CHAPTER 8

Boosting Health: Leveraging Africa-China Relations to Achieve SDG 3

Kabaso Kabwe
University of the Witwatersrand, South Africa
Job Allan Wefwafwa
University of the Witwatersrand, South Africa

Introduction

Global health geopolitics are undergoing significant realignments. The retreat of traditional Western donors, most notably the United States Agency for International Development (USAID), has created new vacuums in development financing across Africa. Multilateral institutions like the World Health Organization (WHO) face funding constraints, and global attention is shifting towards climate, migration and security concerns, often at the expense of health investment.[1] As this landscape evolves, China's growing health footprint in Africa, particularly under the Health Silk Road, has become a focal point of Africa's development partnerships. Amidst this shifting terrain, China has increasingly positioned itself as an 'all-weather friend' to Africa, a consistent partner in times of global uncertainty (Visser and Cezne 2023). This rhetoric, often repeated at FOCAC summits and diplomatic forums, contrasts with the retreat of traditional donors and is key to China's narrative of solidarity and shared destiny (Green 2018). However, this framing also raises important questions about how such solidarity translates into long-term health investments and equitable partnerships.

This chapter attempts to interrogate how African actors are navigating these shifts and leveraging China's engagement to advance Sustainable Development Goal 3 (SDG 3, Good Health and Well-being), which

seeks to 'ensure healthy lives and promote well-being for all at all ages' (UN 2015). With less than five years to the 2030 deadline for attaining the SDGs, Africa remains off track on several SDG 3 targets, including maternal mortality reduction, universal health coverage and epidemic preparedness. It is important to state that, while this chapter centres on SDG 3 as the thematic anchor, the primary objective is not to assess quantitative progress towards its individual targets. Instead, the analysis is situated within a broader inquiry into global health governance, power dynamics within the Global South, and the strategic exercise of African agency. SDG 3 thus serves as a lens through which these issues are examined, allowing for a deeper understanding of how Africa is reconfiguring its health partnerships and positioning within a multipolar world.

Against this backdrop, the chapter asks: how is Africa leveraging its relationship with China in the health sector to advance SDG 3, and what does this reveal about African agency in the Global South? To answer this, the chapter focuses on Africa–China health cooperation, particularly through the Health Silk Road, a component of the Belt and Road Initiative launched in 2015. This includes investments in public health infrastructure, training, vaccine access and disease control. Although African actors, from the African Union (AU) and the Africa Centres for Disease Control (Africa CDC) to national governments, have shown some strategic intent in shaping these engagements, questions remain about the scale, sustainability and equity of China's health aid, especially given its preference for bilateral over multilateral channels and its relatively modest investments in social sectors compared to economic infrastructure.

This analysis takes place within the broader context of the Global South, within which China is often viewed as a leading actor promoting solidarity and common development objectives. But intra-South hierarchies persist, and Africa frequently finds itself on the periphery. The asymmetries within the Global South are particularly visible in global health, where decision-making power often lies outside the continent, and Africa's disease burden is not matched by commensurate investment or leadership (Wiyeh et al. 2025; Xie et al. 2025). This contradiction

invites reflection on how African actors can use forums like the Group of 77 (G77), Non-Aligned Movement (NAM) and the Forum on China–Africa Cooperation (FOCAC) not just as venues of engagement, but as platforms of influence. This chapter applies a dual framework: constructivism and African agency.

Constructivism allows us to see how shared norms, historical ties and mutual identity claims shape Africa–China cooperation. African agency, on the other hand, helps to assess how African actors – from the AU to national actors – navigate, contest and co-create health partnerships. These theoretical tools are used here to unpack three illustrative cases: the establishment of Africa CDC, Africa's vaccine diplomacy during COVID-19, and health infrastructure investments like the China–Africa Friendship Hospitals. By examining these cases, the chapter highlights both the promise and pitfalls of Africa's health diplomacy with China. On the one hand, Africa has exercised significant agency, securing financing, shaping priorities and aligning health interventions with regional strategies like the AU's Agenda 2063 and the Africa Health Strategy (2016–2030). On the other hand, challenges such as donor dependency, unequal bargaining power, questions on long-term capacity, and domestic financing constrain this agency.

More importantly, this chapter thus argues that Africa's health engagement with China is not merely reactive or externally driven. It is informed by historical experiences, regional strategies and a growing awareness of Africa's own power within an evolving multipolar world. Through intentional partnerships and strategic use of Global South forums, Africa is not only advancing SDG 3 but also renegotiating its place in global health governance.

Theoretical framework: African agency and constructivism in global health

To analyse Africa–China health cooperation and its implications for SDG 3, this chapter employs two interlinked theoretical frameworks: African agency, and constructivism. These frameworks help to assess how Africa navigates power asymmetries within the Global South and to unpack

the ideological and strategic underpinnings of the health partnership. African agency refers to the capacity of African actors, states, institutions and civil society to pursue and shape outcomes in international relations, especially in the face of structural constraints. As scholars such as Brown (2012) and Chipaike et al. (2018) argue, Africa is not merely a site of external influence but a political space where actors exercise decision-making power, negotiate partnerships and assert priorities.

Brown (2012) offers four dimensions of agency: National states, where states negotiate bilateral deals; state-based actors, including leaders and concerned ministries; collective organisations, such as the AU and Africa CDC; and non-state actors, such as think tanks, media and civil society. In the health sector, agency can be reflected in Africa's ability to, among other things, influence the design and implementation of health projects, set health priorities through regional strategies, and use multilateral forums to negotiate better terms or global reforms. African agency is therefore not absolute, as it operates within global hierarchies and constraints.

Constructivism shifts the focus from material power to the ideational forces, norms, identities and shared meanings that shape international cooperation (Checkel 1998). In this context, China's engagement with Africa is not just strategic but also symbolic, framed by narratives of South–South solidarity, shared developmental trajectories and anti-colonial ties. As Killen et al. (2018) and Viser and Cezne (2023) note, China-Africa relations – and by extension health diplomacy – are often portrayed as being based on friendship, equality and mutual benefits rooted in China's own experience as a developing country. Its medical assistance during the 2014 Ebola outbreak and the 2020 COVID-19 pandemic invoked norms of solidarity and moral duty, aligning with its self-identity as a leader of the Global South.

However, constructivism also draws attention to identity tensions. Africa's identity is often constructed around survival, vulnerability and aid dependence (Wiyeh et al. 2025). By contrast, China projects itself as a rising global power, even within South–South discourse. These contrasting identities can create misalignments. For example, while China may prioritise health infrastructure to demonstrate capability

and prestige, African actors may seek investments in primary healthcare or health workforce development. Shared norms, however, remain a powerful force that illustrates how identity and norms shape global health diplomacy (Kickbusch and Liu 2022).

The NAM and G77 are not merely symbolic bodies; they are tools of strategic action. African states used these platforms to push for vaccine equity during the COVID-19 pandemic, to demand reforms to ensure fairer representation, and to advocate for technology transfers and local pharmaceutical production.[2] By aligning their interests with China's own critiques of Western-dominated global health governance, African actors can forge solidarities that go beyond bilateral negotiations. These platforms offer space for both dialogue and political engagement, allowing Africa to be seen not just as a beneficiary, but as a co-shaper of global health governance.

Constructivism and African agency offer a dimensional lens to explain why Africa–China health cooperation is possible, rooted in shared identity, mutual narratives and discursive alignment, and how African actors shape and navigate that cooperation through negotiation, institutional innovation and multilateral engagement, respectively. This lens is applied to three case studies: the creation of Africa CDC, Africa's COVID-19 vaccine diplomacy, and health infrastructure investments under the Health Silk Road. These illustrate the tensions, opportunities and strategic possibilities at the heart of Africa's health diplomacy with China.

Background: Africa–China health cooperation and the Health Silk Road

Africa–China health cooperation is best understood as a negotiated partnership shaped by historical connections, changing interests and the influence of Global South solidarity (Brown 2012; Chipaike et al. 2018). It is both rooted in history and continually evolving, influenced by geopolitical changes, shared development goals, and strategic decisions by both parties. While often overshadowed by China's large-scale infrastructure investments, the health dimension of the relationship has grown in significance, especially under the Health Silk Road, an offshoot

of the Belt and Road Initiative (BRI) (He 2024). This section outlines the evolution of Africa–China health engagement and shows how, while aid dependence persists, African actors have increasingly sought to assert agency and co-define the terms of these partnerships.

China's health engagement in Africa dates back to 1963, when it sent its first medical team to Algeria in response to a plague outbreak (Huang 2010). Over the following decades, Chinese medical teams became a regular feature across the continent, offering clinical services in under-resourced regions. Initially symbolic of anti-colonial solidarity and revolutionary camaraderie, these missions gradually evolved into structured bilateral programmes (Lin et al. 2016). The launch of FOCAC in 2000 marked a new phase in formalising health collaboration, which has seen health commitments become a steady feature of FOCAC action plans, ranging from promises to build hospitals and malaria control centres, to pledges of medical scholarships and training programmes (He 2024; Killeen et al. 2019). However, health investments have historically been modest compared to China's large-scale funding for roads, railways and extractives (Dolan et al. 2023).

In 2015, China launched the Health Silk Road as part of the BRI, with the goal of enhancing global health through cooperation on disease prevention, health infrastructure, training and emergency response between China and BRI members (Habibi and Zhu 2021.) This initiative was framed as part of China's commitment to promoting a 'shared future for mankind', positioning the country as a leader of Global South solidarity (Habibi and Zhu 2021). For Africa, the Health Silk Road has offered both opportunities and challenges. It has opened access to new sources of financing and expertise, including hospitals, laboratory networks, and disease control programmes (Alping 2021). Nevertheless, the scale of health funding remains small. Between 2000 and 2017, China's total health aid to Africa was approximately US$1,6 billion, a fraction of its overall investments on the continent (Dolan et al. 2023). The COVID-19 pandemic intensified Health Silk Road activities in Africa, with China supporting efforts to combat the pandemic in many ways, from supplying masks and test kits, to enabling vaccine supply. These efforts allowed China to continue to position itself as an 'all-weather friend' to Africa at a

time when Western donors were criticised for vaccine hoarding.

African actors, too, have not just been passive recipients of Chinese health engagement. The AU, national governments and subregional blocs have attempted to articulate clear health priorities, drawing from frameworks such as Agenda 2063 and the Africa Health Strategy (2016–2030) (AUC 2015). These frameworks have guided Africa's negotiations at FOCAC and other forums, ensuring that health partnerships reflect regional ambitions, such as universal health coverage and health security (AUC 2017). FOCAC summits have increasingly reflected African priorities in their health pledges, and African leaders have used these moments to call for more investment in health infrastructure and local drug production. For instance, between 2005 and 2006, China significantly increased malaria control commitments (by 1 946 per cent) due to the prioritisation of malaria at FOCAC, which was a big health burden in most African countries (Dolan et al. 2023). FOCAC summits in 2021 (Dakar) and 2024 (Beijing) also prioritised African health priorities such as the capacity of African health institutions like Africa CDC.

However, it is still difficult to follow up on health promises. Although FOCAC coordinating plans have recognised procedures for follow-up, reporting and monitoring methods remain inadequate, with little openness regarding how commitments are implemented (FOCAC Coordinators' Meeting 2022). In a similar vein, Chinese health assistance has frequently prioritised high-profile projects, such as hospitals and gifts of medical supplies, over long-term structural changes to health systems. Although these initiatives have improved local medical capabilities and are useful, their sustainability may not be uniform (Dolan et al. 2023). Additionally, aid has been concentrated on a small number of nations, such as Ghana, Angola, Zimbabwe and Cameroon, which collectively receive around 69 per cent of China's health assistance (Shajalal et al. 2017). This implies that allocation is influenced by elements other than health necessity, such as commercial and geopolitical concerns (Gelpern et al. 2021). For African leaders, these gaps highlight the importance of stronger continental coordination to ensure that pledges are better tracked, and that health investments align more consistently with Africa's long-term priorities.

China's participation in multilateral forums, including the G77+China and its historical ties to the NAM, however, offer points of convergence with African positions, as these alliances are often shaped as much by geopolitical strategy as by shared development goals (Kickbusch and Liu 2022). While the rhetoric of solidarity remains strong, African actors need to remain vigilant to ensure that partnerships truly reflect continental health priorities. As the next section will demonstrate, African actors have shown that they are not always passive recipients of aid but selective agents capable of shaping, steering and leveraging partnerships to advance their health and development goals. The case studies that follow, though not exhaustive, highlight key moments where African agency has been both visible and impactful.

Case studies: African agency in health cooperation with China

The following case studies illustrate how African actors have exercised agency across bilateral, continental and multilateral settings. Rather than offering a comprehensive review of Africa–China health cooperation, they highlight strategic actions taken to align partnerships with African priorities, even amid structural imbalances and competing interests within the Global South. The aim is not to suggest that Africa has transcended aid dependence altogether, but rather that agency is visible in specific cases, as the following section shows.

Africa Centres for Disease Control and public health emergency preparedness

The establishment of the Africa Centres for Disease Control and Prevention (Africa CDC) stands as a key example of African agency in strengthening public health systems through external partnerships, including with China. The idea for a continent-wide public health body gained momentum after the 2014–2016 Ebola outbreak in West Africa, which revealed major gaps in regional disease surveillance, early warning systems and emergency preparedness. With several deaths and global concern over spillover risks, African leaders recognised that a more

coordinated, homegrown response capacity was urgently needed (AUC 2017).

Following initial pledges from the US, given its experience with the US Centres for Disease Control (CDC) and an agreement to support technical design, training and seed funding, China stepped in with funding and technical support at a critical moment when the US scaled back its involvement due to shifting geopolitical priorities, particularly after 2016, when US global health investments began declining under the first Trump administration (AUC 2020; VOA 2022). The Chinese government financed the construction of the US$80 million Africa CDC headquarters in Addis Ababa as part of its broader Health Silk Road commitments. Its construction was formally announced at the 2018 FOCAC Summit and completed in early 2023 (AUC 2020; CIDCA 2023). This decision shifted the Africa CDC project from being a Western-led initiative to one grounded in Global South cooperation, offering a clear example of how Africa can strategically adjust its partnerships to advance its regional health goals.

African leaders and AU technocrats played a decisive role in shaping the structure and priorities of Africa CDC. From the outset, the institution was designed to support the Africa Health Strategy (2016–2030) and to align with Agenda 2063's goal of building health resilience (AUC 2015). Rather than adopting an external model wholesale, African policymakers tailored the Africa CDC's structure to the continent's needs. It was organised with five regional collaborating centres in Egypt (North), Nigeria (West), Gabon (Central), Kenya (East), and Zambia (South), ensuring continental coverage and integration with existing national and regional health institutions[3]. African officials also insisted on embedding the Africa CDC within AU governance structures, reinforcing continental ownership (AUC 2017; He 2024). In this way, Africa CDC became more than a donor-funded project; rather, it was a vehicle for African states to exercise collective agency by defining priorities, shaping institutional mandates and coordinating cross-border health strategies. This is particularly important in an international environment where aid is often donor-driven and externally determined.

Since its formal launch in 2017, and especially during the COVID-19

pandemic, Africa CDC has increasingly operated as a continental hub for emergency coordination, technical guidance and regional health diplomacy. During the pandemic, the AU and Africa CDC led a multi-faceted response to combat COVID-19 on the continent and advocate for the African region globally (Nash 2023). Africa CDC coordinated continent-wide surveillance and testing protocols, issued policy guidance on vaccine rollout and risk communication, played a central role in the African Vaccine Acquisition Task Team (AVATT) and African Vaccine Acquisition Trust (AVAT), thereby helping to structure collective procurement mechanisms and partnered with international actors to develop training programmes for public health professionals (UNICEF 2021). In 2021, Africa CDC launched the Partnership for African Vaccine Manufacturing (PAVM) to strengthen local production capacity, again reflecting a forward-looking strategy to reduce reliance on external supplies and donors (Africa CDC 2022).

Through these initiatives, Africa CDC is transitioning from a technical agency to an actor in continental health diplomacy. In addition, the AU and Africa CDC advanced the concept of a New Public Health Order for Africa, whose aim is to strengthen the self-sufficiency of African public health systems, address global health imbalances through a collective African voice, and enhance the continent's efficiency in preparedness and response to disease threats (Africa CDC 2023). Through the New Public Health Order for Africa, regional institutions such as the Africa Medical Supplies Platform (AMSP), PAVM and Africa Medicines Agency, among others, are facilitating new practices and laying the groundwork for Africa to claim more ownership over key public health resources that the region knows it cannot count on global institutions to provide (Nash 2023).

At FOCAC 2021 and 2024, African leaders also called on China to support Africa CDC's ongoing operational needs, not just infrastructure, and to partner on laboratory networks, disease modelling and joint research (FOCAC 2021; FOCAC 2024). However, evidence of sustained follow-up and financial support from China between summits has been limited, perhaps due to the lack of a comprehensive approach and coherent strategy for China's health diplomacy (Lin et al. 2016).

Lessons and limitations on agency

This case shows an African agency at both the design and operational levels. African actors created the institutional blueprint, adjusted strategies when Western support waned, and brought China in on terms that largely aligned with continental needs. Today, Africa CDC serves as a key mechanism for regional coordination, negotiation and technical leadership, all expressions of agency in a field where Africa has long been marginalised (Nash 2023). While notable success has been achieved, it still faces several structural challenges. Africa CDC's financial sustainability is not fully secured, as much of its funding is still dependent on external donors, since AU member states contribute inconsistently. In addition, while it has been active in pandemic response, its reach across the broader health system, such as routine immunisation, health system financing or non-communicable disease control, remains limited (He 2024).

This over-reliance on external technical and financial partners, including China, also raises questions about institutional independence and long-term resilience. The risk must nonetheless be balanced with recognition of the agency for securing and shaping external support to meet regional goals. It shows that, at times like the period of this case, African health actors have not simply accepted what was given, they have made demands, set conditions and, in some cases, steered partnerships in alignment with African-led strategies. However, this agency must now evolve from institution-building towards systemic consolidation, such as ensuring predictable financing, expanding technical capacity and using multilateral forums to mobilise long-term support from both Global South and Global North partners. In this way, Africa CDC can be a cornerstone not just of health security, but of African leadership in global health governance.

Vaccine equity and COVID-19 response

The COVID-19 pandemic exposed deep global inequities in access to vaccines, diagnostics and health technologies. For Africa, the crisis

became not only a public health emergency but also a test of its ability to assert influence in securing life-saving resources. Faced with vaccine nationalism by Western powers, African actors turned to multiple partners, including China, while simultaneously leveraging multilateral platforms to push for reforms in global health governance. When vaccines became available in 2020, high-income countries quickly locked-in most supplies through pre-purchase agreements, leaving many low- and middle-income countries, especially in Africa, at the back of the queue (Kickbusch and Liu 2022). The WHO noted that, by mid-2021, over 87 per cent of doses administered globally had gone to wealthier nations, while low-income countries received only 0,2 per cent (WHO 2021). The COVAX facility, designed to promote equitable distribution, struggled to meet its targets due to funding shortfalls and supply chain bottlenecks (Usher 2021).

In this context, African actors demonstrated significant agency to assert greater control over vaccine access. The AU, through Africa CDC and in partnership with the African Export-Import Bank (Afreximbank), established the AVAT. AVAT negotiated directly with manufacturers, breaking from the traditional donor-driven model and signalling a shift towards more autonomous and strategic health diplomacy (Nash 2023; UNICEF 2021). China emerged as a key partner in these efforts, framing its vaccine donations and sales as acts of solidarity within the Global South. Through bilateral agreements and support via FOCAC frameworks, China supplied millions of doses of Sinopharm and Sinovac vaccines to African countries, overtaking COVAX as the largest single source of vaccines for African countries (Development Reimagined 2021).

By the end of 2021, China had provided more than 180 million doses to Africa, through a mix of donations and commercial sales (He 2024). Beyond direct supply, China supported local production, storage and distribution initiatives. A notable example is the partnership with Egypt's state-owned VACSERA to make it the largest producer and storage facility for Sinovac vaccines, positioning Egypt as a regional hub for vaccine manufacturing (Egypt Today 2022). In South Africa, similar cooperation unfolded between the Biovac Institute and the global pharmaceutical producer Pfizer, which enabled in-country manufacturing of COVID-19

vaccines for exclusive distribution across the AU, highlighting Africa's strategies to diversify partnerships and reduce reliance on any single source (RSA 2021). Meanwhile, China's support must be understood not purely as altruistic. Vaccine diplomacy allowed Beijing to strengthen its soft power, helping to counter criticism of its early handling of the pandemic and reinforcing its soft power and leadership in the Global South (Knight 2020). Nevertheless, African states actively navigated these dynamics, combining Chinese support with bilateral, multilateral and domestic efforts to meet urgent needs.

Africa's engagement in the pandemic response extended beyond negotiating vaccine donations from partners like China or the COVAX facility. The continent also demonstrated agency in global health governance, taking a leading role in pushing for systemic reforms. In partnership with India, and endorsed by the AU, South Africa and other African states spearheaded the proposal for a temporary waiver of certain provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) at the World Trade Organization (WTO) in 2020. The initiative sought to allow low- and middle-income countries to manufacture COVID-19 vaccines and related technologies without facing intellectual property barriers (MSF 2020; Sekalala et al. 2021). Although initially resisted by high-income countries, the waiver proposal gained momentum with backing from China and other G77 members, as well as some high-income countries. This coordinated advocacy showcased Africa's ability to use multilateral platforms to influence global health debates (Kickbusch and Liu 2022; Nash 2023). However, the final WTO decision in June 2022 fell short of the original ambition, as Global North countries and pharmaceutical companies resisted some aspects – such as exclusions on diagnostics and therapeutics to treat COVID-19 – highlighting the myriad challenges of translating advocacy into meaningful change in global rules, including power asymmetries (Sekalala et al. 2021).

Lessons and limitations on agency

The pandemic response revealed both the possibilities and constraints

of African agency. On the one hand, the continent engaged multilateral forums, regional institutions and bilateral partners to mitigate inequities. On the other hand, longstanding global power imbalances and the transactional nature of vaccine diplomacy limited Africa's ability to shape outcomes fully. Still, the AU and other regional actors' ongoing and steady work on vaccine distribution and patent waivers had a huge impact on changing public opinion and stories, which can be seen in the fact that a patent waiver on vaccines was finally granted after two years of work (Nash 2023). The agency displayed here therefore must be acknowledged.

While many of the vaccine engagements focused primarily on short-term supply, they nonetheless played a critical role in meeting Africa's immediate public health needs at the height of the crisis. At the same time, fewer initiatives translated into long-term investments such as technology transfer, joint research or large-scale manufacturing capacity, which are vital for breaking cycles of dependency (Said et al. 2022). The Egypt–Sinovac partnership stood out as a positive step towards local production and pharmaceutical sovereignty, but similar models were less widely replicated across the continent. It shows both the progress achieved and the scope that remains for Africa to further leverage its partnerships, including with China, to secure more sustainable health gains (Dolan et al. 2023).

Despite the inequality in securing access to vaccines, it can indeed be seen that Africa's response went beyond securing vaccines. It involved a layered strategy of engaging China and other partners bilaterally, asserting demands within multilateral forums like the WTO, and advancing regional mechanisms like AVAT. Constructivist insights help us to explain how narratives of Global South solidarity enabled engagement, while also exposing how these narratives intersected with China's strategic interests. For Africa, the pandemic experience brings to light the need to build resilient health systems, invest in local manufacturing, and strengthen health diplomacy, all of which the AU and Africa CDC, through the various regional institutions, are pushing for. These are critical areas where African agency can continue to deepen, ensuring future partnerships are not just reactive, but rooted in long-term continental priorities.

Health infrastructure and capacity building

Health infrastructure development has been one of the most visible features of Africa–China cooperation. From hospitals and clinics to disease control centres and laboratories, Chinese-funded health facilities are now part of the health landscapes in many African countries. These projects serve both symbolic and functional roles in that they showcase China's commitment to solidarity and development while also addressing Africa's pressing need for expanded healthcare infrastructure.

China's investment in Africa's health infrastructure dates back several decades, but accelerated after the launch of FOCAC in 2000. The China–Africa Friendship Hospitals, constructed in various countries, have become flagship projects of this partnership (He 2024; Huang 2010). In Zambia, for instance, China has undertaken high-visibility health collaborations such as the 2024 Paired Hospital Cooperation between the First Affiliated Hospital of Zhengzhou University and Levy Mwanawasa University Teaching Hospital, which involved equipment donations, infrastructure upgrades and expert training (People's Daily 2024). Similarly, in Ethiopia, China funded the Addis Ababa Silk Road General Hospital, a US$30 million private investment positioned as a regional hub for advanced care (Habibi and Zhu 2017). In Sierra Leone, China supported the rebuilding of hospitals destroyed during the civil war and the construction of diagnostic laboratories following the Ebola crisis (Aiping 2021). These investments align with China's broader development cooperation model of delivering high-visibility, tangible infrastructure that serves both developmental and diplomatic purposes (Dolan et al. 2023).

African governments, for their part, have exercised agency by directing Chinese aid to priority areas, whether maternal health, infectious disease control or tertiary care facilities (Yang et al. 2018). While China often proposes infrastructure projects as part of its broader cooperation frameworks, African actors are not passive recipients. National health ministries, and even the AU, have engaged in negotiations to ensure that infrastructure support aligns with national and regional priorities. For

example, countries like Rwanda and Ghana have deliberately steered Chinese investments toward community-level health facilities rather than exclusive focus on tertiary hospitals (Shalajah et al. 2017). In addition, African leaders have increasingly sought to integrate these infrastructure projects within longer-term efforts to strengthen health systems. This includes requesting training for local health workers, partnerships for hospital management and the provision of medical equipment as part of infrastructure deals (Aiping 2021; Lin et al. 2016). In many African countries, China's medical teams have combined clinical services with the training of local health workers and some elements of joint research and knowledge exchange (Aiping 2021). African governments continue to advocate for aid that moves beyond brick-and-mortar investments towards proper technology transfer, skills development and health system resilience. For example, at FOCAC 2021, African leaders emphasised the need for China to support digital health solutions and hospital management systems, though concrete outcomes have been slow to materialise (FOCAC 2021).

Although their impact has sometimes been uneven, with challenges in staffing, maintenance and integration into local systems once external support winds down (Yang et al. 2018), China's health infrastructure projects in Africa, such as hospitals and clinics, have delivered visible benefits and vital services. Many projects have also relied heavily on Chinese firms, offering fewer opportunities for technology transfer or local capacity building (Gelpern et al. 2021). These gaps do not diminish the value of the facilities but speak to the need for stronger African negotiation to secure sustainability measures. They also highlight why better follow-up across FOCAC summits is essential, not just to track promises but to ensure projects align with Africa's long-term health priorities under SDG 3 and Agenda 2063 (AUC 2015; Dolan et al. 2023).

Lessons and limitations on agency

Notwithstanding these challenges, there have been notable examples of African actors using infrastructure aid as a platform to push for deeper capacity building. The health infrastructure partnership with

China illustrates both the possibilities and the constraints of African agency. African governments have steered Chinese aid towards national priorities in many cases, demonstrating a degree of control over external assistance. However, the structure of these partnerships – often driven by Chinese lending models, contractor preferences and soft power goals – has limited Africa's ability to ensure that such investments contribute fully to sustainable health system strengthening. Going forward, deeper integration of infrastructure aid with health workforce development, technology transfer and systemic reforms will be crucial. African agency, if further mobilised through bilateral negotiations and multilateral advocacy, can help shift health cooperation towards models that not only build facilities but also build capacity.

Opportunities and challenges for African agency

The case studies of the Africa CDC, vaccine diplomacy and health infrastructure investments reveal that African agency in health cooperation with China is neither uniform nor static. It is dynamic, multi-level, and often negotiated under structural constraints. The case studies highlight that African agency is multifaceted and shaped by multiple actors operating at different levels, aligning closely with Brown's (2012) typology of agency in African foreign relations. This framework distinguishes four dimensions: national state actors, state-based institutions, collective organisations, and non-state actors. Each has played a role in the Africa–China health partnership.

At the national level, states like Egypt and South Africa – and indeed many others have – negotiated bilateral health agreements with China, often tailored to national needs such as vaccine production or infrastructure expansion. State-based institutions, including ministries of health, presidential offices and national regulatory authorities, have influenced project design and implementation, as seen in the local adaptation of Chinese infrastructure projects or the integration of vaccine donations into national rollout plans. Collective organisations like the AU, Africa CDC, and the AVATT have acted as platforms for continental agency, coordinating resources, setting strategic priorities and speaking

with one voice in global negotiations such as the TRIPS waiver. While less visible, non-state actors, including think tanks, researchers and advocacy networks, have somehow contributed to shaping Africa's health agenda and calling for more transparent, reciprocal partnerships. However, their full potential in holding actors accountable or shaping narratives remains underutilised.

These dimensions of agency often work together, rather than in isolation. During COVID-19, for instance, AVATT's ability to secure vaccines depended not only on its continental mandate but also on the technical expertise of national health institutions and the political commitment of individual governments. This illustrates that agency is spread across different levels of Africa's health governance system, rather than concentrated in a single body. Africa's creation of AVATT or its role in negotiating China-funded health centres shows that the continent can take initiative and shape outcomes, countering the stereotype of a passive or reactive actor. At the same time, this agency operates within clear limits. Power, finance and technology remain unevenly distributed in the global system, meaning Africa's influence is always conditional. Agency, then, is best understood as negotiated, an ongoing effort to make strategic choices within constrained circumstances. While the idea of African agency in international affairs is sometimes oversimplified, a more thorough analysis shows that African states and actors play a complex and dynamic role in the international arena, interacting with global powers in a variety of ways as both participants and important influencers in some fields, as demonstrated here.

Here, constructivism enriches the analysis by revealing how shared norms, identities and narratives shape both the possibilities and the limits of agency. China's engagement in African health is not only strategic but symbolic, anchored in the language of South–South cooperation, postcolonial solidarity and mutual development. China's repeated references to 'all-weather friendship' and 'shared destiny' resonate with African narratives of historical marginalisation and aspirations for self-reliance. This ideational framing has enabled Africa to demand more equitable partnerships, invoking moral arguments rather than purely transactional ones. For instance, the appeal for vaccine equity was not

framed as charity but as a right grounded in shared norms of justice, solidarity and health as a global public good.

However, as constructivism reminds us, identity is not always symmetrical. While Africa often appears in global discourse as vulnerable, dependent and reactive, China presents itself as a capable and benevolent partner, even as it continues to grow into a global power whose motives are not purely altruistic. Differences in priorities can thus create tension. China often focuses on high-profile hospital projects to showcase its capabilities and influence, while African leaders may prefer more affordable, decentralised health systems and investments in local capacity. These mismatched preferences tell us something about deeper political and values-based differences, even within a shared Global South context.

Shared norms still offer room for strategic collaboration, and constructivism allows us to see that power is not only material but also ideational, normative and discursive. Therefore, by claiming space within Global South diplomacy and asserting its priorities through well-defined strategies and institutions, Africa is beginning to reshape the terms of engagement – and not only with China. Africa's ability to build common positions within platforms like the G77 and NAM, such as around TRIPS waivers, show how solidarity can be used to advance diplomatic goals. In this way, African health diplomacy reflects both agency and shared values. It's not only about pursuing national interests but also about promoting justice, equity and collective responsibility. This dual lens, agency and constructivism, helps us understand why Africa's engagement with China, though historically present, is not simply a reaction to donor withdrawal or infrastructure needs. It is also a discursive and strategic project, in which African actors are actively shaping the meaning, priorities and practices of global health cooperation within a contested geopolitical landscape.

As Africa nears the 2030 deadline for achieving the SDGs, the continent remains significantly off-track in meeting SDG 3 (Good Health and Well-being). Deep structural inequalities both within and beyond Africa continue to undermine efforts to build resilient, accessible and affordable health systems. Traditional donors are withdrawing or redirecting aid, and global health governance is increasingly marked by geopolitical contestation. In this context, China continues to position

itself as Africa's all-weather friend, and a significant health partner, offering both resources and symbolic support under the banner of South–South solidarity.

Nonetheless, structural asymmetries, especially in financing, technological capacity, and agenda-setting power, continue to be a hindrance. Identity gaps between Africa's portrayal as vulnerable and China's self-image as capable and generous can also lead to misaligned priorities. For instance, as has been highlighted, infrastructure-heavy aid may not always match Africa's long-term needs for health workforce development, systems strengthening and primary care investment. And this is why African agency matters for SDG 3. It is the key mechanism through which Africa can negotiate the terms of engagement, advocate for deeper and fairer cooperation, and ensure that partnerships, however asymmetrical, serve the continent's people and health priorities. It's also important to state that, with China, as with any other external actor, Africa must move from symbolic participation to strategic leadership, not only in forums but in implementation, too.

Conclusion and policy recommendations

This chapter has argued that Africa is not a passive recipient of Chinese global health diplomacy. Through institutions like the Africa CDC, multilateral campaigns such as the TRIPS waiver negotiations, and continent-wide vaccine procurement efforts, African actors have exercised agency that is multi-level, strategic and ideational. Drawing on Brown's (2012) framework, the chapter demonstrated how African states, regional institutions, and even emerging non-state actors, shape not simply absorb international health cooperation. At the same time, a constructivist lens revealed how norms, identities and narratives shape Africa–China interactions. China's positioning as a 'developing country partner' and Africa's invocation of justice, equity and shared postcolonial identity reflect the ideational underpinnings of this partnership.

To better leverage Africa–China health cooperation for SDG 3, African actors should prioritise five key actions: strengthening continental health diplomacy through AU-led coordination; ensuring implementation and

accountability mechanisms within South–South platforms like FOCAC and the G77; deepening investment in health sovereignty through local pharmaceutical production and technology transfer; diversifying partnerships beyond China to avoid dependency and enhance bargaining power; and actively engaging non-state actors, including civil society, academia and the media to support evidence-based advocacy and monitor progress. Together, these measures can enhance African agency, align partnerships with long-term health goals and contribute meaningfully to the continent's pursuit of SDG 3.

Africa's health future will not be determined solely by donor generosity or external alignment. It will depend on how effectively African actors mobilise their own resources, institutions and ideas. The pursuit of SDG 3 is not just a technocratic goal. It is a test of Africa's ability to lead within a rapidly changing global health order. The task now is to sustain and expand the forms of agency already in motion, so that cooperation is not only strategic and symbolic, but truly transformational.

References

AUC. 2019. AUC and government of China sign exchange of letters of agreement for the construction of Africa CDC Headquarters building. *Africa Union Commission.* [Online]. Available at: *https://africacdc.org/news-item/auc-and-government-of-china-sign-exchange-of-letters-of-agreement-for-the-construction-of-africa-cdc-headquarters-building/* (Accessed 10 June 2025).

———. 2015. Agenda 2063: The Africa We Want. *Africa Union Commission.* [Online]. Available at: *https://au.int/en/agenda2063/overview* (Accessed 10 June 2025).

Africa CDC. 2022. *Partnerships for African Vaccine Manufacturing (PAVM) Framework for Action.* Africa CDC. [Online]. Available at: *https://africacdc.org/download/partnerships-for-african-vaccine-manufacturing-pavm-framework-for-action/* (Accessed 20 June 2025).

AUC. 2017. The African Union launches Africa CDC, a Continent-wide Public Health Agency. *African Union Commission.* [Online]. Available at: *https://au.int/en/pressreleases/20170202/african-union-launches-*

africa-cdc-continent-wide-public-health-agency (Accessed 20 June 2025).

AUC. 2020. Ground Breaking and Unveiling Ceremony for Africa CDC HQ. *African Union Commission*. [Online]. Accessed: *https://au.int/en/pressreleases/20201214/ground-breaking-and-unveiling-ceremony-africa-cdc-hq* (Accessed 13 June 2025).

Aiping, Z. 2021. China-Africa Health Silk Road: Practices, Challenges and Solutions. *China International Studies,* 87: 111-131.

Brown, W. 2012. A question of agency: Africa in international politics. *Third World Quarterly*, *33*(*10*): 1889–1908. doi:10.1080/01436597.2012.728322.

Checkel, J. 1998. Review: The Constructivist Turn in International Relations Theory. *World Politics,* 50(2): 324-348.

Chipaike, R., Knowledge, M. H. and Richard, M. 2018. The question of African agency in international relations. *Cogent Social Sciences*, 4(1). doi: 10.1080/23311886.2018.1487257.

CIDCA. 2023. China-aided Africa CDC headquarters project completed. *CIDCA*. [Online]. Accessed: *http://en.cidca.gov.cn/2023-01/21/c_856953.htm* (Accessed 3 May 2025).

Dolan, C. B., Malik, A. A., Zhang, S., Mao, W., McDade, K.K., Svoboda, E. and Odiambo, J.N. 2023. Chinese health funding in Africa: The untold story. *PLOS global public health*, *3*(6). *https://doi.org/10.1371/journal.pgph.0001637*.

Egypt Daily. 2022. Cairo, Beijing to establish Africa's largest cold storage facility for vaccines. [Online]. Available at: *https://www.dailynewsegypt.com/2022/03/09/cairo-beijing-to-establish-africas-largest-cold-storage-facility-for-vaccines/* (Accessed 12 August 2025).

FOC. 2024. *Forum on China-Africa Cooperation Beijing Action Plan (2019-2021)*. [Online]. Available at: *http://www.focac.org/eng/zywx_1/zywj/201809/t20180912_7933578.htm* (Accessed 25 July 2025).

FOC. 2021. *Forum on China-Africa Cooperation Dakar Action Plan (2022-2024)*. [Online]. Available at: *http://www.focac.org/eng/zywx_1/zywj/202201/t20220124_10632444.htm* (Accessed 25 July 2025).

Gelpern, A., Horn, S., Morris, S., Parks, B. and Trebesch, C. 2021. How China Lends: A Rare Look into 100 Debt Contracts with Foreign Governments. *Peterson Institute for International Economics.* [Online]. Available at: *https://www.piie.com/publications/working-papers/2021/how-china-lends-rare-look-100-debt-contracts-foreign-governments* (Accessed 24 July 2025).

Green A. 2018. Forum on China-Africa Cooperation: what it means for health. *Lancet (London, England)*, 392(10152): 998–999. *https://doi.org/10.1016/S0140-6736(18)32285-2*

Habibi, N. and Zhu, H. Y. 2021. Health silk road in Africa. The health silk road as a new direction in china's belt and road strategy in Africa. *Centre for Global Development and Sustainability*. [Online]. Available at: *https://heller.brandeis.edu/gds/pdfs/working-papers/china-africa-2021.pdf* (Accessed 23 July 2025).

He, Y. 2024. China–Africa Collaboration in the Health Sector Under the Epidemic of COVID-19. In: *China-Africa Science, Technology and Innovation Collaboration*, edited by M. Muchie, A. Baskaran and M. Tang. Singapore: Springer.

Huang, Y. 2010. Pursuing Health as Foreign Policy: The Case of China. *Indiana Journal of Global Legal Studies 17*(1): 105-146. *https://dx.doi.org/10.2979/gls.2010.17.1.105*.

Kickbusch, I. and Liu, A. 2022. Global health diplomacy—reconstructing power and governance. *The Lancet,* 399(10341): 2156 – 2166.

Killeen, O. J., Davis, A., Tucker, J. D. and Mason Meier, B. 2018. Chinese Global Health Diplomacy in Africa: Opportunities and Challenges. *Global Health Governance: the scholarly journal for the new health security paradigm, 12*(2): 4–29.

Knight, W. 2020. China Flexes Its Soft Power With 'Covid Diplomacy. *WIRED*. [Online]. Available at: *https://www.wired.com/story/china-flexes-soft-power-covid-diplomacy/* (Accessed 3 August 2025).

Lin, S., Gao, L., Reyes, M., Cheng, F., Kaufman, J. and El-Sadr, W.M. 2016. China's health assistance to Africa: opportunism or altruism? *Global Health* 12, 83. *https://doi.org/10.1186/s12992-016-0217-1*

MSF. 2020. *WTO COVID-19 TRIPS waiver proposal Myths, realities and an opportunity for governments to protect access to lifesaving medical tools in a pandemic*. [Online]. Available at: *https://msfaccess.org/sites/default/files/2020-12/MSF*. (Accessed 7 June 2025).

Nash, K. 2023. The African Union and Emerging Patterns of Global Health Governance. *Global Studies Quarterly*, (3)3: ksad048, *https://doi.org/10.1093/isagsq/ksad048*

Peoples Daily Online. 2024. *China, Zambia sign paired hospital cooperation mechanism agreement.* [Online]. Available at: *https://en.people.cn/n3/2024/0913/c90000-20218795.html*. (Accessed 15 July 2025).

Republic of South Africa. 2021. President Cyril Ramaphosa welcomes Biovac-Pfizer collaboration. [Online]. Available at: *https://www.gov.za/news/media-statements/president-cyril-ramaphosa-welcomes-biovac-pfizer-collaboration-21-jul-2021* (Accessed 19 June 2025).

Shajalal, M., Xu, J., Jing, J., King, M., Zhang, J., Wang, P., Bouey, J. and Cheng, F. 2017. China's engagement with development assistance for health in Africa. *Global Health Research Policy*, 2 (24). doi:10.1186/s41256-017-0045-8

Saied, A.A., Metwally, A., Dhawan, M. Choudhary, P.O. and Aiash, H. 2022. Strengthening vaccines and medicines manufacturing capabilities in Africa: challenges and perspectives. *EMBO molecular medicine*, 14(8): e16287. doi:10.15252/emmm.202216287

Sekalala, S., Forman, L., Hodgson, T., Mulumba, M., Namyalo-Ganafa, H. and Meier, B.M. 2021. Decolonising human rights: how intellectual property laws result in unequal access to the COVID-19 vaccine. *BMJ Global Health*, 6(7): e006169. *https://gh.bmj.com/content/6/7/e006169*.

Theys, S. 2018. Introducing constructivism in international relations theory. *E-International Relations*, *23*(5): 79-83.

UN. 2015. Transforming Our World: The 2030 Agenda for Sustainable Development. *United Nations*. [Online]. Available at: *https://sdgs.un.org/2030agenda* (Accessed 20 June 2025).

UNICEF. 2021. The African Union's African Vaccine Acquisition Trust (AVAT) initiative. [Online]. Available at: *https://www.unicef.org/*

supply/african-unions-african-vaccine-acquisition-trust-avat-initiative (Accessed 21 June 2025).

Usher, A.D. 2021. Vaccine shortages prompt changes to COVAX strategy. *The Lancet*, (398):10310-1474.

Visser, R. and Cezne, E. 2023. Racializing China–Africa Relations: A Test to the Sino-African Friendship. *Journal of Asian and African Studies*, *60*(1): 75-95. *https://doi.org/10.1177/00219096231168062*

VOA 2022. China Paving 'Health Silk Road' in Africa. [Online]. Available at: *https://www.voanews.com/a/china-paving-health-silk-road-in-africa/6780782.html* (Accessed 15 June 2025).

WHO. 2021. Director-General's opening remarks at the media briefing on COVID-19 – 9 April 2021. [Online]. Available at: *https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-9-april-2021* (Accessed 20 July 2025).

Wiyeh, A., Komba, P., Ojong, S. A. Wiysonge, C.S. Mhoki-Suh, B., Sadate-Ngatchou, P. and Mukumbang, F.C. 2025. A Critical juncture in global health: Leveraging historical institutionalism to examine PEPFAR dependency and inform the development of self-reliant public health systems. *PLOS global public health*, *5*(4): e0004440. *https://doi.org/10.1371/journal.pgph.0004440*

Xie, S., Du, S., Huang, Y., Luo, Y., Chen, Y., Zheng, Z., Yuan, B., Xu, M. and Zhou, S, 2025. Evolution and effectiveness of bilateral and multilateral development assistance for health: a mixed-methods review of trends and strategic shifts (1990-2022). *BMJ global health*, *10* (1): e017818. https://doi.org/10.1136/bmjgh-2024-017818

Yang, H.M., Liu P.L. and Guo, Y. 2018. Determinants of China's development assistance for health at the sub-national level of African countries (2006-2015). *Infectious Diseases of Poverty*, 7:128. doi:10.1186/s40249-018-0510-8.

Endnotes

1 *https://www.weforum.org/stories/2025/04/5-futures-for-global-aid/*
2 See Communique of NAM on Covid vaccine access *https://namazerbaijan.org/pdf/commnique_on_covid-19_vaccines_final.pdf*
3 Africa CDC Regional Coordination Centres *https://africacdc.org/regional-collaborating-centres/*