# China in the Fight Against the Ebola Crisis: Human Security Perspectives

*Shunji Cui*

## INTRODUCTION

The outbreak of the Ebola virus disease (EVD) in West Africa in March 2014 is considered to have been one of the 'worst infectious disease-driven humanitarian crises' in recent times (Santos et al. 2015). EVD, formally known as *Ebola hemorrhagic fever*, is a severe, often fatal illness in humans. While the fatality rate varies from 25 to 90%, the average rate sits at around 50%. It is thought that the virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. Ebola first appeared in 1976 in Zaire (now the Democratic Republic of the Congo). The original outbreak was in a village near the Ebola River, after which the disease was named. Since then, there have been sporadic outbreaks of the disease throughout Africa.[1]

The 2014–2016 outbreak was the largest and most complex Ebola outbreak since the virus was first discovered, and there were more cases and deaths during this outbreak than in all others combined.

S. Cui (✉)
School of Public Affairs, Zhejiang University, Hangzhou, China

In September 2014, when the crisis was at its peak, the number of weekly cases reached almost 1,000. By January 14, 2016, when the World Health Organization (WHO) officially declared the epidemic to be over, the crisis had lasted nearly two years, during which time more than 28,600 people were infected with the virus and more than 11,300 lives were lost, mostly in Guinea, Liberia and Sierra Leone (WHO 2016b; *CBS* 2016). Faced with such a devastating humanitarian crisis, the entire international community has shown great courage in fighting the disease. After the August/September 2014 announcement by the WHO that Ebola was a 'public health emergency of international concern' and the United Nations Security Council (UNSC) declaration that Ebola was a 'threat to international peace and security,' many countries as well as international organizations, non-governmental organizations, companies and individuals participated in the fight against this unprecedented challenge to humanity.

China played a significant role in the international efforts to halt the spread of the Ebola disease. Through four rounds of emergency aid supplied in April, August, September and October 2014, a total of 750 million yuan (about USD 123 million) was contributed to West African countries by China. In addition to financial and material assistance, China also sent more than 1,000 medical personnel to the region to help with local epidemic prevention and control work (NHFPC 2015a; UNDP 2014a). This was unprecedented in the history of Chinese foreign assistance. In fact, China has often been considered as lacking a philanthropic culture, and its international aid and financing models are frequently criticized as resource-backed and tied to aid in a way that simply serves the business interests of the country.

Thus, the Chinese case raises intriguing questions, especially in terms of human security: What are the main motives and driving forces behind these efforts, and how effective are they? This chapter aims to answer these questions through the lens of human security rather than from a general foreign policy perspective. For this purpose, it begins by laying out the criteria and framework for the analysis. This is followed by an examination of China's efforts to fight the crisis. The chapter then goes on to evaluate these policies with a focus on effectiveness, empowerment and motives. Based on China's experiences in Africa, the concluding section draws some lessons for future human security-oriented foreign policies.

## Diseases, Human Security and Foreign Policies

### Securitizing Health Issues

When the UN Security Council adopted Resolution 2177 on September 18, 2014, declaring the outbreak of Ebola in Africa to be 'a threat to international peace and security,' the Ebola crisis was no longer a mere health issue but an international *security* crisis (UNSC 2014). Of course, it was not the first time that the Security Council had acknowledged the link between health and security. In 2000, the Council had recognized the HIV/AIDS pandemic in Resolution 1308 (UNSC 2000, 1), and declared it to be 'a risk to security and stability,' although its main concern was on the 'regional effects' in Africa (Deloffre 2014a). Resolution 1308 is important in terms of human security because the Council clearly focused not only on issues such as preventing wars and control of the proliferation of weapons of mass destruction but also dealt with matters concerning human security such as disease (Poku 2013, 529). Therefore, Resolution 1308 constitutes a clear securitization of public health issues within the UN system. Following the Ebola crisis, Resolution 2177 and the creation of the United Nations Mission for Ebola Emergency Response (UNMEER) in 2014 pushed the scale and depth of securitization to an unprecedented level, while at the same time brought the securitization processes into close alignment with human security frameworks (Snyder 2014). The question to be asked in this context is, therefore: what is meant by human security, and what counts as appropriate foreign and aid policies toward human security threats?

### Human Security and Foreign and Aid Policies

Since its introduction in 1994 (UNDP 1994), the concept of human security has increasingly been reflected in global governance and in the foreign and aid policies of many countries. Yet the kind of definition one adopts, narrow or broad, will have very different operational and policy implications. In keeping with the approach to human security taken by JICA and many East Asian countries (see Chapter 2 in this book; Tanaka 2015; JICA 2010), this chapter takes a broader concept as its working definition and uses this to identify the three features of human security. First, the causes and effects of human security can be far-reaching and

multifaceted, and if we underestimate the complexity of such threats, we can never have adequate policies toward human security practices. Secondly, human security and human development are so closely related that, even though we can conceptually separate them, we must be aware of the interconnectedness between the two at the operational level (Cui 2014). Amartya Sen made the point comprehensively. He argued that on the one hand, *human security* demands both 'protection' of people from a variety of dangers, and 'empowerment' of people so that they can cope with, and when possible overcome, these hazards. On the other hand, *human development* is concerned with 'removing the various hindrances that restrain and restrict human lives and prevent its blossoming,' and hence goes beyond 'overarching concentration on the growth of inanimate objects of convenience' (CHS 2003, 8–9). Such a comprehensive understanding is at the heart of his conceptualization of 'development as freedom,' in which poverty, one of the central concerns of human security, is no longer premised solely on income, but seen as a non-fulfillment of basic human rights (Sen 1999). Thirdly, when human security is threatened by conflict situations, natural disasters or pandemics, it is often the case that the most vulnerable people in society are the ones who are most threatened.

Given these features of human security, what kinds of policy tools are to be considered as most appropriate and effective? Tanaka (2015, 15–20) distinguishes between two types of human security instruments: 'fundamental measures' that affect the underlying causes of human security, and 'defensive measures' that affect consequences. This is very similar to Johan Galtung's (1969) distinction between 'positive peace' and 'negative peace,' because fundamental measures may bring positive peace, while defensive measures are more likely to bring negative peace. For Galtung, peace can be defined in a negative way, meaning the absence of violence (both direct and structural). Yet more importantly, peace can also be defined positively, that is, the construction of an appropriate environment for lasting peace. In other words, the conditions for positive peace may be built through a process analogous to the 'building of a healthy body capable of resisting diseases, relying on its own health forces or health sources' (Galtung 1985, 145–46). Drawing on these ideas, this chapter is framed around three measures by which human security policies can be assessed.

The first measure is effectiveness. Once human security threats have occurred, how should we respond to the problem more effectively? The issue here is how swiftly and decisively can a country reduce the negative impacts of disease and human suffering. This is in line with Tanaka's

defensive measure or Galtung's negative peace. Effectiveness means more than speed, scale and comprehensiveness; it also refers to the ability to cooperate with a variety of actors to tackle human security threats. Speed and scale are extremely important; however, if they are pursued single-handedly, their impact remains limited. Cooperation is imperative when trying to effectively handle deadlier challenges. The Ebola crisis is a good demonstration of how a problem goes beyond the capacity of a single state. UNMEER was created specially to coordinate a variety of actors to fight the crisis more effectively. Thus, both comprehensiveness and cooperation are required if human security policies are to be effective.

The second measure is empowerment. If human security practices are only prepared to tackle problems once they emerge, only negative peace can be achieved. Taking individual health as an example, although a person may be cured of a disease, if they do not build up their bodily conditions, illness will reoccur. Empowerment is more closely related to dealing with structural violence as the underlying cause, building capacities, and creating a more secure environment, so that the occurrence of human security threats can be prevented or the likelihood of them occurring be reduced (Cui 2012). In this way, even if threats occur, people have the ability, or at least an increase in the ability, to address those threats on their own. Thus, if the first evaluate of effectiveness is used to assess more short-term defensive approaches, empowerment is used to evaluate longer-term fundamental approaches to human security.

Thirdly, in addition to the above measures, motives or moral imperatives are important in assessing human security policies. Traditionally, theorists, particularly realists, emphasized national interests when measuring national foreign policies. Hans Morgenthau (2005, 1950, 854) argued explicitly that a 'foreign policy derived from the national interest is in fact morally superior to a foreign policy inspired by universal moral principles.' Of course, Morgenthau did not deny political morality and prudence, or the need for a logic of consequences to save policy makers from both moral excess and political folly. However, because most human security-related governance activities do not directly relate to national interests in the narrow realist sense, the notion of *raison d'état* provides poor guidance and does not fully explain the current global efforts to achieve human security. Thus, the practice of human security requires a certain degree of consideration of those people who are socially vulnerable, and concern should be given to the possibility of their dignity being exposed to existential threats.

## *China in the Fight Against the Ebola Crisis*

The Ebola virus disease (EVD) in West Africa broke out in December 2013 and the WHO put out its first alert in March 2014. What followed was the largest, longest, and most severe and complex outbreak of the virus since it was discovered in 1976 (WHO 2016a). Although at the initial stage the impact of the outbreak was underestimated, following the declaration of emergency and threat by the WHO and the UNSC in August and September 2014, the international community has made great efforts and shown solidarity in the fight against the deadly disease. Among the countries fighting EVD, traditional donors, such as the USA and the UK, played a leading role. By October 2014, the US government was ranked as the largest donor having contributed around USD 750 million in aid, with the UK coming in second with about USD 330 million (WHO 2014a). Yet, the crisis also saw intense media attention given to some non-traditional donors, like China. By October 2014, China had contributed close to USD 123 million in financial aid. Although this was much lower than that of the USA, it was still above the contribution of traditional donor countries such as France, Japan and Canada (UNDP 2014a; see also Fig. 8.1).[2] Accordingly, China's role and its impact on human security merit more detailed examination.
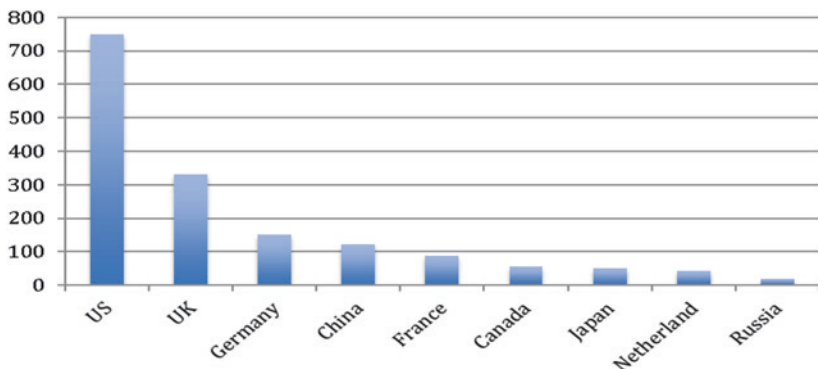


**Fig. 8.1**  Financial contributions (USDm) (October 2014) (*Source* These figures are based on data compiled from the World Bank, the OCHA Financial Tracking Service, UNDP reports, and news reports)

China's participation in fighting the Ebola epidemic is regarded as being historic, marking the first time it offered such aid to help combat a foreign health crisis (Tiezzi 2015). The Chinese government also admits that it was the largest medical aid program to be implemented by China at the time (NHFPC 2015b). China's role in fighting Ebola was particularly important in the early stages and was in stark contrast to the delayed response of the rest of the international community. For instance, even though the WHO was first alerted to the outbreak on March 23, 2014, it was not until April that *Médecins Sans Frontières* (MSF) first warned that Ebola was getting out of control. By June, the spread and scale of the epidemic was obvious to many experts, yet it was not until August 8 that the WHO declared that it was a public health emergency. As a result, the international response generated criticism as being both too small and too slow (Dearden 2014; Grépin 2015). In comparison, China's response was swift. There are two reasons for this swift response: first, given China's long-term medical cooperation with African countries, many doctors and medical staff were already present in African countries when the outbreak began. For example, when the epidemic first emerged in Guinea, a Chinese medical team of nineteen people from Beijing's Anzhen Hospital was working at the China–Guinea Friendship Hospital in Conakry, the capital of Guinea. During this time, one infected patient was treated in the hospital without anyone realizing it was Ebola and was thus faced with the risk of death. Secondly, the Chinese experience with SARS in 2003 and its struggle to stop its spread, coupled with an awareness of the weaknesses in the medical system in West Africa, made Chinese officials and medical experts particularly alert to pandemics in West Africa.[3] In fact, the weak healthcare systems in all three countries were emphasized by many medical experts after Ebola broke out. As Marie-Paule Kieny (2014) notes, Ebola became epidemic in Guinea, Liberia and Sierra Leone in large part due to their weak healthcare systems. Indeed, all these countries lack adequate numbers of qualified health workers, particularly in rural areas. Other limitations included weak or absent rapid response systems, and a lack of electricity and running water in some health facilities (Kieny 2014; WHO 2014c).

In March 2014, when the outbreak of Ebola in Africa began to be reported, the news placed policy makers and medical experts in China on high alert. Immediately, high-level meetings were held with the Ministry of Health calling for discussions on the Ebola virus and how to help

Africa deal with it. Among those involved in the meetings was the deputy director of the Center for Disease Control and Prevention (CDC) in Beijing, He Xiong, who was a frontline veteran of China's battle with SARS.[4] In April 2014, the Chinese government announced its first emergency assistance plan, under which it would send disease prevention and control materials worth 4 million yuan (about USD 600,000) to Guinea, Liberia, Sierra Leone and Guinea-Bissau; by May 2014, the assistance had arrived (*China Daily*, October 20, 2014; NHFPC 2015a).

By June 17, 2014, the Ebola situation had become even more urgent as it had reached the Liberian capital, Monrovia. Six days later, the death toll had risen to 350 and it had officially become the worst Ebola outbreak on record (NHFPC 2014). In August, the epidemic accelerated as the total number of cases reached almost 2,000, with more than 1,000 deaths in Guinea, Liberia and Sierra Leone alone. Cases of infections among American, British and Spanish citizens were also reported. On August 8, 2014, the WHO declared that the epidemic had gone from being an African problem to an 'emergency of international concern' (WHO 2014b). This situation alerted the top Chinese leaders. On August 7, 2014, Beijing announced its second round of assistance, whereby it would provide emergency anti-epidemic supplies worth 30 million yuan (about USD 4.86 million) to the three most affected countries. The supplies were mainly medical protective clothing, sterilization equipment, drugs and other much-needed medical equipment and supplies. Due to the urgency of the situation, China even used chartered planes to deliver medical supplies, which arrived on August 13, just one week after the announcement. The initial aid was followed by another three Chinese medical teams dispatched across West Africa to help with prevention and treatment. By this stage, more than 170 medical workers had been dispatched (*China Daily*, September 26, 2014).

The situation further developed and reached a devastating level. By September 16, the total number of infected cases had reached 4985, including 2461 deaths (*Medical Express*, September 16, 2014). Two days later, the UNSC declared the outbreak of Ebola to be a 'threat to international peace and security' (UNSC 2014). On September 19, the UNMEER, the first-ever UN emergency health mission, was formed. This mission was led by a full range of UN actors, who utilized their expertise under the leadership of a special representative of the secretary general. It was in such crisis atmosphere that many countries pledged more aid and manpower to help. On September 16, US President

Barack Obama announced 'major increases' in the US response to fighting Ebola in Africa including up to 3000 troops, material to build field hospitals, additional healthcare workers, community care kits and badly needed medical supplies (*New York Times*, September 16, 2014). In a speech to the UN High-level Meeting on the response to the EVD outbreak on September 25, 2014, Japanese Prime Minister Shinzo Abe also promised that Japan would provide 500,000 sets of protective gear for medical personnel working to combat Ebola in Africa. In October, Japan used civilian aircraft to deliver 20,000 sets of protective gear to Liberia and Sierra Leone (*Asahi Shimbun*, February 18, 2015). In September, as its third phase of assistance, China increased its contribution significantly by opening a biosafety lab and providing protective treatment supplies and food assistance. Additionally, to help Sierra Leone improve lab testing, China sent a laboratory team of 59 (thirty doctors and twenty-nine laboratory technicians) to work at the Sierra Leone–China Friendship Hospital (*China Daily*, September 17, 2014).

On October 24, China announced its fourth round of emergency aid worth 500 million yuan (USD 82 million), which would mainly be used to finance the construction of a 100-bed treatment center in Liberia, where the epidemic was most serious. As the Chinese Foreign Ministry explained, the treatment center, which was completed on November 25, would be managed and operated by a medical team from the People's Liberation Army (PLA) (*Xinhua*, November 4, 2014). The treatment center was able to accept patients for observation and testing from December 5, 2014 (NHFPC 2015b). The aid package also included sending medical equipment and materials, such as 60 ambulances, 100 motorcycles, 10,000 healthcare kits, 150,000 pieces of personal protection equipment, and other materials (Larson 2014). China continued its commitment to fighting Ebola after these four phases of contributions, as Lin Songtian, Director of the Foreign Ministry's African Affairs Department, stated, 'China's assistance will not stop as long as the Ebola epidemic continues in West Africa' (*Xinhua*, October 31, 2014). Thus, in early November, the NHFPC announced that China planned to send 1000 medical workers and experts to West Africa over the months that followed (*Xinhua*, November 5, 2014). In February, China handed over a P3-level biolab to Sierra Leone as part of its continued contribution to fighting Ebola; it also delivered a consignment of 1500 metric tons of food assistance for distribution to Ebola patients at various treatment units across the country.

## Evaluating China's Role: An Emerging Human Security-Oriented Foreign Policy?

From the above discussion, it is not difficult to see how China actively participated in the global efforts to address the Ebola outbreak. How then should China's role be assessed through the specific lens of human security? What lessons can be drawn for future human security-oriented foreign policies? The following section will analyze China's role in terms of effectiveness, empowerment and motives.

### *Effectiveness*

As previously argued, effectiveness comprises both comprehensiveness and the ability to enhance multiple-level cooperation. First, China's assistance is considered as comprehensive and wide-reaching. Its contribution of personnel is particularly highlighted compared with many other countries, especially Asian countries. At a news conference in Seoul on November 4, 2014, the World Bank Group president, Jim Yong Kim, lamented the fact that although they may have the capacity, many Asian countries were not doing enough to help. He called upon Asian leaders to send trained health professionals to West African countries (*Aljazeera*, November 4, 2014).

The lack of assistance by Asian countries is true to some extent. Japan, for example, while making significant financial and material contributions lagged behind many other countries in terms of the provision of personnel. By the end of 2014, Japan had sent a total of twenty Japanese experts to participate in WHO missions to Liberia and Sierra Leone, two Self-Defense Force (SDF) personnel to the headquarters of the US Africa Command (AFRICOM) in Germany to support liaison activities, and one to UNMEER as a senior advisor (Government of Japan 2015). There were suggestions from Japan's Defense Ministry that a Ground SDF unit would be dispatched to join the fight in Sierra Leone. The plan was submitted to the prime minister's office on February 18, 2015, and called for 400 GSDF personnel to begin operations in April, with a possible Maritime SDF contingent to serve as the base of operations. However, for many reasons Japan did not go ahead with the plan. This decision generated some criticism because although Prime Minister Abe promotes a vision of 'proactive pacifism,' he chose to put Japanese lives and his government's own political interests ahead of global well-being

(Pollmann 2015; *The Japan Times*, February 24, 2015). South Korea made a large step in its contribution to international personnel at this time. In addition to the USD 12.6 million of assistance it had already provided, between December 2014 and April 2015, Seoul sent three emergency relief teams (a total number of thirty people), comprising mostly skilled military and civilian healthcare workers, to West African countries to carry out medical activities (*The Korea Times*, October 17, 2014; *China News*, April 3, 2015). This represented the first time that the South Korean government had sent an emergency relief team to fight the outbreak of an epidemic overseas.

In comparison, China's participation was much swifter and of greater weight. The UN Secretary General Ban Ki-moon acknowledged 'the speed and breadth' of China's response and emphasized the commitment and dedication made by Chinese medical staff to fighting Ebola (*China Daily*, February 15, 2015). But, there were also other countries who made significant contributions, including personnel, to this global effort to fight Ebola. Since mid-September 2014, the USA had shown renewed engagement and significantly enhanced the global scale of the fight against Ebola. Over the course of the epidemic, the USA deployed more than 3500 personnel to the affected region[5]; as a superpower and as a longstanding traditional donor country, the USA did play a leading role in this humanitarian effort. Nevertheless, as a rising great power and as a non-traditional donor country, China's growing role in international aid and global governance is commendable for its willingness and comprehensiveness.

Secondly, in terms of cooperation, China's role is, however, less straight-forward. The complexity and devastation of the Ebola crisis again demonstrated the value and necessity of cooperation among a variety of actors. Of course, in the process of engaging in the global effort to fight Ebola, China did cooperate with many countries and international and regional organizations by providing financial support to the UN, the WHO and the AU, and assisting them in playing leading and coordinating roles. China also made many bilateral and trilateral agreements to combat the unprecedented spread of Ebola, including with the USA, France and the UK (FOCAC 2014). The health ministers of China, Japan and South Korea also agreed to boost information-sharing on the Ebola epidemic and countermeasures against other types of diseases, such as pandemic influenza (*The Japan Times*, November 24, 2014).

However, in comparison with many traditional donor countries, China had less experience of coordinating with non-governmental actors, and the Ebola crisis, in a sense, highlighted the shortcomings of China's private sector participation and its philanthropic shortfalls (Rajagopalan 2014). Even though at the government level China contributed over USD 120 million to fight Ebola, at the private sector level it donated little to the cause. Many firms and business people in China still assume that the Chinese government should take the lead on international assistance.[6] In a deeper sense, this philanthropic shortfall is the result of China's international aid tradition, which has been predominantly bilateral and government-to-government. This is clearly revealed in China–Africa relations. Since China began its assistance to Africa in the 1950s, it has been the government that has initiated the sending of medical practitioners and the building of roads and railways (Chan 2011, 95–122). Even at present, this tendency has not changed very much; hence, the aid commitment under the multilateral mechanism of the Forum on China-Africa Cooperation (FOCAC) is also realized mainly through a bilateral mechanism (Xu 2012). With global multilateral cooperation frameworks growing in sophistication, China faces the challenges of how to better integrate itself into the multilateral development framework.

### *Empowerment*

To what extent has China's approach to the Ebola crisis contributed to empowerment rather than just protection? As argued earlier in this chapter, empowerment refers to a longer-term positive/fundamental approach to human security that looks at the underlying causes of human security threats and should ultimately lead to an improved capacity to overcome threats. Strictly speaking, *capacity building* and *empowerment* may not be entirely identical, as the former is more related to organizational capabilities, while the latter is more concerned with people. Yet, the two are closely related to each other, and building organizational capabilities such as proper health systems can directly and indirectly enhance individual health resilience in the long term. Thus, this chapter examines the following two aspects in detail: China's effort in offering help to build public healthcare systems and its active engagement in African economic and social reconstruction.

First, in fighting the Ebola crisis, China has not only devoted itself to tackling the deadly disease but has also offered valuable help to African

countries to improve their capacity to respond to public health emergencies. If China's four major rounds of assistance between April and October 2014 were dedicated mainly to stopping the spread of the Ebola epidemic, since then China has focused more on long-term capacity building (Embassy of the PRC 2014). In November 2014, China sent its public health training team to Sierra Leone to study the ways they could carry out training for public health professionals in West Africa. The team was to smooth the way for large-scale training programs in the future. By August 2015, Chinese public health training teams had trained more than 10,000 residents, including medical staff, community healthcare workers, government officials and volunteers. Using China's fight against SARS as a way of sharing their experiences, the training teams were able to deliver useful prevention and control knowledge and skills to the participants (NHFPC 2015a; Embassy of PRC 2015). Indeed, empowerment through improving regional health systems has become an important part of the China-Africa health cooperation. At the second Ministerial Forum of China-Africa Health Development in early October 2015, ministers emphasized the importance of African people being able to access quality essential health commodities, medicines, vaccines and medical services (NHFPC 2015c). To that end, China pledged to send 1500 medical workers to Africa in the next three years, and it encouraged ten of its large pharmaceutical and medical equipment enterprises to cooperate with various African counterparts, through measures such as technology transfers in the production, maintenance and distribution of quality pharmaceutical products (*China Daily*, October 8, 2015).

Secondly, along with establishing and improving public health systems, poverty reduction and economic and social reconstruction have become China's key goals in its efforts to address the Ebola epidemic. The Chinese Foreign Minister Wang Yi emphasized this point while on a visit to the three countries worst hit by Ebola, by saying that 'poverty was the root cause' of the Ebola outbreak (*Xinhua*, August 10, 2015). From China's perspective, the fundamental solution to preventing the reoccurrence of Ebola and other epidemics of this kind is to find effective paths to eliminate poverty and achieve development as soon as possible. For this purpose, China's cooperation would prioritize areas such as infrastructure building, resumption of trade and export, food security and other areas to enhance their resilience to crises (*Xinhua*, August 8, 2015; August 10, 2015).

Of course, rebuilding the fragile health system and enhancing socio-economic reconstruction in these countries will not be easy and will require a much longer time-period and persistent efforts. In this sense, whether Wang Yi's visit to the African continent will lead to more substantial engagement from China, or whether it will bear positive fruits, remains to be seen. However, China's commitment to African development and to the recovery of the three countries was demonstrated at the 2015 Forum on China-Africa Cooperation (FOCAC). Indeed, in the past three FOCAC meetings, China has consistently doubled its financing commitment to Africa—from USD 5 billion in 2006 to USD 10 billion in 2009 and USD 20 billion in 2012 (Sun 2015). Additionally, at the 2015 Forum, China pledged USD 60 billion worth of assistance and loans for African development. It also specified ten areas of cooperation and assistance, including agriculture modernization, public health and poverty reduction that it would engage in.[7] In the declaration, China promised it would transfer agricultural technology to Africa; cancel outstanding debt for some of the poorest African countries; help build an African center for disease control; and back cooperation between twenty Chinese and African hospitals. China also hoped to explore the possibility of linking China's Belt and Road Initiative and Africa's economic integration. If these efforts can be materialized, they would certainly have a positive impact on Africa.

### *Motives*

Finally, why did China participate so actively in the global efforts to contain Ebola? As discussed, realist notions of *raison d'état* cannot provide sufficient answers about the international efforts for human security purposes. The question is this: to what extent can China's role transcend this notion of national interests?

Of course, one cannot deny that China's national interests are growing in Africa, including in the three most affected countries. When EVD emerged, there were approximately 20,000 Chinese nationals living in the three afflicted countries (*Beijing Youth Daily*, August 8, 2014). Moreover, when Chinese Foreign Minister Wang Yi visited the three countries in August 2015 to prepare for the post-Ebola reconstruction, he promised more funding and joint projects including infrastructure building, and resumption of trade and export (*Xinhua*, August 11,

2015); this was an indication of China's growing economic interests in these countries. However, national economic interests alone cannot explain China's proactive engagement in the global fight against Ebola, given that these countries are the least developed countries in Africa. If China was purely seeking economic interests in the area, it should have invested in countries that had a greater chance of return. Therefore, we should examine the ways in which human security as a fundamental value has an increasing impact on national foreign policy and strategic choices.

China's active participation in and significant contributions to the global fight against Ebola indicates its 'growing position within the international community as a global actor in humanitarian aid' (UNDP 2014a, 2). It also reflects some important changes in its foreign policy orientations, particularly in foreign aid strategy. This is clear in China's second white paper on foreign aid (WP II) (State Council of China 2014). In 2011, China published its first-ever foreign aid white paper (WP I), which was already indicative of its effort and strategy to become a responsible great power in international society. By moving its focus from its own development to the provision of assistance to other developing countries, China is 'fulfilling its due international obligations' (State Council of China 2011, 1), and is enhancing its image as a responsible great power (Liu and Huang 2013). In WP I, the underpinning principles for China's foreign aid were clearly put forward: the 'Five Principles of Peaceful Coexistence' and the 'Eight Principles' for economic aid and technical assistance to other countries.[8] China often defended its role as being 'an alternative to Western donors who impose more conditions on recipients' (State Council of China 2011, 4–5).

By comparison, there are some noticeable modifications contained in the WP II, which sets out the following two areas—'helping improve people's livelihood' (改善民生) and 'promoting economic and social development'—as its major foreign aid objectives (State Council of China 2014, 8–22). Of course, this does not mean that China has abandoned the principles of non-conditionality, non-interference, and respect for sovereignty, which continue to underpin the basic principles of China's foreign and aid policies. However, the growing emphasis on poverty reduction (减少贫困) and improvement of people's livelihood (改善民生) means that these are increasingly attuned to those values of human security which have been endorsed and promoted by the UN

and the international community (State Council of China 2014; UNDP 2014b). The shift also reflects some important changes in the way China assesses global security threats and identifies its national interests; this is increasingly in line with the broader definition of human security. As China's foreign aid specialist Wang Xiaolin argues, the trend of China's foreign assistance has changed significantly from being driven by ideology and only aiding socialist countries to being based on its assessment of global security challenges. China sees the global security agenda, such as poverty reduction and tackling climate change, as being part of its foreign aid agenda, and hence its foreign assistance is more consistent with the Millennium Development Goals (now the Sustainable Development Goals) (Wang 2014).

Importantly, as the global security agenda expands, human security norms such as poverty reduction and environmental responsibility have emerged and been institutionalized as important norms and institutions in international society (Kozyrev 2016; Kopra 2017). The global adoption of MDGs (2001) and SDGs (2016) has hugely contributed to the institutionalization of a human security norm in international society. Building on the success of the MDGs, the SDGs with 17 goals and 169 targets are particularly determined to eradicate poverty and hunger in all their forms, which are the core elements of human security. Moreover, the SDGs are also truly global in nature and universally applicable, and all countries have a shared responsibility to achieve them (UNGA 2015). In this way, human security norms have become an important and legitimate basis for moral claims within international society and even have an impact on 'the criteria for rightful membership' of international society (Falkner and Buzan 2017, 31). Given that China is so eager to build its global image as a responsible 'great power,' it cannot ignore these changes. Thus, the argument can be made that China may not entirely abandon its national interests and would not promote its foreign aid purely out of altruistic aspirations; however, it does indicate the ways in which China assumes and identifies its national interests in the changing international environment of the twenty-first century. In other words, China is increasingly seeing its national interests and security in terms of the interests and security of international society as a whole; in so doing, China is showing a growing sense of *raison de système* in global international society, in which human security considerations are becoming an important part of its foreign policy projection.

## Conclusions: Preparing Human Security-Oriented Policies for Future Crises

China's participation in the global effort to address the Ebola outbreak provides us with several important lessons as to how human security-oriented foreign and aid policies should be conducted, especially in an environment of emerging and complex human security challenges. The destructive nature of the Ebola crisis and the devastation it brought with it again demonstrated the changing nature of global security threats. As Ginsburg vividly illustrates: 'It is shocking to realize that a tiny virus with just a handful of genes can fracture families, shred communities, destroy national economies and destabilize whole regions in just a matter of months. But this is what we are witnessing with Ebola.' (*Guardian*, October 3, 2014). Diseases like Ebola can become as serious and deadly as the threats caused by conflicts and even wars. Moreover, as viruses know no borders, once a breakout occurs, it can easily affect people across countries, regions and worldwide. As is often the case, it is always the most vulnerable individuals and groups who are the most affected. Given the complexity and potential destructiveness of infectious diseases, future health security governance should be prepared with greater care.

First, it is imperative that early warning systems for future health crises should be developed at the national, regional and global levels, especially in low- and middle-income countries. One of the important lessons that was drawn from the Ebola crisis was the weak (or even lack of) healthcare systems in the three most affected countries. According to Anthony Fauci, a health expert based in Bethesda, USA: 'if there was a system to have recognized and stopped the outbreak that began with the child in Guinea in December 2013, we might have avoided the explosive outbreaks in Sierra Leone and Liberia' (Kupferschmidt 2016). It is in this sense that the UN Secretary General Ban Ki-moon stressed 'the need to strengthen early identification systems and early action' (Snyder 2014). The East Asian region has also been faced with many health and security challenges, for instance, the outbreaks of SARS in 2003 and H5N1 bird flu in 2005–2006, both of which had the potential to turn into pandemics (Fidler 2013). The SARS outbreak did indeed spark regional health security initiatives (Caballero-Anthony and Amul 2015, 39). Yet, to prepare for complex challenges in the future, more enhanced and sophisticated regional public health systems are required.

Secondly, the Ebola crisis strongly demonstrated the value of cooperation between actors at various levels, including both state and non-state actors (NSAs). Particularly, cooperation between external militaries and NGOs is a notable development. Both China and the USA deployed many troops to help control the epidemic. Importantly, some NGOs, such as MSF, which had previously refused to work with national militaries,[9] are now calling for military intervention as part of outbreak responses. In fact, it has been proven that with their adaptability, discipline, ability to operate in challenging environments and logistical capabilities, the military can be a particularly valuable resource during large-scale public health crises (Edelstein et al. 2015). However, it should be emphasized that in this situation the operationalization of the role of states and their militaries cannot be properly understood in the traditional sense of state centrism. Importantly, as the most powerful state in the world, the USA acknowledges that global health security is a 'shared responsibility' that cannot be achieved by a single actor or sector of government (White House, September 26, 2014). Thus, in any future health security governance, NGOs and other NSAs should become important partners, and through state–NGO or public–private partnerships (PPP), they should achieve their common objectives through collaboration. In addition to public-private partnerships, future health security governance should also pay sufficient attention to the idea of 'local ownership,' which values cooperation between international actors and local actors. Exploring the concept of 'local ownership' in the field of conflict resolution and peacebuilding, Shinoda (2012, 66) argues that unless it is solidly rooted in local society, conflict resolution and peacebuilding would end up becoming 'superficial' and 'short-sighted.' This is true with international development cooperation, because the ultimate aim of such cooperation should empower stakeholders of a local society to enable them to take responsibility for dealing with the situation.

Finally, the close link between health security and poverty is another case in point. Indeed, the fact that 'poverty and infectious diseases interact in subtle and complex ways' has long been recognized by scholars through various case studies (Alsan et al. 2011). The Ebola case further supported the argument that human security and human development cannot be treated in isolation. Poverty can and has often been the root cause of many human security threats. In this sense, future human security governance must combine proper defensive measures with more fundamental measures so that human security can be achieved and sustained

not only through protection, but more importantly, through empowerment. In all these cases, should future human security-oriented foreign policies be truly realized, states must transcend their narrow national interest and seriously consider the dignity and well-being of the most vulnerable people in society.

## NOTES

1. WHO (2017) *Fact sheet on 'Ebola Virus Disease'*, updated June 2017, http://www.who.int/mediacentre/factsheets/fs103/en/ and *What is Ebola Hemorrhagic Fever?* https://www.medicinenet.com/ebola_hemorrhagic_fever_ebola_hf/article.htm#what_is_the_history_of_ebola_hemorrhagic_fever, accessed June 25, 2017.
2. Japan initially contributed about USD 50 million in aid, but by the end of 2014, it had pledged an additional USD 100 million; thus, total aid was more than USD 150 million (Japan Kantei 2015).
3. The lessons learnt from SARS and the awareness of weak medical systems in African countries were mentioned by many interviewees. Interviews were conducted in 2015 with many Chinese scholars, individuals from a variety of aid organizations, and government officials, including members of the NHFPC (National Health and Family Planning Commission, China, which is equivalent to Ministry of Health), some of whom have actually been to West Africa.
4. The lessons learnt from SARS and the awareness of African weak medical systems in African countries were mentioned by many interviewees. Interviews were conducted in 2015 with many Chinese scholars, people individuals who work in from a variety of aid organizations, and government officials, including members of the NHFPC (National Health and Family Planning Commission, China, which is equivalent to the Ministry of Health), some of whom have actually been to West Africa.
5. The US personnel sent to West Africa came mainly from the US Department of Defense (DoD), CDC, the US Public Health Service (USPHS) Commissioned Corps, the US Agency for International Development (USAID), and the National Institute of Health (NIH).
6. Interviews conducted in 2015.
7. *China Daily, FOCAC 2015 Johannesburg Declaration*, 11 December, http://www.chinadaily.com.cn/kindle/2015-12/11/content_22702252.htm, accessed June 25, 2017.
8. The 'Five Principles of Peaceful Coexistence' emphasize mutual respect for sovereignty and territorial integrity, mutual non-aggression, and non-interference in other's internal affairs, all important guiding principles for

China Daily. September 26, 2014. 'China to help Africa tackle root cause of Ebola.' *China Daily*, September 26, 2014. Accessed June 3, 2016. http://www.chinadaily.com.cn/china/2014-09/26/content_18669333.htm.

China Daily. October 20, 2014. 'China's Ebola aid 'timely', additional help needed: WFP.' *China Daily*, October 20, 2014. Accessed June 3, 2016. http://www.chinadaily.com.cn/china/2014-10/20/content_18773026.htm.

China Daily. February 15, 2015. 'UN shows appreciation for China's role in fighting Ebola.' *China Daily*, February 15, 2015. Accessed June 18, 2016. http://www.chinadaily.com.cn/m/chinahealth/2015-02/15/content_19598018.htm.

China Daily. October 8, 2015. '1,500 medical aid workers going to Africa.' *China Daily*, October 8, 2015. Accessed June 18, 2016. http://www.chinadailyasia.com/nation/2015-10/08/content_15326409.html.

China News. April 3, 2015. 'Hanguo Paiqian chuanran bingxue zhuanjia canyu guoji kangji Aibola diaoyan [South Korea dispatches health experts to join international efforts Ebola research].' *China News*, April 3, 2015. Accessed June 16, 2016. http://news.nen.com.cn/system/2015/04/03/017144016.shtml.

CHS (Commission on Human Security). 2003. *Human Security Now: Final Report*. New York: CHS.

Cui, Shunji. 2012. '"Positive Peace" and Non-traditional Security Studies: Chinese Cultural Perspectives.' *International Politics Quarterly* 1: 39–44.

Cui, Shunji. 2014. 'Human Development and Human Dignity: Rethinking the Concept of Human Security.' *Journal of International Security Studies* 32 (1): 63–77.

Dearden, Lizzie. 2014. 'Ebola crisis: How much are different countries donating to fight the outbreak—an is it enough?' The Independent, October 20, 2014. Accessed October 24, 2014. https://www.independent.co.uk/news/world/africa/ebola-crisis-how-much-are-different-countries-donating-to-fight-the-outbreak-and-is-it-enough-9806212.html.

Deloffre, Maryam Zarnegar. 2014a. 'Human Security in the Age of Ebola: Towards People-Centered Global Governance.' *E-International Relations*, October 25.

Deloffre, Maryam Zarnegar. 2014b. 'Will AFRICOM's Ebola Response Be a Watershed Moment for International Action on Human Security?' *The Washington Post*, September 29.

Dionne, Kim Yi, Laura Seay, and Ryan McDaniel. 2014. 'AFRICOM's Ebola Response and the Militarization of Humanitarian Aid.' *The Washington Post*, September 25.

Edelstein, Michael, David Heymann, and Philip Angelides. 2015. 'Ebola and Future Health Crises: The Role of the G7.' Accessed May 20, 2017. https://www.chathamhouse.org/expert/comment/17567.

Embassy of the People's Republic of China. 2014. *Supporting Africa in Fighting Ebola: China Acts on Both Symptoms and Root Cause*. Prague: Embassy of the PRC in the Czech Republic.

Embassy of the People's Republic of China. 2015. *China, Africa to Join Hands in Post-Ebola Cooperation*. Pretoria: Embassy of the PRC in the Republic of South Africa.

Falkner, Robert, and Barry Buzan. 2017. 'Global Environmental Politics in English School Perspective: Environmental Stewardship as an Emerging Primary Institution of International Society.' Paper presented at the 2017 Annual Convention of the International Studies Association, Baltimore, February 22–25.

Fidler, David P. 2013. 'Asia and Global Health Governance: Power, Principles and Practice.' In *Asia's Role in Governing Global Health*, edited by Kelley Lee, Tikki Pang, and Yeling Tan, 198–214. London and New York: Routledge.

FOCAC (The Forum on China–Africa Cooperation). 2014. '*Zhichi Feizhou Kangji Aibola: Zhongguo Yuanzhu Shishizaizai*' [Supporting Africa in Fighting Ebola: China's Real Contribution]. *FOCAC*, November 19.

Galtung, Johan. 1969. 'Violence, Peace and Peace Research.' *Journal of Peace Research* 6 (3): 167–91.

Galtung, Johan. 1985. 'Twenty-Five Years of Peace Research: Ten Challenges and Some Responses.' *Journal of Peace Research* 22 (2): 141–58.

Ginsburg, J. A. 2014. 'How saving West African forests might have prevented the Ebola epidemic.' *The Guardian*, October 3, 2014. Accessed June 15, 2016. https://www.theguardian.com/vital-signs/2014/oct/03/ebola-epidemic-bats-deforestation-west-africa-guinea-sierra-leone-liberia.

Government of Japan. 2015. 'Japan's Contribution to International Efforts to Halt the Ebola Outbreak.' Accessed May 20, 2017. https://japan.kantei.go.jp/ongoingtopics/ebolaoutbreak.html.

Grépin, Karen. 2015. 'International Donations to the Ebola Virus Outbreak: Too Little, too Late?' *BMJ* 350: h376, 1–5.

Japan Times. November 24, 2014. 'Japan, China, S. Korea agree to cooperate on Ebola.' *The Japan Times*, November 24, 2014. Accessed June 8, 2016. http://www.japantimes.co.jp/news/2014/11/24/national/japan-china-s-korea-agree-cooperate-ebola/.

Japan Times. February 24, 2015. 'Japanese troops won't be sent to Ebola-hit Sierra Leone.' *The Japan Times*, February 24, 2015. Accessed June 8, 2016. http://www.japantimes.co.jp/news/2015/02/24/national/gsdf-troops-wont-sent-ebola-hit-sierra-leone/.

JICA (Japan International Cooperation Agency). 2010. *Human Security Approach: Features and Case Studies*. Tokyo: JICA.

Kieny, Marie-Paule. 2014. 'Ebola and Health Systems: Now Is the Time for Change.' *WHO Commentary*, December 12.

Kopra, Sanna. 2017. 'China and International Norm of Climate Responsibility: Agency and Institutional Change.' Paper presented at the 2017 Annual

Convention of the International Studies Association, Baltimore, February 22–25.

Korea Times. October 17, 2014. 'South Korea to send Ebola relief team to West Africa.' *The Korea Times*, October 17, 2014. Accessed June 16, 2016. http://www.koreatimesus.com/south-korea-to-send-ebola-relief-team-to-west-africa/.

Kozyrev, Vitaly. 2016. 'Harmonizing "Responsibility to Protect": China's Vision of a Post-sovereign World.' *International Relations* 30 (3): 328–45.

Kupferschmidt, Kai. 2016. 'WHO Declares Ebola Outbreak Over.' *Science Magazine*, January 14.

Larson, Christina. 2014. 'China Ramps Up Efforts to Combat Ebola.' *Science Magazine*, November 3.

Liu, H., and M. Huang. 2013. *Zhongguo Dui wai Yuanzhu Yu Guoji Zeren De Zhanlue Yanjiu* [China's Foreign Aid Strategy and its International Responsibility]. Beijing: China Social Science Press.

Medical Express. September 16, 2014. 'Ebola death toll climbs to 2,461 out of 4,985 cases: WHO.' *Medical Express News*, September 16, 2014. Accessed August 14 2016. http://medicalxpress.com/news/2014-09-ebola-death-toll-climbs-cases.html.

Morgenthau, Hans J. 1950. 'The Mainsprings of American Foreign Policy: The National Interest vs. Moral Abstractions.' *The American Political Science Review* 44 (4): 833–54.

Morgenthau, Hans J. 2005. *Politics among Nations: The struggle for power and peace*. Boston: McGraw-Hill Higher Education.

New York Times. September 16, 2014. 'U.S. to Commit Up to 3,000 Troops to Fight Ebola in Africa.' *The New York Times*, September 16, 2014. Accessed April 8, 2015. https://www.nytimes.com/2014/09/16/world/africa/obama-to-announce-expanded-effort-against-ebola.html.

NHFPC (National Health and Family Planning Commission of the PRC). 2014. 'China Rushes Help to Ebola-Hit Countries.' Accessed April 20, 2017. http://www.chinadaily.com.cn/m/chinahealth/2014-10/24/content_22021941.htm.

NHFPC (National Health and Family Planning Commission of the PRC). 2015a. 'How Did the Chinese Medical Team Help Africa Fight Ebola?' Accessed April 20, 2017. http://www.chinadaily.com.cn/m/chinahealth/2015-02/12/content_19569375.htm.

NHFPC (National Health and Family Planning Commission of the PRC). 2015b. 'Fighting Ebola.' Accessed April 20, 2017. http://www.chinadaily.com.cn/m/chinahealth/2015-04/06/content_20532133.htm.

NHFPC (National Health and Family Planning Commission of the PRC). 2015c. 'China, Africa Agree on Building Resilient Public Health System.' Accessed April 20, 2017. http://www.chinadaily.com.cn/m/chinahealth/2015-10/07/content_22120835.htm.

Poku, Nana K. 2013. 'HIV/AIDS, State fragility, and United Nations Security Council Resolution 1308: A View from Africa.' *International Peacekeeping* 20 (4): 521–35.

Pollmann, Mina. 2015. 'Japan Nixes Plan to Send Troops to Join Ebola Fight: Japan Misses a Chance to Demonstrate the Softer Side of the SDF.' *The Diplomat*, March 3.

Rajagopalan, Megha. 2014. 'At the Bottom of the World Giving Index: Ebola Crisis Highlights China's Philanthropic Shortfall.' *Inter Aksyon*, November 4.

Santos, Matheus Felipe Aguiar et al. 2015. 'Ebola: An International Public Health Emergency.' *International Archives of Medicine* 8 (34): E-version. http://imed.pub/ojs/index.php/iam/article/view/1085.

Sen, Amartya. 1999. *Development as Freedom*. New York: Knopf.

Shinoda, Hideaki. 2012. 'The Principle of Local Ownership as a Bridge between International and Domestic Actors in Peacebuilding.' In *Indigenous Methods of Peacebuilding in Africa*, edited by Bertha Z. Osei-Hwedie, Treasa Galvin, and Hideaki Shinoda, 66–87. Hiroshima: Hiroshima University.

Snyder, Michael R. 2014. 'Security Council Response to Ebola Paves Way for Future Action.' *IPI Global Observatory*, December 4.

State Council of China. 2011. *Zhongguo De Duiwai Yuanzhu (2011)* [White Paper on China's Foreign Aid (2011)]. Beijing: People's Publishing House.

State Council of China. 2014. *Zhongguo De Duiwai Yuanzhu (2014)* [White Paper on China's Foreign Aid (2014)]. Beijing: People's Publishing House.

Sun, Y. 2015. 'The Sixth Forum on China-Africa Cooperation: New Agenda and New Approach?' Accessed April 20, 2015. https://www.brookings.edu/wp-content/uploads/2016/07/china-africa-cooperation-sun-2.pdf.

Tanaka, Akihiko. 2015. 'Toward a Theory of Human Security.' JICA-RI Working Paper No. 91. Accessed May 25, 2017. https://www.jica.go.jp/jica-ri/publication/workingpaper/jrft3q000000267e-att/JICA-RI_WP_No.91.pdf.

Tiezzi, Shannon. 2015. 'China Promises More Investment in 'Post-Ebola' West Africa.' *The Diplomat*, August 12.

UNDP (United Nations Development Programme). 1994. *Human Development Report 1994*. New York: Oxford University Press.

UNDP (United Nations Development Programme). 2014a. 'The Ebola Virus Outbreak and China's Response.' Accessed May 25, 2017. http://www.cn.undp.org/content/dam/china/docs/Publications/UNDP-CH-SSC-December.pdf.

UNDP (United Nations Development Programme). 2014b. 'China's Second White Paper on Foreign Aid.' Accessed May 25, 2017. http://www.cn.undp.org/content/dam/china/docs/Publications/UNDP-CH-ISSUE%20BRIEF.pdf.

UNGA (United Nations General Assembly). 2015. *Transforming Our World: The 2030 Agenda for Sustainable Development*, A/RES/70/1. New York: United Nations.

UNSC (United Nations Security Council). 2000. *UN Security Council Resolution 1308 (2000) on the Responsibility of the Security Council in the Maintenance of International Peace and Security: HIV/AIDS and International Peace-Keeping Operations*, SC/6890. New York: United Nations.

UNSC (United Nations Security Council). 2014. *With Spread of Ebola Outpacing Response, Security Council Adopts Resolution 2177 (2014) Urging Immediate Action, End to Isolation of Affected States*, SC/11566. New York: United Nations.

Wang, X. 2014. *Zhongguo De Duiwai Yuanzhu (2014) Baipishu Jiedu* [Interpreting White Paper on China's Foreign Aid 2014, Interview with Wang Xiaolin]. *China Talk*, July 14.

White House. 2014. 'Remarks by the President at Global Health Security Agenda Summit.' The White House, US. September 26, 2014. Accessed October 18, 2015. https://www.whitehouse.gov/the-press-office/2014/09/26/remarks-president-global-health-security-agenda-summit.

WHO (World Health Organization). 2014a. *Ebola Situation Summary*. Geneva: World Health Organization.

WHO (World Health Organization). 2014b. *Statement on the 1st Meeting of the IHR Emergency Committee on the 2014 Ebola Outbreak in West Africa*. Geneva: World Health Organization.

WHO (World Health Organization). 2014c. *High Level Meeting on Building Resilient Systems for Health in Ebola-Affected Countries*, Meeting Report. December 10–11. Geneva: World Health Organization.

WHO (World Health Organization). 2016a. 'Ebola Virus Disease.' Accessed May 20, 2017. http://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease#.

WHO (World Health Organization). 2016b. 'Latest Ebola Outbreak Over in Liberia; West Africa Is at Zero, but New Flare-ups Are Likely to Occur.' Accessed May 20, 2017. http://www.who.int/news-room/detail/14-01-2016-latest-ebola-outbreak-over-in-liberia-west-africa-is-at-zero-but-new-flare-ups-are-likely-to-occur.

Xinhua. October 31, 2014. 'China pledges continuous aid to Africa in anti-Ebola efforts.' *Xinhua News*, October 31, 2014. Accessed April 8, 2015. http://news.xinhuanet.com/english/china/2014-10/31/c_133757126.htm.

Xinhua. November 4, 2014. 'China uses anti-SARS experience to fight Ebola in W. Africa.' *Xinhua News*, November 4, 2014. Accessed April 6, 2015. http://english.gov.cn/news/international_exchanges/2014/11/04/content_281475005359279.htm.

Xinhua. November 5, 2014. 'China plans 1,000 more staff to fight Ebola in Africa.' *Xinhua News*, November 5, 2014. Accessed April 8, 2015. http://news.xinhuanet.com/english/china/2014-11/05/c_133768588.htm.

Xinhua. August 8, 2015. 'China's anti-Ebola efforts further enhance China-Africa community of common destiny.' *Xinhua News*, August 8, 2015. Accessed June 18, 2016. http://news.xinhuanet.com/english/2015-08/08/c_134494756.htm.

Xinhua. August 10, 2015. 'Wang Yi: Xifei sanguo zhansheng Aibola zui genben de shi yao fazhan qilai [Wang Yi: Fundamental Solution to Defeating Ebola is the Development of the Three Western African Countries].' *Xinhua News*, August 10, 2015. Accessed June 15, 2016. http://world.people.com.cn/n/2015/0810/c157278-27437142.html.

Xinhua. August 11, 2015. 'Wang Yi tan xifei sanguo xing [Wang Yi talks about his West African Visit].' *Xinhua News*, August 11, 2015. Accessed June 15, 2016. http://news.xinhuanet.com/2015-08/11/c_1116214143.htm.

Xu, Weizhong. 2012. 'Forum on China-Africa Cooperation: Creating a More Mature and Efficient Platform.' *Contemporary International Relations* 22 (3): 1–8.