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How the Small Dragon Can Help Fight a Virus: Exploring the Link between Taiwan's COVID-19 Health Diplomacy and the “Campaign” for Its Inclusion in the WHO

Abstract: COVID-19 became a global disaster. Yet, Taiwan, which lies in close proximity to the People's Republic of China, is referred to as a “COVID-19 success story”. Moreover, Taiwan has been providing medical assistance to countries affected by the pandemic. The questions arise: did Taiwan's success in fighting COVID-19 and its health diplomacy become a source of its soft power? Did it translate into countries' campaign for the island's inclusion in the WHO? The given research paper uses a qualitative content analysis method and examines the speeches of selected countries' representatives during the 73rd World Health Assembly. Conclusively, Taiwan's success in combating COVID-19 and its health diplomacy did not translate into the explicit campaign for its inclusion, with the exception of the US and Japan. Therefore, in this case, Taiwan's attractiveness proved to have limited power in international politics, for other causal forces prevailed over it.

Key words: Taiwan, One China policy, WHO, health diplomacy, soft power

Introduction¹

COVID-19 has become a global disaster: as of April 24, 2021, there are over 145 million confirmed COVID-19 cases and more than 3 million people died as a result of the pandemic (Johns Hopkins University & Medicine, n.d.). Meanwhile, Taiwan, an island, which is separated from Mainland China by the roughly 100 miles-wide Formosa Strait, has been “frozen out” of the World Health Organisation. Yet, Taiwan is referred to as a “COVID-19 success story” (Aspinwall, 2020; Hilton Yip, 2020). As of April 24, 2021, the country has only 1097 confirmed cases

¹ The author wishes to thank her friend, Amy Griffin, for the comments on an earlier draft of the given research paper.

of the illness caused by the new virus and twelve deaths² (Johns Hopkins University & Medicine, n.d.). It is argued that the success of what is called the “Taiwan model for combating COVID-19” results in Taiwan being perceived as an example of a democratic country that successfully contained the spread of the virus while being “transparent” about it (contrary to the People’s Republic of China) (Horton, Lauly Li, Cheng Ting-Tang, 2020; Hilton Yip, 2020).

Whereas Taiwan initially banned the exports of masks to other countries in order to ensure the supply of masks within the country, it has since provided humanitarian assistance to countries affected by the pandemic by donating surgical masks and other medical supplies as well as sharing anti-pandemic knowledge. According to the Ministry of Foreign Affairs of Taiwan, the donations, which are often referred to as “mask diplomacy” (Horton, Lauly Li, Cheng Ting-Tang, 2020; Ward, 2020), help to share the “Taiwan can help!” spirit within the international community (Jennings, 2020).

The questions arise: did Taiwan’s success in combating COVID-19 and its health diplomacy³ become the source of its soft power regarding the island’s inclusion in the World Health Organisation?⁴ Specifically, did it translate into the countries’ attempts to enable Taiwan’s participation in the WHO? The present research paper empirically examines the linkage between Taiwan’s success in fighting COVID-19 and its health diplomacy⁵ versus selected countries’ campaigns for its inclusion in the WHO during the 73rd World Health Assembly Session.⁶ It uses a qualitative

² In comparison, Czechia, a European Union member state with a population nearly twice smaller than that of Taiwan, has over 1,6 million cases of the illness and over 28 thousand deaths caused by COVID-19 (Johns Hopkins University & Medicine, n.d.; Central Intelligence Agency, 2021a & 2021b).

³ Taiwan’s actions are described as “health diplomacy”, not “mask diplomacy”, for they also include anti-pandemic knowledge sharing. The term “medical diplomacy” is not used instead, because the improvement of health is the ultimate goal of this type of diplomacy.

⁴ The given research paper builds upon Joseph Nye’s concept of soft power. The connection between soft power and health diplomacy is explained in the next section.

⁵ Taiwan’s health diplomacy has been analysed by scholars as a component of Taiwan’s foreign aid (Taylor, 2002; Teh-Chang Lin, Jean Yen-Chin Lin, 2017). Taiwan’s COVID-19 health diplomacy has not achieved much scientific attention, with the exception of Dean-Chen Yin (2021), who focuses on Taiwan’s narratives.

⁶ The World Health Assembly is the decision-making body of the World Health Organisation. It is held annually in Geneva, Switzerland, and is attended by the representatives of the WHO Member States and observers.

content analysis method and examines the speeches of selected countries' representatives.⁷ It is noteworthy that this specific event was chosen for the given research, as during the 73rd WHA all the countries' representatives had an equal opportunity to call for Taiwan's inclusion in the WHO.⁸ While many countries expressed their gratitude for Taiwan's medical assistance before the 73rd WHA,⁹ during this event it was demonstrated whether the island's attractiveness translated into states' action. In other words, the event became a real test of "Taiwan's soft power at work".

The first section presents the theoretical foundation of the given research paper, i.e., the linkage between health diplomacy and soft power. The second section unveils Taiwan's "ambiguous" international status and the island's evolving approach to foreign aid, *inter alia* its health diplomacy. The third section explores the "Taiwan model for combating COVID-19", Taiwan's COVID-19 health diplomacy, and its previous intercourse with the WHO. The fourth section justifies the selection of cases and presents the methodology. The fifth section unveils research findings. The last section offers a discussion of research results and a conclusion.

Conceptualising Health Diplomacy

In the 1970s, Peter Bourne introduced the concept of "medical diplomacy" by arguing that medicine and health might be used to improve relations between states (Katz, et al., 2011, p. 505). Meanwhile, globalisation

⁷ The present research paper draws upon Hans Morgenthau's advice: one should "look over the shoulders" of those who act in the name of a state and analyse their words (2004, p. 5).

⁸ Each representative had two minutes to deliver the speech.

⁹ In April 2020, in response to Taiwan's pledge to donate masks to the EU, the President of the European Commission, Ursula von der Leyen, expressed her gratitude to Taiwan and described the donations as a "gesture of solidarity" (Ursula von der Leyen, 2020; see Zsuzsa Anna Ferenczy, 2020). Additionally, European countries' Representative Offices in Taiwan (e.g. British Office Taipei, Belgian Office Taipei, French Office in Taipei, German Institute in Taipei) acknowledged the donations on social media (Taiwan News, 2020). After Taipei promised to donate 2 million masks to the U.S., on April 1, 2020, the American Institute in Taiwan (2020) expressed its gratitude, calling Taiwan "a real friend indeed". The second wave of Taiwan's humanitarian assistance prompted the Secretary of State Mike Pompeo to write the following on his Twitter account: "During tough times, real friends stick together" (Secretary Pompeo, 2020).

generates increasing interconnectivity between societies and states. As a result, public health promotion abroad is becoming the integral component of states' security defined in terms of survival and, subsequently, their foreign policy. Global pandemics, such as COVID-19, demonstrate that health is a global and common public good (Fidler, 2006, pp. 51–58; Katz, et al., 2011, p. 504–505).

David Fidler identifies three ways, in which the relationship between health and foreign policy might be understood. The first approach – “foreign policy as health” – is based on the assumption that health transforms foreign policy. Both the “idea” of global health anchored in the concept of interdependence of all human beings and the “science” of health based on scientific discoveries push states to take certain actions.¹⁰ The second perspective called “health and foreign policy” holds that health-related issues are incorporated into foreign policy agendas because statesmen are becoming aware of the fact that they pose a threat to national security. Under this approach, health is just an instrument of achieving foreign policy objectives. The third approach is, in Fidler's opinion, the most accurate one. As this is a synthesis of the above-presented perspectives, it holds that, while health does affect foreign policy, neither health as the “idea”, nor health as “science”, are capable of changing a state's concern with pursuing its national interest (Fidler, 2005, pp. 183–187). Hence, under the third perspective, both health concerns and foreign policy objectives shape “health diplomacy”.¹¹ As Julie Feinsilver demonstrated on the example of Cuba, this type of diplomacy might allow a state to obtain the “symbolic capital”, e.g., prestige on the world stage (2010, pp. 99–101).

Joseph Nye maintains that the domestic and foreign policies of a country might be a source of its soft power. He also emphasises the role of values, in which the governments' policies are anchored. For example, the governments' actions aimed at promoting peace and human rights might affect the other' countries preferences (Nye, 2004, pp. 11–15). As a re-

¹⁰ The concept of “global health diplomacy”, i.e., “multi-actor negotiation processes that shape and manage the global policy environment for health” (Kickbusch, Silberschmidt, Buss, 2007, p. 230), builds upon the first approach.

¹¹ In the given research paper, the definition of “health diplomacy” builds upon the third perspective presented by David Fidler. It is assumed that the term refers to actions taken by governments to promote public health abroad and solve health-related issues, to achieve foreign policy objectives. It is also believed that global health might be one of a country's foreign policy objectives given the interconnectivity between states.

sult, a country might accomplish the desired goals in international politics without using force or money. It might instead achieve them as a result of other countries' admiration of its values and willingness to follow its example (Nye, 2004, pp. 5–10). Hence, a country's successful public health policies at home and its health diplomacy might become a source of its soft power and affect other countries' behaviour.

Taiwan's International Status & Evolving Approach to Foreign Aid

The current international status of Taiwan might be described as “ambiguous” or “anomalous”. The Republic of China (Taiwan) is not officially recognised as a country by its key ally, the United States of America. The United Nations regards Beijing as a representative of “One China”, which officially includes Taiwan. However, the island has never been controlled by the People's Republic of China (Horton, 2019; Cooper, 2013, pp. 235–236). The genesis of this “ambiguity” dates back to 1949, when the ruling Nationalist Party of China (Kuomintang), along with Nationalist troops led by Chiang Kai-shek, retreated to the island of Taiwan and declared the relocation of China's capital to Taipei (as a result of the Communists' victory in the Chinese civil war). During the following decades, the United States had recognized Taipei as the sole government of China, which resulted in Taiwan's entitlement to a seat on the United Nations Security Council.

In the 1960s and 1970s, the “rapprochement” between Washington and Beijing, led to the official establishment of the American “One China” policy based on the 1972 *Shanghai Communiqué* (Kissinger, 2011, pp. 86–91, 202–236, 267–275; Manthorpe, 2005, pp. 211–227). According to the document, the United States “acknowledges that all Chinese on either side of the Taiwan Strait maintain there is but one China and that Taiwan is a part of China”.¹² The second *Normalisation Communiqué* was issued in 1979 and stipulates that the United States and China “have agreed to recognise each other and to establish diplomatic relations as of January 1, 1979”. Moreover, Washington “recognises the Government of the People's Republic of China as the sole legal Government of China”

¹² Furthermore, Washington, “does not challenge that position. It reaffirms its interest in a peaceful settlement of the Taiwan question by the Chinese themselves” (U.S.-PRC Joint Communiqué, 1972).

(Joint Communiqué, 1979).¹³ Consequently, Washington switched diplomatic ties from Taipei to Beijing.

The trend of recognising Beijing as the sole government of China began in the 1950s and intensified in the 1970s when Taipei “lost” its seat on the United Nations Security Council. In the following decades, more than 70 countries switched diplomatic recognition from Taipei to Beijing. It could be argued that states that recognise Taipei as the sole government of China (diplomatic allies) are crucial for maintaining Taiwan’s legitimacy. First, the “capacity to enter into relations with the other states” is the fourth criterion of statehood under the 1993 Montevideo Convention on the Rights and Duties of States. Second, Taipei needs diplomatic allies for they call for its inclusion in international organisations, for example in the WHO (Shattuck, 2020, pp. 341–344).

This very issue of legitimacy¹⁴ had been pushing Taipei towards “dollar diplomacy”. As maintained by Ian Taylor, Taiwan had been generously providing African countries with financial incentives with the purpose of maintaining (and obtaining) the diplomatic allies. However, it did not put enough effort to supervise the aid distribution. The result was African elites bolstering their position at Taiwanese taxpayers’ cost. In the 1990s, Taiwan was so desperate as to even support the warlord Charles Taylor’s presidential campaign (Taylor, 2002, p. 125–140). Political motivations, i.e., cross-strait competition for recognition, are still significant when it comes to the selection of recipients of Taiwan’s foreign aid. However, Taiwan’s democratisation and the cooperation between the government and NGOs have

¹³ The future of Taiwan is a debated issue. John Mearsheimer (2014) argues that the rise of China is a “nightmare” for Taiwan, for it will inevitably lead to the *de facto* unification of China and Taiwan. He claims that nationalism and security concerns push China towards the incorporation of Taiwan. Charles Glaser (2011&2015) claims that the United States should negotiate a grand bargain with China to end its commitment to Taiwan, for it will moderate the security competition between Washington and Beijing and decrease the probability of war between the two nuclear superpowers. Nancy Tucker and Bonnie Glaser (2011) argue that the United States should not abandon Taiwan, for as a result of this decision Washington would appear as “weak” in the eyes of increasingly confident Beijing. Furthermore, the United States’ decision might eventually be counterproductive because it might “promote new appetites” of the Chinese leadership (Tucker, Glaser, 2011, p. 25).

¹⁴ Gary Rawnsley mentions the issue of Taiwan’s legitimacy and argues that Taiwan should focus on its credibility instead. That’s because “democratic values are Taiwan’s greatest soft power asset” and they are the source of the island’s credibility, while legitimacy is granted by the international community (2014, p. 168; 2017, pp. 997–998).

resulted in Taipei having a different approach to its foreign aid. Specifically, there is an ongoing shift towards a more society-oriented approach: countries, which are not Taiwan's diplomatic allies are being included and the aid is aimed at individual development, *inter alia* achieving UN-defined Millennium development goals (Teh-Chang Lin, Jean Yen-Chun Lin, 2017, pp. 469–490). Moreover, Taiwan has been implementing healthcare-related projects in countries, which are not its diplomatic allies (e.g., Malawi, South Africa), as part of its efforts directed at solving international development issues (Jerzewski, Kuan-Ting Chen, 2020).

Taiwan's Success, "Taiwan Can Help" & WHO

As the president of the Republic of China stated, "[d]espite the virus's highly infectious nature and our proximity to its source, we have prevented a major outbreak [...] This success is no coincidence. A combination of efforts by medical professionals, government, private sector and society at large have armored our country's defenses" (Tsai Ing-wen, 2020). Taiwan experienced the SARS outbreak in 2003, therefore, the country was vigilant and aware of the dangers connected with infectious diseases. On December 21, 2019, China informed the World Health Organisation about several cases of "unknown" pneumonia. Subsequently, the inspections of passengers arriving from Wuhan were ordered immediately by Taiwan's Centres for Disease Control. On January 12, 2020, Taiwan managed to send the team of its experts to Wuhan despite tense relations across the Taiwan Strait. In turn, on January 20, the Central Epidemic Command Centre was activated, which helped to coordinate Taiwan's efforts to contain the spread of the disease. In the months that followed, the mask rationing system was established, and technology was widely used in order to track and detect the virus (Hiltop Yip, 2020; Sui, 2020; Chang-Ching Tu, 2020; Wang, Brook, 2020, pp. 1341–1342).

Whereas Taipei initially banned the export of masks, in April 2020, it started donating masks to countries affected by COVID-19. Taiwan's actions are often referred to as "mask diplomacy", yet it is worth mentioning that the island's donations included other medical supplies as well. While medical assistance was being provided, the slogan "Taiwan can help!" was broadcast. Taiwan has been supporting the United States of America, Canada, the European Union (and other European states), its diplomatic allies, its partners under New Southbound Policy, Japan, and

other African and Middle Eastern countries, by sending medical supplies and sharing knowledge on anti-pandemic strategies and global health security (Ministry of Foreign Affairs, n.d.-b).

Taiwan's success in fighting COVID-19 and its health diplomacy resulted in the reemergence of the issue of Taiwan's inclusion in the WHO (Focus Taiwan, 2020). Between 2009 and 2016 Taiwan was participating in the WHO as an observer following the 12-year campaigning and negotiation process.¹⁵ As maintained by Björn A. Lindemann, Taiwan's efforts to join the WHO were driven by three motives. The first motive is referred to as international, as Taipei desired to improve its international status. The second motive is functional and was anchored in the protection of the Taiwanese people's health. Finally, the third motive is referred to as domestic and is rooted in public demand for Taiwan's participation in global health-related activities (2012, pp. 190–194). Taiwan's efforts collided with Beijing's attempts to ensure that Taiwan was presented as a part of China in the WHO, which were successful and resulted in the 2005 Memorandum¹⁶ as well as Taiwan's eventual inclusion under the label of "Chinese Taipei" instead of "Taiwan, China" (Herrington, Lee, 2014). On the other hand, international support for Taiwan's inclusion, particularly from the United States and Japan, played a crucial role. Moreover, the 2003 SARS pandemic became a "catalyst", which damaged China's international image, and resulted in higher international support for Taiwan's inclusion (Lindemann, 2012, pp. 202–212; 246–252).

Selection of Cases & Methodology

The selection process is presented in the table below (Table 1). Twenty countries have been selected as case studies for the present research pa-

¹⁵ It is argued that Beijing blocked Taiwan from participating as an observer because of Tsai Ing-wen's presidential elections victory and her reluctance regarding the "1992 consensus" (You-Jie Chen, Cohen, 2020; Van Der Wees, 2017). The "1992 consensus" refers to the meeting between the representatives of the People's Republic of China and the Republic of China, which took place in 1992. The countries agreed that there is "One China", though the concept might still be interpreted differently by Beijing and Taipei.

¹⁶ 2005 Memorandum refers to the secret agreement regarding the Taiwan issue, which was reached between the People's Republic of China and the WHO (see Lindemann, 2012, pp. 214–225). The secret nature of this agreement is an evidence that supports Kenneth Waltz's thesis regarding the existence of international institutions, as he maintains that, first and foremost, they serve the states' national interests (Waltz, 2000).

Table 1

Selection of cases

Country	Taiwan's Diplomatic allies	Political System	Country	Taiwan's Diplomatic allies	Political System
Australia		Full democracy	Nauru	+	
Belgium		Flawed democracy	Netherlands		Full democracy
Belize	+		Nicaragua	+	
Canada		Full democracy	Palau	+	
Czech Republic		Flawed democracy	Papua New Guinea		Flawed democracy
Eswatini	+		Philippines		Flawed democracy
Fiji		Hybrid regime	Paraguay	+	
France		Flawed democracy	Poland		Flawed democracy
Germany		Full democracy	Saint Kitts and Nevis	+	
Guatemala	+		Saint Lucia	+	
Haiti	+		Saint Vincent and the Grenadines	+	
Honduras	+		Singapore		Flawed democracy
Holy See*	+		Spain		Full democracy
India		Flawed democracy	Switzerland		Full democracy
Indonesia		Flawed democracy	Thailand		Flawed democracy
Italy		Flawed democracy	Tuvalu	+	
Japan		Full democracy	Vietnam		Authoritarian
Luxembourg		Full democracy	United Kingdom		Full democracy
Marshall Islands	+		United States		Flawed democracy
Myanmar		Authoritarian			

Note: Taiwanese religious organisations provided the Holy See with medical supplies, though MOFA participated in the process. The cells, which are filled with light grey colour, identify the reason for countries' exclusion from the present study.

Source: Own elaboration based on Ministry of Foreign Affairs, 2020a, 2020b, 2020c, 2020d, 2020e, 2020f, n.d.-b & Economist Intelligence Unit, 2021.

per. The procedure of the selection has been as follows. First, countries, which benefited from Taiwan's assistance, specifically, in form of medical supplies donations, not just anti-pandemic knowledge sharing, have been identified. The identification was based on Taiwan's Ministry of Foreign Affairs official documents analysis¹⁷ (2020b, 2020c, 2020d, 2020e & 2020f). Second, Taiwan's diplomatic allies have been excluded as they recognise the Taipei government as the sole Chinese government (Ministry of Foreign Affairs, n.d.-a). Third, non-democratic countries have been excluded as Taiwan is a democratic country, hence ideational differences might have constituted another causal force that affected their stance on Taiwan's inclusion in the WHO.¹⁸

The speeches delivered during the plenary session of the 73rd World Health Assembly (May 18–19, 2020) by selected countries' representatives¹⁹ have been examined using a qualitative content analysis method (Hermann, 2008). The speeches are coded using the following categories, which relate to the campaign directed at Taiwan's inclusion in the WHO. First, under the category of "inclusion", the speeches are coded as "0" if they do not include a call for inclusion at all, in turn, "1" stands for a general call for inclusion and "2" stands for a call for the inclusion of those, who are experienced or/and successful. Second, under the category of "external pressures", "0" stands for the speeches that do not include a call for independence of the WHO and its freedom from external pressure; speeches are coded as "1" or "2", if they include a call for independence of the WHO or a call for independence of the WHO and its freedom from external pressures, respectively. Third, under the category of "Taiwan" speeches are coded as "0" and "1" if they do not include the word "Taiwan" or include the word "Taiwan", respectively. Forth, under the category of "observer", "0" stands for the speeches that do not include the word "observer", while "1" stands for the speeches

¹⁷ As MOFA's reports on Europe are incomplete, the study also relies on MOFA's press release regarding the donations (Ministry of Foreign Affairs, 2020a).

¹⁸ The identification of countries' political system relies on Economist Intelligence Unit's report (2021), which assesses countries' political systems in 2020. Also, Switzerland has been excluded from the present study, as its representative did not deliver a speech during the 73rd WHA. Meanwhile, the representatives of Papua New Guinea and Poland did not deliver their speeches as well, however, the written statements were published on the WHO website (World Health Organisation, n.d.-a).

¹⁹ The speeches are available on the WHO website (World Health Organisation, n.d.-a, n.d.-b, n.d.-c & n.d.-d).

that include the word “observer”. Under the category of “Taiwan’s success”, the speeches are coded as “0” if they do not include an explicit idea of Taiwan’s success, specifically the idea of success concerning the word “Taiwan”; while the speeches are coded as “1” if they include an explicit idea of Taiwan’s success, specifically the idea of success in relation to the word “Taiwan”. Under the category of “Taiwan should be included”, “0” stands for the speeches that do not include an explicit call for Taiwan’s inclusion, specifically the idea of inclusion with reference to the word “Taiwan”; “1” stands for the speeches that include an explicit call for Taiwan’s inclusion, specifically the idea of inclusion in relation to the word “Taiwan”.

Research findings

The research findings are presented in the table below (Table 2). First, the speeches of representatives of ten out of twenty countries, namely, Belgium, India, Indonesia, Netherlands, Papua New Guinea, Philippines, Poland, Singapore, Spain, Thailand, do not include any themes and words connected with the campaign directed at Taiwan’s inclusion in the WHO. Second, four countries’ representatives’ speeches, namely Australia, Canada, France, and the United Kingdom include a general call for inclusion, however, they do not include any other categories. Third, the US representative’s speech includes a general call for the inclusion, a call for independence of the WHO, the words “Taiwan” and “observer” and an explicit call for Taiwan’s inclusion. Fourth, the Czech Republic representative’s speech includes a call for the inclusion of those, who are experienced or/and successful, but it does not include any other categories. Fifth, the German representative’s speech includes a call for the inclusion of those, who are experienced or/and successful as well as a call for independence of the WHO and its freedom from external pressures. Sixth, the Japan representative’s speech includes a call for the inclusion of those, who are experienced or/and successful, a word “Taiwan”, an explicit idea of Taiwan’s success, and an explicit call for Taiwan’s inclusion. Seventh, Italy’s and Luxembourg’s speeches include a call for independence of the WHO and its freedom from external pressures and only a call for independence of the WHO, respectively.

Table 2

Content Analysis of the selected countries representatives' speeches during the 73rd WHA Assembly

Country	Inclusion	External pressures	Taiwan	Observer	Taiwan's success	Taiwan should be included
Australia	1	0	0	0	0	0
Belgium	0	0	0	0	0	0
Canada	1	0	0	0	0	0
Czech Republic	2	0	0	0	0	0
France	1	0	0	0	0	0
Germany	2	2	0	0	0	0
India	0	0	0	0	0	0
Indonesia	0	0	0	0	0	0
Italy	0	2	0	0	0	0
Japan	2	0	1	0	1	1
Luxembourg	0	1	0	0	0	0
Netherlands	0	0	0	0	0	0
Papua New Guinea	0	0	0	0	0	0
Philippines	0	0	0	0	0	0
Poland	0	0	0	0	0	0
Singapore	0	0	0	0	0	0
Spain	0	0	0	0	0	0
Thailand	0	0	0	0	0	0
United Kingdom	1	0	0	0	0	0
United States	1	1	1	1	0	1

Source: Own elaboration based on World Health Organisation, n.d.-a, n.d.-b, n.d.-c & n.d.-d.

Discussion of the results and conclusion

Half of the countries, which are both democracies and became the beneficiaries of Taiwan's health diplomacy, did not participate in the campaign directed at Taiwan's inclusion in the WHO at all. Other countries might be categorised into the following groups. First, the countries, which only called for higher inclusivity of the WHO (Australia, Canada, France, and the United Kingdom). Second, the countries, which only called for independence of the WHO and/or its freedom from external pressures (Italy, Luxembourg). Third, the countries, which called for inclusivity based on expertise, namely Germany and the Czech Republic (however, Germany

also called for the independence of the WHO and its freedom from external pressures). Forth, the countries, which explicitly called for the inclusion of “Taiwan” (and were the only ones who dared to utter the word), i.e., Japan and the United States. However, Japan emphasised Taiwan’s successful model and did not mention the word “observer”, while the United States did not point out Taiwan’s successful model but called for its inclusion as an “observer”.

While the US and Japan’s support for Taiwan is not surprising, for both countries had been advocates of Taiwan’s inclusion before, Germany’s and the Czech Republic’s approach as well as the countries’ bilateral relations with Taiwan deserve further investigation. Conclusively, in this case, Taiwan’s success in combating COVID-19 and its health diplomacy did not translate into the explicit campaign for its inclusion in the WHO, with the exception of the US and Japan. Therefore, Taiwan’s attractiveness proved to have limited power in international politics, for other causal forces prevailed over it. This demonstrated that attractiveness does not necessarily translate into soft power, especially when a country does not possess equivalent hard power assets. Nonetheless, back in 2009, the SARS pandemic became a catalyst of Taiwan’s inclusion in the WHO. Therefore, Taiwan’s success in fighting COVID-19 and the island’s health diplomacy might once again become a driving force of its inclusion in the future, for the sake of *global health* in, as COVID-19 has proved, the highly interdependent world.

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Jak mały smok może pomóc w zwalczaniu wirusa: poszukiwanie więzi pomiędzy dyplomacją zdrowia Tajwanu w czasie COVID-19 oraz „kampanią” na rzecz jego włączenia do WHO

Streszczenie

COVID-19 stał się katastrofą o globalnym zasięgu. W tym czasie Tajwan, który leży w pobliżu Chińskiej Republiki Ludowej, określany jest jako historia sukcesu w walce z COVID-19. Ponadto Tajwan zapewniał wsparcie medyczne dla państw dotkniętych pandemią. Ze względu na to pojawiają się pytania: czy sukces Tajwanu w walce z COVID-19 oraz jego dyplomacja zdrowia stały się źródłem jego miękkiej siły? Czy przełożyły się one na kampanię państw, skierowaną na włączenie wyspy do WHO? W danym artykule została wykorzystana metoda analizy treści w jej wersji jakościowej i zostały przeanalizowane przemówienia przedstawicieli wybranych państw podczas 73. Światowego Zgromadzenia Zdrowia. Ostatecznie sukces Tajwanu w walce z COVID-19 oraz jego dyplomacja zdrowia nie przełożyły się na jawną kampanię na rzecz jego włączenia, z wyjątkiem USA oraz Japonii. W danym przypadku okazało się, że atrakcyjność Tajwanu ma ograniczoną siłę w polityce międzynarodowej, ponieważ doszło do zwycięstwa innych sił przyczynowych.

Słowa kluczowe: Tajwan, polityka jednych Chin, WHO, dyplomacja zdrowia, miękka siła

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