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Special Issue 2020 – Part 2

Africa, the European Union and China Towards a New Global Order – From Pandemic to Renewed Integration and Global Cooperation?

Part 2: International Cooperation Migrations Youth and Education

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Chinese cooperation with Africa in health infrastructure in the context of Coronavirus Crisis. BRI's new emerging priority?

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Abstract: The aim of this paper is to analyse infrastructure cooperation projects China has carried out in Sub-Saharan Africa in the period 2013-2020, considering that since Xi Jinping's assumption China has spread more cooperation initiatives in infrastructure projects in the framework of the BRI. We focus on Chinese cooperation in health infrastructure, since COVID-19 global health emergency highlighted the lack of multilateral cooperation and gave China once again the opportunity to consolidate itself as a big player in the international system, this time in health issues.

Key words: China-Africa-BRI-Health Infrastructure-COVID19.

Introduction

The beginning of the new century has witnessed a progressive transition of China's international performance. At first, it was marked by the attempts to prove that the country's impressive national growth would not turn it into a new superpower with hegemonic ambitions (Zheng, 2006; Jisi, 2013). However, recently, there has been evidence of its invigorating global power, which started with Xi Jinping's administration in 2013 and has consolidated through the international pandemic scene the beginning of 2020 (Ikenberry, 2020; Acharya, 2020; Cooley & Nexon, 2020; Tellis, 2020). In this way, the Chinese government has abandoned its traditional low-profile strategy (Zhao, 2015; Zhou, 2019) and has adopted policies aimed at a revisionist multilateralism that requires changing the established regulations

(Sanahuja, 2017) as well as playing a prominent role in the supply of global public goods (GPG).

It is in this context that China launched the 'Silk Road' initiative—as it was originally coined—which had been announced by Xi Jinping in 2013 with the aim of creating a trade and infrastructure network that would allow Asia to be connected to the rest of the world. It was renamed The Belt and Road Initiative (BRI) and experts have described it as one of the most ambitious and important programmes of the 21st century, striving for an integrated global economy architecture (Clarke et al., 2017; Oviedo, 2018). Such aspirations go against the tide of the global processes in the Western world, marked by a fragmented governance with a clear withdrawal of the American—and to a certain extent, European—global leadership, which demonstrate little capacity to articulate collective solutions for current unavoidable issues.

In its modernisation process, China has strengthened its infrastructure sector, achieving an annual growth of 20% since 1999. In this way, it has become the greatest infrastructure market of the world and a global leader in construction services (Johnston, 2016). In the last decades, Beijing has consolidated its global expansion by promoting its investments in multiple sectors and around all the continents. In this regard, there are specific policies, such as the ones introduced by the Asian Infrastructure Investment Bank (AIIB) and the ones included under the BRI, which have showed the Chinese interest in enhancing its large-scale infrastructure projects.

During the first stage of the BRI, energy and connectivity infrastructure were the most salient priority areas. In geographical terms, the BRI originally assigned a modest role to the African continent, but then it gained a place of special relevance. It is worth mentioning that the relations between the People's Republic of China and Africa have been prolific since Maoist times. These bonds were re-launched in the nineties—after the Tiananmen events—and they have further developed since the early 21st century. This is illustrated by the last report of the Infrastructure Consortium for Africa (ICA, 2018, 48), which states that 'China's investments and construction in African infrastructure amounted to \$25.7 billion in 2018. This is the highest level of commitments recorded since ICA started collecting such data, which averaged \$13.1 billion per year in the 2011-2017 period'. China remains as the first external financing source for infrastructure in the African continent, surpassing ICA members¹ and private investors. In the 2011-2018 period, the amounts allocated to the sectors of energy—49 billion—and transport—50.8 billion—remained practically stable (ICA, 2015; 2018), being West Africa and East Africa the most benefited regions.

In March 2020, the World Health Organization (WHO) declared a pandemic due to the rapid global spread of COVID-19 virus, being Wuhan (China) the epicentre of the outbreak. In a short period, there were also cases of coronavirus in sub-Saharan Africa. The global health emergency unveiled once more the lack of multilateral cooperation distinctive of these times and it has given China the opportunity to thrive as a strong player in the international system.

The present global health crisis, which inevitably implies a socio-economic crisis, leads to the following question: is it possible to reconfigure the BRI agenda giving the health issue higher priority? Considering the critical situation that the spread of coronavirus represents for Africa and its insufficient national healthcare systems, what cooperation policies is China developing towards the continent? Particularly, which health infrastructure projects were already running before the pandemic? Which of them have been enhanced? Which new health initiatives have been incorporated in the framework of the Sino-African cooperation?

¹ ICA members: African Development Bank, Development Bank of Southern Africa, European Commission, European Investment Bank, G7 countries and Russia, the Republic of South Africa and the World Bank Group.

The purpose of this paper is to analyse the infrastructure cooperation projects that China has carried out in the 2013-2020 period, with special emphasis on health infrastructure. It should be noted that before the outbreak of the pandemic, China's cooperation in the region was frequently questioned for generating a dept trap. This means that China's unrestricted loans for infrastructure to African countries have led to an increase of their public debt. This unsustainable situation has driven them to go into debt with other countries in order to pay their obligations to China (Dussort & Marchetti 2019).

In this sense, the global pandemic context has revealed a world economic stagnation that makes past debts unlikely to be paid off. In consequence, some countries like China, which have provided Africa with considerable amounts of financial resources, are currently subject to the 'creditors trap', that is, to the fact that they cannot recover pre-pandemic loans in the near future. However, the Chinese government has doubled its efforts presenting two channels through which it will pursue debt relief for African countries: the G-20 Debt Suspension Initiative and bilateral support (Sun, 2020). Our hypothesis in this work is that the reinforcement of Chinese cooperation in this global crisis has given Beijing's government the opportunity to enhance its international image², validating its role as a 'great power' and supplier of global public goods.

For the sake of this research work, from a theoretical viewpoint, it is relevant to make the following conceptual clarifications. From our perspective, international cooperation policy must be understood as a dimension of a country's foreign policy (Lechini, Morasso, 2015). In this regard, it is defined as 'a field of public policy that comprises the transfer of financial resources (refundable and non-refundable) as well as the exchange

² The need for an improvement of its national image derives from the criticism at a global level due to the fact that COVID-19 proceeded from China and the government took several weeks to recognise the seriousness of the situation and inform WHO.

of genuine competences between countries, with the aim of promoting economic and social development' (Malacalza, 2014: 2).

In the framework of the 2006 'China's African Policy Paper', the relations between China and Africa materialised in a 'strategic association' that fostered cooperation in various spheres. In terms of economic cooperation, specific objectives were detailed in order to develop infrastructure cooperation. Moreover, according to the 'Infrastructure Consortium for Africa', it is possible to conceptualise infrastructure distinguishing between 'hard infrastructure', which encompasses physical infrastructure projects and 'soft infrastructure', which refers to all the measures that support physical infrastructure, including research, project planning and the development of capacities to execute them.

Finally, it is important to resort to the studies that have analysed the great powers that supply global public goods. Olson and Zeckhauser (1996) were the first to coin this term, which emerged linked to the United States foreign policy as a global superpower. Afterwards, Kindleberger (1986) and Gilpin (1987) claimed that the hegemonic power was the only actor with enough capacity and incentives to supply GPG. China's growing pre-eminence, emphasised in a pandemic context, has enlivened these debates. In this way, a GPG is defined as 'a benefit providing utility that is, in principle, available to everybody throughout the globe' (Ferroni & Mody, 2002: 35). Oliver et al. (2002: 40-41) identify five types or sectors of GPG: environment, heath, knowledge, security and governance, all of which can be achieved through basic activities—related to GPG supply or production—and complementary activities—referred to the assistance provided for the supply of such good. Hence, international health cooperation appears as a suitable field to assess China's supply of GPG.

With the aim of developing the presented arguments, the first section of this article deals with China's 'hard infrastructure' in sub-Saharan countries, which has gained prominence in the early 21st century and has consolidated

with the launch of the BRI. Although these initiatives were mainly associated with energy and connectivity sectors, it is also possible to identify projects within the field of health. The second section analyses Chinese cooperation regarding 'soft infrastructure', highlighting the policies aimed at building health capacities, which have proliferated in the present pandemic scene as what is known as 'mask diplomacy' (Verma, 2020). Finally, the purpose of the conclusion is to prove the working hypothesis with the intention of effectively clarifying whether China is behaving as a major power that supplies GPG.

Pre-pandemic trends of China's hard infrastructure projects in sub-Saharan Africa

The Silk Road Economic Belt concept was introduced by President Xi Jinping for the first time in September 2013 during his visit to Kazakhstan, in a speech delivered at Nazarbayev University. After this event, Xi announced China would offer guidance on constructing the 21st Century Maritime Silk Road to promote maritime cooperation. At the same time, he proposed establishing the AIIB to finance infrastructure construction and to promote regional interconnectivity and economic integration³.

Initially, the Economic Belt focused on China, Central Asia, Russia and Europe, while the Maritime Road went from China's coast to Europe through the South China Sea and the Indian Ocean in one route. In other words, the African continent was being only tangentially considered. Nonetheless, in the 'Action Plan on the principles, framework, and cooperation priorities and mechanisms in the Belt and Road Initiative', released in 2015 by the Chinese government, Africa was included at the same level of importance than Asia and Europe. This document states that 'The Chinese government has drafted and published the Vision and Actions [...] to promote the implementation of the Initiative, instil vigor and vitality

³ Information from <http://english.www.gov.cn/news/top_news/2015/04/20/content_281 475092566326.htm> (accessed 4 July 2020).

into the ancient Silk Road, connect Asian, European and African countries more closely (...)' (The State Council, The People's Republic of China, 2015).

From the beginning, the Chinese government established the following priorities for the Belt and Road Initiative: transportation infrastructure, easier investment and trade, financial cooperation and cultural exchange. The 2015 Action Plan confirmed these priorities and it considered health-related issues within the cooperation priority areas,⁴ being denominated 'people-to-people bond'. It is worth noting that these issues essentially focused on soft infrastructure.

Therefore, as a first step, it was fundamental for the Chinese government's initiative to improve physical connectivity among the countries involved. Regarding African countries, it is important to note that several hard infrastructure projects had already started before the announcement of the BRI. Most of them were part of the Forum on China-Africa Cooperation (FOCAC) but they were later framed within the global initiative.

In this sense, from 2000 onwards, Beijing has increased its role as provider of physical infrastructure in African countries. This is illustrated by the existing projects in sub-Saharan Africa that promote the transport sector, that is, railways, ports, roads and airports. As for railways projects, the most distinct are the following: Addis Ababa-Djibouti Railway, Zambia-Malawi Railway, Mali-Senegal Railway, the Benguela Corridor, the Lagos-Kano Railway, the Nairobi-Mombasa, the Belinga-Santa Clara Railway in Gabon and another railway in Mauritius that connects Nouakchotta Bofal (Foster et al., 2009; The Economist, 2016).

With regards to ports, at the beginning of 2019, there were at least 46 projects planned, financed, built or controlled by Chinese entities (operational or not): Sudan, Eritrea, Djibouti, Kenya, Tanzania, Madagascar,

⁴ The other mentioned cooperation priorities were policy coordination, facilities connectivity (infrastructure), trade and financial integration.

Mozambique, South Africa, Namibia, Angola, the Republic of the Congo, Sao Tome and Principe, Gabon, Equatorial Guinea, Cameroon, Nigeria, Togo, Ghana, Ivory Coast, Sierra Leone, Cape Verde and Guinea (Devermont et al., 2019). It is worth mentioning that in some cases, there is more than one proposed port for the same country.

In terms of kilometers of built roads, Ethiopia, Botswana and Angola appear as the largest beneficiaries (Foster et al., 2009). Moreover, Chinese stateowned companies participated in the construction of airports in Angola, Kenya, Nigeria, Mali, Mauritius, Mozambique, the Republic of the Congo, Togo, Sierra Leone, Zimbabwe, Liberia and Ethiopia (China Daily, 2015).

In this context, there are three considerations of central importance to be taken into account. In the first place, although health-related infrastructure projects were not an initial priority of the BRI, since 2017, they received a special denomination within this Chinese policy: the Health BRI—which will be analysed in the following section. In the second place, it was acknowledged that without physical connectivity projects among countries—such as roads or airports—it would not be safe to take patients or persons with serious health conditions to hospitals; and additionally, the provision of health assistance would be slow and problematic—namely, providing medical equipment, supplies or specialists. In the third place, China's health-related hard infrastructure projects were never a matter of low politics, but a crucial point in the FOCAC agenda, mainly since 2006.

Within FOCAC's framework, China has improved the level of investment and financial cooperation by supporting Africa's infrastructure construction needs and capacity building in attaining universal health coverage. These comprised the construction of regional and community hospitals, treatment centers, infrastructure and facilities to combat infectious diseases and medical care delivery teams to tackle public health and sanitary crises (Tambo et al., 2016; Tambo et al., 2019). In 2006, China spent 35 million

dollars on health projects in Africa. By 2014, the Chinese government had disbursed an estimated 150 million annually (Wang & Bateman, 2018).

To be more specific, from 2010 to 2014, China helped build 30 hospitals and 30 malaria prevention and control centers in the African continent. Furthermore, it invested about 123 million dollars in supplies, anti-malaria drugs and medical equipment (such as ultramodern infrastructure and facilities used in emergency, resuscitation, pediatrics, surgery, obstetrics and gynecology, medical imaging, etc.). In addition, it trained over 3,000 health care workers from various African countries (Tambo et al., 2016; Shuang et al., 2016). During the 2014-2016 Ebola outbreak in West Africa, China worked to contain and control the epidemic in 13 countries of sub-Saharan Africa providing technical and non-technical assistance through bilateral and multilateral channels. In this framework, Chinese financial cooperation with the UN Response Multi-partner Trust Fund was meant to support the recovery and rehabilitation process of the affected countries (Tambo et al., 2016: 122).

In sum, the information mentioned above proves that even though the BRI has drawn the attention of the media and of a considerable part of Western scholars, China's strategy in Africa has not been reduced to the outline of ports, roads, bridges, trains and airports. The actions that were meant to strengthen the health sector in African countries have been included in the FOCAC agenda since the first decade of the 21st century. Possibly, this was also a way of providing medical assistance to the large number of Chinese workers in Africa⁵, who were in charge of executing the millionaire projects of physical connectivity.

Therefore, these facts highlight that the China's media image during the pandemic months does not represent a detached effort with the only

⁵ One of the distinctive features of Chinese infrastructure projects is that they are mostly executed by national personnel, in the role of Chinese migrant workers. This has been often questioned as it disregards local African workers.

purpose of enhancing its international image and reaffirming its global power. On the contrary, it is the corollary of a long-term strategy with a sophisticated planning, which can show concrete results. In effect, building 30 hospitals and 30 health centres implies establishing an average of one hospital per country throughout the African continent.

China's 'soft infrastructure' as an asset in Africa

Apart from the mentioned significant results that China's government achieved regarding 'hard infrastructure', it is possible to observe the progress made in terms of 'soft infrastructure', that is, research and project development. In this regard, the present section focuses on soft infrastructure related to policies aimed at building health capacities.

The Chinese Center of Disease Control and Prevention (China CDC) started in 2002⁶ and it is a governmental and national-level technical organization, which specializes in disease control and prevention and public health. China CDC has actively participated in the development of strategies, techniques and resource mobilization within the field of global health. It has established multilateral and bilateral cooperation mechanisms, which have been efficiently implemented. Among its main initiatives, the most remarkable are the successful exchanges and collaboration with international organisations, bilateral governmental organisations and international NGOs.

In August 2016, the Chinese government inaugurated the new Centre for Global Public Health (CGPH) as part of China CDC. This new entity has the primary responsibility to formulate China's global health strategy and to plan and manage international cooperation projects on public health. The CGPH has been working on the dispatch of experts, technical cooperation, emergency response and foreign aid projects. In addition, it has provided support for the Africa Centre for Disease Control and Prevention (Africa CDC), a specialised technical institution of the African Union (AU), officially

⁶ Information available from <http://www.chinacdc.cn/en/> (accessed 6 July 2020).

launched in January 2017. Its objective is to support member states in their efforts to strengthen healthcare systems, to contribute to disease control and prevention in the region and to formulate response plans before continental health emergencies⁷.

It is noteworthy that China CDC professionals were dispatched to Africa to train public health personnel. At the same time, China CDC received African visitors in order to make technical exchanges or collaborate in projects. Every year from 2002 to 2016, China CDC has financed or jointly organised more than ten international conferences or academic workshops and over a hundred collaboration projects with international partners (China CDC, online).

In the same line of strengthening health cooperation, in January 2017, Beijing signed a memorandum of understanding with WHO in Genoa to provide an additional voluntary contribution of 20 million dollars with the purpose of supporting the global efforts of this organisation. In this framework, the idea of building the Health Silk Road began to take form. In effect, Xi Jinping's speech expressed his intention of strengthening health collaboration with BRI members with the object of reducing the impact of health emergencies and reinforcing national healthcare systems.

In August of that year, Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, visited China on the occasion of the seminar entitled 'Belt and Road Forum on Health Cooperation: Toward a Health Silk Road', where they laid the foundations for a more solid and strategic collaboration between the organization and the Asian country (Lancaster et al., 2020). In that opportunity, Dr. Tedros stated that 'health reforms introduced in China prove that it is possible to achieve big-scale and high-standard transformations in a short period. The access to medical assistance provided for 95% of Chinese population is a model that other countries could imitate

⁷ Information available from <https://africacdc.org/about-us/our-history/> (accessed 6 July 2020).

in order to move towards a fairer, safer and healthier world. We all have something to learn from China' (WHO, 2017).

The 2018 FOCAC Summit also laid particular emphasis on health issues. Before the summit, during the preparatory meetings took place the High-Level Forum on China-Africa Health Cooperation themed 'Deepen China-Africa Health Cooperation, and Jointly Build the Health Silk Road'. Among the debated topics were the African pharmaceutical industry, treatment of diseases and the improvement of healthcare systems (Kennedy, 2018).

These events show that China's participation in global health issues started before the COVID-19 pandemic. Probably, the previous planning of actions framed within the Health BRI was what allowed Beijing to react rapidly shortly after the coronavirus outbreak and its global spread.

The case of Africa was a clear proof of this situation. On 14 February 2020, Egypt detected its first case of COVID-19, caused by the arrival of an infected Chinese tourist and on 24 February, the sub-Saharan region had its first case when an Italian arrived in Nigeria. From then on, the rest of the countries of the continent have begun to become infected and on 13 May, coronavirus was also detected in Lesotho, the last border that remained virus-free.

The continent then faced the challenge of coping with the pandemic with highly vulnerable national healthcare systems. The administrations of some countries like Kenya, Nigeria and South Africa, reacted in advance declaring a lockdown, which implied travel restrictions, schools closures, bans on large gatherings and the creation of analysis centres (Wood, 2020).

Within this context of health and humanitarian crisis, China's response was not long awaited. When only a few cases had been reported, the representative of China's Ministry of Foreign Affairs, Zhao Lijian (2020), announced the engagement to deepen healthcare systems and boost epidemic prevention and control capacity with the aim of ensuring regional and global public health security. Consequently, China dispatched medical expert teams and trained over 20,000 local doctors, making virtual learning indispensable. In effect, thanks to China's experience against COVID-19, the specialists could share their expertise through teleconferences so that Africans could gain the necessary theoretical and practical knowledge to withstand the pandemic.

This situation proves that within the COVID-19 crisis, Chinese efforts devoted to soft infrastructure in Africa were of enormous importance, notwithstanding the fact that cooperation on hard infrastructure has never been neglected, as we have mentioned in the previous section.

In addition, China International Development Cooperation Agency (CIDCA⁸) has had an active participation sending anti-epidemic supplies including personal protection kits, N95 masks, protective medical suits, safety glasses, gloves, thermometers and ventilators, among others. Eventually, deliveries increased and by mid-June, 'China ha[d] ensured the supply of 30 million testing kits, 10,000 ventilators and 80 million masks each month for Africa' (CIDCA, 2020). The supplies have been sent in various stages, having as initial arrival points Ethiopia and Ghana, before being redistributed to other countries of the continent. In this context, Africa CDC adopted a central role in handling the pandemic since it has worked as a distribution centre of the obtained resources.

An aspect that deserves particular consideration is the shift in the cooperation modality and the instruments used before and after COVID-19. Prior to the pandemic, cooperation was essentially focused on low-interest concessional loans and multilateral assistance. However, coronavirus changed the way of managing cooperation. The new modality incorporates

⁸ The China International Development Cooperation Agency was launched in 2018.

multiple actors, including China's government, private-owned companies⁹ and civil society (Africa Report, 2020).

As for the aid offered by businesspeople and philanthropists, reference should be made to the arrival of the first Chinese humanitarian aid load on 22 March 2020 in the Ethiopian capital. It contained over 1.5 million rapid diagnostic tests and 100 tons of other medical supplies offered by philanthropist Jack M., owner of Alibaba Foundation. These supplies were distributed around the continent by Africa CDC and they represented the first of many deliveries that the continent began to receive.

At a governmental level, on 17 June 2020, the presidents of China, South Africa—who chairs the AU—and Senegal—who co-chairs FOCAC—organised a virtual extraordinary China-Africa Summit on solidarity against COVID-19. The UN Secretary-General Antonio Guterres and the WHO Director-General Tedros Adhanom Ghebreyesus attended the summit as special guests. President Xi Jinping affirmed his commitment to continue cooperating with the continent through the dispatch of medical supplies in order to further the construction of CDC hospitals and infrastructure and accomplish the health agreement signed within the FOCAC framework. Moreover, South African President Ciryl Ramaphosa expressed the African peoples' gratitude and Senegalese head of state Macky Sall reaffirmed the solidarity between Africa and China.

In the mentioned summit, Xi Jinping referred to the possibility of an external debt relief for African countries. This is a crucial issue in the debate about the post-pandemic international scene, yet Beijing has not taken a decisive

⁹ Among these companies, Huawei made a financial donation to South Africa, Huajian Group provided masks and other medical supplies to eight countries—Kenya and Rwanda amongst them—and China Star provided medical supplies to Rwanda. There were also donations from Chinese nationals to the African communities where they live. In other words, the Chinese government international cooperation has been complemented by private-owned companies with paramount interests in Africa and by a large diaspora that lives throughout the continent.

position so as not to pronounce in favour of a generalised debt forgiveness. In fact, in that occasion, the Chinese president stated that 'China will cancel the debt of relevant African countries in the form of interest-free government loans that are due to mature by the end of 2020 within the FOCAC framework'(CIDCA, 2020; Xi 2020). He also declared that he would work within the G20 to implement an initiative to postpone the debt service for the poorest countries.

Nevertheless, debt forgiveness is one of the pending issues that remain unsolved in the Sino-African relation, as it was explained at the beginning of this article. This stems from the extremely high African indebtedness with China and the deeply questioned debt trap. Some examples of this can be illustrated by Djibouti's debt, which represents 80% of its annual economic production; Ethiopia's debt, which represents 20% (Abi-Habib y Bradsher, 2020) and Kenya, whose government must face a mounting external debt, being China its main creditor accounting for 66% (Anzetse Were, 2018).

On balance, China's cooperation in Africa regarding health issues demonstrate a remarkable resilience. Its ability to adapt to changing circumstances leads us to conceive that in a pandemic context, Chinese decision to focus on soft infrastructure serves as an ideal complement to the previous and widely known efforts devoted to hard infrastructure.

Final remarks

Throughout this work, we have analysed the infrastructure cooperation projects that China has carried out in sub-Saharan Africa. In this sense, it has been proved that projects related to energy and connectivity have had a central place. Nevertheless, it was also possible to identify the implementation of projects within the field of health. Initially, in the early 21st century, the focus of the actions was put on hard infrastructure projects, mainly framed within FOCAC, which were enhanced when the BRI was launched. This has evidenced that China's role in the COVID-19

pandemic has not represented a detached effort but a corollary of a longterm strategy, which can show concrete results, such as the construction of hospitals and primary healthcare centres in various African countries.

During the second decade of this century, new projects associated with soft infrastructure started to be outlined, taking advantage of the progress made in hard infrastructure over the previous years. In view of this, there were a series of governmental agencies that created an institutional network aimed at formulating the Chinese global health strategy. Therefore, China CDC established the CGPH, a department to implement its international actions. China also promoted closer cooperation ties with WHO and the African Union's Africa CDC and in 2017, it outlined the Health Silk Road.

Hence, as the coronavirus pandemic spread in 2020, Beijing's government reacted rapidly and efficiently given an action scheme that was already working. Virtual training and the provision of medical supplies were the first manifestations of China's soft infrastructure in Africa during the pandemic.

China's cooperation scheme in Africa over the last decades has been frequently questioned due to the debt trap problem. However, despite the fact that pandemic context foretells a world economic stagnation and an imminent creditors trap, Chinese cooperation, far from declining, has increased. Accordingly, Beijing has offered national economic resources to alleviate a critical situation that does not seem to have a clear solution in the near future.

Considering all the presented arguments, we believe that the reinforcement of Chinese cooperation in this global crisis has enabled Beijing's government to enhance its international image and validate its role as a 'great power' and supplier of global public goods. The launch of the Health Silk Road together with the improvement of China's health assistance by investing in hard and soft infrastructure in Asia and Africa, strongly influence the idea of a global health engagement. These new efforts suggest an encouraging innovative direction for China, which demonstrates a more explicit commitment to other global public goods rather than merely hard infrastructure related to physical connectivity or strategic resource extraction. The present analysis is important in the context of the withdrawal of traditional powers (United States, Germany, Great Britain) at a regional and international level. In an environment of prevailing individualism, China has undoubtedly sustained its presence and engagement with all the developing countries in the North and the South in this dramatic scenario.

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