

The Impact of the Global Pandemic COVID-19 in Relation to Diplomatic Practice: Ethio-China Health Diplomacy

Abebew Zerihun

School of Diplomacy and International Relations, College of Leadership and Governance, Ethiopian Civil Service University, Addis Ababa, Ethiopia

Email address:

zabebaw@gmail.com

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Abstract: The aim of this study was to find out the effect of the global pandemic on the health diplomacy between Ethiopia and China. This study also evaluated the efficiency of the Ethiopian health system to tackle COVID-19 and the contribution of this pandemic in transforming the country's health system. The health sector of Ethiopia relies on other international organizations and donors. As a result of this, the health system is porous and not capable to give immediate response for pandemics and emergency cases. Ethiopia, as a poor country with fragile health system has not copped up with the increase in COVID-19 patient loads across the country. The FDRE Health Policy, which has been the policy of the country for 30 years since 1993, has put the control of communicable disease, epidemics and disease related to malnutrition and poor living condition as first priorities. Yet, the country has not implemented the policy on the ground and the system has not been efficient to tackle the global pandemic COVID-19. To do this study, qualitative method was utilized and data was collected through interview and document analysis. A total of seven people were interviewed from different organizations. These interviewees were from Ministry of Health, St. Paul Hospital, Ministry of Finance, Eka Hospital, Chinese Embassy and MCM General Hospital. More than 40 articles, news reports, the Ethiopian health policies – both the working health policy and the one in a draft stage, and bulletins of WHO were analyzed. Results revealed that the Ethiopian health policy had a gap and the system lacked preparedness to tackle the pandemic in the beginning of the outbreak. In addition to this, the result indicated that the Ethio-China's health diplomacy was positively impacted by COVID-19 and as a result it brought opportunities to strengthen their cooperation. Thus, it is recommended that Ethiopia should revise its policy to make health as one of its priorities and continue its relation with China to work together in the health sector.

Keywords: COVID-19, Pandemic, Health Diplomacy, Health Policy

1. Introduction

Coronaviruses are a family of viruses that can cause respiratory problems in humans. The name "Corona" came from the many crown-shaped spikes on the surface of the virus. Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and Colds are examples of coronaviruses that cause illness in humans. The novel coronavirus COVID-19 was first reported in Wuhan, China in December 2019. Since then, the disease has spread around the world, resulting in a persistent outbreak. Immediately, the virus spread all over the world. Hundreds of infected and fatalities have been recorded in countries such as Italy, the United States and Spain. In countries such as Comoros and

Lesotho, where there were no cases until March 2020, the first cases were reported from late April to early May 2020. This sent a clear message that no country is safe from this deadly virus [42].

In an increasingly globalized world, health challenges can no longer afford being solved by the health sector alone. The recent COVID-19 pandemic demonstrates that pandemics have an innate ability to change lives faster than any other threat to humanity. When a person gets sick, society, the economy and the nation get sick. Like any other threat, global health issues require close political and diplomatic negotiations. Unfortunately, despite calls from international health experts, healthcare has long been seen as a low political priority. Despite widespread literature and precedent

on global health risks, health care continues to be considered a mere "soft" issue under international and national policies. Diplomacy has long been defined as a variable linking national interests to economic values, and has been underpinned by multilateral agreements to protect economic interests. It is clear that the spread of global health threats can have "severe" effects on national economies and further undermine national security and welfare. The peace framework outlines international legal arrangements to protect states from the actions of other states without safeguards against emerging epidemics that have been implemented in the past but often cannot be fought with weapons. As a result, observers watch in dismay as nations close for wars faster than they collaborate for cures [23].

The focus of this study is to see the effect of the global pandemic COVID-19 on the health diplomacy between Ethiopia and China. It also tried to see how ready Ethiopia was to battle the pandemic during the outbreak. Different documents related to COVID-19 were analyzed with respect to the general health system of Ethiopia.

2. Literature Review

2.1. Definitions of Global Health Diplomacy

The origins of modern health diplomacy are often traced back to 1851, when the primary International Sanitary Conference met to debate about cooperation on cholera, plague and yellow fever. A country sought to satisfy after recognizing that the rapid movement of people by boat and rail contributed to the spread of the disease. This led to uncoordinated and sometimes ineffective national quarantine policies, hampering trade and creating dissatisfaction among traders [14].

According to the World Health Organization (WHO), Global Health Diplomacy (GHD) is a new discipline that bridges the fields of public health, international affairs, administration, law and economics, focusing on negotiations affecting the global health policy environment [4]. The concept of global health diplomacy has been developed and refined over the past few decades, and policymakers and researchers alike have become familiar with the term global health diplomacy through their efforts [38].

The idea of health diplomacy initially focused mainly on multilateral cooperation but was soon included in the prevention of the spread of any disease within third world countries. The efforts could be solo or have multiple cooperation. Emerging as part of foreign policy, health diplomacy has become a multifaceted "dual purpose" to improve global health and international affairs [47].

As globalization has pushed health to the fore in international diplomatic efforts, global health diplomacy has emerged as a means to neutralize, manage and correct health threats such as the novel coronavirus 2019 (COVID-19) and Ebola [7]. There is evidence to support how a country's health status can affect the health and well-being of others globally. Each country should be as firm/resolute in

addressing health concerns in its policy as it is with its domestic policy. Traditionally, the main issue on the global agenda has been to treat mainly infectious diseases [44].

2.2. Global Health Diplomacy and Foreign Policy

Health has been included in foreign policy processes for centuries (very similar to the world's response to treatment for people living with HIV). Tools that ensure economic or national security goals (eg, cross-border health risk management). And because of the collective bargaining of competing interests (eg, global healthcare practitioner recruitment), healthcare is a matter of international cooperation. It was therefore used as a soft power tool in diplomacy. More precisely, it allows others to see the country better and establishes the country's prestige [15].

Over the past few decades, global health issues have become more prominent in national foreign policy. Countries recognize the importance of integrating health into foreign policy agendas to increase the effectiveness of soft power abroad, support international solidarity, and maintain close ties with WHO on practice of global health diplomacy [32]. Although international health diplomacy has been achieved through numerous international medical conferences since the 19th century, the 2006 Oslo Council of Ministers marked a turning point when the foreign ministers of the various WHO member states come together to participate in foreign policy initiatives [40].

Fidler suggested that the inclusion of health in foreign policy can be conceptualized in three ways. Health as a "cure" is approached through the layers of traditional foreign policy and has no special, transformative or ethical role in international affairs, including highly contagious infectious diseases and threats of biological weapons. Threats to a country's material interests, or, rarely, potential economic and trade impacts. Basically, health is considered a safety issue, and when public health standards and values are exceeded, the framework deteriorates. As a "revolution," promoting health as a shared global right, goal, and responsibility has the ability to transform foreign policy [15]. Foreign policy negotiations on sustainable development and human rights are seen as having the potential to promote public health [20], but concerns have been raised about the loss of stakeholder voice in Global health Diplomacy [17].

As countries become more interconnected, interdependent and health issues become more global, state actors have an incentive to work with more NGOs on cross-border health issues [16]. Health concerns are now emerging as national security strategies, and what is on the agendas of major economies affects bilateral and regional political relations between many developing and developed countries. This Influenced the United Nations reform strategy. Health has long been a foreign policy concern, but its importance is unprecedented in history [15].

A country's foreign policy can be understood as a country's strategy to achieve its goals and protect its interests in global society. But 20 years ago, few could use the terms "global health" and "diplomacy" in the same sentence, even though

health is a necessary component of global security [22].

The main aim of the country at the time of the outbreak of infectious diseases was to ensure the physical and financial health of its citizens. Sometimes this goal is best achieved with the collaboration of IGOs created in health issues forums. Health diplomacy conducted in this way may be necessary for infectious diseases and is the primary purpose of the current WHO International Health Regulations. Leverage reduced transaction costs to enhance information sharing [52].

Health diplomacy, particularly with the growing recognition that health can be an effective 'soft power' tool in policymaking, promoting a better state of the global community while promoting political interests or economic aspects of a country [13].

2.2.1. Global Health Diplomacy in China's Foreign Policy

When the People's Republic of China (PRC) was established in 1949, the government faced weak health care infrastructure, widespread malnutrition and high infant mortality over 25%, but significant policy changes over the next decade have rapidly improved the public health of the population [19]. Under the leadership of Deng Xiaoping (1978-1992), China designed a comprehensive health foreign policy, including bilateral and multilateral health and medical cooperation. According to Xiaoping's strategic vision, "Peace and improvement are the two main themes of today's world. China is embarking on a new path toward financial and diplomatic modernization to strengthen relations with China. The policy direction has changed [30].

Internationally, after the outbreak of SARS, there was a signal in China's foreign policy that public health was a top priority. First, Beijing is more actively participating in world health governance. China has long played a passive role in WHO since joining the organization over 30 years ago. The SARS outbreak allows China to harness the power of the WHO, its influence to grow, and others like the United Nations Security Council, the International Monetary Fund, the World Bank, the World, the G8 and the World Trade Organization. International organizations face issues of legitimacy, responsibility and representativeness. WHO's authority to control disease outbreaks is still widely known [6].

While policy dynamics in the back of China's health aid appeal to fairly little attention from scholars, but some studies show that China's health care aid is deficient in diplomatic strategies aimed at expanding its influence globally. It is a rare stage and has improved the global image [21]. Since the outbreak of COVID-19, China has built a healthy image through global health diplomacy and has sought a fertile foundation for geopolitical influence in regions such as Europe Asia and Africa. China has made the most of its health diplomacy by providing medical assistance to African countries.

According to Mwangi, as of March, China sent 5.4 million masks, more than 1 million test kits and thousands of protective suits. China has also sent medical teams to African

countries such as Zimbabwe, Algeria, Nigeria, Democratic Republic of Congo, Ethiopia, Burkina Faso, Sudan, Djibouti and Ivory Coast to fight the COVID-19 pandemic [34]. Additionally, medical professionals from more than 30 African countries have hosted a webinar with medical experts from China on how to effectively combat the coronavirus outbreak on the continent [39].

2.2.2. Ethio - China Health Diplomacy

China and Ethiopia have a long history of economic and social cooperation over the past 45 years. The health sector is one of the priority areas for bilateral cooperation. In response, the Chinese government built Tirunesh Dibaba in Beijing in 2014 following the historic victory of athlete Tirunesh Dibaba, who won Africa's first gold medal at the 2008 Beijing Olympics. After the hospital went operational, China has continued helping the hospital with medical equipment, pharmaceuticals and deploying voluntary doctors. As part of the continuous support, the Government of China has made similar support last week [10].

Ethiopia was the first African country to accept young Chinese volunteers, a similar program from the US Peace Corps. In 2005, 12 volunteers arrived. The following year, China sent 50 volunteers to Ethiopia, the largest group overseas. China trains hundreds of Ethiopian professionals every year (Walta Information, 2008). Since the start of the medical cooperation program in 2012, China has sent 16 medical teams to Ethiopia with 255 employees. In 2012, China opened a \$13 million hospital in Akaki, south of Addis Ababa [5].

In April 2020, a team of senior Chinese medical experts was dispatched to Ethiopia to visit isolation facilities and provide services, share experiences directly with Ethiopian partners, and co-operate with them on how to respond to the epidemic in Ethiopia. Their dedication and expertise has earned praise from the Ethiopian government. The Chinese government has long sent medical teams to Ethiopia to provide free medical services to Ethiopians. So far, 375 Chinese doctors have been sent to Ethiopia, bringing the total number of outpatients to more than 2 million. Currently, 16 Chinese medical teams are working on the front lines with Ethiopian medical workers to help Ethiopian patients. A cooperation mechanism between two hospitals has been set up between a Chinese hospital and three Ethiopian hospitals (Tirunesh-Beijing Hospital, Eka-Kotebe General Hospital, Silk Road Hospital), strengthening cooperation [12].

The Ethiopian government has partnered with a Chinese company (BGI Health Ethiopia) to set up a laboratory to produce COVID-19 test kits to improve testing capabilities across the country. Ethiopia has conducted more than 1.1 million tests so far, and is the third African country with the most tests. The country suffers from a shortage of testing equipment, ventilator intensive care beds [35].

The Chinese government is also using its privileged relationship with Ethiopia to promote the role of the African Union and the Centers for Disease Control and Prevention (CDC) in Addis Ababa, and is currently investing \$ 80

million in its headquarters under construction, as a hub for distributing assistance. The quantity of equipment delivered has been far from impressive (ex: one million masks to Ethiopia) but this assistance has been accompanied by an inclusive narrative that has revealed itself very efficient. As a result of this charm offensive, most African countries have publicly praised China [2].

2.3. Global Pandemic

A global pandemic is a major diplomatic challenge. Many of the responses have a direct impact on diplomacy, as countries have taken steps to limit infection rates and protect their citizens. Border closures, cancellations of international visits and forums, and various physical quarantines and quarantine measures have forced diplomats to focus on coronavirus-related issues and put an end to many standard forms of diplomatic interactions [3].

Various infectious diseases have resulted in deaths and created new opportunities for the global health sector. The world has recorded 20 infectious diseases in the past time, including avian flu, SARS, swine flu and COVID-19. It is remarkable that society has reduced the number of deaths while equipping medical equipment. But the reason COVID-19 is so prone to panic and global turmoil is one that is still unknown for its existence. The death toll is also significantly higher than recent worldwide infectious diseases (swine flu, Moers, Sas and Ebola). According to John Hopkins University, as of May 27, 2020, there were approximately 351,800 deaths [28].

It is clearly seen that the world is highly interconnected than any time in human history. As a result of this, it is becoming more venerable to disease that can easily cross borders. Diseases cannot be controlled without collective action, such as influenza, Ebola virus disease (EVD), or deer fever. Today, countries must unite to respond effectively to the public health threats of the 21st century. A concept in which national agencies or ordinary citizens work together to combat an epidemic, transnational disease known as Global Health Diplomacy (GHD) [24].

2.3.1. The Corona Virus Pandemic

On December 31, 2019, Chinese authorities notified the WHO of a new strain of coronavirus never before found in humans. The virus was first discovered in Wuhan, China, and likely originated from animals such as bats and pangolins which can infect humans. This new SARS-CoV-2 coronavirus causes a disease known as COVID-19 (Andersen et al., 2020). This virus has been shown to be a respiratory disease, with an incubation period of 2 to 14 days [26].

Its symptoms include a dry cough, fever, shortness of breath, runny nose, sore throat, muscle and joint pain, diarrhea, and sometimes loss of sensations such as smell and taste. If you have an illness, it is a highly contagious virus, so it is recommended that the sick person stay at home, isolate from the community and take basic medical measures. And, as seen in many cases, the situation gradually worsens, leading to pneumonia and problematic breathing [41].

While it is certain that COVID-19 will not be the first or worst outbreak of a global crisis, it has profound implications for international relations (IR) and world order. Undoubtedly, it has challenged the established liberal order and has encouraged scholars to ask whether COVID-19 has consolidated realist beliefs regarding IR that they are state centered, involve power struggles, absolute gains, the Thucydides trap and so on. At the national level, there is a need for an expanded role of central government. There is a question as to whether organizations or established organizations (WHO) around the world are not responding effectively to the pandemic. In general, public trust in scientific authority, media, and advertising is declining. It was a fragile moment in the world order. Kissinger argued that the coronavirus pandemic would change the order of the world forever [25].

2.3.2. Corona Virus and Ethiopia

The COVID-19 pandemic in Ethiopia is part of the 2019 global coronavirus disease epidemic caused by coronavirus 2 (SARS-CoV-2), which causes severe acute respiratory syndrome. Since the outbreak began in China in December 2019, a viral infection was confirmed on March 13, 2020 [50]. The Ethiopian government strictly enforced compulsory quarantine treatment for patients and contact tracing after quarantine treatment. The government mobilized public university dormitories and other buildings to increase the capacity and number of quarantine centers.

Since March, the Ethiopian government has developed documents, guidelines and standard protocols to combat COVID-19. This document was prepared by assessing the status, impact, and risk of the COVID-19 pandemic [33]. One of the most important documents is Ethiopia's Risk Communication and Community Engagement Mechanism, which aims to establish and develop a mutual understanding of preparedness and response to mitigate the impact of COVID-19. This aims to develop the habit of cleaning the environment.

This guideline focused on frequently touched surfaces that require cleaning and disinfection, such as doorknobs, handrails, counters, and light switches. They need to be cleaned regularly. The latter includes minimally exposed surfaces such as floors, ceilings and walls. Other documents related to Project Information Materials may be provided by the World Bank. The goal of the World Bank project was to establish a holistic approach to the impact of COVID-19. The project was also expected to strengthen the country system or preparation working group for Ethiopia.

2.4. Ethiopian Health System

In Ethiopia, under normal circumstances, the country's overall readiness for health services was only 55% [45]. This indicates that there was serious shortage of basic equipment, skilled health professionals, essential drugs and infrastructure. According to 2020 data from the Ministry of Health, there were a total of 7,198 medical doctors for a population of 110 million in ratio of 0.7 per 10,000 that was under the WHO

recommendation of 2.3 per 10,000 [11].

At the beginning of the COVID-19 pandemic, Ethiopia did not have a testing center. Therefore, it used to send all tests samples to South Africa. The Ethiopian Public Health Institute set up 51 COVID-19 laboratories across the country, capable of testing a total of 25,000 samples per day, but the supply of chemicals needed for testing fluctuated. Due to a limited supply of the chemicals needed for testing, domestic garment factories were also switched to personal protective equipment (PPE) production. Recently, the government has taken more important steps towards self-sufficiency by starting domestic production of novel coronavirus test kits and has ambitions to export to other African countries [9].

The Ethiopian health system lacks enough resources to manage severe cases unless it slows the spread of the virus [29]. In Ethiopia, there were 450 ventilators for an estimated 110 million people. Only 54 of these were booked for COVID-19 patients. The health system was affected by other essential health services while there was confusion in multiple COVID-19 cases. Surveillance for other infectious diseases was also weakened, and a wave of deaths from other infectious disease outbreaks was imminent. Maternal, infant and child health care was affected and women were forced to give birth at home without a skilled midwife. Children were not immunized on their due date and vaccine-preventable diseases were resurfaced. Lack of appropriate attention to children, coupled with malnutrition and food insecurity and reduced food production, leading to food shortages in the country [31].

3. Research Methodology

The methods of data collection impact the analyses, the results, conclusions, values and validity of the study at the end. From the theoretical point of view, qualitative approach seeks to gain insights and understanding people's perceptions of the world. For the groundwork of this thesis, the researcher conducted in-depth interviews and document analysis that was evaluated using a qualitative research method. Qualitative research is a relatively flexible approach that explains much more than numbers can tell alone and is more targeted.

In this pandemic situation, it was best to stay socially distance and conducted interviews with the selected people who have better understanding regarding the global pandemic COVID – 19, Ethiopian health diplomacy with China and the Ethiopian health system in parallel with document analysis. Therefore the researcher chose people who are working in Ministry of Health, Ministry of Finance, Chinese Embassy, Eka Hospital, MCM Hospital and St. Paul Hospital. The researcher gathered information and sorted out the questions related to this research. Then he used the well prepared questions for the interview, conducted and analyzed them using a qualitative technique. This situation is a historical situation which needs to be documented so that our descendants can get the perception of what our decade has been through.

4. The Impact of the COVID-19 in Relation to Diplomatic Practice: Ethio-China Health Diplomacy

4.1. *The Efficiency of the Ethiopian Health System to Combat COVID-19*

Ethiopia, like most African countries, its health budget is highly relying on donors and other countries. It was not able to build its way out when it faced pandemics like COVID-19. According to Nkachukwu, the COVID-19 pandemic helped to expose the weak health systems in many African countries, especially in sub-Saharan Africa. The disease potentially has had a destructive impact on health systems, given its high risk of transmission and difficulties in testing or isolating patients early due to their atypical or asymptomatic presentation [37].

In addition to this, scarcity of laboratories, dependence on other countries, limited intensive care unit (ICU), scarcity of personal protection equipment (PPE) and doctor-to-patient ratio clearly showed the gap on the readiness of Ethiopia to combat COVID-19. The lack of political will, poor leadership and outdated infrastructure were also among the reasons for Ethiopia to have a poor health system.

The World Health organization's report revealed the weak health system of African countries including Ethiopia.

- 1) Leadership and governance, which assessed the legal framework of national management, health sector management, national institutional framework for multi sectoral management, and components of national programs on health sector management;
- 2) Sustainable financing (national and sub-national strategies for financing health sector management);
- 3) Health workforce (human resources for the health sector);
- 4) Medicines and vaccines;
- 5) Information (information management systems for risk reduction and emergency preparedness programs, information management systems for response and recovery, and risk communication); and
- 6) Service delivery (response capacity and capability, EMS system and mass casualty management, management of hospitals in mass casualty incidents, continuity of essential health programs and services, logistics, and operational support functions) [51].

It is obvious that COVID-19 brought an extra strain to the health system of countries. This became more complicated for countries like Ethiopia whose health system did not provide basic and regular health services adequately for its citizens in normal situations. In these countries it is estimated that additional morbidity and mortality could occur among vulnerable groups like mothers and children [43].

In Ethiopia, the national readiness for general health services under normal situations was only 55% [45]. This indicates serious scarcity of basic equipment, trained health professionals, essential medicines and infrastructure. Evidenced by the 2020 data from the MoH, there were a total

of 7,198 medical doctors providing service to population ratio of 0.7 per 10,000. For Ethiopia, with a population of 110 million, this is by far below the WHO recommendation which is 2.3 per 10,000 [11].

The interviewed communication expert from MoH said:

A serious challenge for the country is the very low ratio of healthcare workers per patients, as well as a weak healthcare system. Nowadays, COVID-19 causes the highest level of worry among the healthcare workers in Ethiopia. Contact and numerous high risk unprotected exposures are factors that may place the health workers at higher risk of infection. Factors increasing the exposure risk among the workers are high work load, lack of PPE supplies and the work environment. It is obvious that these workers are vital resources. They took responsibility leaving their family at home and serve the patients. Their health and safety are really important. Measures to minimize the workers' exposure risk to COVID-19 infection support the effort to combat the pandemic and protect the health system (Interviewee - Deputy Director at Public Relation, MoH).

COVID-19 affected not only the health system but also the health of the people. Even individuals who were not infected by coronavirus could have indirect effect of the pandemic. People staying at home are prohibited from going to religious places and recreational areas. Being with the 24 hours COVID-19 related fake and real news, these limitations of movements might result in different mental problems like anxiety, depression, and suicide [18].

When you compare the readiness of Ethiopia to tackle the pandemic in the beginning, it was much better than most African countries. But now the situation is getting worse and forced the health workers to carry all the burdens. For example, here in Eka Hospital you cannot find a free ICU room for new patients. Beside, the number of deaths is increasing in alarming rate, yet the people do not consider all these shortcomings. I can say the health system is now weak enough to give health services to the people. For example, if you see the hospitals which give COVID-19 testing, are very few in number. In addition to this, the private hospitals are using the testing as a source of income than helping people. The people are not able to afford the price for the test. Similarly if you go to the governmental hospitals, you can see a lot people queuing without applying the protocol in keeping distance and wearing the face mask properly. All these problems are the result of poor management of the system in the area (Interviewee, Eka Hospital).

According to EPHI, the number of specialists and sub-specialists in the country was only 2,643. The same report indicated that there are a total of 58,338 nurses with different level (diploma to specialty nursing). The report further accounted that there are 144,731 health care workers (medical and paramedical), 410 public and private hospitals of different category across the country with 29,748 beds in total which are equipped with 341 ICUs and 173 functional ventilators. Most of the 67 functional ventilators and 87 ICUs

are located in the capital, Addis Ababa. According to the Ethiopian Pharmaceutical Supply Agency (EPSA), the availability of selected Personal Protective Equipment (PPE) is not adequate as compared to the anticipated burden [11].

An interviewee, who is an expert at Ethiopian Ministry of Health, pointed out that the effort of the country in teaching the people about the prevention and impact of the pandemic in many ways.

Ethiopia tried a lot to create awareness about the transmission of COVID-19 and its impact on the country in general. As a concerned governmental body, MoH played the leading role collaborated with the media, religious organizations, CDC and other minister offices to tackle the spread of the pandemic. It was really effective in the first four or five months. When the number of COVID-19 patients started to increase, the private sectors contributed a lot in providing hotels and halls for quarantine purpose which was really helpful. In contrary, the situation now is challenging the country and creating frustration in the people. The lack of testing kits and ICU rooms with the poor concern of the people in using masks and keeping social distance, have made the situation worse (Interviewee, MoH).

On the other hand, Nigus Shimelis stressed in his research about the negative impact of COVID -19 on other disease. As he mentioned, COVID-19 forced medical experts to change their attention to it by neglecting the usual health seeking behavior of their customers. As the available evidence indicates that people with chronic illness do not receive timely medical care and need help. In addition, the vast majority of Ethiopians live in a low economic environment, making it difficult to implement home support strategies. Some people are afraid that home care strategies will starve millions of people. As a result, large-scale business interactions within the country remain normal and may challenge government and medical center efforts to prevent COVID-19. Again, the outbreak of the COVID-19 pandemic affected the fear of pregnant women giving birth in medical centers. Without subsequent safe maternal care, maternal mortality may increase. In addition, the epidemic is causing a shortage of human and material resources. As a result, the health security of nations in the country is available under hard circumstances [36].

Additionally, patients with the other health issues might not be the priority clients amid this emergency time and the patients themselves might not look for medical care by dreading the chance of obtaining COVID-19 from transportation and health centers [49].

Though different hotels and universities have been repurposed, Ethiopia has been overcrowded and quarantined due to the ongoing number of cases from airlines, especially Dubai. Due to the long-standing social connection of the community, it is not easy to fully implement the physical distance recommendations. Also, because the government cannot provide survivors or cash per capita, it is not an easy task for most people who do their daily work during quarantine. Besides, the entrance to a building such as a

workplace. There is a significant shortage of hygiene products such as hand sanitizers that can be installed in the workplace [27].

Though the country accomplished different great health care services delivery practices, still there are challenges that influence the effective execution of packages within the health system. These challenges are:

1. Lack of self-government and availability of administrative complexities (decisions are made at central level)
2. Lack of responsible management systems for health facilities. This means that Ethiopia's health system is grappling with unclear facility management, lack of planning and budget priorities.
3. Lack of interest in improving resource mobilization through local decision making.
4. Unable to meet the needs of the community. There is no alternative to resolving community dissatisfaction [46].

These challenges were the core problems to tackle COVID-19. The working Ethiopian Health Policy which was adopted in Sep. 1993, clearly put directions in preventions and collaborations with other countries and organizations in tackling global pandemics in general. The policy gave right for private and governmental health centers to carry out plans to prevent and control pandemics though it is questionable in the implementation. The policy had a gap in how to implement and manage the health sector for better prevention and control. Considering this, MoH has been preparing a new health policy which is in draft stage since May, 2019.

4.2. The Impact of COVID-19 on Ethio-China's Health Diplomacy

China and Ethiopia have a long history of economic and social cooperation over the past 45 years. The health sector is one of the priority areas for bilateral cooperation. As a result, the Chinese government built the Tirunesh Beijing General Hospital in 2014 following the historic victory of Tirunesh Dibaba, the first African to win a gold medal at the 2008 Beijing Olympics. After the hospital went operational, China has continued helping the hospital with medical equipment, pharmaceuticals and deploying voluntary doctors [10].

According to the Walta Information Center, Ethiopia was the first African country to accept young Chinese volunteers, a program similar to the US Peace Corps. In 2005, 12 volunteers arrived. The following year, China sent 50 volunteers to Ethiopia. This is the largest group ever sent abroad. China trains hundreds of Ethiopian experts every year [48]. As CCTV reported in 2012, from the start of the medical cooperation program to 2012, China sent 16 medical teams of 255 people to Ethiopia. In 2012, China opened a \$13 million hospital in Akaki, south of Addis Ababa [5].

The interviewee from MoF stressed on how far the Chinese government supported Ethiopia in the health sector.

You know China is increasing its tie with Ethiopia in different sectors. Among them, health is one of the main sectors. Actually China Development corporation focuses on grant and loan from China to implement different

projects like parks, factories, roads, airports and many more. Recently, due to the global pandemic COVID-19, Ethiopia is not able to pay back the loan it got earlier. Therefore, China has extended the pay back to 5 years. But when we come to the health sector, China has contributed a lot to strengthen our health system. For example: it has sent medical teams in many rounds for long time to train the Ethiopian health workers, gave scholarships for many Ethiopian students to learn in China and constructed hospitals like Tirunesh Beijing. In addition to this, it has launched the first laboratory for COVID-19 test in the Ethiopian Airlines. It also supported Ethiopia to construct a factory to produce Personal Protective Equipments (PPE) which really takes Ethio-China's health diplomacy one step forward (Interviewee - China Dev. Cop, MOF).

Capable of undertaking 1,000 COVID-19 tests per day and scalable up to 5,000 per day, the COVID-19 Lab is the first advanced laboratory of a Chinese company in East Africa. Initiated with the invitation and strong support from Ethiopian Airlines, and eventually approved by the Ethiopian Public Health Authority (EPHI), the facility is performing COVID-19 testing on all passengers traveling to mainland China [1].

Sending volunteers continued until the time of COVID-19. China, as a partner supported Ethiopia in sending PPE and medical teams in the desperate time and showed its real concern. Health diplomacy between China and Ethiopia is on track, and the Ethiopian government is working with a Chinese company (BGI Health Ethiopia) to manufacture COVID-19 test kits so as to improve patient capacity. At that time, Ethiopia was struggling due to a lack of test kits, ventilators and intensive care units [35]. As Dr. Liya Tadesse, the minister of MoH, told to reporters:

Since the outbreak began a year ago, the cooperation and partnerships between the two countries have been tremendous, with the support of the Chinese government and private organizations, foundations and institutions, and other organizations in China to fight against the virus, " she also added that some supplies such as personal protective equipment (PPE), test kits and medical equipment have already been provided. Technical support has also been provided, and the skills and mission are here to share experiences on how best to deal with this challenging pandemic [8].

As The Ethiopian Herald pointed out, Chinese government wants to intensify its health diplomacy with Ethiopia. To do this, it has supported and become the first country to give aid to Ethiopia.

China became the first country to provide medical care to Ethiopia and to deploy a medical team to help Ethiopia fight the coronavirus pandemic. On March 30, 2021, a total of 300,000 vaccine doses arrived in Addis with the help of China. This made China the first country to donate vaccines to Ethiopia. Since March 2020, China has donated several batches of antivirus materials, including personal protective equipment (PPE) and vaccines to Ethiopia, which have been distributed across the country through the Ethiopian Ministry

of Health [12]. Dr. Abonesh from St. Paul Hospital said:

As a frontline worker, we faced a lot challenges that could take our life. I was a fresh graduate and started work at St. Paul Hospital only some months before COVID-19 appeared in Ethiopia. When the pandemic came to the world, we all workers were in shock because we all knew the entire governmental and private hospitals were not ready to treat patients. We did not have enough man power and basic equipments at least. When the first patient was found in our country, we were very worried. I had no chance to say 'no' as a fresh doctor. So some workers and I were assigned in the separated part of the hospital which was ready for the COVID-19 patients. We had no laboratory for the test and enough protective equipment. This shows the weak health system and readiness of the country regarding pandemics. Luckily, the Chinese government supported us some equipment and we used that. In my opinion, our country's health system has to be revised and focus on increasing the number and quality of health works, establish more standardized laboratories in all regions and acknowledge the local medicines (Interviewee - Medical Doctor, St. Paul Hospital).

This is a clear indication of the two countries relation to continue their cooperation in the post-COVID time. European countries and U.S.A did not show the interest to help African countries in sending health experts and equipments at the time of the pandemic but China tried hard to reach the 54 African countries despite having the problem at home. With the effort of the Ethiopian Prime Minister Abiy Ahmed, the Ali Baba founder secured a wide coronavirus support to Africa through the Ethiopian Airlines.

In April 2020, a team of seasoned Chinese health professionals were dispatched to Ethiopia to visit isolation and treatment centers, share first-hand experiences with their Ethiopian counterparts, and provide advice on how to respond to the outbreak. Its dedication and professionalism was highly appreciated by the Chinese government and has long since sent medical teams to Ethiopia to provide free medical care to the Ethiopian people. So far, 375 Chinese doctors have been sent to Ethiopia and the total number of outpatients exceeded 2 million. Currently, 16 Chinese medical staff continues to be at the forefront of Ethiopian patient care along with Ethiopian healthcare professionals. Establishment of a hospital-level cooperation mechanism between the Chinese hospital and three hospitals in Ethiopia (Tirunesh Beijing Hospital, Eka Kotebe General Hospital, Silk Road Hospital), promote cooperation on COVID-19 and strengthen the long-term bilateral relation to improve healthcare [12].

Getting medical materials and medicines from China at the beginning of COVID-19 meant a lot for Ethiopian government. As you remember, Ethiopia was sending samples to South Africa until the Chinese government helped it to have its own laboratory. It was a tough time as it took days to get the result. As a communication expert, I have a chance to contact people at Chinese Embassy and teams which come regularly from China. Whatever their

interest is, they were indeed our supporters during the pandemic. Actually, there was a case when first the virus was detected in China. At that time, the Ethiopian students who went there for learning suffered and mistreated. That arose some anger here and the Chinese government also admitted that it was a mistake. This could darken the relation but china took a swift decision to show its support to Ethiopia. I think this transformed the two countries diplomacy to a better level (Interviewee, MoH).

The Chinese government used its privileged ties with Ethiopia to promote the role of Addis Ababa, seat of the African Union and the African Center for Disease Control and Protection (CDC), the headquarters of which it is currently building with \$ 80 million. Donation as Aid Distribution Center the amount of equipment delivered was far from impressive (for example: a million masks to Ethiopia), but this aid was accompanied by a comprehensive narrative that proved to be very effective and made other African countries praised China [2].

The Ethiopian airlines played a wonderful role in traveling equipments like masks, vaccine and testing kits to the rest of African countries. In that difficult time when most airlines stopped working because of the pandemic, the Ethiopian Airlines carried a big responsibility in delivering the equipments. Addis Ababa Bole International Airport has been chosen as a Humanitarian Air Hub for the distribution of medical supplies for Africa. We also received around 300,000 vaccines from Beijing and were transported by our airlines. Here we can see the reliability of our airlines to work confidently to reach other African countries through us. I understand that the entire people in Ethiopia give a great value for the urgent support of China. Therefore I can say the bilateral relation between China and Ethiopia turned to its peak because no country other than China came to us when we were in need and no airlines showed concern for transporting medical equipments than Ethiopian Airlines (Interviewee, MoH).

Moreover, Chinese Ambassador to Ethiopia, Tan Jian said to Xinhua that China's choice to send medical experts to Ethiopia could be a full show of solidarity as well as the two countries' solid comprehensive ties. China, as a demonstrated assistant to Ethiopia over different administration and development sectors, would strengthen its support to Ethiopia within the battle against the coronavirus. He also boldly said that the Chinese medical experts' team, which was said to be among the very first to begin with group of anti-pandemic medical teams that China dispatched to Ethiopia since the COVID-19 outbreak, is a well indication of solidarity, with the vision of building a community with a shared future for mankind, and an exemplification partnership between China and Ethiopia [53].

In my view I rather see a good opportunity for China and Ethiopia to work in the area of health. You see, no country expected that such pandemic would happen and changed the world system touching every sector. Actually, countries had to work a lot in reviewing their health sector by taking lesson from Ebola in West Africa and the earlier

pandemics like MERS. We appreciate the Ethiopian government boldly remained unlocked while most countries were in lockdown. The Ethiopian airlines was also carried a big responsibility to deliver equipments from China to other parts of the world. So I can say that China's trust on the Ethiopian Airlines was the result of the two countries' strong relation. Here, we learned to work harder in establishing different laboratories, hospitals and kits manufacturing in Ethiopia in parallel with the other projects. China enjoys the two countries relation. As an embassy in Addis Ababa, we also contribute our share in supporting disinfectant wipes, masks and other essential equipments. In general, China and Ethiopia are in a very good status concerning health (Interviewee, Chinese Embassy).

Based on the documents analyzed and interview, it is possible to say that the health diplomacy between the two countries, Ethiopia and China is in a better status. The outbreak of COVID-19 brought a positive impact in their diplomatic relation and made China to show its true cooperation to Ethiopia satisfying the saying *'A fiend in need is a friend indeed'*.

5. Conclusion

The finding from the document analysis and interview confirmed that the health system of Ethiopia was not ready to combat the pandemic due to many reasons. Most of the documents and interviews reflected common limitations of the Ethiopian health system to tackle COVID-19. Poor implementation, the patient–doctor ratio, lack of testing laboratories, test kits and Personal Protective Equipments (PPE) are among the reasons which made the system weak.

Additionally, this study found out that the Ethio-China health diplomacy is rather getting stronger at the time of COVID-19. Without having a good diplomatic relation, the worst would have happened to Ethiopia. From findings of the document analysis and interviews, it is possible to deduce that both countries are in a better relation and specially china showed its partnership in giving immediate response to send health experts, PPE and testing kits built laboratories which gave a relief for Ethiopia at a desperate time.

6. Recommendations

This research focused on the efficiency of the Ethiopian health system in combating the global pandemic and the effect of COVID-19 on the health diplomacy between China and Ethiopia. Based on the gap in the health system of Ethiopia and how the Ethio-China's health diplomacy remains stronger, this study recommends the following:

- 1) The government of Ethiopia should re-think investments in health care infrastructure and work on the preparedness before pandemics like COVID-19 occur.
- 2) The Ministry of Health should prioritize investments in domestic capacity for production of medical equipments

and pharmaceuticals including vaccine and drug discovery.

- 3) The country should prepare a suitable platform for students to study medicine in different levels and provide basic incentives to encourage them.
- 4) The Ethiopian Foreign Policy should prioritize health diplomacy.
- 5) Ethiopia has to play a vital role to strengthen its health diplomacy in advanced way with China in parallel with building its health system. It should also see other countries to start or strengthen its health diplomacy with them.
- 6) The health system should give place to have a scientific research on traditional medicines and apply telemedicine to reduce the number of patients from visiting health centers.

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