China's Health Diplomacy and Soft Power Play in Chile and Argentina: A Cross-Country Comparison

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Abstract

China's growing influence in Latin America has drawn increasing attention in academia. Past studies have focused on Sino-Latin America's cooperation in trade and investment. However, during the pandemic, China stepped in and became an alternative source of medical assistance for the region. This project has taken a comparative case study approach that contrasts a pair of similarly situated countries that have been on the receiving end of the same Chinese pandemic outreach but with different results: while Chile perceives China relatively positively, Argentina has experienced anti-China protests, and its healthcare practitioners and policymakers have expressed doubts about the effectiveness of Chinese anti-COVID vaccines.

The study also aims to demonstrate an effective evaluation of soft power. A consensus has begun to form about the concept's resources, actors, and relationship to democracy. But it remains notoriously difficult to measure and even harder to identify the causes of its "success". Surveys are the most widely used tool for operationalizing soft power to examine general perceptions. However, this research is interested in policy outcomes, so semi-structured interviews with decision-makers are a more effective tool. A field trip was conducted in Chile and Argentina for semi-structured interviews with half a dozen healthcare practitioners in each country. Participants include two former Ministers of Health and front-line workers.

Previous soft power studies emphasize the generators' capability to produce soft power, but this study's main finding is that the domestic politics of soft power receivers play a significant role. It seems that for practitioners and the general public in the recipient country, if they believe the self-interest of their own politicians has reached a level that endangers public interest, they will be warier about future cooperation with a foreign great power, regardless of the soft power that the foreign great power has generated. Findings from the study should shed new light on future global health policy.

1. Introduction

Since the *coronavirus "SARS-CoV-2*" was first identified in Wuhan, China, in December 2019, there were more than 7 million reported COVID-19 deaths as of 31 December 2023 (WHO, 2023). The failure of global health coordination in medical resource distribution contributed to the casualties. COVID-19 vaccines produced by pharmaceutical companies in the wealthiest countries, including the United States, the United Kingdom, and Germany, fulfilled their national demands, but not those of the developing or underdeveloped countries in Africa, Asia, and Latin America, whose technology and money could not guarantee either vaccine production or supply. Two years after the outbreak of

the pandemic, over 90% of Africa had not received one dose when the wealthier world's majority was immunized, according to the United Nations (Reuters, 2021b).

Authoritarian countries, such as China and Russia, stepped in with health diplomacy, making medical resources available to countries in need. Some suggest China seized the opportunity to improve its image as a responsible global power by sending extensive medical aid to other countries (Qi et al., 2022, p. 207). Initially identified as the origin of the pandemic, China later developed itself into one of the world's largest vaccine suppliers, selling more than 1.85 billion COVID-19 doses of vaccines and donating over 328 million worldwide by December 2022 (Bridge Beijing, 2022). China's health diplomacy in the Latin American and Caribbean regions during the pandemic was extensive. A report published by the Chinese Academy of Social Sciences states that by the end of 2021, China had provided Latin America with over 300 million doses of vaccines and nearly 40 million anti-epidemic supplies (Chinese Academy of Social Sciences, 2023). By early March 2022, Chinese vaccines accounted for 53%, 52%, 43%, 31%, and 25% of the vaccinations in Chile, Ecuador, Uruguay, Argentina, and Brazil (Chinese Academy of Social Sciences, 2023). As of 2024, China is planning or partnering in vaccine production with Brazil, Ecuador, Chile, and Colombia (Bridge Beijing, 2024).

The hidden agenda of soft power competition aimed at gaining more influence in the recipients' future policies, only the outcome was sometimes successful, but sometimes failed. This study examines **why China's health diplomacy is more successful in Chile than in Argentina**. Theoretically, **why do the same soft power resources have different outcomes in recipient countries?** I adopt the most similar method in the comparative case study and a qualitative approach: comparative contextualization.

This study has two main arguments. **First, the donor country's health diplomacy in a recipient country increases the latter's preference to collaborate with the donor in future healthcare policy, in other words, results in soft power success. Second, for practitioners and the general public in the recipient country, if they believe the self-interest of their own politicians has reached a level that endangers public interest, they will be warier about future cooperation with a foreign great power, regardless of the soft power that the foreign great power has generated.** In other words, soft power generated by aid can spur long-term, substantive collaboration—but it all depends on a certain level of trust in domestic political elites. The findings inform our understanding of the global power dynamic in the post-pandemic era.

2. Literature Review

2.1 Soft Power Definition

Compared with the original conceptualization of soft power, recent definitions have been clearer about soft power's resources, actors, and relation with democracy.

Resources

American political scientist Joseph Nye, and his book *Bound to Lead: The Changing Nature of*

American Power in 1990, states that soft power is a co-optive power for "getting others to want what you want" based on the attraction of one's idea. Nye stresses that it is different from the familiar command power that rests on inducements ("carrots") or threats ("sticks"), which he describes as hard power. One distinguishable feature would be soft power's intangible power resources, such as culture, political value, and foreign policies, in contrast to hard power's tangible resources like military and economic strength (Nye, 1990, p. 181; Nye, 2008, p. 96).

Scholars are puzzled about how to classify the resources involved in Nye's definition of soft power. A study suggests that soft power could involve resources traditionally associated with hard power (Blair et al., 2022). For instance, a country might deploy its military abroad to stabilize unrest during overseas missions and build soft power. Others consider soft power to be preconditioned by material success and hard-power achievements (Xing et al., 2023, p. 3; Huntington, 1996, p. 92). This dispute is further complicated by the fact that others identify soft power as a concept coined by Western scholars. China's cultural soft power first emerged in the leadership discourse in 2007 at the 17th Congress of the Chinese Communist Party (Repnikova, 2022, p. 2). Chinese scholars argue that the Chinese model is distinct from Nye's one-size-fits-all definition and is manifested instead in economic diplomacy, multilateralism, and good-neighbor policy (Zheng and Zhang, 2007, p. 698).

In response, Nye clarifies that while some resources are tied to hard power, they can also produce soft power—the key difference is the voluntarism afforded to the target (Nye, 2021). Hard power shapes targets' choices through coercion, while soft power attracts without deliberate action, or is mediated by communication (Nye, 2021, p. 201).

The question of whether soft power is inherently democratic also arises. While Nye originally viewed soft power as "a staple of daily democratic politics", his later work emphasizes that attraction stems not from liberal values alone but from impressions of "kindness, competence, or charisma" (Nye, 2008, p. 95; Nye, 2021, p. 201). Therefore, assessing the effectiveness of authoritarian soft power requires further evaluation.

Actors: who are the generators and receivers

Nye's 1990s definition of soft power leaves ambiguous who the key actors—generators and receivers—are. He later addresses this by introducing smart power, which combines hard and soft power resources (Nye, 2008, p. 94, 105). Moving beyond his initial focus on state actors as the primary generators and receivers, Nye acknowledges the significant role of the private sector, including civil society, media, and corporations, in soft power.

Soft power receivers catch less attention than generators throughout the debate on soft power. Nye briefly suggests they include foreign governments and the public, while Repnikova argues in China's case, the domestic public is as much a target of soft power initiatives as international audiences (Nye, 2008, p. 107; Repnikova, 2022a, p. 3).

When identifying foreign states as receivers, many soft power studies focus on economic interests like foreign aid. The debate on the political determinants of foreign aid can be traced back to the Cold War period as a foreign policy tool to win hearts and minds (Morgenthau,1962 ; Telias and

Urdinez, 2022, p.110). Often, it is associated with great power competition, especially when conflicting foreign policy agendas seek to use it to win hearts and minds in the same countries at the same time (Blair et al., 2022, p.1360). Beneficiaries find that aid-funded projects are the most salient expressions of the donor country's foreign policy and political values (Blair et al., 2022, p.1359,1363)

Public opinion from aid-receiving countries is less well-known (Urdinez, 2023, p. 3). Studies that identify foreign publics as soft power receivers usually focus on cultural and media impact, which echoes Nye's suggestion that public diplomacy can be achieved through broadcasting, subsidizing cultural exports, and arranging exchanges (Nye, 2008, p. 95).

2.2 Chinese soft power

Chinese soft power is identified as authoritarian soft power. Lee Seow Ting points out that, unlike most countries, China's public diplomacy is under state-led management, characterized by a centralization of power in the Chinese Communist Party (CCP) Central Committee (Lee, 2021, p. 3). Chinese soft power studies often emphasize China's resources to be mainly cultural, like Confucius Institutes (CI) and media, or economic, like the Belt and Road Initiative (BRI). CIs are often described as facing significant challenges in shaping or shifting public perceptions about China (Repnikova, 2022, p. 16). Many scholars note that CIs often face resistance in Western countries like the U.S. and the UK, where they are viewed as political tools promoting propaganda and presenting a partial picture of China (Walker, 2018, p. 13; Repnikova, 2022, p. 13; Qi et al., 2022, p. 207). Others argue that the expansion of Chinese soft power in the Global South is fundamentally driven by the diffusion of economic benefits, especially the Belt and Road Initiative. (Xing et al., 2023, p. 4).

China's health diplomacy efforts during the pandemic also illustrate the important role of economic and material benefits in China's authoritarian soft power. The extent of China's health diplomacy amidst the pandemic is unprecedented (Ding, 2021; Telias and Urdinez, 2022, p.118). Besides vaccines and medical aid, China has donated millions of USD to most Latin American countries during the pandemic. Scholars argue that the soft power attraction generated by China's health diplomacy during the pandemic may differ from its previous strategies, as it's not economically oriented but resembles what Nye identifies as "kindness, competence, or charisma" (Nye, 2021, p. 201).

2.3 The China Alternative

China's growing influence in Latin America has led to a debate on the Western-Chinese dynamics in global power competition. China, as an authoritarian regime and an alternative in the LAC region, strikes against the domination of the Global North under neo-colonialism. Latin America has been under U.S. influence for more than two centuries since Spain lost its continental possessions in the Americas (Wang, 2016, p. 1). Other major power countries shaped the region in this period, such as Britain, Spain, the Soviet Union (especially with Cuba), and, more recently, China (Blasier, 2002, p. 4; Wang, 2016, p. 1). But Gill argues that since the advent of the Monroe Doctrine of 1823, the U.S. government has appointed itself as the manager of foreign relations with the Americas and pushed LACs to accept U.S. tutelage in their domestic affairs to understand their best interests. (Gill,

2022, p. 310).

International relations scholars provide different theoretical frameworks to understand the position of less powerful countries under a great power competition. Some power transition theorists and alliance theorists argue that weaker states will either continue to support the dominant global power to reinforce the existing international order or realign with the rising power (Kugler et al., 2004; Levy, 2009; Tow, 2012, p. 75). Conduit and Akbarzadeh find that middle powers retain some autonomy if they represent significant value to the great power (Conduit and Akbarzadeh, 2019, p. 471). Alternative frameworks suggested by Evelyn Goh are "omni-enmeshment" and "complex balancing", terms which she applies to Southeast Asia states' interactions with China and the U.S. (Goh, 2007, p. 122). Countries that take these sorts of approaches avoid taking sides between major competing powers, but strive to include all major powers in regional affairs, tie them down with regional membership, and bind them to peaceful norms of conduct (Goh, 2007, p. 155).

"Omni-enmeshment" and "complex balancing" describe well LACs' handling of the U.S. and other powers as well, both historically and at present. Urdinez et al. point out how Latin American countries embraced China as part of a new multidirectional diplomacy to diversify their foreign relations (Urdinez et al., 2018, p. 241). It was not until the 21st century that China emerged as a global economic superpower, and Latin American countries began to consider South-South relations as a way to increase their autonomy from the U.S. (Urdinez et al., 2018, p. 241).

2.4 The Pandemic and Neo-colonialism in Knowledge Production

The pandemic opened the door to Sino-Latin America healthcare cooperation. Global North countries like the U.S. and Britain reserved doses that far outnumbered their population when low-income countries were striving for enough vaccines to immunize their populations (Thomas et al., 2020). Middle-income countries in Latin America were also unable to compete with upper-income countries to purchase vaccines, despite the World Bank and the Inter-American Development Bank providing them with funds (Bliss et al., 2021).

Latin America's reliance on the Global North's vaccines is linked to vaccine production technology, which is connected to neo-colonialism in knowledge creation. Murphy and Zhu describe it as how "the intellectual domination of the West parallels economic domination maintained through control of the top of the value chain" (Murphy and Zhu, 2012, p. 920). During the pandemic, wealthy Global North countries held the most advanced biotechnologies. By mid-2020, the first COVID-19 vaccines entering Phase III trials—apart from China's state-owned Sinopharm—were developed by Pfizer/BioNTech, Moderna, and AstraZeneca from the US, UK, and Germany (Tooze and ProQuest, 2021). Cuba led regional vaccine development with SOBERANA 01, produced by the state-owned BioCubaFarma (Gorry, 2020). However, most Latin American countries had to wait for technology transfer. Although the UK approved the Pfizer-BioNTech mRNA vaccine in December 2020, it was not until 9 months later that the Pan American Health Organization (PAHO) announced regional mRNA vaccine hubs in Argentina and Brazil—by which time few countries in the region had reached the WHO's 40% vaccination target (DHSC, 2020; PAHO, 2021). Ferreccio argues that while most of

the research and development of the COVID-19 and HPV vaccines was supported by public funds, owners of the vaccine intellectual property (IP) determined the price and distribution, resulting in unfair distribution and the suffering of poor populations (Ferreccio, 2023, p. 2).

The lack of U.S. involvement in global coordination contributed to vaccine shortages in developing and least developed countries. Reports highlighted how the U.S. kept domestically produced vaccines within its borders, lacked international cooperation in vaccine supply, and disadvantaged poorer countries (Bloomberg, 2021a; Bloomberg, 2021b; Politico, 2020). The Trump administration issued executive orders prioritizing Americans for U.S.-made vaccines, followed by allies; secured exclusive rights to vaccines through contract clauses with manufacturers; and utilized the Defense Production Act to prioritize U.S. orders. Later, the Biden administration continued many of these policies. By fall 2021, UN Secretary-General Antonio Guterres condemned the inequitable COVID-19 vaccine distribution as an "obscenity," giving the world an "F" in ethics. While most wealthy countries were immunized, over 90% of Africa had not received a single dose, and expired vaccines were found discarded (Reuters, 2021b). Eventually, the U.S. pledged to donate more vaccine doses (Reuters, 2021c).

This is the void that China stepped into and became the leading exporter of COVID-19 vaccines to low- and middle-income countries (Xing et al., 2023, p. 9). Chinese officials even promoted China to be “the first country to propose COVID-19 vaccines as a global public good, support a vaccine intellectual property rights exemption, and champion cooperation on vaccine production with developing countries” (Xinhua, 2023). Scholars suggest that America’s relative absence from early global health leadership has allowed the soft power of Chinese aid to get ahead of it (Xing et al., 2023, p. 11; Rapp-Hoope et al., 2020). But this has happened more in some places than others.

3. Research Framework and Methodology

3.1 Theoretical Framework

Why do the same soft power resources have different effects in different places? Put in the context of this study, why is health diplomacy sometimes successful and sometimes unsuccessful in winning over the hearts and minds of people in recipient countries?

The soft power impact of China’s health diplomacy depends on its evaluation. Surveys are by far the most widely used tool for operationalizing soft power (Blair et al., 2022, p. 1363). Most surveys treat the foreign public as the receiver. In contrast, Blanchard and Lu argue that polls can be a useful starting point but are crude devices when the polls neither consider the precise target audience nor the message received (Blanchard and Lu, 2012, p. 576). They call for Chinese soft power studies to identify first, the target receivers and the specific message that China intends to project; second, whether the specific mechanism changes China’s allure; and finally, whether Chinese soft power transforms policy (Blanchard and Lu, 2012, p. 575). They suggest that researchers can analyze statements made by key decision-makers, review government documents, and conduct interviews with relevant parties to understand how China justifies its actions through content analysis (Blanchard and

Lu, 2012, p. 576). In addition, Repnikova recommends that Chinese soft power studies can be significantly enriched by using an approach called comparative contextualization and placing China's initiatives in a wider comparative context (Repnikova, 2022a, p. 55).

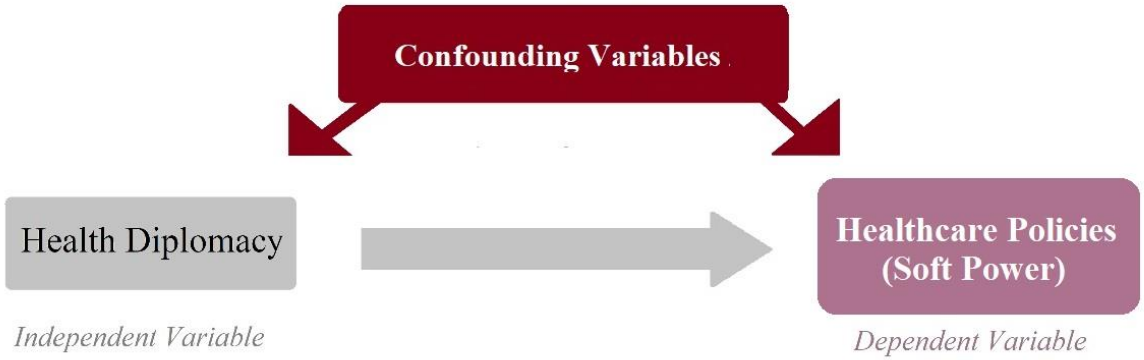
In health policy, this means evaluating whether soft power from health diplomacy shapes recipients' policies. This study focuses on specific recipients—healthcare practitioners and policymakers—and the financial and material aid they received during the COVID-19 outbreak. This focus is justified because these individuals likely have a deeper understanding of their healthcare system and its international connections. Moreover, their perceptions of foreign donors can strongly influence decisions about healthcare policies and practices, ultimately impacting population health. A "smoking gun" would be policymakers admitting that their future decisions are shaped by health diplomacy, motivated by gratitude or admiration. Most basically, we can test the following deductively-derived hypothesis: **the donor country's health diplomacy in a recipient country (independent variable) increases the latter's preference to collaborate with the donor in future healthcare policy, in other words, results in soft power success (dependent variable).**

Figure 3.1 Hypothesis

This study examines three frameworks to explain success: the **receiver's need**, **offsetting factors**, and **sustainability**. The receiver's need reflects how urgently the recipient desires soft power resources, such as foreign medical aid during a pandemic, due to local shortages. Offsetting factors refer to elements that diminish the donor's soft power impact, like the quality of healthcare products or the donor country's COVID-19 management (Lee, 2021, pp. 6, 13). Sustainability considers whether the soft power endures once tangible benefits from the donor's health diplomacy decline or circumstances change.

This study investigates whether various confounding variables influence the impact of health diplomacy on recipient countries. They include soft power resources beyond health diplomacy that affect healthcare policies, as well as political factors like pro-democracy values, economic factors such as trade volume between donor and recipient, and social factors like great power competition involving the donor. Feedback from target recipients—healthcare practitioners and policymakers—is valuable for identifying confounding variables and may suggest alternative hypotheses that require further testing.

Figure 3.2 Confounding Variables



Another possibility is that mediating variables explain the varying soft power outcomes of health diplomacy in recipient countries (Piesse et al., 2009, p. 303). Unlike confounding variables, which do not imply a causal link between independent and dependent variables, mediating variables indicate a causal pathway influenced by these intervening factors (MacKinnon et al., 2000, p. 2). In this study, interview data point to the perception of domestic politicians' self-interested behavior as a mediating variable, leading to an inductively derived additional hypothesis: **for practitioners and the general public in the recipient country, if they believe the self-interest of their own politicians reached a level that endangers public interest (independent variable), they will be warier about future cooperation with a foreign great power (dependent variable), regardless of the soft power that the foreign great power has generated.**

Figure 3.3 Mediating Variables

3.2 Research Methodology

Comparative Case Study and Case Selection

I adopt the most similar method in the comparative case study, which employs a minimum of two cases that are similar on all the measured independent variables, except the independent variable of interest (Seawright and Gerring, 2008, p.304). I narrowed down my case selection to two Latin American countries: Chile and Argentina.

As of early March 2022, 53% of Chile's COVID-19 vaccinations relied on Chinese vaccines, particularly Sinovac's CoronaVac (Chinese Academy of Social Sciences, 2023). Sinovac Biotech Ltd

had planned a $60 million investment in a fill-and-finish vaccine plant in Chile—its first in Latin America (Cambero, 2021). Although the project was halted in October 2023, Chilean officials noted that the domestic market might be too small for such an investment (International Trade Administration, MOEA, 2023). Nonetheless, Sinovac continues operations in Chile and collaborates on R&D with local academic institutions. During President Gabriel Boric's visit to Beijing in October 2023, he and President Xi Jinping also agreed to strengthen health cooperation through experience and technology exchange (RPC MFA, 2023).

While China's health diplomacy in Argentina has been extensive, it has also generated controversy. By April 2023, Chinese-made vaccines accounted for a significant share of Argentina's immunization effort—25% were Sinopharm vaccines from Beijing CNBG and 1% were from CanSino Biologics (PAHO, 2023). China's medical support played a symbolic role in Argentina's 2022 decision to join the Belt and Road Initiative, with President Alberto Fernández expressing gratitude and interest in further vaccine and pharmaceutical cooperation. (PRC MFA, 2022). However, China's growing presence in Argentina has not been without resistance. Protests in Buenos Aires featured anti-China slogans such as "China out", and some Argentine healthcare practitioners and policymakers expressed doubts about the efficacy of Chinese vaccines (Premat, 2020). Dr. Guillermo Docena of CONICET remarked in April 2021 that the "Chinese vaccine seems to be less powerful than the Russian vaccine" (Premat, 2020). In contrast, Chile's Minister of Science, Andres Couve, publicly defended Sinovac in the same month, citing its effectiveness in reducing infections, hospitalizations, ICU admissions, and deaths (Xinhua, 2021b).

Historically, both Chile and Argentina gained independence from Spain two centuries ago and shared features like diverse terrain, long coastlines, and strong agricultural sectors. They are democratic presidential republics that have alternated between left- and right-wing governments (Boskin, 2013). However, key differences exist: Argentina is about 3.7 times larger in land area and has twice Chile's population, yet its GDP per capita is lower—$13,686 compared to Chile's $15,356 as of 2022 (World Bank, 2023). Despite these differences, this study applies the principle of approximate matching to treat them as similarly situated recipients of Chinese pandemic outreach.

Confounding Variables of China's Health Diplomacy in Chile and Argentina

One potential confounding variable is the presence of other soft power resources from the same donor country in the recipient countries. As of 2023, Chile and Argentina each host three Confucius Institutes (CIs) (Xinhua, 2020). Chile's first CI was established at Saint Thomas University in 2008 and has since organized thousands of cultural events with over 500,000 participants (Belt and Road Portal, 2022). Similarly, Argentina's first CI opened at the University of Buenos Aires in 2009 (PRC MFA, 2023). The simultaneous presence of various Chinese soft power initiatives in both countries complicates efforts to isolate the impact of health diplomacy alone.

Historical ties also matter. Chile was the first South American country—and the second in Latin America—to establish diplomatic relations with the People's Republic of China in 1970. It supported China's WTO accession in 1999, recognized China as a market economy in 2004, and signed a Free

Trade Agreement in 2005 (Fernández, 2022). Some argue this relationship is heavily shaped by "copper dependency," as mining accounts for 84.4% of Chile's exports to China (Fernández, 2022). In Argentina, strong economic cooperation with China predates its Belt and Road Initiative membership. China was Argentina's second-largest trading partner in 2022, with bilateral trade reaching $6.94 billion in the first half of 2021, a 23.2% year-on-year increase. Key exports included soybeans, crude oil, and leather (Global Times, 2022; Export Enterprises SA, 2023).
These overlapping economic and diplomatic ties make both Chile and Argentina suitable cases for comparison.

Qualitative data: Interviews

This study adopts semi-structured interviews to ensure that I have access to decision-makers in both countries to collect data on policymaking in their healthcare systems. If it aimed to examine general perceptions, the survey would serve as the most effective tool for data collection, as done by previous soft power studies. Another purpose is to identify observable implications to test the hypothesis. Semi-structured interviews enable deeper engagement with participants. The interview guide focuses on: (1) participants' understanding of transnational healthcare projects between their country and China before and during the pandemic; (2) their overall assessment of China's health diplomacy during the pandemic; and (3) their views on future healthcare cooperation with China in the post-pandemic era. They are open questions that enable the participants to elaborate on their perspectives (Hennink, 2020, p.124). I coded my interview data using NVivo to identify key themes and explore how potential causes influenced specific changes.

After receiving approval from UBC's Behavioural Research Ethics Board (BREB) in mid-July 2023 (RISE Application # H23-00473), I began participant recruitment. Initial outreach was conducted via email using contact information from websites, public social media pages, and media reports in both countries. I also employed snowball and purposive sampling, which allowed me to connect with additional participants—through referrals from initial contacts (with their consent)—and to target specific organizations and groups for insider perspectives (Biernacki & Waldorf, 1981). Invitations were extended to all eligible participants based on professional background, regardless of gender, age, or other diversity factors. Of the 12 participants, one-fourth were female healthcare practitioners. Interviews covered a range of institutional settings, including public and private hospitals, research- and practice-based institutions, and organizations serving both immigrant and domestic populations. (See Appendix A for Participant Characteristics.)

This study also incorporates secondary sources, including quantitative datasets. Key among them are the *Direct COVID-19 Disorder Event* dataset from the Armed Conflict Location & Event Data Project (ACLED) and a national public opinion survey conducted by Poliarquía Consultores between February 24 and March 1, 2021, titled *Perception about the Vaccines in Argentina*. These datasets help support and expand the interview-based findings, particularly in relation to the additional hypothesis. Finally, the study draws on a range of other secondary materials—media reports, expert analyses, official speeches, and policy documents—concerning China, Chile,

Argentina, and other relevant international actors.

4. Research Findings

4.1.1 Qualitative data

To evaluate whether Chinese health diplomacy generated Chinese soft power based on impressions of "kindness, competence, or charisma," this study considers three key dimensions: identifying the target receivers and the message China aims to project; assessing whether the specific mechanism enhances China's allure; and determining whether Chinese soft power leads to policy transformation (Blanchard and Lu, 2012, p. 575). Chinese state media portray China as a friendly, generous, and reliable partner in health diplomacy. For example, coverage of the first Sinovac vaccine shipment to Chile emphasized China's role in helping countries fight the pandemic and highlighted President Piñera's personal reception of the aircraft (Xinhua, 2021b; CCTV, 2021). Similarly, Chinese media framed the first Sinopharm delivery to Argentina as a gesture of support and solidarity from the Chinese people (Xinhua, 2021c).

Based on responses from Chilean and Argentine participants, China's narrative was generally accepted. Using the "receiver's needs" framework, the study argues that by meeting urgent medical supply demands, Chinese health diplomacy effectively generated soft power in both countries (H1). However, "offsetting factors" may weaken recipients' perceptions of Chinese soft power, while doubts remain about the "sustainability" of the soft power impact.

Receiver's Needs

Participants noted severe shortages of medical supplies—particularly vaccines—due to limited local production and surging demand. Both Argentine and Chilean respondents acknowledged the absence of domestic COVID-19 vaccine manufacturing capacity in the pandemic's early stages. Chile had ceased vaccine production in 2005 following the closure of its Public Health Institute program (Instituto de Salud Pública, ISP) (Ibarra M. and Parada V., 2020, p. 414). In contrast, Argentina retained some public vaccine production infrastructure but initially lacked the necessary technology for COVID-19 vaccines (Ortiz-Prado et al., 2021, p. 8). It was not until June 2021 that an Argentine lab announced local production of the Sputnik V vaccine (Reuters, 2021a).

In response, both governments sought vaccines from multiple suppliers. By December 2020, the Chilean government announced it had secured 10 million doses each from Pfizer-BioNTech and Sinovac and was negotiating with AstraZeneca and Johnson & Johnson (Gobierno de Chile, 2020b). Argentina had made payments to seven suppliers by September 2021, including AstraZeneca, Sputnik V, Sinopharm, Moderna, and Pfizer—although negotiations with Pfizer stalled due to "unacceptable" terms (AFP, 2020; Buenos Aires Times, 2021b). Both countries also engaged in vaccine trials: Chile partnered with companies like Sinovac, Janssen/Johnson & Johnson, AstraZeneca, and CanSino Biologics, while Argentina authorized at least 19 clinical trials, including for Sinopharm and Pfizer (Gobierno de Chile, 2020a; Reuters, 2020; Blinder et al., 2021, p. 505).

China was initially just one of many vaccine options for Chile and Argentina. Participants said

the goal was to get any available vaccine. Dr. Sued was the principal investigator for the clinical trial of the Chinese CanSino vaccine in Argentina; he said people were eager to participate in the clinical trial regardless of which kind of vaccine they received. Later, China became a major supplier mainly due to lower costs. Dr. Ferreccio, a member of Chile's COVID-19 advisory council, blamed the high selling prices of COVID-19 vaccines on the result of pharmaceutical companies over-charging buyers, or marketing and administration costs. She noted that Sinovac was cheaper and, though less effective at preventing infection, provided strong protection against severe disease. Dr. Sued mentioned Argentina faced similar challenges, with failed negotiations for Pfizer and AstraZeneca, leading to reliance on Russia's Sputnik V, Sinopharm, and China's CanSino due to cost, availability, and fewer legal obstacles.

Participants in both Chile and Argentina also saw China as the most available source of vaccines and medical supplies in the early stages of the pandemic, emphasizing the importance of state-to-state cooperation in ensuring timely delivery. Dr. Mañalich, Chile's former Health Minister, recalled that as early as 2019, Chile sourced ventilators and respirators from China when U.S. providers became inaccessible. He described how Chinese and Chilean diplomats coordinated closely— the Chilean ambassador in China even stored ventilators in the ambassador's house—before discreetly flying them to Chile. He also noted that orders from other countries were delayed or seized en route. Similarly, Argentina's Mr. Cahn, a public health communication expert and the Executive Director of Fundación Huésped, noted media reports of a direct flight sent to Beijing to retrieve critical medical goods and a shift from Russia's Sputnik to China's Sinopharm due to delivery issues.

China's timely responses positively influenced policymakers and healthcare practitioners' willingness to work with China. In Chile, both former Health Ministers were supportive. Dr. Mañalich viewed the cooperation as the start of a longer-term partnership, and Dr. Paris called China a vital partner during and after the pandemic, "My perception, and the perception of our government, President Piñera, the minister of National Affairs, the Minister of Economy, also Minister of Science and Technology, or the person who worked with me in that time have a very good opinion about China. I cannot speak about political problems. I like talking only about sanitary relationships, and for us it was very good." Others, like Dr. Cortes, an infectious diseases specialist, appreciated the widespread use of Sinovac during Chile's second wave, and some noted China's growing scientific capabilities. In Argentina, many participants also acknowledged China's support. Dr. Estenssoro, former ICU director, highlighted China's provision of medical supplies. Dr. Goldbaum, Scientific Director at Inmunova, saw potential for future opportunities with Chinese companies. Mr. Cahn, who helped coordinate the phase III study of the Sinopharm Group's COVID-19 vaccine, noted the respectful nature of the collaboration.

However, some Argentine participants did not view China more positively as a result of its health diplomacy. Dr. Dubin, an intensivist and academic, argued that powerful countries like China used vaccines to pressure others: "The pandemic alerts us about the need to be an independent country… [During the pandemic] Vaccines are used as a business, a way to conditionate other

countries." Dr. Duré, an emergency physician, also questioned the effectiveness and transparency of Chinese vaccines. Both had limited direct engagement with China during the pandemic compared to other interviewees and were less involved in Chinese health diplomacy projects. These differences suggest that varying levels of exposure may shape perceptions, underscoring the need to examine the intervening factors influencing Chinese soft power rather than drawing simplistic conclusions.

Offsetting Factors

Offsetting Factors: Effectiveness of Chinese Vaccines

Assessing vaccine safety and efficacy typically takes five to ten years (Johns Hopkins University & Medicine, 2023). However, China's Sinopharm vaccine was developed in under a year, starting research in January 2020 and used by December 2020 (Xinhua, 2021a). Both Chile and Argentina approved emergency use of Chinese vaccines early—Chile approved Sinovac in January 2021 and Argentina authorized Sinopharm in February 2022 (Jara et al., 2021; Xinhua, 2021d). Nevertheless, scientific studies showed Chinese vaccines were generally less effective than some others, especially against variants. A University of Hong Kong study found BioNTech's vaccine 75-96% effective against Omicron, while Sinovac ranged 44-94% depending on age, with older adults benefiting less (McMenamin et al., 2022; The Economist, 2022).

Despite this, Chilean participants trusted Sinovac. Dr. Mañalich highlighted Chile's confidence based on prior use and highlighted Chile's role in the initial randomized controlled trials (RCTs) of Sinovac vaccines. They also favored traditional inactivated-virus vaccines like Sinovac. Dr. Mañalich noted that if Sinovac vaccines had used innovative methods like mRNA instead of traditional development, Chile would not have requested them, as China's labs lacked sufficient mRNA experience. Argentine participants similarly trusted Sinopharm and Sinovac's traditional vaccine mechanism and prior experience with Chinese medical devices. They mentioned there are also local protocols that monitor vaccine safety and efficacy. Mr. Cahn highlighted strict adherence to trial protocols during Sinopharm's Phase III trials, "What I can share is how the Chinese institutions and physicians follow the protocol as it's written, and to save the quality of the data produced is incredible. The discussions we had, especially with Sinopharm, were nothing secret." Dr. Estenssoro confirmed an expert committee in Argentina monitored adverse events across all vaccines, concluding Sinopharm was safe due to its mechanism. She also contributed to research comparing Sinopharm, Pfizer-BioNTech, and Moderna vaccines' effectiveness against COVID-19 hospitalizations in children aged 3 to 17, the result was later published in the British medical The Lancet (González et al., 2022).

This study thus argues that acceptance of Chinese vaccines was driven more by scientific protocols and mechanisms than by perceptions alone. Unlike economic or cultural soft power, healthcare cooperation relies heavily on scientific reasoning.

Two political controversies related to Chinese vaccines in Argentina can support this argument. The first one is related to Argentina, using Chinese and Russian vaccines instead of vaccines from pharmaceutical companies in the U.S., Germany, or the U.K. Dr. Duré said there were questions about buying vaccines not recommended by the European Union. Dr. Sued suggested the debate was more

directed at Russia's Sputnik V vaccines instead of China's Sinopharm and described the general perception in Argentina as never directly against China or with a negative perception. He found that most Argentine population welcomed Chinese vaccines during the pandemic.

Another debate arose in late 2021 when Argentina authorized Sinopharm for children aged 3-11. Political groups, parents, and scientific societies questioned whether the vaccine approval was based on reliable studies. The Argentine Society of Pediatrics asked the government for documentation, and opposition lawmakers called for the Health Minister, Carla Vizzotti, to appear before Congress (MercoPress, 2021a; 2021b). There were mixed opinions about the decision. Dr. Duré opposed vaccinating young children, saying, "I mean, nobody in the whole world was using a vaccine for a 3-year-old but Argentina was doing ... I need an explanation, all the government is saying it's a huge step for science… this is highly controversial when you don't know the answers." On the other hand, Dr. Estenssolo saw it as necessary: " Vaccination for children was done in 2021 because in 2020, during the first wave [of the outbreak], they were not much affected by the disease. In 2021, they were. So people took their children to all these vaccine centers, without much question. And Chile had the experience with Sinovac some months before, and Sinopharm is much better than Sinovac. So there was not too much questioning."

All participants were healthcare professionals or policymakers, suggesting that in healthcare diplomacy, scientific evidence guides future policy more than general perception. This contrasts with other soft power domains, where public opinion may play a larger role.

Offsetting Factors: Information Transparency

In addition, since COVID-19 first appeared in Wuhan in December 2019, China's transparency about the outbreak has been questioned. A key example is Dr. Li Wenliang, who tried to raise early warnings but was summoned to the local Public Security Bureau and made to sign a statement for making false statements that disturbed public order (Green, 2020). He later died from the virus. Even three years after the pandemic started, in March 2023, WHO experts criticized China for withholding important data about the virus's origins (Cohen, 2023).

How does the perception of China's information transparency during the pandemic affect the soft power generated through Chinese health diplomacy? This perception varied depending on each participant's personal experience and background. This study finds that participants' medical expertise led them to prioritize access to critical, life-saving information during the pandemic. Some participants received information directly from Chinese medical professionals, especially if they were government advisors. Others relied on Chinese research as a secondary source.

In Chile, some participants had positive experiences with China during the pandemic, which increased their interest in exploring China's healthcare system in the future. Dr. Ferreccio described a valuable academic collaboration with Chinese universities and clinicians. She was impressed by a meeting with frontline doctors from Wuhan, where both sides shared what treatments were working and what weren't. She praised the Chinese clinicians for their openness and generosity in explaining medical procedures, which she said was extremely helpful for Chilean doctors. Similarly, Dr. Gazitúa,

a hematologist, his experience deepened his interest in Chinese medical research. During the early months of the pandemic, when resources were limited, he found a Chinese study on using convalescent plasma from recovered COVID-19 patients. Inspired by this, he launched a similar study in Chile and treated nearly 700 patients (Klassen et al., 2021). While the treatment wasn't effective for everyone, it helped 60 to 70 severely ill patients.

Argentine participants had more mixed views on China's information transparency. Like Dr. Gazitúa in Chile, Dr. Goldbaum developed a COVID-19 treatment—hyperimmune serum—using antibodies from horses. He said his team based their work on a research paper from the Wuhan lab, which had been accused of leaking the virus. According to him, the Chinese study provided enough information to replicate the method. For Dr. Goldbaum, the criticism that China withheld information was surprising, as he felt the paper offered a clear and useful solution. Mr. Cahn, who was involved in Phase III clinical trials for the Chinese Sinopharm vaccine, pointed out practical challenges such as language and cultural differences. It was their first time working with the Chinese government, and although the process was stressful, he said they managed to reach agreements on maintaining research quality. He emphasized that all discussions were respectful.

In contrast, some Argentine participants questioned China's transparency during the pandemic. This study argues that concerns about information sharing may be a more serious barrier to future cooperation with China than doubts about the quality or safety of its medical products. Since health policy relies on evidence-based decisions, a lack of transparency can weaken trust and reduce the willingness to collaborate, especially if other reliable partners are available. Dr. Duré emphasized that without full access to data, it's hard to trust China's research: "If you don't have transparency, it's difficult to trust. Research is about transparency."

Dr. Sued shared similar concerns, based on his role in Argentina's COVID-19 Expert Committee. At the start of the pandemic, he needed more information about how the virus was transmitted. He joined a meeting with major Chinese hospitals, arranged through Argentina's Ministry of Health. However, the two sides had different priorities—Argentina wanted to know which drugs to use, while Chinese doctors focused more on whether technicians were wearing masks. This led to limited and less productive exchanges. Dr. Sued found China's internal information to involve "a lot of misunderstanding and a lot of miscommunications." Although he acknowledged that China did share some information, he felt it wasn't enough for a global health emergency. He also noted that the discussions lacked openness: "We were not talking with the [Chinese] government, we were talking with some people who could talk. " He said they couldn't have a fluent dialogue, and Chinese officials seemed overly cautious. He also didn't see the WHO presenting much data from China, despite China being the first country hit by the outbreak. For him, this caution severely limited the effectiveness of China's communication during the crisis.

Sustainability

During the pandemic, China expanded its health-related cooperation with Latin America, a shift from its traditionally economic-focused engagement. However, its sustainability has been questioned

during the post-pandemic era.

In Chile, China earned goodwill by providing affordable medical products, such as the Sinovac vaccine. Dr. Gazitúa noted that Western drugs were often too expensive, making Chinese alternatives more attractive. Pablo, a medical researcher, also recalled that Chinese suppliers were quick and responsive during the pandemic, offering advanced medical equipment faster than others. But after the pandemic, Chinese engagement declined. "Our provider from China disappeared," Pablo said, adding that Chinese products no longer appeared in local catalogs. He wasn't sure if this was due to China's internal policies or strategic shifts. Argentine participants shared similar views. Dr. Estenssoro pointed out that few Chinese pharmaceutical companies were active in Argentina. Dr. Goldbaum believed this might be because Argentina is a small market, and Chinese companies tend to prioritize larger markets. Though one company linked to his group considered a partnership with a Chinese firm, it never materialized.

Another example of unsustained engagement is the failed Sinovac vaccine plant in Chile. Though the project initially gained government support, it was halted in October 2023 (International Trade Administration, MOEA, 2023). By December, Sinovac shifted its focus to Colombia, where it signed an agreement to help establish BogotáBio, Colombia's first vaccine production facility (López, 2023). This left Chilean experts like Dr. Ferreccio disappointed, especially since the project had political backing in Chile. She believed the cancellation was likely due to economic, not political, reasons.

While increased resource investment could help China regain soft power in the region, intangible aspects of cooperation face serious hurdles. Several participants observed that current China–Latin America health cooperation focused on product delivery rather than strategic partnerships. Dr. Sued noted the absence of Chinese-backed health initiatives in Latin America, unlike Western foundations such as the Clinton Foundation. Former Chilean Health Ministers Dr. Paris and Dr. Mañalich both supported the idea of building long-term research centers and innovation hubs with China. However, many of these intangible projects stalled after the pandemic. Dr. Paris said the proposed innovation center was "canceled, or in a sleep moment." As in Argentina, Mr. Cahn noted that after completing trials with Sinopharm, follow-up studies were signed, but ultimately, cooperation returned to minimal contact.

Limited human interaction emerged as another significant barrier. Dr. Ferreccio and Dr. Gazitúa emphasized the necessity of face-to-face meetings and academic networking for sustainable partnerships. Pablo stressed that the absence of prominent Chinese scientists in Latin American institutions undermines efforts to build strong academic ties and generate lasting attraction. Dr. Sued advocated expanding academic exchanges, institutionalizing fellowship programs modeled after the U.S., "The U.S. has been doing this for the last 20 years—receiving fellows, training them, and then sending them back."

Pablo also highlighted the fragility of personal connections as a deeper issue. He recounted how a Chinese associate disappeared without explanation at the beginning of the pandemic, "I don't know

where she is. I'm not sure whether she is still alive. Something happened, and I lost contact with her—and she lost contact with us too." This experience made him skeptical of long-term engagement. He contrasted it with his interactions with U.S. and European partners, where collaboration is typically transparent and dependable, "If I get to collaborate with someone in China and I will send one of my students, I need to know that my student will be safe and I will go to that place. And we do experiment with good results, and then we come back. I need a face, I need someone to talk to reach out. So that situation is what I'm sometimes missing in my interaction with people from China."

Structural barriers further complicate deeper cooperation. Geographical distance, language, and cultural differences contribute to stereotypes and unfamiliarity. Dr. Gazitúa observed that many people in Latin America still equate China with communism and don't see the country's openness to global business. There are also differences in medical and academic protocols. Dr. Cortes, an infectious diseases specialist, added that Chile generally follows health guidelines from the Pan American Health Organization, the U.S., and Europe, not Asia. As a result, Asian medical practices and systems remain largely outside Latin America's frame of reference. Dr. Sued shared how difficult it was to access Chinese clinical trials compared to Western platforms like PubMed. He had to rely on Google Translate to understand Chinese documents. This reflects not only a language gap but also deeper academic differences.

While procedural issues might be eased through more frequent collaboration, fundamental differences—such as approaches to scientific data sharing—are harder to overcome and may reinforce perceptions of limited transparency in China. Several participants raised concerns about insufficient medical data, especially in fields like HIV/AIDS. Dr. Cortes, who sits on the Governing Council of the International AIDS Society, noted that there are no Chinese representatives despite the inclusion of delegates from smaller Asian countries. At international HIV conferences, she had seen Chinese drugs mentioned, but with little to no supporting data. Dr. Sued had heard of specific Chinese public health initiatives, such as efforts to eliminate mother-to-child transmission of HIV, but found little accessible information. In addition, Dr. Cortes praised the early release of COVID-19 genetic sequencing by China, which sparked a wave of research in Chile. She observed that this level of openness was short-lived, "I have the feeling and many people have the same feeling, that China does not always have (disclosed) all the information. You don't know all the results, and the government may keep some information. I don't know how much is politics or censorship. I believe it depends on the situation."

Participants also acknowledged that geopolitical tensions, especially U.S.–China rivalry, complicate long-term cooperation. Dr. Ferreccio believed Chinese researchers might be more accessible than Americans in Latin America, "The Western companies don't have any political interest in being in Latin America." Dr. Goldbaum shared this sentiment and believed China could fill the vacuum left by the West's neglect, "Latin America is a big, forgotten opportunity. There is a huge political mistake in the States not to do business development with Latin America and see us as inferior, which is a completely wrong perception. The world is multi-polygon now and not the

American center."

Yet U.S. influence remains strong. Nationals of Chile are currently the only Latin American citizens who can gain visa-free entry to the United States (U.S. Department of State, 2023). Dr. Mañalich noted that Chile is open to adopting Chinese developments as long as there is no strong opposition from the United States. He cited past attempts at state-level collaboration, such as contracts with China for passport development and a submarine cable, that were ultimately blocked due to U.S. pressure despite Chile's initial support. He considered that the most feasible path for cooperation with China lies at the non-governmental level, particularly between academic institutions. "We are in the backyard of the United States. Because of geopolitical considerations, Chile is going to be here with a very small participation in international trade with China." In contrast, Dr. Sued believed health diplomacy might be less politically sensitive, even in the context of rising tensions. He urged China to take on a greater responsibility and recognize the gaps it needs to fill in global health efforts.

4.1.2 Perception of Domestic Politics

According to Blanchard and Lu's soft power evaluation framework—and consistent with participant responses—the perception of domestic politics is a key barrier to transforming Chinese soft power in Argentina, but not in Chile (Blanchard and Lu, 2012, p. 575).

Despite some offsetting factors, Chilean participants generally expressed a positive outlook on future health cooperation with China, with several eager to deepen ties. Many welcomed Sinovac's potential vaccine plant in Chile, while former health ministers emphasized the importance of innovation and research collaboration. In contrast, Argentine participants offered more diverse and cautious perspectives, indicating that domestic politics in Argentina play a significant role in shaping attitudes toward foreign health collaboration. This study explores whether the *perception of domestic politics* functions as a mediating variable that helps explain the divergent soft power outcomes observed in Chile and Argentina (H2).

Argentine participants' perception of domestic politics

Argentine participants frequently referenced the role of domestic politics in shaping public perceptions of foreign health collaboration, particularly with China. For example, as mentioned, the Argentine government's approval of the Sinopharm vaccine for children aged 3 to 11 sparked political controversy. Dr. Estenssoro noted that opposition politicians criticized the move, while Dr. Duré highlighted the lack of transparency, fueling public suspicion. He questioned whether the decision was driven by public health concerns or political alignment, pointing to the Fernández administration's close ties with China and Russia.

Argentine participants acknowledged that vaccine acceptance was shaped by political disputes, particularly concerning the Russian-made Sputnik V—one of the government's earliest vaccine agreements (Donmez, 2020). Media described the controversy as 'a political football,' with Radical Party leader Alfredo Cornejo accusing officials of bribery and corruption that blocked deals with producers from Europe and the United States (The Economist, 2021). Participants feared such political dynamics could negatively affect future cooperation with Russia, but also with China. At the

time of interviews (Sept–Oct 2023), Javier Milei had not yet become president, but was already known for his strong pro-U.S. stance and anti-China rhetoric (Reuters, 2023). Some participants, like Dr. Estenssoro, noted that Argentina's polarized domestic politics—especially among U.S.-aligned politicians—could shape health cooperation based on ideology rather than public interest, though she claimed no personal bias. Dr. Sued believed domestic politics could hinder future cooperation with China but argued health collaboration is less politically sensitive than military ties. Others were more skeptical. Dr. Goldbaum said the political perception that American and European vaccines were superior worsened Argentina's view of China. Dr. Dubin found that every health decision was questioned in Argentina because of politics: " Pharmaceutical enterprises are more important or stronger than the military complex in the United States and are extremely powerful. They are the main column of the imperialist system… For example, the political opposition in Argentina and the right parties, which are very related to the United States and England, launched the war against the Sputnik vaccine. There was some impact on the people, some people were afraid of the vaccination because of this dirty advertising." Mr. Cahn pointed out how the public could be manipulated by political discussions and he found the Russian nationality attached to the vaccine is part of a political movement: "Nobody called the Pfizer vaccine the American vaccine, or AstraZeneca the British vaccine. But all the Chinese vaccines were the Chinese vaccines and the Russian vaccine was the Russian vaccine."

Some participants linked politicians' self-interest to corruption. Dr. Duré argued that Argentina's opaque decision-making fueled public skepticism, saying, "The corruption in Argentina is big... The pandemic was an example of how the country can suffer if you have corruption the whole time, especially in Argentina." He noted that distrust in domestic politicians extended to transnational health cooperation, contributing to anti-vaccine sentiment due to government secrecy and shady dealings. Distrust in domestic politicians led Dr. Dubin to prioritize multilateral healthcare cooperation, hoping Argentina could achieve autonomy. Argentina's economic turmoil was drastically worsened during the pandemic, Dr. Dubin said: "Most of these powerful, imperialist countries use the vaccine to influence other countries, mainly poor and dependent countries. This was the case in Argentina. I love cooperation, but cooperation between uneven countries is difficult. The most powerful countries don't want to help but to get the benefits of that relationship. So, we have to increase our research and develop our industry. This implies being independent and this is a strong decision." He said most politicians are uncomfortable with these options because they serve other countries' interests, not Argentina's.

Chilean participants' perception of domestic politics

In contrast, none of the Chilean participants reported political disputes over collaboration with China during the pandemic. Instead, they praised the Chilean government's efficiency in securing Sinovac vaccines. Dr. Cortes noted how quickly the vaccines were obtained, while Dr. Gazitúa highlighted Chile as the first Latin American country to achieve a high vaccination rate, which positively impacted its public image.

Several Chilean participants expressed trust in their healthcare system's strict protocols, believing it prioritizes the public interest. Dr. Ferreccio emphasized Chile's strong anti-corruption measures and uniform vaccination process, a view echoed by Pablo, who stressed confidence in the established procedures ensuring safety and security. Dr. Mañalich added that vaccine distribution was supported with no public complaints, unlike Argentina's scandal-ridden rollout.

In summary, Chilean participants were satisfied with their government's effective vaccine procurement and trusted that decisions served the public good. In contrast, Argentine participants viewed politicians' self-interest as potentially undermining public welfare.

4.2 Quantitative data

This study also uses secondary quantitative data to consolidate the findings, including the Direct COVID-19 Disorder Event dataset from ACLED, tracking pandemic-related unrest in over 240 countries. Between March 2020 and October 2023, there were 806 entries from Chile and 1,706 from Argentina. Manual review found that 252 Argentine entries involved protests against politicians' corruption or self-interest harming public welfare, while Chilean protests focused on economic demands or anti-quarantine measures, with none targeting politicians' perceived self-interest. (See Appendix B for data access.)

Protests in Argentina (Mar 2020–Oct 2023) clustered around four themes: (1) corruption cases involving Vice President Cristina Fernández de Kirchner ("La ruta del dinero K"); (2) the "vacunatorio VIP" COVID-19 vaccination scandal, where VIPs received early vaccines amid shortages; (3) general criticism of President Alberto Fernández's pandemic management and corruption; (4) the "Marcha de las Piedras" protests against former First Lady Fabiola Yáñez's birthday party when social gatherings were prohibited. Notably, 212 entries concerned the Kirchner corruption scandal, with protests occurring in dozens of locations on key days. 27 protest entries from February to March 2021 relate to the vacunatorio VIP scandal or similar abuses of power in vaccination, which led to Health Minister Ginés González García's resignation (Mander, 2021). Additional protests accused Fernández of corruption and mismanagement, while the First Lady's party sparked public outrage, resulting in court settlements and apologies (Buenos Aires Times, 2023a).

In contrast, Chilean politicians were seen as serving the public interest with no protests targeting self-interested behavior. Chile's COVID-19 vaccination campaign was successful—by July 2021, 63.07% of the population was fully vaccinated, surpassing Argentina's 12.98% and even some developed countries. Chile's adherence to vaccination schedules fostered perceptions of justice and common purpose. Vaccines were free, contrasting with earlier unpopular charges for PCR tests (Castillo et al., 2021, p. 2).

An existing survey supports the additional hypothesis (H2). Between February 24 and March 1, 2021, Poliarquía Consultores conducted a national survey titled Perception about the Vaccines in Argentina. Among 2,162 participants, trust in Russia's Sputnik V vaccine closely aligned with political identification. Of those who supported former Vice-President Cristina Fernández de Kirchner

("los cristinistas"), 72% were very confident and 11% quite confident in Sputnik V. Among "los peronistas no cristinistas" (Peronists not aligned with Kirchner), 39% were very confident and 31% quite confident. At the time, the government strongly promoted the Russian vaccine, and both Fernández and Kirchner publicly received it in January 2021 (Buenos Aires Times, 2021a). By contrast, non-government supporters showed greater distrust. Only 22% of independents were very confident and 28% quite confident. Among supporters of the Cambiemos (Let's Change) center-right coalition who did not align with its founder, Mauricio Macri—referred to as "los simpatizantes de Cambiemos no macristas," 10% were very confident and 34% quite confident; among "los macristas," 10% were very confident and 30% quite confident. Confidence in the Russian vaccine decreased with distance from government support.

These findings echo results from the Direct COVID-19 Disorder Event dataset, which documented protests against corruption involving Cristina Fernández de Kirchner, the vacunatorio VIP scandal, criticisms of President Fernández, and the Marcha de las Piedras. These protests occurred from 2020 to 2021, overlapping with the survey period.

The findings highlight that perceptions of domestic government influence trust in foreign soft power. As Dr. Sued noted, Russia engaged in active vaccine diplomacy: " [Russia had] A lot of political declarations, the presence of Putin saying, 'We would be providing this vaccine to the country for free." There were a lot of journalists establishing communication with the different experts in Argentina, to let them know how the vaccine is produced and disseminate information about the embodiment of the Russian government in the approach of the vaccine." However, the Argentine survey above indicates the soft power Russia intended to gain was unsuccessful among the non-supporters of the Argentine government. I argue that this observation can also apply to Chinese vaccines and their soft power if they were the most promoted vaccines.

5. Conclution and Discussion

This study identifies China's healthcare diplomacy during the COVID-19 pandemic—through vaccine distribution and pharmaceutical investments—as a form of authoritarian soft power reliant on economic and material incentives as resources. The finding that China's proactive medical support amid limited local production and passive alternative suppliers fostered perceptions of "kindness" and boosted its soft power provides clear evidence supporting H1, although several factors have prevented significant healthcare policy shifts.

As Chinese soft power relies on economic and material benefits, its impact on Chile's and Argentina's healthcare policies remains limited to the commodity rather than the intellectual level. While participants in both countries expressed interest in the latter, by January 2024, doubts had emerged over its sustainability. Tangible exchanges stalled—the Sinovac Biotech Ltd. vaccine plant in Chile was halted, and medical supply activity in both countries declined from its pandemic peak. Although China could revive influence through renewed material support, this study finds that long-term intangible exchanges are hindered by structural barriers, including geographical distance, language and cultural differences, limited in-person interaction, information intransparency, and U.S.–

China strategic rivalry.

This thesis also identifies perception of domestic politics as a mediating variable of soft power outcomes (H2). Chilean participants expressed confidence in their government's efficient Sinovac vaccine procurement and public interest commitment, while Argentine participants viewed their politicians as self-interested and were skeptical of future health cooperation with China. Supporting this, ACLED data recorded 252 pandemic-related protests in Argentina targeting political corruption, but none in Chile. Additionally, the National Public Opinion Survey: PERCEPTION ABOUT VACCINES IN ARGENTINA showed lower trust in the Sputnik V vaccine among those less aligned with the government. This suggests that distrust in domestic authorities may extend to skepticism of foreign vaccines and diminish that foreign country's soft power.

This study addresses gaps insufficiently covered in previous soft power research. Unlike prior work that mainly focuses on cultural outreach or economic initiatives, Chinese health diplomacy during the COVID-19 pandemic represents a relatively new and distinct form of soft power. The pandemic's unprecedented spotlight on China's medical aid challenges the common argument that soft power attraction is exclusively democratic and rooted in liberal values, which supposedly places China at an inherent disadvantage. Instead, China's provision of medical assistance draws attraction through impressions of "kindness, competence, or charisma" (Nye, 2021, p. 201). Another overlooked area in the literature is the role of soft power receivers. Most studies emphasize the capabilities of soft power generators and often critique their failures, typically relying on broad surveys of the general public in target countries. This approach neglects whether specific receiver groups, with distinct backgrounds, might serve the study question better and illuminate how soft power operates. This study identifies healthcare practitioners and policymakers as the primary receivers of Chinese health diplomacy soft power. Given their scientific, evidence-based training, these recipients prioritize information transparency over mere perception, which strongly moderates the impact of Chinese soft power. Traditional methods focusing on general public opinion would likely miss this dynamic. This is not to diminish the value of surveys, which remain the most common tool for operationalizing soft power (Blair et al., 2022, p. 1363). However, future research should align methods with the type of soft power resource under investigation. For example, surveys may effectively study Chinese mass media's impact on the public, while qualitative interviews with healthcare professionals and policymakers better reveal policy outcomes from Chinese healthcare diplomacy.

Measuring soft power remains a notoriously difficult task in academia. This study tests a new model combining comparative contextualization and the most similar systems design in comparative case studies (Repnikova, 2022, p. 55a; Seawright and Gerring, 2008, p. 304). The study also applies Blanchard and Lu's theoretical framework to assess whether Chinese soft power influences policy (Blanchard and Lu, 2012, pp. 575–576). This approach offers a clear roadmap for justifiable soft power evaluation, demonstrating that qualitative research can be rigorous and insightful even without quantitative data.

This study has several major limitations that should be acknowledged. First, the sample size is

insufficient to represent all healthcare workers and policymakers in both countries. Each participant's unique experience with China during the pandemic may lead to varied perspectives. While including more participants would strengthen the study, this was constrained by the researcher's limited proficiency in Spanish. Future research could benefit from collaboration with Spanish-speaking scholars to overcome language barriers in data collection. The language barrier may also have led to the omission of some secondary Spanish-language sources, despite efforts to incorporate existing datasets from Spanish media. Future studies should continue to include more Spanish-language secondary sources to better capture the nuances across Spanish, Chinese, and English contexts.

This research was conducted between mid-2023 and early 2024, a period after which the impact of Chinese health diplomacy's soft power in Chile and Argentina has evolved. While power dynamics are always shifting, soft power is inherently a long-term process, and thus this study cannot address developments beyond that timeframe. Key questions remain: Will China resume its robust health diplomacy in the region as it did during the pandemic? Will tangible projects halted in 2023—such as the vaccine factory and the innovation center in Chile—restart? Will China improve information transparency to foster deeper intellectual exchanges with Latin American and Caribbean (LAC) countries? Most importantly, how will domestic political changes affect the future trajectory of Chinese soft power in Chile and Argentina? In November 2023, Argentina's far-right populist Javier Milei won the presidency, replacing the decades-long Peronist government. Future studies might examine how government ideology intersects with the dynamics identified here.

Within authoritarian soft power, further studies could examine other regions. For example, Japan and South Korea had not approved Chinese COVID-19 vaccines as of December 2022 (COVID-19 Vaccine Tracker, 2022), posing questions about health diplomacy's effectiveness and the role of domestic political perceptions. Future research can also extend these findings to democratic soft power models, where governments collaborate with autonomous private actors rather than directly controlling them. This raises questions about whether "more generators create more soft power" or if it leads to greater complexity. Democratic approaches may also produce stronger intangible attractions, such as intellectual exchanges, shaped by perceptions of domestic politics.

Finally, despite its limitations, this study's greatest contribution lies in documenting the firsthand experiences and insights of participants in Chile and Argentina. Their reflections on COVID-19 offer valuable lessons to help prevent future crises. I am deeply grateful for their generous participation and dedication to healthcare in their countries.

Acknowledgments

I acknowledge the use of Microsoft 365 Copilot solely for enhancing language clarity. This work is the product of original and independent research. All data and arguments presented are not generated or influenced by artificial intelligence.

The above reflections and findings are abstracted from my M.A. thesis work, *China's health diplomacy and soft power play in Chile and Argentina: a cross-country comparison (T)* (Tsang, H. K., 2024), submitted to the University of British Columbia. The full thesis is available at https://open.library.ubc.ca/collections/ubctheses/24/items/1.0441004. The fieldwork and all qualitative data were approved by the Behavioural Research Ethics Board under the UBC Ethics Certificate number H23-00473.

I express my enduring gratitude to Dr. Manfred Elfstrom, an exceptional M.A. supervisor whose guidance inspired me to question deeply and explore boldly. I am profoundly indebted to his unwavering support and invaluable contributions throughout this journey of discovery.

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Appendices

Appendix A: Participant Characteristics

To provide context for the interview data, I will introduce the 12 participants in this study in the following. This helps the researcher and readers grasp each participant's background and how their professional experience and pandemic-related encounters, especially those linked to China, influence their perspectives. The participants, ranging from middle-aged to elderly adults, are detailed as follows.

Chilean Participants

Dr. Claudia Cortes, an infectious diseases specialist, has dedicated two decades to HIV/AIDS research and patient care. She contributed to national and international health organizations, such as the Chilean Infectious Diseases Society and the International AIDS Society, and served as a frontline physician at one of the country's three main private hospitals during the pandemic. Additionally, she played a consulting role within the government, advising on COVID-19 national guidelines and pandemic response strategies. She actively engaged with the press and social media to disseminate scientifically grounded pandemic information. While utilizing medical products from China and treating patients of Chinese origin, she did not have direct interactions with China beyond these aspects.

Dr. Catterina Ferreccio, an epidemiologist and professor at the Pontifical Catholic University of Chile, has been dedicated to public policy advocacy and research in chronic diseases and cancer for over 4 decades. She has been an independent consultant for Chile's Ministry of Health for over three decades. She made significant contributions to national and international health organizations, including the WHO and the Chilean Society of Epidemiology. During the COVID-19 pandemic, Dr. Ferreccio served on the emergency committee and later joined the government's COVID-19 advisory council. She played a key role in national COVID-19 immunization decision-making, advocating for the use of Chinese Sinovac vaccines, particularly for elderly populations. Additionally, she participated in webinars co-organized by the Pontifical Catholic University of Chile with Tsinghua University to discuss COVID-19 diagnosis and intensive care in 2020.

Dr. Raimundo Gazitúa, a hematologist at a private cancer center in Chile, has served the healthcare system for over two decades. He specializes in treating leukemia, lymphoma, and multiple myeloma. Amidst the pandemic, he dedicated himself to frontline patient care and research. In early 2020, lacking vaccines and artificial antibodies, Dr. Gazitúa and his team drew inspiration from Chinese doctors using convalescent plasma to treat COVID-19 patients. They aim to implement this therapy in Chile's fight against the pandemic.

Dr. Jaime Mañalich, a nephrologist, academic, and politician in Chile's healthcare sector for nearly five decades, served as the Health Minister twice. Initially appointed during the first Piñera government from 2010 to 2014, he resumed the role in June 2019 until June 2020. He played a crucial role in Chile's early response to the COVID-19 pandemic. He fostered strong ties with the Chinese government, including purchasing medical supplies such as ventilators and respirators from China

through diplomatic channels.

Pablo, a medical researcher and head of a medical laboratory at a private institute in Chile, conducted clinical trials for COVID-19 treatments during the pandemic. His China-related experiences primarily revolved around procuring medical equipment and resources from China. Additionally, he attempted to gather information about China's pandemic situation through a Chinese colleague, who later became unreachable.

Dr. Enrique Paris, a pediatrician specializing in toxicology, has dedicated nearly five decades to serving Chile's healthcare sector. He assumed the role of Minister of Health in the Piñera government from June 2020 to March 2022, succeeding Dr. Jaime Mañalich. Dr. Paris also held the presidency of the Medical College of Chile from 2011 to 2017. During his tenure as Health Minister, he maintained strong ties with the Chinese government, overseeing the procurement of medical supplies and engaging in negotiations with Sinovac, a China-based biopharmaceutical company. These negotiations involved plans for investing in a COVID-19 vaccine production plant and a respiratory virus research center in Chile.

Argentine Participants

Mr. Leandro Cahn, a public relations and communication expert, has dedicated nearly three decades to contributing to Argentina's public health sector. He serves as the Executive Director of Fundación Huésped, a nonprofit foundation focusing on HIV/AIDS, communicable diseases, vaccine-preventable diseases, and sexual and reproductive health. During the pandemic, in September 2020, Fundación Huésped, in collaboration with Argentine laboratory Elea, began recruiting volunteers for the phase III study of the Sinopharm Group's COVID-19 vaccine. Mr. Cahn played a pivotal role in coordinating this project.

Dr. Arnaldo Dubin, an intensivist and academic, has devoted over four decades to serving Argentina's healthcare system. As a front-line physician and professor at the University of La Plata, he brings extensive expertise to his roles. Throughout the pandemic, Dr. Dubin led an intensive care unit (ICU) department in a private clinic in Buenos Aires. He actively engaged with Argentine media, voicing concerns about the strain on the healthcare system and the fatigue experienced by healthcare workers, particularly intensivists. Dr. Dubin did not consider himself to have direct interaction with China during the pandemic.

Dr. Cristian Duré is an emergency physician originally from Argentina with over a decade of experience practicing in Sweden. He shared information about Argentina's COVID-19 measures through social media platforms and participated in interviews with various Argentine media outlets to discuss pandemic policies. Despite not having direct interactions with China during the pandemic, Dr. Duré opposes the vaccination of children aged 3 to 11 in Argentina with the Chinese Sinopharm vaccine.

Dr. Elisa Estenssoro, an intensivist and researcher, dedicated four decades to Argentina's healthcare system. For over 20 years, she served as the medical director of the intensive care unit at the largest public hospital in the province of Buenos Aires, a role she continued during the early stages of the

COVID-19 pandemic. Additionally, Dr. Estenssoro was involved in the Group of Experts on COVID-19 for the provincial Ministry of Health Province of Buenos Aires. While she did not have direct interactions with China during the pandemic, she utilized Chinese medical products and contributed to research on the effectiveness of Sinopharm and other vaccines against COVID-19-associated hospitalizations, particularly in the 3 to 17-year-old population during the Omicron outbreak in Argentina.

Dr. Fernando Goldbaum, a scientist specializing in immunology and molecular microbiology, has contributed to Argentina's medical field for over three decades. As the Scientific Director of the biotechnological company Inmunova, he spearheaded the development of a novel COVID-19 therapy called hyperimmune serum during the pandemic's early stages. This therapy uses serum extracted from horses that developed antibodies, after being injected with coronavirus proteins. He said his work was built upon the data from the study of the Wuhan Institute of Virology in China. The institute has been linked to a disputable theory claiming that its research activities accidentally led to the COVID-19 pandemic.

Omar Sued, a medical doctor specializing in internal medicine and infectious diseases, has dedicated nearly three decades to HIV work, with contributions on both national and regional levels. His experience spans various settings, including public and private hospitals, health centers, prisons, and NGOs. From 2019 to 2021, he served as President of the Infectious Diseases Argentinean Society and was a member of the Presidential Experts Committee for COVID-19 Response until June 2021. Regarding his China-related experience during the pandemic, Dr. Sued participated in meetings organized by the Ministry of Health in Argentina through diplomatic channels, which brought together major hospitals in China to discuss COVID-19 transmission and treatment strategies.

Appendix B: Search Filters Description to access *Direct COVID-19 Disorder Event* from ACLED

The quantitative dataset *Direct COVID-19 Disorder Event* from The Armed Conflict Location & Event Data Project (ACLED) is based on the following data set and codebook:

- ACLED. (2019). ACLED Codebook, 2019. *Armed Conflict Location & Event Data Project (ACLED)*. www.acleddata.com
- Raleigh, C., Kishi, R., & Linke, A. (2023). Political instability patterns are obscured by conflict dataset scope conditions, sources, and coding choices. *Humanities and Social Sciences Communications*, *10*(1), 74. https://doi.org/10.1057/s41599-023-01559-4

Data accessed:

- *Direct COVID-19 Disorder Event* dataset from https://acleddata.com/analysis/covid-19-disorder-tracker/
- This study focuses on the 806 disorder event entries from Chile, and 1706 disorder event entries from Argentina, covering the period from March 2020 to October 2023.

All Entries in the *Direct COVID-19 Disorder Event* dataset are related to the pandemic:

- The targeting of healthcare workers responding to the coronavirus
- Violent mobs attacking individuals due to fears of their alleged links to the coronavirus
- Demonstrations against governance decisions made in response to the coronavirus

Access date of the data:

- October 20, 2023

Search filters description:

- After downloading the *Direct COVID-19 Disorder Event* dataset, with the help of the *ACLED Codebook, 2019*, this study first used a search filter on the column "**COUNTRY**" to narrow down the entries to Argentina and Chile.
- Next, this study focused on the column "**NOTES**" to identify the reason for protest of each entry.
- The researcher goes through each entry manually and identifies those that are related to politicians' or governments' misbehaviors due to self-interests. Then the researcher groups and summarizes these entries of Argentina and Chile accordingly, and presents the results in the thesis. No additional change or amendment is made to the original data.

Appendix C: Interview Guide in English and Spanish

SEMI-STRUCTURED INTERVIEW SCRIPT and QUESTIONS for:

China's health diplomacy and soft power play in Chile and Argentina: A cross-country comparison

Participants:

The participants in the in-person or virtual semi-structured interviews of this study would be practitioners from the healthcare industry and policymakers in either Chile or Argentina, as they have more understanding of their country's healthcare system during the pandemic and the post-pandemic era, and the system's tie with China. Moreover, the participants' perceptions of Chinese health diplomacy may affect the future of that Latin American country's healthcare system.

Informed Consent Procedure:

Among the estimated one and a half (1.5) hours of interviews, 15 minutes are allocated for collecting informed consent from the participant. The participant will be asked to go over the Informed Consent form with Hoi Kee Tsang, this study's principal researcher, and be made aware of the right to leave the project at any time. Then the participant will be asked to sign an Informed Consent before any recording devices are turned on to ensure the participant agrees to the scope of the project and the voluntary participation.

Verbal confirmation that sound recording equipment is turned on:

Identify the date, location, time, and the participants active in the interview. Confirm on the recording that informed consent has been received.

Overview of Purpose of Interview:

- To collect data and see whether China's health diplomacy could or could not help generate soft power in Chile and Argentina based on the participants' perception

- To find out the reasons behind the perception of participants on China's health diplomacy based on their responses

- To learn about how participants' opinions and their derived actions associated with Chinese health diplomacy may affect China's efforts in foreign diplomacy and global health cooperation

Questions for Interview:

Each interview shall take around one hour and fifteen minutes.

1. Do you mind telling me more about your background, and your role in your country's healthcare system?
2. How would you describe your country's cooperation with China before the pandemic started? In particular the cooperation in the health sector.
3. According to your understanding, what are the transnational healthcare projects between your country and China amid the pandemic?
4. How was your country's situation when it first began to cooperate with China amid the pandemic?
5. How would you comment on China's health diplomacy to your country during the pandemic overall? In particular the financial and material aid, including vaccines.
6. Do you consider cooperating with China amid the pandemic has changed your perception of China?
7. Would you identify your country's cooperation with China during the pandemic is to cooperate with the Chinese government or other Chinese actors?
8. Do you know about the future projects in your country's healthcare sector with China?
9. How is it compared to transnational cooperation between your country and other countries from regions outside Latin America?
10. How would you comment on China regarding future cooperation in the post-pandemic era?
11. If your country's cooperation with China does not share mutual benefits with your country in the future, how do you think you would perceive China?
12. Furthermore, do you think it will affect the cooperation between your country and China in the health sector?

Closing Remarks

Thank you for your time. Your informed consent document has the contact information should you have any follow-up thoughts, feedback, or questions. As a reminder, you are also welcome to withdraw from this study at any point. Thank you for your time. Your insights are greatly appreciated

GUIÓN DE ENTREVISTA SEMIESTRUCTURADA y PREGUNTAS para:

La diplomacia sanitaria y el juego de poder blando de China en Chile y Argentina: una comparación entre países

Participantes:

Los participantes en las entrevistas semiestructuradas en persona o virtuales de este estudio serían profesionales de la industria de la salud y formuladores de políticas en Chile o Argentina, ya que tienen una mayor comprensión del sistema de salud de su país durante la pandemia y la post-pandemia. , y el vínculo del sistema con China. Además, las percepciones de los participantes sobre la diplomacia sanitaria china pueden afectar el futuro del sistema de salud de ese país latinoamericano.

Procedimiento de consentimiento informado:

De la hora y media (1.5) estimada de entrevistas, se destinan 15 minutos para la recogida del consentimiento informado del participante. Se le pedirá al participante que revise el formulario de consentimiento informado con Hoi Kee Tsang, la investigadora principal de este estudio, y se le informará sobre el derecho a abandonar el proyecto en cualquier momento. Luego, se le pedirá al participante que firme un consentimiento informado antes de que se encienda cualquier dispositivo de grabación para garantizar que el participante esté de acuerdo con el alcance del proyecto y la participación voluntaria.

Confirmación verbal de que el equipo de grabación de sonido está encendido:

Identificación de la fecha, el lugar, la hora y los participantes activos en la entrevista. Confirmar en la grabación que se ha recibido el consentimiento informado.

Descripción general del propósito de la entrevista:

• Recolectar datos y ver si la diplomacia de salud de China podría o no ayudar a generar poder blando en Chile y Argentina según la percepción de los participantes.
• Averiguar las razones detrás de la percepción de los participantes sobre la diplomacia sanitaria de China en función de sus respuestas.
• Aprender cómo las opiniones de los participantes y sus acciones derivadas asociadas con la diplomacia sanitaria china pueden afectar los esfuerzos de China en la diplomacia exterior y la cooperación sanitaria mundial.

Preguntas para la entrevista:

Cada entrevista tendrá una duración aproximada de una hora y quince minutos.

1. ¿Le importaría contarme más sobre sus antecedentes y su papel en el sistema de salud de su país?
2. ¿Cómo describiría la cooperación de su país con China antes de que comenzara la pandemia? En

particular la cooperación en el sector de la salud.

3. Según su entendimiento, ¿cuáles son los proyectos de salud transnacionales entre su país y China en medio de la pandemia?

4. ¿Cómo era la situación de su país cuando comenzó a cooperar con China en medio de la pandemia?

5. ¿Cómo comentaría sobre la diplomacia sanitaria de China hacia su país durante la pandemia en general? En particular las ayudas económicas y materiales, incluidas las vacunas.

6. ¿Considera que la cooperación con China en medio de la pandemia ha cambiado su percepción de China?

7. ¿Identificaría que la cooperación de su país con China durante la pandemia es cooperar con el gobierno chino u otros actores chinos?

8. ¿Conoce acerca de los futuros proyectos en el sector de la salud de su país con China?

9. ¿Cómo se compara la cooperación transnacional entre su país y otros países de regiones fuera de América Latina?

10. ¿Qué comentario haría sobre China con respecto a la cooperación futura en la post-pandemia?

11. Si la cooperación de su país con China no comparte beneficios mutuos con su país en el futuro, ¿cómo cree que percibiría a China?

12. Además, ¿cree que afectará la cooperación entre su país y China en el sector de la salud?

Palabras de cierre

Gracias por su tiempo. Su documento de consentimiento informado tiene la información de contacto en caso de que tenga alguna idea, comentario o pregunta de seguimiento. Como recordatorio, también puede retirarse de este estudio en cualquier momento.. Sus ideas son muy valoradas.