6 Escaping the 'Realist Trap'

The ROC's Participation in Global Health Governance Under the One-China Principle

Catherine Yuk-ping LO

Abstract
Drawing on the perspectives about global governance offered by realist international relations theory, this chapter aims to demonstrate that international institutions of global health governance are just another arena of world politics that is vulnerable to manipulation by powerful states. The utility of realism in understanding global health governance is examined by looking at the case of Taiwan, also named the Republic of China (ROC), and the COVID-19 pandemic. The case study shows how the One-China Principle has restricted interactions between the World Health Organization (WHO) and the ROC during health emergencies. While the constraints seem formidable, this paper argues that the ROC can potentially escape the 'realist trap' because of its *de facto* status, participating in global health governance in a meaningful way

Keywords: Taiwan (Republic of China), One-China Principle, global health governance, realism, World Health Organization (WHO), COVID-19

Introduction

There has been an ongoing debate in the field of international relations about the role of international institutions (Schweller and Priess 1997, 2). Institutionalists claim that international institutions can move states towards cooperation to promote the general welfare of states (Schweller and Priess 1997, 8). In contrast, realists perceive institutions as arenas for great powers to secure and advance their national interests (Mearsheimer

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1994/1995, 7). In light of this debate, this chapter considers the influence that the People's Republic of China (PRC) has had on the engagement of the Republic of China (ROC) in the World Health Organization (WHO) during the COVID-19 pandemic. The chapter shows that this demonstrates the realist prediction of the vulnerability of international institutions to great power politics.

With the increasing pressure exerted on the ROC by the PRC, and the ambiguous international status of the former, scholars have argued that the ROC's participation in global health governance is minimal and insignificant (Chen 2018, 264). However, this chapter posits that the *de facto* status of the ROC to a certain extent helps it escape the so-called 'realist trap' that state actors often encounter in global health governance.[1] This realist trap refers to the way in which states that seek to engage in international cooperation face problems, including other states freeriding in the cooperation, or other states failing to comply with norms and regulations (Mearsheimer 1994/1995, 12). By escaping realist entrapment, the ROC can potentially participate in global health governance in a meaningful way. This chapter proceeds as follows: It begins with an overview of the ROC's participation in the WHO. Applying a realist perspective, the chapter evaluates how, before and during the COVID-19 pandemic, the PRC has sought to secure its national interest regarding the ROC in the international community. The chapter concludes with a discussion of the future participation of the ROC in global health governance.

The ROC in Global Health Governance and the One-China Principle

The Republic of China (Taiwan) used to be a key player in global health governance, and was one of the founding members of the WHO in 1948. After the communists won control of mainland China, during the Chinese Civil War that lasted until 1949, the Chinese nationalists (Kuomintang) retreated to Taiwan. Since then, both the PRC and ROC have claimed sole representation of the Chinese nation. However, after the end of the civil war, the ROC remained a member of the WHO and other United Nations organizations. Following the US rapprochement with China in the early

1 The term 'realist trap' comes from an article written by Davenport (2011, 40) which argues for the entrapment of Marxism in realist thoughts: Davenport, Andrew. 2011. 'Marxism in IR: Condemned to a Realist fate?' *European Journal of International Relations* vol. 19: 27-48.

1970s, in 1971 the PRC replaced the ROC as the sole Chinese representative at the UN (Winkler 2012). The ROC's loss of its UN membership triggered a domino effect, with many other states then 'de-recognizing' the ROC's statehood. Between 1971 and 1979, at least 46 governments broke relations with the ROC (Hickey 2007, 9).

Meanwhile, the PRC began campaigns against the ROC's membership in international institutions under the One-China Principle. The One-China Principle is the name referred to by the PRC, while the same arrangement is referred to as 'the 1992 Consensus' by the ROC. Under the One-China Principle/the 1992 Consensus, both the PRC and ROC acknowledge that there is 'one China' but each side has its own interpretation of what 'China' means. From the PRC's perspective, Beijing is the sole legitimate government representing the whole of China, and Taiwan is not a sovereign state but rather a 'breakaway' province. Based on this perspective, the ROC should be replaced and represented by the PRC in all international organizations where membership is given to states (Li 2006, 598).

Because of the PRC campaigns carried out in the 1970s, the ROC lost representation in numerous international organizations, including the WHO (Li 2006, 598). Being excluded from the international health regime, the ROC government no longer had access to timely and first-hand information regarding global infectious disease outbreaks. It could not participate in WHO meetings discussing disease mitigation strategies or receive direct assistance in disease control and surveillance. However, the 2003 Severe Acute Respiratory Syndrome (SARS) crisis led to greater international concern over the absence of the ROC from global responses to disease outbreaks. The crisis served as a wake-up call, pointing to the need for the WHO and other states to reconsider the ROC's role in global health governance. As a result, the ROC itself, as well as several member states started calling for its inclusion as an observer in the World Health Assembly (WHA), the WHO's decision-making body (Hickey 2007, 105), for statehood is not a requirement at the WHA.

The ROC's engagement in global health governance was boosted when it was granted observer status in the WHA in 2009. The WHO's decision was based on an *ad hoc* arrangement as part of the One-China Principle. This arrangement stated that the ROC's participation in international organizations would be 'based on the agreement reached through consultations between the Chinese government and the international organizations [i.e., the WHO in this case] concerned' (Li 2006, 602). This pre-screening mechanism was established to provide the PRC with some flexibility to manage the issue, while preventing the ROC from

utilizing increased global participation to push for *de jure* independence (Glaser 2013).

However, despite gaining the possibility to participate in the WHO, Taiwan's ability to engage in the WHO's work and technical activities remained limited. One important reason for this was that, in 2005, the PRC government signed a secret Memorandum of Understanding (MOU) with the WHO secretariat. This memorandum acknowledged the PRC government's power over the ROC's participation in the WHO/WHA (Glaser 2013). This meant that ROC experts who planned to attend WHO meetings were required to apply five weeks in advance, submitting participant lists to the PRC government for approval. If ROC experts were invited to a conference, then the WHO was also required to invite experts from the PRC. In addition, higher-level ROC officials were restricted from attending any WHO activities. All communications between the ROC and the WHO were to be made through the PRC.

In the ROC elections of 2016, the Democratic Progressive Party (DPP) candidate Tsai Ing-wen, who is very sceptical of the PRC, was elected as president. Following this, the One-China Principle was explicitly mentioned for the first time as a 'precondition' for the ROC's invitation to participate in the WHA (deLisle 2016, 552). Because Tsai Ing-wen and the ruling DPP refused to affirm the One-China Principle, the ROC's participation in the WHA has been suspended since 2017. Referring to the ROC's participation in the WHA, a PRC white paper published in 2000 stated that 'everything can be discussed under the One-China Principle' (Chu 2000, 62). In other words, if the ROC accepts the One-China Principle, 'all other issues regarding Taiwan's international status and international space can be discussed and [it is possible to] find solutions' (Chu 2000, 62). The way in which the PRC has determined the ROC's participation in the WHA arguably offers proof of the realist idea that international institutions, such as the WHO, are arenas for great powers to secure and advance their national interests.

The ROC and the WHO During the COVID-19 Crisis

The vulnerability of the WHO to great power influence is even more apparent during global health crises. After receiving news about patients falling sick with a mysterious unidentified form of pneumonia in Wuhan, the ROC's health officials directly contacted the WHO for more information. It also warned the organization on 31 December 2019 of the possibility of human-to-human transmission, referencing the International Health Regulations

(IHR). However, the WHO only responded with a short message, stating that the information provided by the ROC had been forwarded to expert colleagues (Taiwan CDC 2020b). On 14 January 2020, the WHO wrote on the social media platform Twitter that there was 'no clear evidence' that the coronavirus could spread between people (Watt 2020). This Twitter post was made on the same day that the WHO's technical leader on COVID-19, Maria Van Kerkhove, gave a press briefing in Geneva warning of the potential for rapid spread. A middle-ranking WHO official had reportedly told the WHO's social media team to post a tweet that balanced the Van Kerkhove briefing, because the warning in this briefing conflicted with the initial Chinese findings (Corcoran 2020).

The WHO has also been accused of delaying the declaration of a Public Health Emergency of International Concern (PHEIC; Wenham et al. 2021, 1856). The designation of an outbreak as a PHEIC grants the WHO director-general additional powers to issue recommendations for how countries should respond. While countries can ignore those directives, such an announcement can increase global attention to an outbreak. Such declarations are made when the outbreak poses a risk to more than one country and requires a coordinated international response. Nevertheless, the WHO did not declare the outbreak to be a PHEIC until the end of January. On 23 January, the same day that the PRC's central government announced a lockdown in Wuhan and two other cities, the WHO convened an emergency committee. The committee asserted that the coronavirus did not yet constitute a PHEIC and that the extent of human-to-human transmission was still unclear (WHO 2020). This was despite the widespread reporting of cases across Asia, with cases reported in Thailand on 13 January, in Japan on 16 January, in South Korea on 20 January, in Taiwan on 21 January, and Singapore and Vietnam on 23 January. It was only when the virus had spread to all provinces and major cities in the PRC on 30 January, that the WHO determined that the outbreak constituted a PHEIC.

Some commentators speculated that the WHO avoided declaring a PHEIC right after the Wuhan lockdown because it was concerned this would have been perceived by Chinese authorities as distrust of their capability to control the disease (Mazumdaru 2020). Officials at the WHO were also aware that angering the PRC leaders over the ROC could result in Chinese officials sharing less information with the international community or barring WHO experts from investigating the origins of the virus (Mazumdaru 2020). Despite the fact that the WHO praised the PRC in public, it has been reported by the media that officials privately complained that the PRC authorities were not sharing enough data to allow them to assess how effectively the

virus spread between people or what risk it posed to the rest of the world (The Associated Press 2020).These political calculations, and the desire not to upset the PRC, has arguably meant that the WHO has downplayed the issue of the ROC 's participation during the current crisis.

This has been despite the fact that, during the early stages of COVID-19, the ROC led the world as the most-prepared and best-equipped region to fight the pandemic. The ROC authorities began screening passengers arriving from Wuhan as they disembarked at the airport on the same day that they first sent inquiries about COVID-19 to the WHO. The ROC also officially activated its Central Epidemic Command Center (CECC) on 20 January. This has allowed coordination with various ministries to enact policies and strategies already in place before the first case was reported on Taiwanese soil on 21 January (Taiwan CDC 2020a). At a time when other countries were experiencing a severe shortage of medical equipment, the ROC government implemented a rationing system for the public, allowing National Health Insurance cardholders to buy two masks per week at designated pharmacies. This number of masks was later increased to three per week, then nine every fortnight, after which an online ordering system was introduced (Taiwan CDC 2020c). When global infections reached one million in April 2020, the ROC government launched the Mask Donation Scheme that allowed Taiwanese people to donate their quota of surgical face masks to other countries that were in short supply. Taiwan likewise pledged to donate ten million face masks to different countries, including EU member states and the US (Peel and Hille 2020).

During the first year of the COVID-19 pandemic, the ROC was very successful in handling the virus. By the end of January 2021, only eight people in Taiwan had died from COVID-19 and it had seen a total of just 911 cases (JHU CSSE 2021). These statistics have been compared by some commentators with those of the PRC, which saw more than 89,500 cases of COVID-19. In making this comparison, some have also pointed to differences between the ROC's democratic approach to handling the pandemic and the authoritarian approach of the PRC. Therefore, the success that the ROC has had without WHO membership has increased international support for ROC membership in the organization (Lynch 2020). Supporters claimed that the WHO's exclusion of the ROC is seen to have prevented it from effectively sharing its strategy and information.

Trust in the WHO's objectivity on the matter has increasingly been eroded. This has been worsened by negative international media coverage. For example, during an interview with Radio Television Hong Kong (RTHK), the reporter Yvonne Tong asked the assistant director-general of the WHO,

Bruce Aylward, a question about the ROC not being granted membership of the WHO. Aylward responded by claiming not to hear the question, with some commentators suggesting that he was pretending not to hear it and was refusing to discuss the ROC's participation (Watt 2020). When he was asked the same question again, he replied: 'we've already talked about China' (Watt 2020).

There have been accusations that the WHO is being influenced by the PRC. One Japanese minister, for example, said that the WHO should be renamed as the 'Chinese Health Organization (CHO)'. Meanwhile Facebook users renamed the WHO as the 'Winnie (the Pooh) Health Organization', referring to Chinese President Xi, who has been compared to Winnie the Pooh in online memes. Critics have also accused the director-general of the WHO of serving Chinese interests in responding to COVID-19 because of his personal connections with China, or the China connections of the Ethiopian government with which he is linked. The current director-general of the WHO, Tedros Adhanom Ghebreyesus, was Ethiopia's Minister of Foreign Affairs from 2012 to 2016. During his tenure, an electrified Ethiopia-Djibouti railway line was built by China Railway Group and China Civil Engineering Construction, with the PRC's Exim Bank financing 70% of the construction costs (BBC News 2016). The line connects to Djibouti, which houses the first and only PRC military base overseas. A connection between the PRC and Ethiopia can similarly be seen in the fact that the former director-general of the WHO, the Chinese-Canadian Margaret Chan, supported Tedros in the selection process of the new director-general. Although these facts do not necessarily mean that the WHO has fallen prey to Chinese influence, they create suspicions at a time when public trust in the organization is faltering.

Escaping the 'Realist Trap': the Future of the ROC's Participation in Global Health Governance

Recent years have seen the suspension of the ROC's invitation to participate in the WHA and the consequent exclusion of Taiwan from the WHO. Alongside this, the ROC's international space has been further dwindling as a number of its diplomatic partners have switched allegiance to the PRC (Ministry of Foreign Affairs, Republic of China, 2020). Taiwan had fifteen diplomatic partners at the time of writing. In the global health regime, given the vulnerability of the WHO to great power influence, it seems that there is little the ROC can do but to accept reality. The PRC is a rising economic and military power and it is also a greater source of global

health threats. This means that the WHO and other international health organizations will likely choose the PRC over the ROC, in order to keep the former engaged in international cooperation. With the ROC's current international status, it seems that achieving 'meaningful participation' in global health governance is near to impossible in the absence of statehood (Chen 2018, 264). This chapter, however, argues the opposite. Owing to its *de facto* status, in its participation in global health governance the ROC is able to overcome two main constraints that realists claim that states face in international cooperation, namely free-rider and non-compliance problems (these constraints are here referred to as the 'realist trap').

Free-rider Problem: From a realist perspective, states see no obligation to help other states unless doing so will further their own national interests. National governments may provide public goods nationally, but there are few incentives for national governments to provide public health goods for other countries (Ng and Ruger 2011, 10). The provision of public health goods hence becomes the business of the hegemon (with the current global hegemon being the US; Min 2003, 23). While the hegemon provides public goods from which all other states benefit, its 'rivals' do not contribute to providing these goods. They therefore enjoy a 'free-ride' owing to the non-excludable nature of these goods or the fact that the hegemon cannot stop even those non-contributing states from receiving them (Min 2003, 23). Nobody is willing to pay unless there is a mechanism (i.e., taxation and fines) to enforce contribution. In this sense, realists argue that the US is reducing its contribution to global public goods to avoid the long-term relative decline of its hegemonic power. The cuts to US funding of Development Assistance for Health, the Global Health Security Agenda, and The President's Emergency Plan for AIDS Relief programmes under the Trump administration are cases in point.

Non-compliance Problem: A second constraint on global health cooperation is the way in which states can claim state sovereignty to justify non-compliance with norms in global health governance (Stevenson and Cooper 2009, 1379). Fighting the spread of viruses without international cooperation can be nearly impossible. Therefore, to fight viruses, states have to cede sovereignty to a certain extent in specific cases to ensure adequate provision of health security as a global public good (Huang 2016). From a realist perspective, states fear losing sovereignty, and in an anarchical international system they might only be willing to make a 'discount on sovereignty' when it comes to pragmatic problem solving (Florini 2011, 30).

Neither of these two constraints on cooperation apply to the ROC. As a *de facto* state, ROC officials want to gain sovereignty and international

recognition. Therefore, the ROC's leaders have been acting as though it is a member state that is responsible for paying for public health goods and for compliance with the norms that form the global health regime. As part of the international community's response to the outbreak of Ebola in West Africa in 2014, for instance, the ROC government donated US$1 million to international aid efforts and provided 100,000 sets of personal protective equipment for use by medical workers (Mainland Affairs Council, Republic of China 2015). Despite not being a WHO member state, the ROC has signed agreements with countries seeking help in overcoming the coronavirus, including the US. The ROC authorities announced the donation of two million surgical masks to the US.

The ROC has also contributed to disease control and mitigation at the regional level. For example, it organized training workshops for Asia-Pacific and Southeast Asian health professionals to improve the regional capacity to detect and respond to dengue fever, Ebola, Middle East Respiratory Syndrome (MERS), and Zika virus (Lee and Fang 2016). The ROC's commitment to health governance at the regional level is likewise shown by the 'New Southbound Policy' that the Tsai administration established. This policy strengthened the ROC's relationships with the ten countries of ASEAN, six states in South Asia (India, Pakistan, Bangladesh, Nepal, Sri Lanka, and Bhutan), Australia, and New Zealand (Taipei Economic and Cultural Office in Brunei Darussalam 2016). The ROC announced that six medical centres would be established in India, Indonesia, Malaysia, the Philippines, Thailand, and Vietnam to promote medical cooperation (Department of Information Service, Executive Yuan 2018). Escaping the realist fate, the ROC shows it can meaningfully participate in global health governance even in the absence of state-affiliated membership of the WHO.

Concluding Remarks

The ROC is one of the 'theatres' of the souring relations between the PRC and the US. In March 2020, the then US president Trump signed the Taipei Act requiring Washington to advocate the ROC's inclusion in international bodies like the WHO (Watt 2020). Furthermore, the then US Health Chief Alex Azar made a rare trip to the ROC. He was the highest-level American official to visit the ROC in decades (Wong 2020). All this posturing towards the ROC is a violation of the One-China Principle in the eyes of the PRC government. Considering the suspension of the ROC's participation in the

WHA, plus the *de facto* status of the ROC, a realist perspective would argue that its contribution to and involvement in global health governance have to be minimal and limited. However, as this chapter shows, the *de facto* status helps the ROC escape this supposed 'realist trap', namely the free-rider and non-compliance problems that rational-choice theorists believe state actors face in global health governance. As long as the ROC upholds the provision of public health goods and compliance to global norms, it can achieve meaningful participation in health governance at both the global and regional levels.

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