



TRANSITIONS IN GLOBAL HEALTH DIPLOMACY:

VIEWS OF DONORS DURING THE COVID-19 PANDEMIC

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Sickening and killing people worldwide, the COVID-19 pandemic is disrupting national and international economies and creating enormous human suffering. Current and future geopolitical implications are substantial, requiring long term attention by national security policymakers in the United States and elsewhere.²⁴⁵ Central among these foreign policy concerns is the capacity of states across the globe to deliver health care (and other services) to their populations and the role of health and human security in promoting national security.²⁴⁶ Prior to the pandemic, interest in Global Health Diplomacy (GHD) as a foreign policy tool was growing, reflecting the recognition of border crossing health concerns and the effectiveness of health-focused development aid. Health assistance provided through GHD enables improvements in the quality of life, expansion of infrastructure, and strong donor-recipient ties, each of which can contribute to recipient state capacity. Emerging impacts of the COVID-19 pandemic increase the importance of international health assistance.²⁴⁷ The value of health assistance in generating grassroots aid recognition, thereby capturing “hearts and minds,” is a potent means of building international recognition of both a state’s humanitarian mission and building a positive reputation in recipient state public opinion.

In the American context, the four years of the Trump administration were marked by a decline in American bilateral and multilateral engagement in terms of GHD, specifically its stated intention to withdraw from the World Health Organization (WHO).²⁴⁸ Importantly, this coincided with a period of rising efforts in this area by China and Russia. These changes highlight the importance of understanding how changes in GHD participation emerge and enable stronger linkages between GHD studies and global rivalries (more common in the field of International Relations).²⁴⁹ We set out to explore how transitioning patterns of GHD engagement inform the positioning priorities of the United States, Russia, China, and multinational organizations such as the European Union. How have the acute health, economic, and in some cases political crises of the global COVID-19 pandemic altered donor engagement in GHD? What are the effects of changes in the perceptions of their engagement in recipient states?

We incorporate data from three strategically important post-Soviet countries—Estonia, Ukraine, and the Republic of Georgia—to illustrate how major players in GHD are viewed on the ground. Situated on a long arc from the Baltic Sea to the Black Sea and beyond to the Caucasus, these states neighbor Russia proper. Proximity to Russia itself implies a core national security problem: Moscow has actively undermined the territorial integrity of Georgia and Ukraine, seizing parts of both via kinetic warfare while causing massive infrastructure damage (including healthcare infrastructure), thousands of deaths, and the internal displacement of millions.²⁵⁰ Estonia has been the target of cyberattacks emanating from Russia, and all three countries must cope with relentless disinformation campaigns intended to destabilize their governments and societies. These three cases provide insights into how citizens in recipient states view GHD engagement in a time of crisis.

United States

A 2017 National Academy of Sciences review highlights the essential role of GHD for the United States, stating that it “must preserve and extend its legacy as a global leader, partner, and innovator in global health through forward-looking policies, a long-term vision, country and international partnerships, and, most importantly, continued investment.”²⁵¹ Recognized as the global leader in health-targeted aid, the U.S. government is known for flagship international programs such as the Presidential Emergency Plan for Aids Relief (PEPFAR) and as a staunch supporter of the vaccine alliance Gavi.²⁵² U.S. government health aid is often funneled through non-governmental channels such as the Bill and Melinda Gates Foundation. Declining government funding for international health projects over the past four years, heightened by the planned U.S. withdrawal from the WHO, has reduced the stature of the United States in terms of GHD, particularly as sizable cuts have been pursued during the deepening of the COVID-19 pandemic.²⁵³

Long-term instability in relations between the United States and Russia continues to challenge American efforts in GHD in the Eurasian region.²⁵⁴ Additional complications stemming from conflicting messaging campaigns and personnel changes in Ukraine provide especially thorny challenges in regards to aid for Ukraine.²⁵⁵ Joseph Borrell, Vice-President of the European Commission and High Representative of the European Union for Foreign Affairs and Security Policy, points out the costs of negative perceptions in term of building partnerships in the time of COVID-19, stating, “China is aggressively pushing the message that, unlike the U.S., it is a responsible and reliable partner.”²⁵⁶ The widespread growth of COVID-19 infections, high death rates, lack of clear national policy, and pervasive health inequalities in the United States itself that emerged during the pandemic led to increasing doubts concerning America’s role in international health policy.

Russian Federation

Russia’s engagement with GHD is often cast within its geopolitical aspirations. Given the notable decline in population health and persistent problems with its national health system, the emergence of the Russian Federation into the GHD arena may appear surprising.²⁵⁷ Recalling the Soviet Union’s contribution to global medical training, and especially smallpox eradication in the 1960s, Russia’s aspirations for global health leadership are readily understandable, if not to be expected or even welcomed.²⁵⁸ Over the past decades, Russia has actively engaged in multilateral efforts focused on global health through endeavors with fellow members of the G-8, G-20, and BRICs consortium (Brazil, Russia, India, and China), while seeking substantial representation within the WHO and other multilateral agencies.²⁵⁹ However, Russian financial assistance within the GHD arena has been rather modest, linked perhaps to recent sharp declines in oil

revenue. Material assistance, support for the displaced, and access to medical training focused on Russia’s neighboring countries have remained steady and subject to media attention.

Russia’s early and enthusiastic entrance into COVID-19 vaccine development (supported by the Russian Direct Investment Fund, a state-owned sovereign wealth fund) and participation in the delivery of supplies to hard-hit Italy sought to amplify Russia’s stature as a global health leader. Outside of Russia, media interpretations often politicized Russia’s COVID-19 generosity, citing the destabilizing influence of Italian aid on the EU and questioning the utility of the material aid provided.²⁶⁰ Russia’s registration of the adenoviral vector-based platform vaccine, Sputnik V, in early November of 2020 is the first for a COVID-19 vaccine, but large-scale testing began only after registration.²⁶¹ As of January 2020, Sputnik V is officially registered in Russia, Belarus, Serbia, Argentina, Bolivia, Algeria, Palestine, Venezuela, Paraguay, and Turkmenistan; and the start of the vaccine’s application for EU approval is noted.²⁶² Successful phase III results for Sputnik V in early February 2021 enhance Russia’s status in GHD and may support substantial expansion of the country’s GHD efforts.²⁶³ Advantageously priced, requiring only regular refrigeration, and with a freeze-dried variant in development, Sputnik V fulfills a clear humanitarian need, can potentially enhance political patronage ties, and generate economic benefits. However, concerns within Russia—including a pattern of underplaying domestic infection risk, underreporting of COVID-19 infections and death, and persistent complaints of unaddressed internal COVID-19 needs—may tarnish national efforts to position Russia as an international leader in the fight against COVID-19.²⁶⁴

China

A comprehensive Chinese effort within the GHD realm emerged after the SARS pandemic in 2003. Hampered by an underperforming domestic public health system, positive views of China as a central international player in GHD were rare, particularly in terms of global health governance.²⁶⁵ However, more recently, China’s importance in GHD is growing, particularly in Africa. In combination with GHD efforts within the BRICs and its increased engagement with multilateral health agencies, China is actively pursuing a position as a global health leader. However, the emergence of COVID-19 amid charges of secrecy, inadequate governmental response, and disastrous delays in communicating the seriousness of the initial outbreak highlighted serious internal public health limitations in China and damaged its international reputation.

As the COVID-19 virus spread, China promptly pivoted to a more globally engaged approach to the pandemic, positioning itself as a supplier of hard and soft resources for states struggling with growing infection. For example,



"Coronavirus response: Second Dutch flight transports additional medical aid to Montenegro in response to COVID-19" by NATO is licensed under CC BY-NC-ND 2.0

China has been a highly visible source of medical equipment and technical assistance for Ukraine's anti-pandemic efforts, with said efforts receiving widespread press coverage.²⁶⁶ China's active engagement with COVID-19 assistance and outreach amplifies the ties generated through the One Belt One Road initiative in the Caucasus and Central Asia, and enhances its regional standing.²⁶⁷ State messaging focusing on China's own ability to effectively address internal outbreaks and control infection growth provided further fuel for reputational improvement. Despite the challenges associated with its initial response to the emergence of COVID-19, China has engaged intensively in GHD activities as the pandemic continues, contributing to its rise in global standing.

European Union

While specific motivational framings for engagement in GHD vary among member states, the European Union as a whole and individual member states are active in pursuing partnerships in health governance approaches, including uniform health services, joint procurement and flexibility for conformity of fiscal and state aid rules.²⁶⁸ This focus has benefitted new member states in reforming, streamlining, and enhancing public health infrastructure, even during growing concerns over populist tendencies in Hungary and Poland. The establishment of the Health Security Committee in 2018 sought to further expand international approaches to health, particularly in terms of crisis response.²⁶⁹ The explosive growth of COVID-19 infections within EU member states, including countries imposing stringent lockdowns, redirected the EU to internal, rather than global, concerns. However, Borrell warns fellow EU members that "we must be aware there is a geo-political

component including a struggle for influence through spinning and the 'politics of generosity.'²⁷⁰ Within the context of the worsening global COVID-19 pandemic, EU leaders emphasize both the European role and the critical importance of perception and stability.

CHALLENGES AND CHANGES

Prior to the COVID-19 pandemic, American dominance in global health diplomacy was firmly established. While the United States remains centrally important in the area of GHD, changes in funding trajectories, stepping away from multilateral organizations, perceived instability, and tremendous infection and death rates have prompted serious reassessment. Additionally, internal demands relating to the COVID-19 pandemic have decreased EU capacity to engage more globally, providing an opening for the rising GHD aspirations of Russia and China. Russia's potential status gains are largely dependent upon the widespread acceptance of Sputnik V, while China's future position remains tied to continued success in controlling infection domestically and the achievements of substantial state efforts in the areas of treatment and vaccines. Strongly influenced by the economic and political crises associated with the COVID-19 pandemic, alterations in GHD dominance will continue for the foreseeable future. The ability of states viewed as unreliable, too internally focused, overly aggressive, or as the sources of malign influence to emerge as problem solvers will be determined in part by how their actions towards other states are viewed during crisis. Which key players are perceived as the most important sources of health assistance during the pandemic? Have these views

changed over the course of the pandemic? Tracing public opinion concerning which country is supplying the most assistance during the COVID-19 crisis provides insight into the transitioning patterns of dominance within health diplomacy.

COVID-19 DEVELOPMENTS IN ESTONIA, GEORGIA, AND UKRAINE

The first confirmed COVID-19 cases in Estonia, Georgia, and Ukraine occurred in late February and early March of 2020. In the summer of 2020, Estonia and Georgia appeared to have successfully flattened infection curves, but this success was short lived. Infections and deaths in both countries increased by the fall.²⁷¹ Alarming United Nations assessments of Ukraine in September noted surging infections, healthcare system inadequacies, and intense economic dislocations stemming from the pandemic.²⁷² Each country sought international assistance in addressing COVID-19, receiving assistance from multilateral and bilateral donors.

Ukraine is particularly challenged in addressing COVID-19 as it suffers from the ongoing war with Russia in Donbas, endemic corruption, and distrust in governmental institutions. Even after receiving over 10 million EUR in assistance to residents in Donbas and a 300 million USD loan for assisting families in need by the World Bank, the demands in Ukraine far outweigh available resources.²⁷³ The Republic of Georgia, like Ukraine, has benefitted from new arrangements with the International Monetary Fund, aimed at lessening strains related to the pandemic.²⁷⁴ European Commission assistance has provided significant help to Estonia, providing financial support to the tourism industry and funding for support of industries engaged in COVID-19 related research.²⁷⁵

At the close of the COVID-19 pandemic's first year, the pandemic profile of each country remains concerning. In each of the three countries, the supplies of medical personnel are increasingly strained. Each country experienced its largest number of new COVID-19 infections and deaths to date in January of 2021. In Estonia, 36 percent of the 43,742 infections and 44 percent of the 411 total COVID-19 deaths occurred in January of 2021, as did nearly 12 percent of Georgia's 257,632 infections and 20.7 percent of the 3,159 deaths. Infections in Ukraine in January of 2021 accounted for 13.6 percent of the 1,258,093 total infections reported in the country and 18.9 percent of the 23,769 deaths attributed to COVID-19.²⁷⁶ In such dire circumstances, the potential impact of GHD in each of these three countries is substantial, with recognized donors likely to generate important grassroots support.

PERCEPTIONS OF GLOBAL HEALTH ASSISTANCE IN ESTONIA, GEORGIA, AND UKRAINE

We collected two small nationally representative surveys,

"Perceptions and Attitudes on COVID-19 in Eurasia" (PACE) in Estonia, Georgia, and Ukraine. PACE Round 1 took place in late April and early May of 2020 and PACE Round 2 took place in mid-December of 2020 and January of 2021. In each round, a list of key GHD players listed above (the U.S., Russia, China, and the EU), with Germany (an active bilateral donor in the region) and an "Other" option were provided to respondents. Respondents were asked to identify the entity listed providing the most important material or technical assistance to their country in relation to the pandemic. Those identifying a most important donor were then allowed to list up to two additional donors in ranked order. Those unable to identify the most important donor are coded as No Answer (a combined category of Don't Know, Refused, or no answer). *see table 1

Data in Table One indicates public perceptions of health assistance early in the global pandemic, a time of great concern and uncertainty. Nearly half of Estonian respondents, one-quarter of Georgian respondents, and nearly one-third of Ukrainians surveyed failed to provide an answer to the question, raising doubts about the extent to which grassroots awareness of external health assistance exists. Estonians view the EU as the most helpful source of assistance in combatting the pandemic, with over 38 percent of all respondents ranking it as the most important source of support, and 47.6 percent of all respondents identifying it in the top three. Respondents in Georgia were most likely to identify the United States as the country's leading source of pandemic aid in PACE Round 1. Among Ukrainians, China was viewed as the most helpful, followed by the EU and then the United States. These results are not inexplicable. Estonia is, after all, an EU member state and therefore is eligible for relief funding and material assistance from other member states (Germany in particular). Georgia maintains close ties to the United States, including high-level epidemiological cooperation.

More than seven months after PACE Round 1, the pandemic widened and deepened in Estonia, Georgia, and Ukraine. At that point, broad consensus concerning the effectiveness of masking and social distancing existed, and global vaccine research generated several promising registrations: the Pfizer-BioNTech vaccine had received approval for emergency use and the Moderna vaccine was nearing approval. Multiple international organizations, multilateral groups, and individual donor states had expanded efforts in global health assistance due to the pandemic.

Public perception data of health assistance from Round 2 of the PACE study provide evidence of continuity and change concerning donor regions. As in PACE Round 1, approximately one-third of respondents did not reply to the question. In each country, nearly 90 percent of these "no answer" individuals responded as "don't know," calling into question the level of grassroots familiarity with health assistance linked to specific donors. Estonians' recognition of China declined, and recognition of assistance from the United States increased. The EU,

Table 1. Public Opinion Recognition of Major COVID 19 Donors, PACE Round 1 (April/May 2020)

COUNTRY	N.SIZE	RANKING	NO ANSWER	U.S.	RUSSIA	CHINA	EU	GERMANY
ESTONIA	1890	FIRST	47.7%	1.0%	2.1%	8.0%	38.2%	1.5%
		TOP THREE		9.0%	4.6%	20.2%	46.7%	16.0%
GEORGIA	1058	FIRST	25.1%	43.3%	0.6%	6.7%	8.7%	1.6%
		TOP THREE		61.5%	1.5%	15.0%	41.1%	7.8%
UKRAINE	2000	FIRST	32.1%	10.0%	2.3%	30.7%	19.9%	3.2%
		TOP THREE		17.4%	3.5%	39.6%	30.1%	8.6%

*Based on individual country files, excluding cases of interviewer error, weighted.

Table 2. Public Opinion Recognition of Major COVID 19 Donors, Round 2 December 2020/January 2021

COUNTRY	N.SIZE	RANKING	NO ANSWER	U.S.	RUSSIA	CHINA	EU	GERMANY
ESTONIA	1420	FIRST	33.0%	1.6%	1.7%	1.5%	59.8%	2.0%
		TOP THREE		19.9%	3.0%	9.8%	61.1%	25.9%
GEORGIA	1266	FIRST	38.8%	32.9%	0.0%	1.2%	20.5%	1.3%
		TOP THREE		48.7%	80.0%	8.4%	43.2%	20.6%
UKRAINE	2000	FIRST	33.1%	11.1%	5.1%	11.1%	35.1%	4.4%
		TOP THREE		43.2%	6.9%	30.1%	54.1%	29.2%

*Based on individual country files, excluding cases of interviewer error, weighted

and Germany specifically, remained central and grew in perceived importance. In both Georgia and Ukraine, identification of the EU as the leading source of COVID-19-related assistance rose in terms of being the most important donor and among the most important three donors, while those identifying China as a major source of assistance declined. Both countries also saw a drop among respondents identifying the United States as a major source of COVID-19 support. *see table 2

GLOBAL HEALTH DIPLOMACY TRANSITION IN A TIME OF CRISIS

Transitioning patterns of engagement in Global Health Diplomacy precede the COVID-19 pandemic, and will be dramatically influenced by the social, economic, and political crises COVID-19 generates. American dominance in international health assistance is in decline. The decision by the Biden administration to halt the process of decoupling with the WHO and to join the Covax international vaccine consortium were certainly good first steps, but more remains to be done.²⁷⁷ Domestic factors related to the pandemic have thus far hampered GHD ambitions for Russia and China, while the internal intensity of the pandemic and political shifts have diminished U.S. participation. While experiencing intense economic challenges and multiple COVID-19 “hot spots,” the EU continues to be viewed as a critical provider of COVID-19 assistance. The emergence of new vaccines, and the assistance needed to distribute and administer them, will raise additional challenges among the key players in GHD as well as recipient states.

While preliminary, our findings add to our understanding of transitioning patterns of engagement in GHD. Our case studies of Estonia, Georgia, and Ukraine represent countries of geostrategic importance and enduring disputes with the Russian Federation, a country exhibiting longstanding interest in pursuing GHD, but not yet recognized at the grassroots level as a major source of support. The American military has a large rotating troop presence in Georgia, Estonia (a fellow NATO member state), and Ukraine, and invests in military and security assistance to Estonia, Georgia, and especially Ukraine. This assistance absorbs a large portion of the total funding allocated to these countries but appears to have limited impact on recognition as a provider of assistance for pandemic response. Also active in the provision of non-military assistance to Georgia and Ukraine, U.S. efforts involving enhanced state capacity and human security requirements are lagging. The European Union, which is similarly interested and is an active investor in the security of these countries, particularly in Estonia, appears to be gaining ground in GHD as the COVID-19 pandemic develops. China, while outperforming Russia, appears to be declining in perceived importance.

From these data, it seems clear that Georgia is the best example of how U.S. security assistance and non-military aid can lead to both a favorable impact on the ground and a solid return on investment. Dialing up aid that builds state capacity will solidify the results manifested so far. Estonia, a relatively wealthy country to begin with, can draw on its EU co-members (as it has for COVID-19 assistance), and relies on support from other NATO

countries for added defense capability. That leaves Ukraine as the pivotal case in play and indicates that it should be the focus of a much larger and sustained assistance plan from the United States, a plan that emphasizes building state capacity.

The need for major improvements in quality of life, like military assistance, is most pressing in Ukraine. Life expectancy, an indicator of societal well-being determined by a mix of behavioral and healthcare service factors, is roughly four years lower in Ukraine than in Estonia and Georgia. For Ukraine in particular, rebounding from the economic and long-term health problems already wrought by the pandemic, not to mention those yet to come, will be especially problematic. Furthermore, perceptions of the EU and China by Ukrainian citizens as especially helpful partners in the present crisis should be a warning that American influence in that country might be waning and other competitors are entering the arena through GHD.

No matter what aspirations one might have for longstanding American ideals, the United States' many issues in its pandemic response threaten Washington's legitimacy. If left unaddressed, this will almost certainly lead to the further weakening of America's leadership role in the world. To offset that negative, the United States government should take the lead in reinforcing our allies and other friendly states' capabilities to improve the lives of their citizens and solve common global problems.

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