

# CHINA'S HEALTH DIPLOMACY IN LATIN AMERICA: A SILK ROAD OF HEALTH? THE CASE OF SARS-COV-2

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**ABSTRACT:** While the coronavirus (SARS-CoV-2) outbreak originated in China, the People's Republic of China seems to have succeeded in convincing the world of its capacity to manage a health crisis. In broader terms, Beijing has focused on developing a genuine health diplomacy, in parallel with its pragmatism in terms of international strategic agenda. Beijing's health diplomacy is strongly rooted in Latin America, particularly due to the gradual withdrawal of the United States from the region. Cooperation in the healthcare sector is a soft-power tool for China's influence in the region, as well as a means of economic penetration and influence. China's credibility in the health sector has been built up step by step, as has its economic presence in Latin America.

**Keywords:** Health diplomacy, COVID-19, China, Latin America.

## 1. CHINA'S HEALTH DIPLOMACY: INCORPORATION INTO THE PRAGMATIC FOREIGN POLICY STRATEGY OF THE PEOPLE'S REPUBLIC

In order to analyze what the Chinese health diplomacy implies, first, it must be placed within the context of China's international strategic agenda. In other words which are the determining factors of the foreign policy of the People's Republic? What kind of power does it hold on the world healthcare agenda?

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With regard to the history of Chinese health diplomacy, it can be said that it has been more active nowadays than the foundation of the People's Republic of China in 1949. In this sense, according to Xu, Liu and Guo (2011), it is possible to distinguish strategic changes in Chinese health diplomacy, in which they highlight five periods. The first period is known as the “leaning to one side” phase, characterized by health cooperation between China and the Soviet Union in the 1950s; the second period, known as the decade of the struggle between the two superpowers between the 1950s and 1960s, was characterized by the sending of medical teams to Africa. The third and fourth periods are respectively the beginning of multilateral health diplomacy in the 1960s and 1970s and the beginning of the pragmatic period of China's comprehensive health diplomacy from the 1970s to the 1990s (Xu, Liu and Guo, 2011).

Looking at the last period, the great importance given to health with respect to the current international problems is apparent. Chinese pragmatism in foreign policy was affirmed by the doctrine developed by the Secretary General of the Communist Party, Jiang Zemin : the observance of a “good neighborhood policy” and of “cooperation, friendship and development among nations” (睦邻, 安邻, 富邻, *mulin, anlin, fulin*). By cooperating with other countries in world forums such as the United Nations Joint Program on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunization (GAVI), the People's Republic wanted to demonstrate its international credibility in health matters. This period is framed by the term “Harmonious Society”, coined in 2004 by former president Hu Jintao, who “sought political and social stability, with a sustainable development aimed to achieve the well-being of people” (López, 2016, pp. 173-174). In addition to that term, there is the “Chinese Dream”, developed by current President Xi Jinping, which consists of “the search for prosperity within the collective effort to maintain socialism and national glory” (Lopez, 2016, p. 174). Under this logic is that the concept expands to a mentality of “harmonious world” which is still present today, achieving a much broader development of comprehensive health diplomacy, where diplomatic tools are used to solve health problems afflicting the globalized world (Xu, Liu and Guo, 2011):

At present, China is actively involved in international health affairs, activities including cooperating with international health organizations, expanding intergovernmental health cooperation, and pioneering non-governmental health diplomacy (Xu, Liu and Guo, 2011, p. 1).

According to the Pan American Health Organization, Global Health Diplomacy, also known as Global Health Diplomacy (GHD), is the practice by which governments and non-state actors attempt to coordinate global policy solutions and mechanisms to improve health around the world (PAHO). Therefore, by definition, Global Health Diplomacy incorporates a multiplicity of actors and fields among which are public health, international relations, law, economics, trade policy, among others.

The complex relation between health, prosperity and national security also forces China to push its national interests into the global health program. Zheng Bijian, a Chinese philosopher whose globalization and transparency theories underline the importance of projecting soft power and peace into global relations (Li and Shaw, 2014), explained that the foreign policy of the People's Republic was also pushed forward by the resolution of three very important domestic obstacles for its development. These same obstacles also apply to health policy.

Firstly, a growing scarcity of the necessary natural resources for the industrial development of the country, which are also needed for fabricating medical equipment (oxygen masks, first aid kits, antiseptics, etc.); secondly, an imbalance between the country's economic and social development, with a growing aspiration among the middle class for public services of a higher quality (better attention at hospitals and nursing homes); and thirdly, the environmental challenge and the disastrous impact of carbon-intensive industries on public health, which have accelerated the transition toward cleaner energies due to the increase in medical costs related to air pollution and lung diseases (Zheng, 2005).

The importance of Health Diplomacy is increasingly emphasized by the severity of health problems that go beyond national borders, and that require a higher coordination for fighting against them. In fact, ever since the beginning of the 21<sup>st</sup> century, at least six global health crises can be identified as issues needing a joint response: SARS, antimicrobial resistance, Zika, Ebola, HIV and the current SARS Cov-2 pandemic, popularly known as Coronavirus (PAHO). The articulation between China's foreign policy and its national interests is at the core of the People's Republic's health strategy. It can be analyzed through three perspectives: a rationalist standpoint, an institutional angle and a discursive or constructivist dimension.

First and foremost, China is interested in maintaining an active health policy with its neighbors, particularly because it is the second largest health market in the world (IMS Health, 2015). For example, the "Healthy China 2030" plan had the objective of reforming the health system so that it could be modernized at a

domestic level, as it faces several challenges, such as the population aging and the impact of pollution (Regional Economic Service of the French Embassy in China, 2017). It also integrates an international dimension: China has the intention of becoming a leading country in the production of medical equipment for medical diagnoses and treatments, as well as conquering a substantial part of the world's pharmaceutical market, thus creating new comparative advantages and facilitating the creation of national giants that are capable of competing in the global pharmaceutical market in the mid-term.

Secondly, China's leadership aspirations in health-related matters also require the creation of forums for international dialogue. In May 2017, China held the first Belt and Road Forum for Health Cooperation with great enthusiasm, in which 29 Heads of State and Government took part. This meeting was then followed by a summit meeting in August 2017 to address cooperation in health-related issues in the context of the Belt and Road Initiative, which gathered 30 health ministers and heads of international organizations (WHO, 2017). A key outcome of the meeting was that Xi Jinping signed a memorandum of understanding with the World Health Organization for promoting health security through the Silk Roads, an initiative described as "visionary" by Dr. Tedros Ghebreyesus, the organization's General Director (WHO, 2017; Bondaz, 2020). Subsequently, numerous bilateral agreements have been signed with China's partners for integrating health issues into the investment plans of the One Belt One Road Initiative.

Third, the growing influence of the People's Republic in the global health program is also reflected in the rhetoric of Chinese leaders. Although Xi Jinping tries to convince his domestic audience that his country is the champion of free trade and international economic cooperation (consider the declarations of President Xi at the Davos summit of 2017, for example), China lacks credibility in the health front. Chinese authorities have been criticized in the past for their lack of transparency and their mismanagement of health issues. When faced with the severe acute respiratory syndrome (SARS) in 2002, an unknown and extremely virulent pathogen, the authorities of the People's Republic of China abruptly rejected the assistance of international health experts, locking themselves into obstructionism, secrecy and isolationism (Goldizen, 2016).

The stir caused by SARS in the Chinese public opinion and the economic cost of that epidemic have precipitated a radical change in the position of China's Communist Party, which has developed a new discourse about the infringement of their national security (Chan et al., 2010) and has tended to resort to more regular and intensive cooperation with international institutions. The greater socialization of Chinese authorities under the auspices of the WHO has allowed them to acquire more knowledge in health matters among their

peers, something that, up to this point, had seemed to be rather neglected by the Communist Party. It has also allowed a greater participation of the People's Republic in global health diplomacy, thanks to the incorporation of the national security doctrine into health policies. After the SARS outbreak in 2002 and the avian flu (H5N1) epidemics in 2008 and 2012, the reputation of Chinese public officials has been questioned, which has accelerated the need for domestic reforms, also supported by a change in the national discourse on health policy, now considered as a diplomatic tool, but also a pillar of national security (Chan et al., 2009; Goldizen, 2016).

On the grounds of this analysis, when talking about China's Health Diplomacy, one cannot ignore that it additionally refers to a soft-power mechanism. The concept of soft power coined by Joseph Nye consists of describing the capacity of a political actor to influence other actors through actions or interests. In this respect, Chinese health diplomacy is seen as a mechanism of soft power since, after the events of SARS in 2003, China set out to regain the international trust that had been lost through cooperation in the area of health, with various instruments such as technical cooperation, doctors, supplies, among others.

It should be clear, however, that China's health diplomacy is not just a state-level issue. As previously stated, health diplomacy is by definition multifaceted, so it encompasses Chinese regions, private companies and state-owned enterprises, among other actors that join the state.

## **2. CHARACTERISTICS OF CHINESE HEALTH DIPLOMACY IN LATIN AMERICA**

The collaboration with China allowed Latin American countries to find a strong ally in health issues. Indirectly, these countries contributed to the affirmation of Chinese influence, not only in the region but also in the international system. The increased political space that has followed the relative withdrawal of the United States from world affairs is also taking place in the area of health, as evidenced by the skeptical behavior of President Trump's administration during the SARS-CoV-2 (COVID-19) outbreak, which claimed, for example, that there was "enormous evidence" (*The Guardian*, 2020) that the virus came from a Chinese laboratory. The US ongoing withdrawal from WHO activities is in line with their progressive disengagement from health diplomacy.

What seems surprising at first glance is that the creation of partnerships between China and Latin America used to focus almost exclusively on economic and trade relations. The first ministerial meeting of the China-Community of Latin American and Caribbean States Forum (CELAC), held in

Beijing in January 2015, laid the groundwork for an unprecedented deepening of economic cooperation between China and the subcontinent. The Ministerial Meeting resulted in the adoption of the Cooperation Plan between China and the countries of Latin America and the Caribbean (2015-2019), which combines pragmatism and the affirmation of China's development strategy, as well as the desire for economic integration of the CELAC member states (China-CELAC Forum, 2015). However, since the SARS crisis in 2002, there has been a change in the area of health, with an increase in health cooperation instruments, as well as investment chapters dedicated to advanced technologies and cooperation in science and medical care.

By situating China's strategy in the health sector in its relationship with the American continent, one can observe the importance of the triptych "interests, institutions, ideas" in the projection of the People's Republic's influence on health. First, from a rather Rationalist perspective, China wants to clear its international image from the criticism it has been receiving for its mismanagement and lack of transparency during the SARS crisis in 2002 and, to another extent, the H5N1 flu crisis in 2009. It wants to show that it is now capable of managing health crises, while promoting itself as a national champion in health and technology (through its state-owned enterprises). China also wants to secure its markets in Latin America, combining the imperatives of national security with medium and long-term investment strategies in the region, and maintaining the balance it has built in the region around the "Beijing Consensus", i.e., incorporating partners from the periphery into China's centralized development model (Ramo, 2004; Halper, 2012). In particular, the idea is to create links of dependence between the People's Republic, which is in the process of industrial development and seeks to conquer new markets for its high value added and high technology products, and the countries that are still in the process of development based on the export of primary sector products (agriculture, mining), such as those in the Latin American region (Ferchen et al., 2013).

This center-periphery relationship also takes place in the field of health. The network of state-owned or mixed enterprises is actively involved in the administration of China's health diplomacy in Latin America. The lack of investment in infrastructure in the subcontinent, compared to other regions, leads to a series of negative externalities, such as declining productivity, income inequality, or reduced access to quality health services. The technology company Huawei, for example, which already has a strong presence in Latin America through its telecommunications networks since 1999 (Creutzfeldt, 2012), plans to invest in 5G technology or artificial intelligence to connect all objects and interfaces that are not yet connected, particularly in the hospital

sector. The mobilization of public and private actors supports China's medium- and long-term economic interests in the region and in healthcare.

Secondly, with regard to cooperation between China and Latin America, the latter has resulted in close high-level collaboration between governmental, regional and local medical and health institutions, within the framework of a joint action plan established in 2018 by the People's Republic and CELAC (Koop et al., 2020), *de facto* excluding the United States and Canada. China's cooperation model is primarily based on bilateral agreements. So far, they consisted largely of investment policies for the development of Latin American countries, sometimes exceeding the loans granted by the World Bank and the Inter-American Development Bank together, reaching \$29 billion in 2014 (plus almost \$35 billion in credits) and totaling more than \$125 billion since 2005 (Liu et al., 2014). So far, these funds have not been a true affirmation of China's health policy in Latin America, but rather a development aid policy. China's health diplomacy was not obvious in Latin America compared to other areas of its foreign policy, such as trade, agriculture or mining. The CELAC-China Joint Action Plan for Cooperation on Priority Areas (2019-2021) only mentions health cooperation in the penultimate point, among the "other areas" of cooperation, and is not specifically addressed. Consequently, the institutional framework of Chinese health diplomacy is not very developed, although the existing structures (WHO, CELAC-China summits, bilateral meetings) facilitate a high-level dialogue among political leaders.

However, it is worth noting that this health cooperation is also part of the rationale of the "Silk Road" initiative pursued by Beijing. As Bondaz (2020) points out, China wants to use its new voice in the international health agenda to create "Health Silk Roads" based on the model of pre-existing bilateral economic agreements. Since most of the construction projects under the Belt and Road Initiative are in developing countries, China has realized that helping recipient countries strengthen the health system capacity is not only of great practical importance, given their vulnerability, but is a necessary condition for Belt and Road growth and development. In 2019, 19 countries in Latin America and the Caribbean have joined the Belt and Road project: Peru along with Chile, Ecuador, Uruguay, Panama, Bolivia, Venezuela, Cuba, El Salvador, and the Dominican Republic, among others (Liévano, 2019). In Latin America, the institutional framework of Chinese health diplomacy requires a close dialogue between heads of state and government. Teams of Chinese medical experts are offering knowledge and advice in public administrations to health ministers and hospital directors. As it does not have formal diplomatic relations with China, Paraguay is the only country in Latin America that does not receive assistance from Beijing.

Thirdly, the soft power used by China in the display of its health diplomacy is occurring in parallel with the rise of Traditional Chinese Medicine (TCM). Officially recognized by the World Health Organization since 2017 and included in the global pharmacopoeia, China has managed to convince the international community about the complementarity of TCM with Western medicine. WHO has estimated that herbal medicine meets the health needs of nearly 80% of the world's population, particularly in developing countries and rural areas. Under the Silk Roads agenda, TCM relies essentially on less invasive and less aggressive techniques than Western medicine through the use of plants, massage, and acupuncture. This recognition is considered an important step forward for Chinese health authorities, first of all in terms of global recognition, since TCM is not always well accepted due to uncertainties about its effectiveness and integration within the regulatory systems of Western countries. The quality of the herbs, the effectiveness of the remedies and the lack of research data are regularly pointed out by doctors and Western governments (WHO, pp. 34 and 40). Several even prohibit the practice of TCM by non-physicians, i.e., those not trained in Western universities.

Yet this battle for recognition of the TCM is essential for the People's Republic and a matter of acceptance of its influence by local populations, especially since the SARS and H5N1 episodes the country has suffered. Used as an addition to Western medicine, TCM was used in particular to treat 50% of SARS patients in China in 2003 (Jin-Ming et al., 2003). At the same time, many people in Latin America see TCM as an alternative to American or European BigPharma. Some countries, such as Bolivia and Chile, have an official permit to practice traditional medicine (Lovera Arellano, 2014). Therefore, TCM coexists with the ancestral health care practices of these countries and therefore enjoys privileged access among local populations. In Latin American countries where this type of regulatory framework does not exist, such as in Central America or Uruguay, the soft power of Chinese health diplomacy is less easily asserted.

It is also relevant to underline the impact of Chinese influence in Latin America with regard to certain practices sometimes judged negatively in the area of health, particularly when it comes to its development aid policy. How can health diplomacy be reconciled with harmonious development when some companies are locally accused of adopting predatory behaviour? As Gonzalez points out, some companies managed from Beijing are rejected by local populations, in particular because of the:

erosion of genetic diversity, unsustainable levels of pesticide use, agrochemical contamination of lakes, rivers, and groundwater, increased human

exposure to toxic pesticides, depletion of aquifers, and deforestation (due to the conversion of forests to crop land)” (Gonzalez, 2010, p. 10178).

Therefore, the promotion of high-level health diplomacy by the People’s Republic seems to face certain contradictions, which demonstrate the primacy of economic relations in its interaction with Latin America.

### **3. CHINESE HEALTH DIPLOMACY IN LATIN AMERICA: COVID-19**

The first case of COVID-19 (SARS-CoV-2) in Latin America was reported in Brazil on February 26, 2020. As governments in the region battle one of the worst pandemics on record, China has expanded what is known as “mask diplomacy” not only across the globe, but also in Latin America and the Caribbean.

According to Margaret Myers (2020), Director of the Asia and Latin America Program at the Inter-American Dialogue, there are five observations about the nature and extent of Chinese medical shipments to the region.

First, several Chinese entities delivered medical equipment and services a few days after the first case of COVID-19 was detected in the region, and the deliveries have been carried out steadily over time. On March 6, 2020, a week after the first case was detected in the region, the Chinese company BGI and the Mammoth Foundation announced the delivery of reagents to carry out tests for the diagnosis of Coronavirus (Embassy of China in Peru, 2020). This announcement is one of the first publicly documented, and one of more than two hundred transactions from China to Latin America. However, although most of these transactions are characterized as donations, others involve the sale of personal protection equipment. In this sense, Latin American and Caribbean countries have purchased items from China to protect those who are on the “front line” of the fight against Coronavirus.

Secondly, collaboration in the fight against COVID-19 has reached most of Latin America and the Caribbean, regardless of the large debt that some countries have with China. Regarding the debt, the main source has been loans from the China Development Bank (CDB) and the Export-Import Bank of China (EXIM Bank). In that respect, the largest loans were granted to Venezuela (US\$ 62.2 billion), Brazil (US\$ 28.9 billion), Ecuador (US\$ 18.4 billion), Argentina (US\$ 17.1 billion), among others (Gallagher and Myers, 2020). Even though the region’s debt is increasing, its restructuration to comply with payment commitments is not an issue at the moment, which is evidenced

by the statements of the Chinese Ambassador in Argentina, Zou Xiaoli, who states: “China is willing to strengthen the coordination of financial policies with Argentina in order to fight together against the challenges of #Covid” (Embassy of China in Argentina, 2020), and also emphasizes that financial cooperation between the parties is growing and diversifying, in addition to using a common concept in Chinese rhetoric: that of integral strategic partners.

Thirdly, it should be noted that China’s response to the pandemic is not only dependent on the Chinese government, but on a wide range of actors involved. State-centered approaches to diplomacy, described as the single international actor in diplomatic relations, have been challenged by increasing globalization and regionalism (Liu and Song, 2020). The main problem is that:

few theoretical and empirical studies produced since the 1970s have focused on subnational governments, as opposed to such non-central government actors as sub-units of ministries (Keohane and Nye, 1974), legislature (Milner, 1997), bureaucrats (Slaughter, 2004), as well as commercial oligarchies.

In this respect, for several years China has been engaged in what is known as “multi-level diplomacy”, which does not limit diplomacy to the role of the State, but also incorporates relations with sub-national governments such as municipalities, regions, federations, departments, among others. According to Myers (2020), the assistance to Latin America and the Caribbean has not only taken place centrally (from Beijing), but also from local governments such as large cities in China to Chinese embassies in the region. For example:

the city of Chongqing in central China delivered 1,000 protective suits, 1,000 surgical suits, and 5,400 N95 masks to Ecuador in early April, according to China’s embassy there. Suzhou, which is located in China’s Jiangsu province, donated 20,000 facemasks and 200 hazmat suits to Panama’s government later that same month. And the city of Nanjing donated 30,000 facemasks to Colombia

Fourthly, something interesting that can be observed in health diplomacy between China and Latin America is the China-COVID-19 narrative. Chinese embassies in the region have coordinated and brokered donations, but have also addressed criticism about the origin of the virus, sometimes even generating diplomatic disputes.

Finally, and fifthly, it is worth noting what the gratitude and suspicions that Chinese donations have meant in Latin America and the Caribbean. On the one hand, many Latin American States have been thankful for the Chinese

collaboration with equipment to fight against the Coronavirus but, on the other hand, some have suspicions about this “help”. In fact, suspicions and criticisms arise because the purchase of personal protection products is purchased at much higher prices than what may be offered during normal circumstances. An example of this is the sale of raw materials to the Asian giant, which generate manufactured products sold to Latin American countries at a much higher price, reinforcing the low diversification of the economy in the region.

Concerning China's health diplomacy, some suspicions are raised about the People's Republic's true intentions in Latin America. As is well known, China faces at the national level an industrial overload requiring international cooperation, especially from the Latin American region, which is rich in “strategic minerals (copper, lithium), food (soy, meat) and other natural resources (energy, iron, water; fish stocks), etc.” (Bernal-Meza, 2019, p. 60). For this reason, some distrust is aroused towards Chinese “altruism” in the ongoing Coronavirus pandemic. The following are relevant points in connection with the mistrust towards the diplomacy deployed by the Asian giant.

One of the concerns that arises is the supposed “reputation-washing” that China would be driving with the collaboration of the region in the area of health. According to a study by Latinobarómetro, the image that Latin Americans have of China is mostly positive, reaching its highest level (65%) in 2011 (Cunhai, 2017). Although the region's opinion of the Asian giant is high, it is far surpassed by Latin Americans' opinion of the United States: “it is 10 percentage points higher than the proportion of the opinion expressing a good opinion of China; which reflects the profound long-term influence that the United States has on Latin America” (Cunhai, 2017, pp. 27-28).

Considering that the United States is relatively distancing itself from Latin American affairs, as a result of a reprioritization in the foreign, economic and commercial policies deployed by the Trump administration, a closer relationship with the Asian giant can be observed through strategic partnerships, investment development, infrastructure construction, loans, etc. With regard to the latter, and due to the pandemic that is strongly affecting the Latin American countries, China agreed to grant a loan of approximately US\$1 billion to ensure the supply of a future vaccine created by China. This program is just one of the many grants and loans that China has provided since the beginning of the pandemic in Latin America, where it is not only seeking to improve its image with respect to the management of pandemics, but also the perception that Latin Americans have of China, strategically addressing the relative withdrawal of the United States in the region.

Another concern about China's involvement in the context of the pandemic is the supplies business. Although China has provided funds to Latin America

in the midst of the pandemic, the region has also bought products from the Asian giant. Since countries in the region are generally known to be primary exporters, they are subsequently buying manufactured products from China. The purchase of supplies for the management of the pandemic is another illustration of the dependence of Latin America in its trade with China (Bernal-Meza, 2019). These trade relations, although they are supposed to be complementary and harmonious (since China buys the products it needs and Latin America sells them), have not resulted in the economic diversification that the countries of the region require.

#### 4. CONCLUSIONS

China's strategic health agenda follows the same logic as the economic or safety diplomacy pursued by the Beijing authorities: it is first and foremost pragmatic. Since the early 2000s, China has maintained close relations with Latin American countries, both through bilateral cooperation agreements and within the framework of multilateral agencies such as the United Nations, particularly its health body, the WHO.

With the gradual withdrawal of the United States from the main international cooperation forums, Beijing has managed to align its objectives with the solutions found collectively to improve health at the global level. The SARS and H5N1 epidemics were the triggering factors that forced China's elites to change their paradigm and gradually move toward transparency in health. As a result, there has been an increase in technical, material and intellectual assistance to developing countries, and to Latin America in particular, through health diplomacy led by the Communist Party of China.

In recent years, however, a "multilevel diplomacy" has been emerging, involving not only the Chinese central state, but also provinces and municipalities, which manage health care directly with the People's Republic's diplomatic representations in the countries of the Latin American region. The shipment of surgical masks and doctors to Latin America during the COVID 19 epidemic followed this new strategic paradigm. Chinese embassies in the region also served as intermediaries to silence criticism of the People's Republic's handling of the virus. These diplomatic representations became essential actors of China's soft power in Latin America, both as logistical support for Beijing in the region and as discursive vehicles for the regime.

China's new strategic paradigm in Latin America was displayed with greater force with the arrival of the first case of COVID-19 (SARS-CoV-2), through which the Asian giant expanded its "mask diplomacy". It is specifically interesting to highlight the nature and scope that this form of diplomacy has

had in the region, where most of the shipments are made through donations. However, Latin America has also bought supplies from China to protect the population.

At the same time, the large debt that some countries in the region owe to China has been ignored, using the rhetoric of integral strategic partners. Another key characteristic is the use of multilevel diplomacy, involving a wide range of participants in the collaboration with the region. Finally, there are concerns about this cooperation with Latin America, mainly because of its purchase of much more expensive inputs, thus increasing the structural underdevelopment of the countries on this side of the world.

China has used the opportunities that the United States has left to penetrate the region not only economically but also in a more comprehensive manner. However, this strategy adopted by China in the healthcare field due to the Coronavirus pandemic is not dissimilar to the economic approach it has adopted with the region, since it is mainly pragmatic.

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