

BOOK REVIEW

China's Health Silk Road: Vaccine Diplomacy and Health Governance

Gerald Chan. Cheltenham, UK and Northampton, MA: Edward Elgar Publishing, 2024. 166 pp. \$110.00 (hbk). ISBN 9781035320196

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China's involvement in global health governance has become an increasingly important topic. Although scholars have written about China's trademark medical teams in Africa, which originated from the decolonial movement in the 1960s, China's broader global health programmes, particularly in connection with the Belt and Road Initiative (BRI) and COVID-19, have not received much attention.

In his latest book, *China's Health Silk Road: Vaccine Diplomacy and Health Governance*, political scientist Gerald Chan makes a timely contribution to the topic, building on his previous series analysing the BRI. Although the Health Silk Road (HSR) was introduced as early as 2015, it gained significant attention only during the COVID-19 pandemic, when China leveraged it to advance its global health strategy and contributions to “global public goods.” The HSR encompasses multiple components, including medical innovation, healthcare infrastructure, global health cooperation and China's leadership in global health, all contributing to its efforts to foster a “community of common health for mankind.” Focusing on “vaccine diplomacy,” Chan highlights China's efforts to strengthen its geopolitical relationships and expand its soft power through health initiatives and developmental projects.

In the book, Chan theorizes the HSR within the framework of geo-developmentalism, which he defines as “a China-initiated developmental trajectory of infrastructure building aimed at promoting mutual economic growth by increasing connections across the globe” (p. 7). Comparing China's “infrastructure of development” with the West's “infrastructure of democracy,” Chan argues that China has begun to make a substantial contribution to helping countries in the Global South through diverse health programmes.

A notable case cited by Chan is the export of vaccines during the pandemic. During the pandemic, China provided over two billion doses of vaccines to more than 110 countries and organizations, including 50 African countries. Moreover, China's major COVID-19 vaccine developers entered into 22 joint production agreements, showing its interest in technology transfer to various countries ranging from Africa to Europe. However, Chan does not explain why the African continent received far fewer doses than Asia or South America (p. 64), despite his argument that China's vaccine diplomacy has largely focused on Africa. China's vaccine diplomacy features the building of manufacturing partnerships and bilateral engagements. However, most of the exported vaccines were conducted through commercial deals rather than donations.

Beyond this, there is little evidence documenting other dimensions of the HSR. For example, Chan claims that the Digital Silk Road underpins the development of the other three BRI-related initiatives, including the HSR. Chan discusses in detail China's booming telehealth sector and internet hospitals, such as online drug sales, as well as its medical device industry and medical robots. Yet, readers may be left uncertain about how these developments connect with the HSR, as this

book offers little evidence that these types of infrastructure are being applied in its partner countries. On a broader scale, it might have been helpful to explore other key components of the HSR, including the consolidation of global health security, such as China's global disease prevention and control efforts related to Ebola, yellow fever and Zika in multiple BRI partner countries.

In several places across the book, the evidence presented contradicts Chan's arguments. For example, Chan claims that China emphasizes patient rights over patent rights when it comes to pharmaceutical products, yet he also notes that China has not been particularly vocal or active in contributing to the process of IP waiver negotiations at the WHO. Additionally, China has surpassed the US to become the top filer of international patent applications. In explaining the global structure of public health, Chan attributes it to a combination of capitalism, imperialism and neoliberalism, but he claims that the differences between geo-developmentalism and neoliberalism are increasingly in degree rather than in kind. All this seems to suggest that China's global health agenda-setting and decision-making remain ambiguous and, at times, opportunistic.

There are several claims that are arguable in this book. For instance, Chan's assertion that Traditional Chinese Medicine (TCM) is an "indigenous medical discipline that is vastly different from modern Western medicine" (p. 15) does not fully represent TCM. In fact, the transformation of Chinese medicine after 1949 suggests that it has been closely integrated with Western medicine (Kim Taylor, *Chinese Medicine in Early Communist China, 1945–1963: A Medicine of Revolution* [Routledge, 2004]). When Chan discusses China's involvement in Africa in the 1960s and 1970s, he cites a report by *The Economist* saying that "China supplied aid, constructed the odd railway or parliament building, and tried, with little success, to implant Maoism" (p. 59). However, Jamie Monson's work on the Tazara Railway (*Africa's Freedom Railway: How a Chinese Development Project Changed Lives and Livelihoods in Tanzania* [Indiana University Press, 2009]) and Julia Lovell's work on the global dissemination of Maoism, including in Africa (*Maoism: A Global History* [Random House, 2019]), suggest otherwise.

Overall, Chan offers an intriguing perspective on China's evolving role in global health initiatives; however, his analysis falls short of convincing readers that China has successfully presented a compelling alternative to existing global health governance. The book's narrow focus on vaccine policy limits its ability to capture the broader scope of China's global health strategies.