialism with Chinese characteristics, decisively implementing united measures against the virus. Because of this, China has achieved significant phased victory and won valuable time for the entire world. Virus knows no borders or races. Countries around the world should have stopped prejudice and maintained unity, quickly launching their respective effective actions. We are supposed to form a joint defense and control mechanism globally, and Director-General Tedros has said many times that we should focus on our common enemy, not our differences, but the reality is just the opposite.

Second, the WHO is faced with a lack of anti-epidemic funds and medical supplies. The WHO's funds mainly come from assessed contributions, core voluntary contributions and designated donations from various countries. However, due to the significant reduction in the foreign aid budget of the United States in recent years, the WHO has suffered a serious financial crisis. For example, the WHO plans to have a budget of \$485 million in the 2016-2017 biennium, but there is still a 44% gap. The WHO plans to have a budget of \$656

¹ “Russian Expert: ‘Political Virus’ More Harmful than COVID-19,” March 17, 2020, https://news.china.com/domestic/945/20200306/37874457_all.html.

million for humanitarian assistance, but the current funding gap is 66%. The target emergency fund for incidents is \$100 million, but currently the WHO has only raised \$31.5 million. Director-General Tedros emphasized that in response to COVID-19, the WHO has shipped nearly 500,000 sets of personal protective equipment to 47 countries, but supplies are rapidly depleted. It is estimated that 89 million medical masks, 76 million pairs of medical examination gloves and 1.6 million pairs of goggles are needed every month. It is estimated that the supply of personal protective equipment needs to increase by 40% globally. The WHO appeals to countries for active donation for anti-epidemic cause, hoping that it can raise \$675 million and better help small and medium-sized countries with weak public health systems. However, in the face of the severe outbreak of COVID-19, the fall of oil prices and the crash of the global stock market, most countries are overwhelmed. The money and materials donated are utterly inadequate for dealing with a severe situation like this. The WHO is facing unprecedented and severe challenges.

As Director-General Tedros once said, the world needs “a strong, effective WHO ... fit for the 21st century ... that belongs to all, equally. We need a WHO that is efficiently managed, adequately resourced and results driven, with a strong focus on transparency, accountability and value for money.”

4.2 Proposals of Developing Countries on Improving the Global Health Governance System

First, improving the capacity and efficiency of global health governance. In the face of the current situation of “disordered diversification” of participants in global health governance, most developing countries advocate maintaining the core position of the UN and the WHO and building a framework for the global health governance centered around them. Therefore, we can strengthen the orderliness and effectiveness of the global health governance system.

Supporting the WHO to play a leading role in global health governance.

The WHO is a professional organization under the UN and the world's largest intergovernmental health organization with high authority. Considering the diversification of global health governance subjects and the complexity of governance mechanisms, there is a need for a core organization to be responsible for leading the cause of global health and coordinating with various countries. Developing countries generally support the WHO to play a leading and coordinating role in the field of international public health and realize normalized management of global public health incidents.

Building a basic framework of global health governance which is more integrated and networked. Under the framework, countries, intergovernmental organizations, public-private joint ventures and non-state actors not only perform their respective duties, but are also interconnected and interdependent. Various sides can coordinate with each other and help build an international public health governance system that mobilizes the participation of all sides while coordinating their interests, thus promoting multilateral cooperation. In addition, we should strengthen the capacity building of global health emergency response based on the International Health Regulations. It is necessary to build a more timely and effective monitoring network for major events, and promote the establishment of a joint early warning system, thus strengthening information sharing and experts' technical and resources support. By so doing, we can realize timely detection, assessment, reporting, notification and disposal of public health emergencies. This can enable global health governance to respond more quickly to crises and help build a strong line of defense for public health.

Increasing the discourse power and enhancing the representativeness of developing countries in global health governance. To improve the global health governance system, it is necessary to enhance the voice of developing countries especially in terms of global health legislation and health norms. The discourse power of developing countries should be increased and the

multilateralism in global health governance should be strengthened. We should promote democratization and fairness in the allocation of global health resources. In addition, we should also enhance the capacity of emergency health assistance to underdeveloped countries. Nowadays, unilateralism is prevalent and protectionism is rampant. We should prevent developing countries from being stigmatized and politicized, or even being “isolated” by the international community due to the outbreak of health incidents. Such thing may affect the normal development agenda of developing countries, and thus preventing it from happening should also be part of the work of improving global health governance.

Second, helping developing countries acquire the necessary public health capacity. The imbalance of global economic development has exacerbated the inequality of health resource allocation. Developed countries occupy more and more health resources, while developing countries are increasingly exposed to public health risks. Low-income countries often has the weakest health governance system and face a serious “health resource deficit.” Therefore, the global health governance system should unite as a whole to help developing countries strengthen their capacity building and acquire the ability to resist health risks independently.

Enhancing economic assistance to developing countries. Many least developed countries (LDCs) are in poor material conditions and lag behind in institutional construction. Their health governance relies heavily on external assistance and is unable to respond to epidemics independently. Once major countries and international organizations such as the United States and the WHO cut their investment or adjust their budgets, these countries will be profoundly affected. Therefore, the international health governance system should strengthen global fund-raising and its coordination. Developed countries should also fulfill their commitments as soon as possible to help recipient countries, especially those with deficient infrastructure and frequent

disease outbreaks, build their own public health systems, ensuring that their most basic needs for capital and resources are met.

Promoting technology transfer to developing countries. In order to protect the interests of industries such as medicine and food, developed countries tend to strengthen the intellectual property system and make it harder for developing countries to obtain essential medicines and carry out their own pharmaceutical innovations. The global health governance system should encourage developed countries to transfer health-related technologies to developing countries through licensing agreements, knowledge and business skills training, and export of technical materials and equipment to help developing countries improve their ability of producing vaccines, antibiotics and diagnostic reagents, thereby improving the accessibility of these drugs to the poor.

Increasing investment in disease research in developing countries. Due to the lack of economic strength and purchasing power in developing countries, it is difficult to form effective incentives for research and development (R&D) of private enterprises. The R&D on health issues in developing countries are far from adequate. The international health governance system should introduce effective incentives to encourage key medical R&D aimed at epidemic prevention and control in developing countries.

Conclusion

Strengthening cooperation with other developing countries has always been a long-term and firm strategic choice for China’s diplomacy. China and other developing countries have broad common interests and similar positions on issues of peace, development and stability. Once again, the COVID-19 outbreak reflects the deep foundation and rich connotations of South-South cooperation. At the beginning of the outbreak, many developing countries not only provided a lot of assistance to China, but also spoke frequently for China on the international stage, praising China’s anti-epidemic efforts and the “Chinese experience.” When China gradually came out of the strait, it also paid back to other developing countries by actively providing financial support, human and technical assistance as well as material support, helping them improve their medical systems and make better preparations for the outbreak. This reflects the international humanitarian spirit and the concept of a community with a shared future for mankind. In the face of the global challenge, developing countries need to unite as a whole to overcome difficulties. We believe that South-South cooperation will enter a brand new and better stage after the COVID-19 outbreak.

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