

U.S.-China Collaboration in Combating the 2014 Ebola Outbreak in West Africa

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with 100 beds and deployed 280 medical staff. China was the first foreign country to build staff, a maintain a medical facility in the affected region. The Chinese CDC mobile testing lab in Freetown, Sierra Leone, which performed 40 blood tests a day and tested corpses to determine if traditional burial practices could be safely performed on the body. The Chinese CDC also sent a team of

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Conclusion: Why was this collaboration possible? What were the crucial factors?

Since President Xi Jinping came to power in 2013, Americans have been increasingly doubtful of the U.S.' engagement policy toward China and whether it has brought meaningful benefits to the U.S. To avoid a sudden change in Washington's policy toward China, Beijing was anxiously searching for a means to create a new framework of cooperation with the U.S. "a new kind of great power relations." Working together to combat the Ebola outbreak had the potential to make this new chapter in the relationship strong. Therefore, China was motivated to partner with the U.S.

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The question of drug testing also caused issues for both the U.S. and China. ZMapp's initial supply was used up by FDA mandated trials and was rejected by Doctors Without Borders because of trial conditions. Because M77 did not have these conditions, it was widely administered to patients on the ground. On the other hand, ZMapp was given to fewer patients in a controlled study the latter part of the crisis. More recently, during the 2018 Ebola crisis in the DRC, the vaccine developed by S. company Merck was chosen over the vaccine developed by the PLA's Academy of Military Medical Science and Chinese company Cansinobio because Merck's drug had undergone more significant testing. These two situations reflected tensions between testing and quick delivery of pharmaceuticals.

Another issue we have observed through this research is that there was clearly a lack of coordination between the two countries in their efforts to combat Ebola. For example, each country built its own treatment centers on its own timeline. In other words, each was executing its own plans without much joint planning. This lack of true coordination likely led to the duplication of efforts. While the September 2015 MoU agreeing to more frequent communication between the U.S. and China was signed to enhance U.S.-China collaboration on future projects, to date it does not seem to have facilitated any collaboration on the response to the Ebola outbreak in the DRC. Given that on July 17, 2019, the WHO declared the DRC Ebola outbreak a Public Health Emergency of International Concern, the U.S. and China should try to find areas to collaborate so they can better address the outbreak.

A key lesson from this case study is that after Beijing was approached by the U.S.

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