



CHAPTER I

INTRODUCTION

A wealthy China would not be a status quo power but an aggressive state determined to achieve regional hegemony.

—John J. Mearsheimer, 2001¹

As a status quo power... Today China is an exporter of good will and consumer durables instead of revolution and weapons.

—David Shambaugh, 2004–5²

Since the mid-1990s, both China's participation in multilateral dialogues and its cooperation with other countries in relation to global issues have increased dramatically. China has shown a penchant for multilateral cooperation and a willingness to comply with international norms and rules. It has widened its policy platforms to include "low politics" and "high politics" and has deepened its engagement with most of the intergovernmental organizations (IGOs). Asian countries have applauded China for its good neighbor policy, promotion of the "cooperative security" concept, and responsible behavior in maintaining the stability of the regional financial market during the Asian financial crisis of 1997–98. In fact, China has demonstrated that it is no longer a dissatisfied power filled with the intention of revolutionizing the current existing international order. Instead, it presents itself as a friendly neighbor and an emerging responsible power at the global level.³ In the area of public health, China's participation in global health governance has also substantially increased, especially in managing the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS). Having been in denial about the existence of an HIV/AIDS epidemic in the country for more than fifteen years, the government swiftly took a forthright approach in responding to the disease at the turn of this century. Contrary to the conventional

wisdom that claims that China's changing health policy was triggered by the Severe Acute Respiratory Syndrome (SARS) outbreak of 2002–3, this book argues that China's shifting attitude toward the epidemic in fact took place well before the SARS crisis. In June 2001, the government openly admitted the problem of the HIV/AIDS epidemic inside the country and launched its proactive engagement with a wide range of actors, including IGOs, nongovernmental organizations (NGOs), and government-spanning networks, as well as the private business sector, to combat the disease inside China.⁴ Portraying itself as a responsible great power (*fu zeren de daguo*), China has also extended its fight against the disease to the African continent, where AIDS is a leading cause of death. Africa accounts for 67 percent of the worldwide total infections.⁵ Hence, the first question to be addressed is why the Chinese government changed tack under no threatening crisis and has since embraced multilateralism.

However, behind this façade of increased engagement with global governance, there is often a dichotomy between rhetoric and practice. Both Chinese scholars and leaders harbor resentment against global governance and the underlying liberal international order. They assert that the world order is “undemocratic” and unfair to less developed countries in that to a significant extent, IGOs serve merely as an instrument to help the more powerful Western states, particularly the United States and the European Union (EU), to pursue their own self-interests. As a result, the rights and interests of developing countries are not always given due attention and respect by the international community. Perceiving the current international order as unjust, Chinese leaders have often called for a “democratization of international relations” to create a more equitable and just new world order, with developing countries as China's close allies.⁶ Echoing the official views, Chinese scholars also assert the legitimate relevance of non-Western democratic model to the reshaping of the architecture of global governance.⁷

This rhetorical resentment toward the prevailing liberal international order has led many, particularly developed countries in the West, to fear that China, armed with its rising power, will overthrow the international order. In academic circles, four different schools of international relations—namely, critical theory, realism, rationalism, and power transitions theory—have arrived at a broad agreement on the relationship between status quo power and global order. For them, the international order is in danger of being overthrown if the rising power has any sense of deprivation toward the dominant

order. The dissatisfied rising power is inclined to use revolutionary and violent measures to change the existing governing pattern. This argument has led many to believe that China's ascendancy will lead this rising power to behave like a discontented system-transformer.

However, evidence shows that China is acting as a status quo power or a "responsible stakeholder" toward the liberal democratic order in its increased engagement with global governance. As a result, there is a gap between the observed behavior of China and its rhetoric. This book investigates this contrast. It is mainly concerned with the goals, means, and limits of China's participation in global governance. Using public health, particularly China's response to HIV/AIDS, as a case study, this research serves to provide a useful window to understanding China's evolving global role and its intentions in global governance in general and global health governance in particular. It asks: how does China's record of compliance or non-compliance with the international health regime reveal the reasons for and limitations of its participation in global governance? Given an apparent contradiction between the need for a stable world order for its own development and its resentment against the current one, what role will China, with its increasing power, play in the existing international order? Will it be a responsible stakeholder, a discontented system-transformer, or a combination of the two?

Globalization and Public Health

The rationale for studying public health and global health governance is that microorganisms do not recognize or respect national boundaries, especially in a highly globalized world.⁸ Infectious diseases can readily spread from one country to another and indeed from one continent to another, posing direct threats to national and human security, as evidenced by the spread of such contagious diseases as HIV/AIDS, SARS, H₅N₁, and A/H₁N₁.

Many new and resurgent pathogenic viruses have the capacity to reach anywhere in the world within twenty-four hours. They can have a destructive effect on state capacity, national prosperity, and effective governance. Public health can no longer be perceived as a behind-the-border domestic issue, separated from foreign-policy concerns. It is now widely considered a nontraditional security threat with global dimensions. Lincoln C. Chen and his colleagues argue that globalization is eroding the boundary between the determinants of public and private health.⁹ The late Jonathan Mann, the

former head of the World Health Organization (WHO) Global Program on AIDS, said that “the dramatic increases in worldwide movement of people, goods, and ideas is the driving force behind the globalization of disease . . . health problems in any part of the world can rapidly become a health threat to many or all.”¹⁰ It is little wonder that the fight against infectious diseases constituted one of the priority areas of the Group of Eight (G8) summit meeting held in St. Petersburg, Russia, in July 2006.¹¹

In the present globalized world, no single state has the ability to contain and control a highly lethal infectious disease on its own. A country’s public health policies could have dire consequences for itself as well as for the international community. Until very recently, public health governance or international health governance had been focused primarily at the national level. Under the Westphalian concept of governance, the state has supreme power over its domestic affairs. According to the principle of consent-based international law, states have no legal obligation to involve international institutions in addressing health crises within their own territories. Cooperation and compliance with the International Health Regulations of the WHO depend very much on the goodwill of governments. In this respect, the international community has little or no legal basis to charge or condemn China for denying WHO delegation entry into its country at the early stages of the SARS outbreak.¹² However, as a result of the SARS outbreak and China’s belated response, state-centrism is widely believed to be a relic of the past in this age of globalization.

Given the deterritorializing nature of globalization, a key issue is how to control the spread of borderless microorganisms in a borderless world. Health issues are at the forefront of the study of global politics and global governance in the twenty-first century.¹³ Some international relations scholars have called for a post-Westphalian form of governance to manage pathogenic diseases.¹⁴ They are skeptical about the usefulness of the statecentric, Westphalian approach to public health. For instance, in his study of the SARS outbreak, David Fidler concludes that “Westphalian public health” principles failed to combat the outbreak.¹⁵ Public health should no longer be considered merely a medical and social issue; it is a security issue that needs a more effective organizational response. In order to manage health issues more effectively in a globalized world, health governance requires a fundamental transformation of the understanding of national sovereignty. As Richard Dodgson and Kelley Lee have

argued, there is a need to “deterritorialise health... by going beyond the primary focus on the state.”¹⁶

This post-Westphalian global health governance seeks to promote human health by the collective action of providing global public goods for health. Strictly speaking, health per se is not a public good, but the benefits of prevention or containment of infectious diseases are both nonrivalrous (i.e., letting nonpayers enjoy the benefits creates no cost to the payers) and nonexcludable (i.e., it is difficult to exclude nonpayers from the benefits, once the good is provided). With these distinctive characteristics, the prevention and containment of infectious diseases can be considered a global public good.¹⁷ Conversely, any belated response or negligence in the prevention and containment of infectious diseases can be deemed a global public bad.

Global health governance is premised on the taking of collective action by a range of actors with the aim of tackling transnational health problems and promoting and protecting the health of populations through the making and implementation of global norms and rules. It needs to “recognize and give meaningful participation of a greater plurality of interests to capture both the territorial and supraterritorial features of global health issues.”¹⁸ The state should not be the only actor but rather part of a wider network that includes nonstate actors, including international and local NGOs, corporations, private foundations, and individual activists. Infectious diseases can only be contained and defeated by state and nonstate actors cooperating with each other and responding promptly and decisively to any outbreaks. However, the thorny issue is whether states are willing to relax their grip on the conventional understanding of national sovereignty and cooperate with diverse actors, including other states and nonstate actors, in dealing with the borderless infectious diseases through multilateral cooperation and participation in global health governance.

Since the end of the cold war, scholars from the West have been pondering the need to transform Westphalian “international” politics to post-Westphalian “global” governance. A detailed account of this analysis will be illustrated in chapter 2. They have tried to reconceptualize the conventional understanding of national sovereignty and reinterpret the principal component of value-diplomacy as good governance. In addition, the significance of nonstate actors in managing global affairs has come to attention since the early 1990s. It is widely believed that the nation-state is no longer the only actor in global politics.

Why China's Public Health?

As a rising power and the most populous country in the world, China has influenced, to a greater or lesser degree, various spheres or areas of global interactions on the world stage.¹⁹ There are four reasons for investigating China's public health: (1) the escalating tension between China's traditional Westphalian concept of world order and the demand for post-Westphalian health governance; (2) a general neglect of China's health governance in the discipline of international relations; (3) international skepticism of the true situation of China's public health; and (4) China's ailing health care system.

China's Traditional Statecentrism

China has long perceived public health simply as a domestic social issue and has downplayed its international implications. Its initial response to the SARS outbreak between late 2002 and early 2003 resonated well with the Westphalian concept of handling public health issues. Although China has stepped up its integration with the rest of the world since the 1980s, it still steadfastly resists any international intervention in its domestic affairs. Its attempt to control WHO's communication with Taiwan and its opposition to Taiwan's participation in the WHO during the early stages of the SARS outbreak are typical examples of upholding its statecentrism. Instead of directly sending health experts to Taiwan, the WHO had to ask the U.S. Centers for Disease Control and Prevention (CDC) to provide assistance to the island.²⁰ This statecentrism not only drew international criticism but also raised a concern, particularly from the perspective of Taiwan, about political intervention in providing global public goods for health. Between 1972 and 2009, Taiwan had been excluded from the World Health Assembly—the policy-making body of the WHO—due to the “one China” policy and political pressure from Beijing.²¹ Because of its improved relationship with the Ma Ying-jeou administration in Taiwan, Beijing dropped its objection to Taiwan's application as an observer in the World Health Assembly in 2009. However, Taiwan's participation has to be in line with Beijing's “one China” policy.²²

While China has modified its approach to health governance and rapidly increased its participation in the global health regime since the SARS outbreak, its health governance as well as conceptualization of global health governance have remained largely “state-led.” The country has been criticized for its maladministration of the

HIV/AIDS epidemic and the SARS outbreak and for its lack of commitment toward global health governance. One of the challenges facing China is how to accommodate external demands for post-Westphalian health governance while upholding its statecentrism. Whether or not China will relax its stance on sovereignty in its participation in global health governance is worth examining.

General Neglect of China's Health Governance in International Relations

Over the past decade, there have been a growing number of studies about China's behavior toward external powers and its involvement with international institutions. The majority of these studies focus on its participation in United Nations (UN) peacekeeping missions,²³ arms control,²⁴ regional security,²⁵ human rights,²⁶ and international finance and trade.²⁷ There are also studies that examine the domestic and international aspects of China's environmental governance²⁸ and its environmental woes.²⁹ Research on China's health issues is either narrowly limited to taking an anthropological approach or focused on its internal health problems.³⁰ Book-length research on China's participation in global health governance from an international relations perspective is scant.³¹ Consequently, such crucial issues as the extent of China's involvement in global health governance and the consequences of such involvement for China as well as the world are underassessed. This book argues that a careful analysis of China's record of compliance and noncompliance with the global health regime can help to increase our understanding of its role in the international community and the processes and dilemmas of its international engagement. More importantly, what are the ramifications of China's engagement for the international order? To seek an answer to this question, one must study China's preferences for the world order.

In addition, since the Bandung Conference in 1955, China and Africa have established a long-standing strategic partnership, and China has provided substantial assistance to the sub-Saharan continent. In return for the backing of African countries, China took the UN seat from Taiwan in 1971. Much has been said about China's growing relations with Africa as well as its quest for natural resources in the continent.³² However, little attention has been paid to its role in Africa's HIV/AIDS crisis.³³ One of the case studies in this book examines the extent of China's contributions to solving

the HIV/AIDS crisis in Africa. By investigating China's position on generic drugs, it examines the extent to which China is acting as a responsible great power to protect and promote the interests of developing countries.

Critical International Concerns over China's Health Situation

The three large-scale outbreaks of pandemic viruses in the twentieth century—the 1918 Spanish influenza, the 1956 Asian influenza, and the 1968 Hong Kong influenza—were widely believed to have originated in Asia.³⁴ The 1918 influenza pandemic killed more than 20 million people worldwide. The 1956 and 1968 influenza originated in southern China and ultimately spread across the globe and killed 2–5 million people worldwide.³⁵ A group of flu researchers led by Derek Smith of the University of Cambridge in the United Kingdom argues that the tropical, rainy climate of East and Southeast Asia, China included, provides a fertile ground for the growth of most new strains of seasonal influenza virus (H₃N₂). Following the evolution of a new strain, they discovered that the virus would take a largely predictable route to Australia and the Pacific islands before heading to West Asia, Africa, Europe, and North America and then finally arriving in South America.³⁶ The report not only charts the global journey of the influenza virus but more importantly affirms that strengthening surveillance in East and Southeast Asia is crucial to the global campaign to rein in the spread of the virus.

More recently, SARS, the first severe global epidemic of the twenty-first century, also first appeared in Guangdong, southern China. From its emergence in November 2002 in the province, the disease spread swiftly along air routes of the globalized world. Owing to China's denial and concealment in the first several months, SARS rapidly spread around the world and led to panic across countries.³⁷ The Chinese government, particularly its Ministry of Health and Guangdong officials, initially downplayed the severity of the disease and suppressed the release of information about the outbreak while the virus spread out from ground zero to other provinces in China as well as overseas countries. China's belated response, and particularly its obstruction of the entry of WHO assessment teams into China for investigation of the source of the virus in early 2003, was severely criticized by the international community. Not until more than 300 people had died, with more than 5,000 cases of infection in nearly 30 countries and *Time* magazine's exposé of the real situation inside

Beijing in April 2003, did China's strategy of handling the outbreak shift dramatically.³⁸

In 2008, the delay in reporting the outbreak of enterovirus 71, or EV-71, further triggered worldwide skepticism of China's health governance. EV-71, an intestinal virus, started spreading in the city of Fuyang in Anhui province in early March 2008. However, it was not until the end of April, more than forty days later, that the local government announced the outbreak. According to Xinhua News Agency, as of May 11, 2008, the virus had infected up to 27,499 people in China and a total of 34 children had been killed.³⁹ The hardest hit area was Fuyang, where there had been twenty-two deaths and thousands of infections.⁴⁰ This belated confirmation from the government once again drew widespread attention to China's shaky public health system and local officials' attempts to cover up the outbreak.⁴¹ In the face of international skepticism and criticism, officials of the Ministry of Health in Beijing denied any deliberate cover up. They claimed that if there had been a belated response, it was most likely caused by "the technical capacity of the local health workers" as "they don't know about this disease."⁴² Ten medical doctors in Anhui were punished for misconduct in handling the disease.⁴³ The *China Daily*, an official English-language newspaper, also chastised the local government for its sluggish response and their "business-as-usual attitude."⁴⁴ It was uncertain at the time whether the EV-71 outbreak resembled the SARS epidemic in 2003. However, some named it "baby SARS."⁴⁵

In a nutshell, due to China's nontransparency in disclosing information on contagious diseases, the international community treats China's health reports with doubt. Some even suspect that SARS will be a prelude to another even more dangerous pandemic from China.⁴⁶ Questions and concerns abound. Whether China's impulse to be more proactive in handling communicable diseases after the devastating SARS outbreak was driven by its commitment to providing public goods for health, or was meant as a gesture to remedy its tarnished international reputation, or was a utilitarian response to its domestic dangers, or a combination of all of these, is still a matter of guesswork. However, if we do not want history to repeat itself, SARS may serve as a wake-up call for policy makers as well as academia to pay more attention to China's health governance. As Arthur Kleinman and James Watson claim, "SARS need not be the prelude to something far worse if governments and public health agencies learn from the events of 2003."⁴⁷ To avert another outbreak of a health disaster,

we need to understand the processes, dilemmas, and opportunities of China's engagement with global health governance.

China's Ailing Health Care System

During the post-1949 Mao era, China's health care system was comparatively more equitable and effective than it is now, with a provision of basic medical care for all. Its health care system was often praised as a model for the third world. However, Deng's economic reforms, beginning in the late 1970s, have brought a drastic change to the once government-subsidized health care system. While in many market economies, such as those in Western Europe, Canada, and Australia, the government plays a key role in providing their citizens with affordable health care services, China's economic reforms have given rise to a rapid shift from a publicly funded health care system to a market-oriented one, with the state playing a diminishing role in financing growing medical costs. Hospitals are required to be increasingly self-reliant. In the course of the economic reforms, the Chinese government has placed economic development at the top of its policy agenda. For Chinese leadership, economic growth was the principal yardstick against which to measure national development and the performance of local officials. Although they have been aware of the side effects of the pursuit of development on society—such as environmental degradation, social injustice, and deteriorating public health—until very recently they did not perceive that these problems could have adverse effects on economic growth. On the contrary, they believed that continuous economic growth would automatically resolve all problems encountered in the process of development.⁴⁸ In addition, in order to accelerate economic growth, the government allocated the bulk of its resources to promoting economic growth at the detriment of social infrastructure. Anything that was thought likely to undermine economic development was deemed undesirable and unacceptable. As a result, China's medical reforms have raised serious challenges for China's public health system, such as widening disparities in resource allocation between rural and urban areas.

Arguably, the most serious impact of Chinese economic policies is that the present health system is in essence an emergency system. It fails to form an effective regular system that would include such measures as the prevention and treatment of contagious diseases.⁴⁹ With the implementation of the "management responsibility system," there has been a shift of emphasis in hospitals from preventive

care facilities to those that can make a profit. The number of anti-epidemic stations and preventive care institutions shrunk accordingly.⁵⁰ Consequently, some infectious diseases, such as HIV/AIDS, tuberculosis, syphilis, and hepatitis, have increased rapidly since the 1990s. Some infectious diseases, such as schistosomiasis (snail fever), have resurfaced in rural areas after being wiped out in the late 1950s.⁵¹ It has been argued that China is now facing a daunting health security challenge and that security threats are largely domestic in nature.⁵²

In May 2006, the Chinese Academy of Social Sciences (CASS) published a report entitled *Zhongguo yiliao weisheng fazhan baogao*, commonly known as *The Health Care Green Book*. It explicitly attributes the sorry state of the country's public health system to the dearth of government financial support. The report states that the government bears primary responsibility for this failure.⁵³ International scholars also attribute China's failure to control SARS in 2003 to China's economic liberalization and the associated collapse of the Maoist health care system.⁵⁴ Prior to 2005, there were only around 200 Chinese doctors with the knowledge to diagnose and treat HIV/AIDS patients effectively.⁵⁵ A report published by the U.S. Center for Strategic and International Studies (CSIS) in 2003 about the HIV/AIDS situation in China bluntly stated that "training, technical assistance, and well-targeted financial support across a range of disciplines—epidemiological, medical, scientific, educational—are sorely needed at national, provincial, and local levels."⁵⁶

Further, market-focused concerns about tarnishing China's image among overseas businesses and tourists have made local officials reluctant to disclose any information about outbreaks of disease in their localities. They fret about the negative impact of revelations in their areas. Particularly fearful of scaring foreign investors and tourists, they often try their best to cover up problems. Those brave and defiant enough to expose the truth about infectious diseases have often been scolded for being unpatriotic and "antigovernment." It often takes a while for information about local areas to reach the central government or other parts of the country.

In summary, it can be claimed that China's health care system in the reform era is one of the most "liberal" and decentralized health systems in the world in contrast to the authoritarian top-down political system of the country. However, this "liberal" health system demonstrated its deficiencies and weaknesses in controlling emerging infectious diseases during the SARS outbreak. In light of

the fact that the incidence of HIV/AIDS in China shows no signs of abating,⁵⁷ what is at issue is whether and how China's ailing health care system assumes responsibility for safeguarding the basic health rights of its citizens and providing health public goods to them, as well as to the global community.

Analytical Framework

This book is structured around two groups of research questions. First, using HIV/AIDS as a case study, it examines how Chinese policies and practices on global health governance have evolved and what factors motivate China to support global health governance to stem the spread of HIV/AIDS not only in China but also in Africa. Second, the study of China's engagement with global health governance provides an important insight into the broader issue of how China perceives the world order. The focus is on whether China would utilize its newfound power to transform the norms and rules of the global order to its liking.

The first level of this book examines China's compliance and noncompliance with international rules and norms embedded in the global health regime. From the Chinese perspective, sovereignty has been of paramount importance since the establishment of the People's Republic of China (PRC) in 1949. China has steadfastly resisted any international intervention into its domestic affairs. It does not tolerate any act to infringe on its national sovereignty, as evidenced by its responses to external accusations of human rights violations, and Tibet, Xinjiang, and Taiwan issues. However, globalization has forced China to deepen its engagement with the outside world. In order to combat its domestic HIV/AIDS problem successfully, China has involved a multitude of actors in fighting against the disease inside the country. Drawing in a multiplicity of actors to combat the disease will inevitably internationalize the issue. International involvement would likely breed the growth of domestic NGOs, which would in turn potentially attenuate the supremacy of the Chinese Communist Party (CCP) in ruling the country or erode the autonomy of the state. Against this political concern, why is China still willing to increase its cooperation with various actors outside and inside the country? Is China's response to the AIDS pandemic at the domestic level due to its willingness to protect its citizens or is it just an instrumental response to its domestic crisis and international pressure? Through an empirical investigation

into China's fight against HIV/AIDS, this study aims to provide an in-depth explanation into the nature of the Chinese government's response to the AIDS pandemic within its borders.

The second level of this study moves the focus from compliance and noncompliance to an examination of China's increasing demand for a greater say in managing global affairs and its impact on global governance. Traditionally, the Chinese have been taught in their study of China's modern history that they owe little to the outside world. Instead, it is the West that owes China a debt.⁵⁸ With little sense of responsibility to the rest of the world, China does not concede that it is a principal source of global problems. Rather, China's sense of global responsibility comes principally from its self-perception of its growing capacity. In the mid-1990s, China began to make known its aspiration to become a responsible great power (*fu zeren de daguo*) or a responsible developing great power (*fu zeren de fazhanzhong daguo*). China claims that its comprehensive national power is rising because of its successful economic reforms, and because it is the only non-Western, third-world power among the five permanent members of the UN Security Council.⁵⁹ With increasing power, China is able to contribute to the alleviation of global problems that have long plagued the developing world. While participating in global governance, China blames the norms and rules underpinning global governance for disproportionately favoring the predominant powers and criticizes the established international order for being biased against the legitimate interests of the developing world. Against the claims that China is a "responsible developing great power" and "will protect the benefit of all developing countries," one may ask: what is the role of China in its alliance with the third world with regard to combating HIV/AIDS? How will the Chinese government translate its rhetoric of acting as a "responsible" great power into practice to contribute to controlling the pandemic in Africa? Will an offer of assistance to the ailing victims in Africa be part of China's strategy for improving its international status? A detailed study of China's role in the African AIDS crisis is required to reveal what the slogan actually means on the ground.

It is true that China is now more proactive in playing a leading role on the world stage. With growing economic, political, and normative clout, China's active multilateral cooperation in the international arena can also help China to gain normative power. The United States, the world's dominant power, was noncommittal about multilateralism under George W. Bush. As the principal provider

of global public goods, the United States evaded its responsibility, such as on climate change. While the great powers of the twenty-first century share some common interests, particularly in providing public goods for health in a globalized era, will they collaborate in the form of a “concert of powers” to sustain international order? Will and can China replace the United States as leader in the emerging world order? What are China’s preferences for the world order and what role is it playing in the existing world?

International order is a topic that has attracted the attention of many international relations theorists. In analyzing international relations between a rising power and the global order, several schools in the discipline of international relations, such as critical theory, the English School, realism, and power transition theory, hold somewhat similar views about power relations between a rising dissatisfied power and the prevailing predominant powers. Against this changing power relationship, a hypothesis of this study is that China’s foreign behavior is shaped by (1) the growing economic interdependence between it and the West, (2) the limits of its soft power, and (3) China’s strong desire to earn recognition and respect by established great powers in the international society. As a result, it has no intention of seeking a fundamental revision of the international structure. To put it differently, China does not perceive that a quest for material power is of paramount importance to the country. Rather, as argued by Yong Deng, it is struggling for legitimate international status.⁶⁰

The methodology selected for this study is developed from the hypothesis set out previously and the evidence available. Based on literature reviews and in-depth interviews with international relations specialists, health officials, and representatives of NGOs and IGOs in Beijing, this research can be considered one of the first comprehensive studies of the role and nature of China’s engagement with global health governance and the relationship between this engagement and its aspiration toward world order. Through the lens of public health—more specifically, the management of the HIV/AIDS epidemic—it serves as a window for understanding China’s evolving global role and its preferences for global governance. It aims to make a number of contributions to the academic study of global (health) governance and China’s foreign relations, as well as the evolving global order. First, international relations specialists are pondering how China’s ascendancy will affect regional and global order. This study will be of relevance not only to China

scholars and watchers but also to those who are concerned about the evolving global order. Will China act as a challenger to or as a defender of the dominant liberal international order? Second, this study will provide insights into the genuine extent to which China, as a rising power due to its rapid economic growth, is engaging with the outside world. An in-depth investigation into China's role in global health governance may help us better understand the role it is likely to play in other crucial policy areas. Why does China comply or not comply (and to what extent) with international rules and norms? Third, how will China respond to the burgeoning demand for post-Westphalian governance and good governance in a wide range of issues, including public health, in the era of globalization? Will it modify its understanding of national sovereignty in order to be able to provide global public goods for health in a more effective way?

In order to gain a deeper understanding of China's foreign behavior, both empirical assessment and objectivity are essential. To that end, while analyzing China's foreign policy, this study will first examine the changing roles of nation-states, the conceptualization of a post-Westphalian notion of sovereignty, and the norms and values embedded in global governance from the Western perspective. Then it will explore the Chinese perspectives on those areas and how China responds to those changing conceptions in the international community. Chinese materials will be used heavily throughout this study, especially official documents and articles by renowned Chinese scholars. In the field of China study, it is widely accepted that there are symbiotic relations between the official view and the academic views.⁶¹ Gerald Chan has also cogently described:

The official line, handed down by the Party through the State Education Commission, is still decisive. . . . The development of international studies in China remains dependent on the thinking and behavior of the Communist Party and its top leaders.⁶²

Therefore, one can claim that research on international studies in China generally reflects the dominant thinking and perspectives of central leadership. Apart from secondary resources, both in English and Chinese, this study will also make use of material from interviews conducted with key officials, academics, and representatives from IGOs and NGOs in Beijing collected in the course of three field trips in January 2007, March 2008, and October 2009.

The Organization of the Remaining Chapters

The rest of this book is divided into six chapters. Chapter 2 provides a detailed theoretical discussion of the evolving concepts and aspirations of many Western states about the role of nation-states, national sovereignty, and global governance. It also conceptually analyzes the structure and transformation of the global order. This includes the power transition between a dissatisfied rising power and the predominant power(s). The second theme of the chapter is to provide a thorough “inside-out” perspective on the Chinese traditional understanding of world order and the evolution of Chinese perspectives on global governance and global order in the early twenty-first century. The focus of the section is on China’s response toward the changing norms and values in the West. Chapter 3 addresses the elements of the global health regime in managing HIV/AIDS and how China has gradually integrated itself into the health regime. A succinct explanation of the evolution of China’s response to the HIV/AIDS pandemic and its proactive participation in global health institutions will be provided.

Focusing on the international-domestic nexus, chapter 4 will provide a comprehensive empirical investigation of the changing nature of China’s response to its AIDS crisis. It concludes that China has remarkably increased its engagement with multiple actors to fight the disease inside the country. However, due to its overriding concern about the erosion of sovereign authority, state-led engagement in health governance still dominates the mindset of Chinese leaders. Obviously, the government has not been fully socialized into the norms and rules embedded in post-Westphalian health governance in handling the transnational pandemic of HIV/AIDS. The focus of chapter 5 will move from China’s internal crisis to its international contribution to global health governance. In the context of China as a self-proclaimed responsible developing great power, it investigates the role and nature of China’s involvement in the African continent with regard to combating HIV/AIDS. It finds that while China’s no-strings-attached health diplomacy has won friends and normative power from its African allies, its contribution to the alleviation of the HIV/AIDS crisis in the continent has been modest, at best. A study of China’s role in the World Trade Organization’s Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement on the expansion of the access to affordable antiretroviral therapy reveals that while China rhetorically expresses resentment against

“U.S.-style patent law,” it is loath to take concerted action with other affected developing nations to act against the interests of the United States and other developed countries and their big pharmaceutical companies. It acts more as a system-maintainer than as a system-transformer within the WTO.

Chapter 6 will first theorize the factors for China’s changing stance on HIV/AIDS at the turn of this century, followed by a discussion of China’s preferences for the world order. To what extent does its compliance and noncompliance with the global health regime tell us its preferences for the world order? Based on the empirical evidence discussed in the previous chapters, it affirms the validity of the hypothesis: China does not seek any radical transformation of the international structure because of the growing economic interdependence between it and the West, the limits of its soft power, and its strong desire to earn the recognition and respect of the established great powers in international society. Finally, against the backdrop of the arguments developed thus far, the concluding chapter will sum up the peculiarities of China’s multilateral approach, the *sine qua non* of its engagement with the global health regime and its quest for great power status.



CHAPTER 2

CHINA MEETS GLOBAL GOVERNANCE AND GLOBAL ORDER: WITH OR AGAINST THE TIDE?

State sovereignty, in its most basic sense, is being redefined—not least by the forces of globalisation and international co-operation.

—Kofi Annan, 1999¹

Politically, all countries should respect each other and conduct consultations on an equal footing in a common endeavor to promote democracy in international relations.

—Hu Jintao, 2007²

Since the end of the cold war, understandings of global politics in the West and conceptualizations of national sovereignty have begun to transform from Westphalian “state” politics to post-Westphalian “global” governance and from “nonintervention” to “humanitarian intervention” as well as stressing “human security” over “national security.” The significance of nonstate actors in managing global affairs is concomitantly on the rise. National sovereignty is now limited by a widely held notion of “responsibility to protect,” whereby the international community is obliged to intervene in the internal affairs of any nation-states if they fail to respect and protect the human rights of the people within their territorial jurisdictions. While these conceptual changes have been evolving in the West and in international organizations since the 1990s, China has proactively engaged with the world. This engagement has resulted in a bitter encounter between the Chinese pro-Westphalian conception of the state and national sovereignty and the emerging