



Background Memo

Addressing Emerging Health Threats in an Era of Geopolitical Rivalry

Council of Councils Regional Conference

October 30–November 1, 2022

Centre for Strategic and International Studies, Jakarta, Indonesia

Yanzhong Huang, Council on Foreign Relations

The world is facing no shortage of health challenges. While a new viral wave of COVID-19 is likely on the way, the world is seeing a new set of global health threats emerge. The World Health Organization (WHO) declared the escalating global monkeypox outbreak a public health emergency of international concern (PHEIC), and the United States now joins a list of approximately thirty countries with circulating vaccine-derived poliovirus. In addition, poliovirus has remained a PHEIC since first declared in 2014. For the first time, the world has to simultaneously deal with three PHEICs. Those public health problems are just the tip-of-the-iceberg threats looming on the global health horizon, which include zoonotic spillover, food insecurity, biosafety and biosecurity risks, health hazards of climate change, supply-chain disruption, disinformation, and economic recession.

The Shifting Geopolitical Landscape

These challenges unfold in a reshaped geopolitical landscape, which has compounded and undermined global efforts to address emerging health threats. Three geopolitical challenges can be identified: the rising U.S.-China hostility, a profound rift between Russia and the West, and the shifting global balance of power.

Rising U.S.-China Hostility. U.S.-China geopolitical competition is not new, but China only recently became “[America’s most consequential geopolitical challenge](#).” With China’s emergence as the world’s second-largest economic power and U.S. abdication of global leadership under U.S. President Donald Trump, China under President Xi Jinping better positioned to reshape international order and achieve its global leadership ambitions. Emboldened by its emergence as an early winner in the fight against COVID-19, China began to promote “mask diplomacy” and “vaccine diplomacy” in order to [revitalize](#) its Belt and Road Initiative (BRI) and achieve economic and geopolitical gains in the lower- and middle-income countries, especially those in Southeast Asia and Latin America. Concerned about China’s efforts to capitalize on the pandemic to seek geopolitical advantages, the United States moved to counter China’s influence by launching its own vaccine diplomacy (e.g., donating vaccines in Southeast Asia and using the Quad alliance to increase its vaccine supplies in the region). The U.S.-China geopolitical competition, although it mitigated the initial vaccine apartheid between the North and the South (a result of

Western vaccine nationalism), also meant that vaccine diplomacy only prioritized those countries perceived as strategically important, which in turn exacerbated the global disparities in access to vaccines and other COVID-19 supplies.

This type of zero-sum thinking has also contributed to the lack of bilateral cooperation in other areas, such as the probe of the COVID-19 pandemic's origins, sample sharing, supply-chain resilience, and countering disinformation. Furthermore, U.S.-China geopolitical rivalry, combined with the lack of personal exchange during the pandemic, has deepened mutual misunderstandings and misperceptions. As a result, the two nations have had little serious discussion over public health issues, not to mention development of vaccines and therapeutics. To the extent that the United States as the established power and China as the rising power fail to provide the necessary global public goods to mitigate COVID-19's devastating effects and stabilize the international order, the world is falling into the "[Kindleberger Trap](#)," which posited that the disastrous decade of the 1930s resulted from the United States' failure to provide global public goods after replacing Britain as the leading power.

Profound Rift Between Russia and the West. The Russian invasion of Ukraine significantly escalated Russia's geopolitical rivalry with the West. The 2022 U.S. National Security Strategy characterizes Russia as "an immediate and persistent threat to international peace and stability." The COVID-19 pandemic apparently has not stopped military operations, neither has it slowed them perceptibly. It runs the other way around: the war has affected the ongoing fight against COVID-19 by diverting governments' attention, both politically and financially. Now the human toll taken by the pandemic needs to be balanced against the war's geopolitical objectives. Moreover, the war has reduced Russia's incentives to participate constructively in global health governance. In justifying its invasion, Russia launched a disinformation campaign [claiming](#) the United States was secretly aiding Ukraine to develop biological weapons (a conspiracy theory echoed by China and the U.S. far right). In fact, laboratories taken over by Russian forces or in areas under direct Russian attack risk releasing pathogens that could start an epidemic. In addition, the war has combined with the pandemic to, first, place pressure on scarce health-care resources in Europe; second, disrupt the supply chain, fuel inflation, and threaten global recession; and third, aggravate food insecurity and population displacement.

Shifting Global Balance of Power. Three other geopolitical dimensions of the war and pandemic are shaping the response to future global health challenges. First, the geopolitical realignment of energy supplies from Russia and the relocation of supply chains from China contribute to shifting power balances and alliance shuffling and consolidation. While the U.S.-led alliance against authoritarian states is solidified, the countries sanctioned by the United States—China, Iran, North Korea, Russia, and Turkey—will likely become ever closer economically and strategically. This could worsen the divided global governance problem.

Second, the darkening world economic outlook—the International Monetary Fund [forecasts](#) only 2.7 percent global growth in 2023—will diminish the fiscal space available for countries to invest in health system capacity-building. Meanwhile, the uneven global economic recovery could further shift the global balance of power by expanding the gap between advanced economies and China on the one hand and the emerging and developing countries on the other, contributing to global health disparities. The role of Brazil, Russia, India, China and South Africa, or the BRICS, in global health governance could weaken further as economic stress prevents them from being a powerful and alternative force in global health governance. However, wealthy nations' lack of interest and capacity to mitigate the discrepancy will embroil future international health cooperation in a much wider set of global North-South disputes.

Third, the new era of great-power geopolitical competition seems less clearly in China's favor. This shift is not only because of the rapid Chinese economic slowdown, which threatens to drag China into the so-called middle-income trap, but also because of China's increasing loss of international appeal—as seen in the uptick of unfavorable views of its pandemic response model. Those factors, in combination with the struggling BRI, will undercut China's ambition to become a global health leader and its role in health-related development assistance.

Policy Recommendations

To minimize the harmful effects of geopolitical rivalries on international cooperation in addressing emerging health threats, the United States and its allies should introduce new mechanisms, norms, and policies.

Build or renew dialogue mechanisms that include geopolitical competitors in forward-looking and results-oriented discussions over global health security. Prior to the COVID-19 pandemic, international health cooperation was largely insulated from the dynamics of great-power geopolitical competition (e.g., U.S.-USSR cooperation over the development of polio vaccines or U.S.-China cooperation in HIV prevention and control). The COVID-19 pandemic has seen little cooperation between geopolitical rivals, in part because the pandemic has been framed as an existential threat and pandemic response has been perceived as a zero-sum game. This development is problematic for pandemic preparedness and response (PPR), which hinges upon the cooperation among all major powers, including geopolitical competitors (some of whom are considered the biggest risks to global health security). Instead of ostracizing China and Russia in addressing emerging global health threats, the United States and its allies and partners should set up or renew government-to-government dialogues over global health security. In recognition of the need to build up trust and momentum for future cooperation, a track 1.5 dialogue should be developed to conduct serious, forward-looking, and results-oriented discussions, featuring face-to-face meetings of non-government actors—scientists, public health officials, thought leaders, and other nongovernmental representatives—and government officials on both sides. Considering the politically prohibitive environment, the dialogue can move forward incrementally and start with less sensitive but important global health issues such as environmental health, food insecurity, and zoonotic spillover.

Embed health diplomacy in multilateralist frameworks. Pursuing bilateral health diplomacy as a geopolitical tool in a strategically hostile and heavily securitized context encourages competitive dynamics that not only exacerbate global inequity in public health resources distribution, but also erode mutual trust for effective international health cooperation and collaboration. To dampen the effects of geopolitical tensions, the United States and others should move to embed health diplomacy in multilateralism. China, for example, could have been encouraged to contribute a significant portion of their vaccine exports to the COVID-19 Vaccines Global Access (COVAX) distribution mechanism. In the post-COVID-19 era, the Group of Twenty (G20) provides a multilateral forum that connects geopolitical competitors as providers of global public goods in a nonthreatening manner. Nested in the G20, which acts as a steering committee directing actions of its members in addressing global challenges, the U.S.-China competition over global health leadership would also become [more manageable](#).

Retrofit the Pandemic Influenza Preparedness (PIP) Framework to enable emerging and developing countries to quickly access the most effective vaccines and therapeutics. The PIP Framework, which came into effect in 2012, can be retrofitted for future pandemic preparedness and response (PPR) because it provides a promising approach to insulate PPR from geopolitical tensions while ensuring global equitable access to vaccines and other pandemic-related supplies. Like the PIP Framework, the new pandemic preparedness framework should be multilateral, bringing together major global actors, including the WHO and its

member states, industry, philanthropic actors, and public-private partners. It would improve and strengthen disease reporting and sharing of pathogens with pandemic potential by promising prioritized access to vaccines, therapeutics, and other pandemic-related supplies to frontline countries who comply with WHO International Health Regulation (IHR) in disease surveillance and response. This can be done through direct sharing of the newly developed pharmaceutical products or transferring technologies to countries who can mass-produce them. The WHO is the ideal convener to kick off negotiations to retrofit the PIP framework. Of course, the new framework should operate coherently with the Nagoya Protocol, which aims at balancing access to genetic resources with the fair and equitable sharing of benefits that derive from their utilization to the Convention on Biological Diversity.

Revitalize the Global Health Security Agenda (GHSA) to tackle multiple global health crises or threats.

The presence of multiple and complex global health challenges requires the development of multisectoral and multilateral institutions to tackle the challenges in a coherent and comprehensive way. In the global health regime complex, however, a polycentric governance structure in which decisions are made by multiple, formally independent global health entities addressing single-dimension issues often causes significant redundancies, delayed responses, and a waste of resources. GHSA, launched in 2014 as a global effort to strengthen countries' capacity to prevent, detect, and respond to emerging infectious disease threats, can be revitalized to cope with the new reality of global health security for two reasons. First, the network is inclusive, featuring a growing partnership of international organizations, nongovernmental organizations, and more than fifty countries. Second, it works through the One Health approach that integrates human, animal, and environmental health into a comprehensive, multi-sectoral framework. To make GHSA effective in coordinating global efforts to address multiple health crises or threats, the United States and its allies and partners should expand GHSA membership, broaden its mandate, increase funding and introduce organizational change process to institutionalize the initiative.

Develop new international norms that support investment in prevention and help counter disinformation in PPR.

The shifting balance of power and the growing global health challenges highlight the importance of prevention in PPR. Studies have [found](#) that investment in outbreak prevention only costs a fraction of the total damages of COVID-19 pandemic. Yet, existing PPR still pays relatively little attention to the root causes behind the outbreaks, [lest](#) doing so would “sap resources from achieving the goals of rapid identification and containment of pandemic threats.” The proposed pandemic treaty and/or new IHR should consider including articles that focus on tackling the drivers of emerging global health threats, including deforestation, wildlife trade, lab safety problems, and the health of farmed animals and their environment. In the meantime, given that disinformation has been used to advance geopolitical objectives, developing international norms against disinformation is imperative to reduce its harmful effect on international health cooperation. As shown in the COVID-19 pandemic, dangerous conspiracy theories, often peddled by government sources, not only undercut trust between nations, but also impede efforts to vaccinate the world. In light of the limits of the current IHRs and Biological Weapons Convention, the new pandemic treaty should have articles on refuting rumors, authorizing independent investigation, or encouraging reciprocal inspections. Efforts to counter disinformation can be more effective if WHO member states are obliged to invest in tools to raise news literacy, identify fake news and threat actors, and negate possible harm. The new norms will not end geopolitical rivalry, but they will reduce the incentives of disinformation and minimize its damage to global health security.