

# Health Silk Road: The Chinese Way to Global Health Governance

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## Abstract:

The COVID-19 pandemic has affected millions of lives, triggering an unprecedented global health, economic, social and humanitarian crisis. While China aspires to participate in global health governance, WHO also hopes to strengthen global health governance by strengthening cooperation with China on China's Health Silk Road (HSR). This study uses the critical and comparative analysis method, system analysis method, and literature research method. Analysis is conducted through Chinese and foreign policy documents, official speeches, expert and public surveys, Chinese and other national media publications; the source database for the study from 1949 to 2022 has been collected from the official Chinese government website, think tanks, WHO database for key health indicators, etc. The paper categorizes China's participation in global health governance into four stages and summarizes the different characteristics of different periods; it reviews China's position in global health governance and examines the interaction of China's HSR with the international community on global health governance. COVID-19 accelerates the process of HSR, and the latter helps WHO to strengthen global health governance. China has provided valuable experience in global health governance "with Chinese characteristics" contributing to world health governance during the pandemic.

## Keywords:

Health Silk Road, Global Health Governance, COVID-19, China, Eurasia, WHO, Belt and Road Initiative, One Belt – One Road

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“No one is safe until everyone is safe”, Director-General of WHO Tedros Adhanom Ghebreyesus said<sup>2</sup>. The COVID-19 pandemic has sparked a global crisis affecting millions of lives, triggering an unprecedented global health, economic, social, and humanitarian crisis. The regionalization as well as globalization of health problems are considered to be important issues because of the high “migration” of health hazards (Jeffrey et al., 2011). The global health governance has appeared to be vital under the huge impact of the COVID-19 pandemic.

Global health governance is defined as “the use of formal and informal institutions, rules, and processes by states, intergovernmental organizations, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively”<sup>3</sup>. However, many member states neglected to fulfill their obligations under the International Health Regulations (IHR) due to the lack of sufficient power and resources of the WHO, (Habibi et al., 2020), resulting in a lack of control in the initial health governance of the COVID-19 pandemic. The COVID 19 pandemic has not radically changed geopolitical trends, but acted as a kind of trigger for the processes that took place earlier (Арсентьева, 2021).

Rather than slowing down China’s participation in global health governance, the pandemic has stimulated Chinese health cooperation. China is purposefully using the topic of COVID-19 to energize the country’s foreign policy, which is becoming increasingly global (Гамза & Заклязьминская, 2020).

With China’s rapid development, Beijing is increasingly eager to be more involved on the world stage and to have more of a voice. With the formal proposal of the Belt and Road Initiative (BRI) in 2013, as a grand plan covering politics, economy, society, culture and other fields, health governance has become an indispensable part of it. In 2015, the concept of the “Health Silk Road” (HSR) was introduced, pushing China’s regional health cooperation to a new stage, with an

<sup>2</sup> Ghebreyesus, T. A. (2022). WHO Director-General’s opening remarks at the media briefing – 22 September 2022. WHO. URL: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing--22-september-2022> (accessed 31.01.2023)

<sup>3</sup> Fidler, D. P. (2010). The challenges of global health governance. URL: <https://www.jstor.org/stable/pdf/resrep24171.pdf> (accessed 31.01.2023)

unprecedented degree of public health exchange and cooperation among countries in the BRI. Liu made recommendations for risk response to ensure the construction of the BRI and national public health security (Liu & Liu, 2019). By combining BRI with the Ebola response, health development assistance and new investment funds, China has shaped a unique global engagement that has had a powerful impact on global health governance (Tang et al, 2017).

Huang notes that China with one-fifth of the world's population accounts for one-seventh of the world's disease burden (Huang, 2010). China has an ability, a responsibility and an obligation to participate actively in global health governance, with WHO also cementing global health governance by strengthening cooperation with China in the framework of the BRI.

The article categorizes China's participation in global health governance into four stages and summarizes their different characteristics; it reviews China's position in global health governance and examines the interaction of China's HSR with the international community on global health governance. The author relies on the critical and comparative analysis method, system analysis method, and literature research method. Analysis is conducted using Chinese and foreign policy documents, official speeches, expert and public surveys, Chinese and other national media publications; the source database for the study from 1949 to 2022 was collected from the official Chinese government website, think tanks, WHO database for key health indicators, etc.

### **Evolution of China's health governance**

With the proposal of the HSR, strengthening health cooperation has become an important part of the BRI. With the help of HSR, China has strengthened multilateral health cooperation.

China's health governance developed later and more tortuously than that of the Western countries. Referring to the foreign policies of different historical periods, combined with the main activities of China in conducting health diplomacy, China's health governance is roughly divided into four stages, and its role at different times has had different characteristics.

*Stage I (1949–1963) – “The Receiver”.* At the beginning of the People’s Republic of China, the world was caught up in the Cold War. As a member of the socialist camp, China experienced a blockade being squeezed from international forces led by the Western countries. In order to gain breathing space, China adopted the foreign policy of “Leaning to One Side” to the socialist countries led by the Soviet Union.

Due to the low starting point of domestic economic development, China lacked resources and capacity to participate in health diplomacy. During this period, China received health assistance mainly from the Soviet Union<sup>4</sup>. The health projects of the Soviet Union included the construction of hospitals in Xinjiang and two pharmaceutical industrial enterprises producing sulfonamides, penicillin and streptomycin, namely the North China Pharmaceutical Factory and the Taiyuan Pharmaceutical Factory. The main assistance China received in the field of public health was medical technologies and personnel training, as well as medical infrastructure construction. During this period, Soviet health assistance to China significantly improved the health situation in China. The Soviet Union trained Chinese researchers and production personnel and enabled a rapid increase in Chinese pharmaceutical production capacity.

*Stage II (1963–2003) – “The Tester”.* In the era of Mao Zedong, Beijing gave priority to socialist countries in international cooperation in relation to health care. In the early 1960’s, as China-Soviet relations deteriorated, Beijing focused mainly on developing countries in Africa and Asia, and sending medical teams became the primary means of health diplomacy during this period. In April 1963 the People’s Republic of China sent its first medical brigade to newly independent Algeria. Further China also sent medical teams to Tanzania, Somalia, the African countries of Equatorial Guinea and Congo, and Cambodia to help these countries improve the overall health of their people. Through public health cooperation and exchanges with other developing countries, China gained wide praise and support from the Third World countries. China’s participation in

<sup>4</sup> Zhou Hang. (2015). 适应与互动: 全球卫生外交与中国角色的分析 (Doctoral dissertation, 北京: 外交学院). URL: <https://cdmd.cnki.com.cn/Article/CDMD-10040-1015037428.htm> (accessed 31.01.2023)

public health cooperation during this period emerged in the international arena by actively exporting medical and health personnel and health facility construction assistance to other socialist countries.

The most obvious benefit of this foreign policy was United Nations General Assembly Resolution 2758, adopted on October 25, 1971, on “restoration of the legitimate rights of the People’s Republic of China in the United Nations. Thus, the People’s Republic of China replaced the permanent seat held by the Republic of China in the United Nations.

When the PRC joined the WHO in 1972, its participation at the multilateral level remained limited. Beijing worked largely bilaterally, using health cooperation as a convenient, high-return, low-risk tool to achieve its foreign policy objectives. Between 1982 and 2002, health diplomacy lost relevance in the PRC’s foreign policy agenda.

*Stage III (2003–2020) – “The Participator”.* The turning point in China’s attitude toward the WHO was the SARS pandemic. At the initial stages of the SARS outbreak, the Chinese government had little trust in the WHO and was very passive in sharing information about the pandemic, which in its turn caused the WHO to lose trust in China. On April 2, 2003, the WHO advised people not to visit Guangdong and publicly condemned China’s handling of SARS afterward. SARS revealed many flaws in China’s health governance, and when Beijing realized that ignoring its leadership role in global health governance with the WHO and refusing to provide timely information would damage its international credibility, it promptly adjusted its policy. This was the first time Beijing realized the need to think in terms of global health governance to respond to a public health crisis. China began to recognize “non-traditional security (NTS) issues” (including health risks) in its national security concept at the beginning of the century. Moreover, the SARS-CoV-1 outbreak in 2002 showed that infectious diseases threatened China’s economic development and political stability (Huang, 2010). After the SARS outbreak, the PRC fundamentally changed its approach to international health cooperation.

In 2004, the Chinese Ministry of Health and WHO signed a memorandum of understanding to strengthen health cooperation and exchange, and identified key areas of cooperation, including public health priorities and control of major

infectious diseases, including AIDS and tuberculosis, while non-communicable disease areas, including tobacco control, were also in the focus of cooperation between the two sides.

In bilateral cooperation, the scope of public health cooperation expanded, the tasks of public health cooperation were refined, and international disaster relief efforts were increased. Beijing provided humanitarian relief and dispatched medical teams to countries struck by natural disasters. For example, Algeria and Iran, which were hit by earthquakes in 2003, as well as Southeast Asian countries following the 2005 earthquake and tsunami, and West Africa, where an Ebola outbreak occurred in 2013, all received humanitarian relief from China.

The 2014 Ebola hemorrhagic fever outbreak in West Africa was China's first and largest health assistance operation, with China providing five rounds of assistance to a total of 13 countries in and around the infected areas, delivering mobile biosafety laboratories, assisting in their construction and operation, and dispatching more than 1 200 medical personnel to help strengthen public health capacity in the infected countries.

In addition to this, in October 2005, the Chinese and U.S. health ministers in Washington signed the "Memorandum of Understanding for the Collaborative Program on Emerging and Re-emerging Infectious Diseases between the Department of Health and Human Services of the United States of America and the Ministry of Health of the People's Republic of China", establishing health cooperation mechanisms. In 2000's China enhanced health cooperation with African countries through the Forum of Chinese African Cooperation (FOCAC) and adopted the "Plan of Action for Co-operation and Development of Traditional Medicine". In 2010, the Shanghai Cooperation Organization held its first meeting of health ministers.

In multilateral cooperation, China has responded positively to health financing from non-governmental multilateral mechanisms such as the Global Fund, the Alliance for Innovation in Epidemic Preparedness, and the Global Alliance for Vaccine and Immunization.

The origins of the concept of HSR might be traced back to October, 2015 when it was announced by the National Health and Family Planning Commission of the People's Republic of China. Later "Three Year Implementation Plan for Promoting the 'Belt and Road' Health Exchange and Cooperation (2015–

2017)” outlined health cooperation as a sub-category of “people-to-people exchanges”, and advocated the promotion of multilateral health exchanges and cooperation under the BRI. In June 2016 in his speech at the Legislative Council of the Supreme Assembly of Uzbekistan President Xi Jinping for the first time proposed to build HSR together and increase health cooperation, infectious disease epidemic notification, disease prevention and control, medical rescue, traditional medicine and other fields.

In 2016, the General Office of the Central Committee of the Chinese Communist Party issued the “Healthy China 2030 blueprint”, which proposed to “implement China’s global health strategy and actively promote international cooperation in the field of population health on all fronts”, ushering in a new period of development for public health diplomacy.

The Health Silk Road (HSR) is an important part of the BRI. On November 18, 2017, China and the WHO signed a memorandum of understanding on the health-focused BRI. As a long-term project, HSR needs to be planned within a certain framework of goals and directions, considering the specific conditions of China. The purpose of HSR is to build a “formal but also informal” cooperative relationship<sup>5</sup>. “Formal” means that the HSR, as an important part of the BRI, is regarded as a network established to coordinate different organizations, and assume responsibilities when world health is hit hard. It also includes forums to promote health cooperation and exchange, such as the Silk Road Health Cooperation Forum, China-ASEAN Health Cooperation Forum, China-Central and Eastern European Countries Health Ministers Forum, and China-Arab Health Cooperation Forum. “Informal” means that the HSR is not intended to replace the WTO’s leader role in global health governance, nor will it replace existing regional cooperation mechanisms and initiatives, but rather complement and improve them.

When the HSR was first established, President Xi Jinping invited countries, international organizations, NGOs, and social groups to join the HSR in the hope that the world would participate in the HSR project and work together to

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<sup>5</sup> Guo Shaofei, & Ren Xinnong. (2021, December 5). “健康丝绸之路”的价值意蕴与实践路径探赜. URL: <https://m.fx361.com/news/2021/1205/12412498.html> (accessed 31.01.2023)



govern global health. This is complementary to President Xi Jinping's idea of a "community of human destiny", where the future and destiny of every nation and country are closely linked. Beijing uses this approach to export its ideas to the world and to project the image of a responsible power<sup>6</sup>.

WHO Director-General Tedros Adhanom Ghebreyesus praised China's BRI and HSR, which he described as essential elements needed to achieve universal health coverage, namely infrastructure, access to medicines, human resources, and a platform for sharing experiences and disseminating best practices<sup>7</sup>.

Among the flaws exposed by the COVID-19 pandemic, HSR has become an important policy and strategy for China to participate better in global health governance. As the first country to control the spread of the pandemic, China immediately provided bilateral and multilateral assistance and support to other countries, especially developing countries, through the HSR.

*Stage IV (2020) – Present "The Leader"*. COVID-19 exposed the latent flaws in the world situation, the lack of trust among major powers, the prevalence of unilateralism, the resurgence of Cold War thinking, the uneven development of global health, the energy and food crises, and the mutual reinforcement of traditional and non-traditional security threats, showing that the world stands at a bifurcation in history.

Rather than slowing down HSR's progress, the pandemic stimulated health cooperation in China. Amidst the flaws exposed by the COVID-19 outbreak, HSR focusing on health governance, disease prevention and control, healthcare and traditional medicine has become an important policy and strategy for China to engage better in global health governance. As the first country to contain the spread of the epidemic in the early stages of the outbreak, China immediately provided bilateral and multilateral assistance and support to other countries, especially developing countries, through the HSR.

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<sup>6</sup> Xi Jinping. (2016, June 22). 携手共创丝绸之路新辉煌. URL: [http://www.xinhuanet.com/world/2016-06/23/c\\_1119094900.htm](http://www.xinhuanet.com/world/2016-06/23/c_1119094900.htm) (accessed 31.01.2023)

<sup>7</sup> Ghebreyesus, T. A. (2022). WHO Director-General's opening remarks at the media briefing – 22 September 2022. WHO. URL: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing--22-september-2022> (accessed 31.01.2023)



After the outbreak of COVID-19 in 2020, China was the first to contact WHO and report the outbreak to WHO, sharing information on the outbreak with the international community in accordance with the principles of law, timeliness, openness and transparency, and being the first to share the genetic sequence of the virus and announce treatment and prevention and control programs to the world. China is also actively involved in the COVAX and ACT-A initiatives under the WHO framework. China has contributed \$100 million to COVAX and has joined the Vaccine Production Working Group under the ACT-A framework.

China received medical assistance in the early stages of the pandemic from over 58 countries, including Japan, Korea, Malaysia, and Serbia. China was the first country to provide medical supplies and send medical experts to Italy following the COVID-19 outbreak in Italy. On March 23, 2019, China and Italy officially signed a memorandum of understanding to jointly promote the construction of the BRI. Italy was the first G7 member to officially join the Initiative. In an interview with Italian state radio and television on March 24, 2020, Italian Foreign Minister Luigi Di Maio said that joining China's BRI and receiving support from HSR has given Italy the ability to treat the sick and save lives in such a critical situation.

China provided health assistance to the international community through HSR as soon as the outbreak was under control in the country. It launched the longest and largest emergency humanitarian assistance corridor since the establishment of China. China and BRI partner countries are making full use of the HSR to fight the new pandemic, and the BRI has ensured that cross-country and cross-regional transport and logistics routes remain open to facilitate the movement of medical supplies. While traditional logistics routes were closed due to preventive and control measures, Trans-Eurasia Logistics stayed open, transporting 9.39 million medical supplies in 2020, connecting 92 cities in 21 countries in China and Europe, providing an important guarantee of timely access to medical supplies and daily necessities for countries along the route.

## Global role of HSR

China is actively providing emergency health supplies and medical assistance to countries around the world especially in Latin America, the South Pacific and the Middle East.

Even before the pandemic, Beijing put the cooperation with Latin American and Caribbean states on the BRI's agenda, and COVID-19 accelerated this process. On July 23, 2020, foreign ministers of China and Latin American and Caribbean (LAC) countries held a special video conference on COVID-19. A special loan program for infrastructure projects in Central and Latin America will be used to support public health projects in regional countries and to strengthen cooperation in vaccine research and development; \$1 billion loan was announced for the purchase of a new coronavirus vaccine.

China has so far established diplomatic relations with 10 Pacific Island Countries (PICs). Since the outbreak of COVID-19, the two sides have held two special meetings of vice foreign ministers on COVID response. In addition to this, China has held more than 10 bilateral or multilateral public health expert meetings via video link with PICs that have diplomatic relations with China to share experiences on diseases management. China has actively provided medical material support to PICs, helping to build quarantine compartments and other facilities.

Sino-Arab health cooperation flourished during the pandemic. On April 9, 2020, China held a video conference with the League of Arab States with COVID-19 health experts. China introduced the latest progress in the fight against the pandemic and will continue to uphold the concept of the community of human destiny, strengthen information exchange and deepen health cooperation with the international community, including Arab countries, and provide assistance within its capacity to jointly maintain regional and global health security. The Arab countries affirmed that China's experience is of great significance for Arab countries to do better anti-pandemic work, and highly valued the results achieved by China and its contribution to the maintenance of global public health security.

On December 9, 2022, Xi Jinping attended the First China-Arab States Summit and China-GCC Summit and made a state visit to Saudi Arabia. Xi proposed to strengthen new sources of growth such as green and low-carbon development, health and medical services, and investment and finance, and also to tackle major challenges like food security and energy security. China plans to work with the Arab side to implement the Global Development Initiative (GDI) and drive sustainable development of South-South cooperation.

China has always attached great importance to cooperation with African countries and created the Forum on China-Africa Cooperation (FOCAC) in 2000, a regular triennial forum. In June 2020, China, the first country in the world to hold an anti-epidemic summit with Africa, convened the “Extraordinary China-Africa Summit on Solidarity against COVID” to share experiences and continue to help African countries by providing supplies, sending teams of experts, and facilitating African procurement in China of medical supplies in China to help African countries. On November 26, 2021 China’s State Council Information Office released a white paper entitled “China and Africa in the New Era: A Partnership of Equals”. This document clarifies that China-Africa relations are based on the five Chinese principles of peaceful coexistence. At the same time, the document highlights the prospects for China-Africa health cooperation under HSR and promises a more comprehensive aid program. In November 2021, the 8th FOCAC Meeting was held, emphasizing the strengthening health engineering and health cooperation under HSR. It also promised to provide another 1 billion doses of vaccines to Africa, assist African countries to implement 10 medical and health projects, and send 1 500 medical personnel and public health experts to Africa.

This series of actions was commended by the international community, especially by African countries. “It is in difficulty that friendship finds its test of greatness”, said Senegalese President Macky Sall, praising the “constant support [of China] to our health response and economic recovery efforts”. Speaking at the headquarters of the Beijing-funded African Center for Disease Control and Prevention, Chinese Foreign Minister Qin Gang said, the world should strengthen the representation and voice of developing countries in the UN Security Council and other international organizations, that a more equitable system of global governance should not exclude Africa, and that Africa should be a crossroads

for international cooperation, not a basis for competition among major powers. But China's relationship with African countries has been criticized by some international scholars, with Thierry Pairault arguing that the relationship between China and Africa is very asymmetrical and that China is helping Africa in order to get votes of support when it comes to the UN General Assembly.

In February 2020, China and ASEAN held a special foreign ministers' meeting on COVID-19 in Vientiane, Laos, which started the process of joint anti-epidemic efforts between China and ASEAN. The two sides established the China-ASEAN Health Emergency Response Cooperation Network to strengthen joint prevention and control of infectious diseases. At the China-ASEAN 30th Anniversary Summit on Dialogue on November 22, 2021, China and ASEAN jointly announced the establishment of a comprehensive strategic partnership.

In fact, by the end of 2021, Beijing will have provided more new COVID vaccines to low- and middle-income countries than the WHO co-sponsored COVAX facility, but most of this will be sold to these countries rather than donated. In particular, when China provides these vaccines, it gives priority to developing countries and will especially give priority to HSR member countries. In terms of total donated doses, the 10 largest recipients in 2021 were Cambodia, Bangladesh, Sri Lanka, Pakistan, Myanmar, Nepal, Laos, El Salvador, the Philippines, and the West Bank and Gaza. All of them are members of the BRI except for the West Bank and Gaza.

At the opening ceremony of the 8th FOCAC Ministerial Conference, Xi Jinping announced that China will provide another 1 billion doses of vaccines to African countries, 600 million of which will be free of charge, and 150 million doses to ASEAN countries. By the end of October 2021, China provided about 460 million doses of vaccines to South-East Asia.

According to the ASEAN Studies Centre at the ISEAS-Yusof Ishak Institute, in the 2021 survey report, a total of 1 032 respondents from ten ASEAN member states participated in the online survey, and in terms of provision of COVID-19-related assistance, 44.2% of respondents picked China as providing the most significant help to this region. The findings demonstrate that China's health diplomacy through HSR has indeed helped build its image as a responsible and confident great power in Southeast Asia. In the latest 2023 survey,

China continues to be seen as the most influential economic and political strategic force in the region. Yet more than 60 percent of respondents are concerned about China's growing influence in the region's economic and political spheres.

China is fulfilling its commitments to make vaccines a global public good. By December 31, 2022, China provided 153 countries and 15 international organizations with a large amount of materials and experience exchange to combat the epidemic, co-organized more than 300 technical exchange events with more than 10 international organizations in more than 180 countries and regions around the world, sent 37 teams of medical experts to 34 countries, and provided more than 120 countries and international organizations with more than 2.2 billion doses of vaccines.

### Conclusion

The importance of HSR as a key component of the BRI was tested after the outbreak of COVID-19. When the original IHR was revealed to be powerless and flawed, HSR contributed to global health governance and demonstrated the world a Chinese approach "with Chinese characteristics" and the Chinese concept of "community of destiny". The research divides China's participation in global health governance into four stages, namely China's changing roles as "the Receiver", "The Tester", "The Participator" and "The Leader".

Through HSR, China as a great power has not only strengthened its health cooperation with ACEAN, FOCAC, EU, Latin America, the Middle East and other regions, but also cemented its soft power. HSR has become a key strategy for China to participate in global health governance. COVID-19 accelerated the building of China's HSR.

At the same time, we need to note the challenges facing HSR, as health is not only a "technology", but also an integral part of social relations and the political sphere. One of the challenges is the intensifying competition between China and the U.S. In 2020, the U.S. blocked the G7 from agreeing to common action to counter COVID-19. In 2021, the U.S. government made the G7 a centerpiece in its strategy to counter China through, among other things, global health commitments. China's Zero-COVID policy, which was formally cancelled in

December 2022, has not become a pattern policy for the world, and has even damaged the previously established Beijing image of a rational crisis manager, causing significant economic damage that has inevitably diminished the appeal of the Chinese development model.

*Conflicts of interest:* the author has no conflicts of interest to declare

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Международные отношения / исследовательская статья

**«Шелковый путь здоровья»:  
китайский путь к глобальному регулированию  
в сфере здравоохранения**

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**Аннотация:** Пандемия COVID-19 затронула миллионы жизней, вызвав беспрецедентный глобальный медицинский, экономический, социальный и гуманитарный кризис. Китай стремится к более активной роли в системе глобального регулирования в сфере здравоохранения, в то время как ВОЗ также заинтересована в многоформатном сотрудничестве с Китаем в рамках китайской инициативы «Шелкового пути здоровья». В данном исследовании используются метод критического и сравнительного анализа, метод системного анализа и метод критического анализа источников (китайские официальные документы, выступления лидеров, экспертные и общественные опросы, публикации китайских и других национальных СМИ) и аналитической литературы. Исходная база данных для исследования с 1949 по 2022 гг. собрана с официальных веб-сайтов правительственных структур Китайской Народной Республики, аналитических центров, базы данных ВОЗ по ключевым показателям здоровья и т.д. В эволюции политики Китая в сфере здравоохранения, в том числе его роли в глобальном регулировании в данной сфере, автор выделяет четыре этапа, обобщая различные характеристики в разные периоды. В статье рассматривается потенциал Китая в системе глобального регулирования в сфере здравоохранения, анализируется содержание и перспективы проекта «Шелкового пути здоровья», взаимодействие Китая с государствами развивающегося мира по вопросам здравоохранения, в том числе в рамках «масочной» и «вакционной» дипломатии. Китай предлагает мировому сообществу ценный опыт управления в сфере здравоохранения «с китайской спецификой», способствуя совершенствованию системы глобального регулирования во время пандемии.

**Ключевые слова:** Шелковый путь здоровья, глобальное управление в сфере здравоохранения, COVID-19, Китай, Евразия, ВОЗ, Инициатива Пояса и пути, Один пояс – один путь

*Конфликт интересов:* автор заявляет об отсутствии конфликтов интересов

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