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ORIGINAL PAPER

At the Mercy of the State: Health Philanthropy in China

Yanzhong Huang[1]

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Abstract Public health and healthcare issues in China have historically attracted individuals and organizations to engage the health sector. The growth of health philanthropy in post-Mao China raises questions regarding the role of the state in the development of China's health philanthropy. Through a historical overview of health philanthropy in China as well as an examination of the functions and effectiveness of health-related philanthropic actors in the contemporary era, this study has identified the state as a major factor in the development of China's health philanthropy. Indeed, even though the post-Mao reform dynamics have expanded space for health-related charity organizations, the state continues to have commanding height in health philanthropy in terms of status, funding, services, and influence. The state dominance in turn negatively affects the registration, financing, and capacity building of private foundations and NGOs in this area. Whether the state will dominate health philanthropy in the future to a large extent hinges upon how much extra space it is willing to concede in order to accommodate the dynamics in China's philanthropic sector.

Keywords China · Health · Philanthropy

Introduction

Public health and healthcare issues in China have historically attracted private individuals and organizations to engage with China's public health sector (Chen et al. 2014). The post-Mao reform process has triggered increasing interest in this sector by both government and non-government actors. Health, education, and social services are three areas considered most amenable to philanthropic involvement (Wang and Zhao 2012). By 2013, there were more than 11,000 registered "social organizations" and 70 registered foundations working in the health field, making health one of the top three fields targeted by nonprofits in China (Chen et al. 2014: 5). Moreover, the largest proportion of foreign NGOs' activities in China are concentrated in the health sector (23%), even though health care does not command the largest share of donations from foreign NGOs (Chen et al. 2014: 31).

The growth of health philanthropy in contemporary China begets a series of questions: What are the roles of various actors—the state, domestic NGOs, and international philanthropic organizations—in China's health philanthropy? Will the rise of health philanthropy lead to growing autonomy by non-state actors? Relatedly, what are the limits and constraints these actors face in addressing the country's tremendous health challenges?

To answer these questions, this article uses the state–society relationship as the unit of analysis to examine the role of the state in the transformation of China's health philanthropy. After a brief discussion of the basic theoretical framework and research methodology, the paper provides an overview of the evolution of health philanthropy in China, with particular attention paid to the post-Mao revitalization of the sector. The roles of different actors involved in China's health philanthropy are assessed through an examination of the activities of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter "The Global Fund") in the country. This is followed by a discussion of the limits and constraints faced by China's health philanthropy. The discussion concludes by

✉ Yanzhong Huang
huangyan@shu.edu

[1] School of Diplomacy and International Relations, Seton Hall University, 400 S. Orange Avenue, South Orange, NJ 07079, USA

speculating on how the current situation in health philanthropy sheds light on the future of philanthropy in China.

Theory and Methodology

Since this paper examines the dynamics between the state and the health philanthropy sector, it falls in the theoretical tradition of state–society relations, defined as "interactions between state institutions and societal groups to negotiate how public authority is exercised and how it can be influenced by people" (DFID 2010: 15). In characterizing state–society relations, the civil society approach downplays the role of the state, presuming that effective social participation would compel state actors to execute society's demands and constraints (see, for example, Hochstetler and Keck 2007). This bottom-up approach nevertheless may not fit the institutional context in non-democracies where an autonomous and robust civil society is either nonexistent or still in the making. While it is true that even authoritarian rulers may have incentives to seriously take into account the people's wants and interests, in the absence of the "consent of the governed," they are expected to be less responsive to the well-being of the people than their counterparts in democracies. This is especially true in China, where a civil society remains in a nascent stage.

But what about the proliferation of non-state and semi-state actors in post-Mao China? Aren't they together a sign of the growing power of the society vis-à-vis the state? True, even in the Mao era, the image of a state with an extreme control over society did not exclude the interaction between the leaders and the led, which had considerable influence upon policy (Lee 1978). A near zero-sum relationship between the state and society might exist when the state pursues despotic power over the society, but its ability to penetrate society and enforce policy can be enhanced by the development of active civil associations (Wang 1999). Experiences from other countries suggest that an approach based on a simple state–society dichotomy overlooks "state–society synergies," or possible mutual empowerment between the state and the societal actors (Evans 2002; Haddad 2011). In China, there were policy areas where both the state and society participate, and NGO activities helped the state fulfill its responsibilities to the people (Huang 1993; Hsu 2010). Based on her analysis of state–society dynamics between the 1990s and the first decade of the 2000s, Jessica Teets developed the "consultative authoritarianism" model, which explicitly acknowledges the coexistence of civil society's expanded "operational autonomy" and enhanced state capacity and control over the society in China (Teets 2014). Different from the standard civil society approach, which suggests state power wanes as social forces wax, "consultative authoritarianism" implies mutual empowerment of the state and society. When applied to the development of China's health philanthropy, the former would predict the shrinking public space, while the latter would point to the coexistence of a strong state and expanded autonomy of non-state actors.

Has the rising non-state sector led to the decline of the state in China's health philanthropy? In order to have a better understanding of the role of the state in the health philanthropic sector, this paper combines historical analysis, qualitative interviews, and a case study. Historical analysis is used to examine the evolving role of the state in China's health philanthropy. This method enables us to identify the processes and mechanisms through which state involvement leads to final policy outcomes. Furthermore, since the state contains forces favoring or resisting the development of the philanthropic sector, only through careful examination of the process by which one factor influences another are we able to determine which forces gain the upper hand. The process-tracing method is particularly useful in policy analysis, for the full potential of the concept of state autonomy can only be realized in truly historical studies that are sensitive to structural variations and conjunctural changes within given polities (Skocpol 1985: 14). When possible, the historical analysis is supplemented by semi-structured interviews with health-related philanthropic actors (government officials, scholars, charity workers, and NGO activists). The semi-structured interviews revolve around a framework that focuses on the interplay between the state and society, but they also allow new ideas to be brought up during the interviews as a result of interviewees' responses. In conducting the case study, the Global Fund is used to assess the effectiveness of health philanthropy and highlight the influence of the state in this sector.

The History of Health Philanthropy in China

Health philanthropy in China has its historical roots in the imperial era. While the throne asserted control over the imperial bureaucracy, it bestowed great autonomy to social forces. The formal bureaucratic organs of the central government were only extended to the county level, below which the local society had a definite role to play (Tsou 1991: 270). The limited reach of the Chinese state, coupled with the historical norm that viewed health as an individual responsibility, opened space for philanthropy in imperial China. Local elites driven by a mix of religious and moral obligations supported and sponsored healthcare services for the needy. Still, it was not until the nineteenth century, with the parallel development of foreign philanthropy, that health work became prized and prioritized in China's

philanthropy. Beginning in the 1890s, with Western ideas for philanthropy gaining popularity in China, charity organizations in some Chinese cities became increasingly socialized and business-oriented in their operations and fund-raising (Xie 2013). The foreign missionary movement in the nineteenth and early twentieth centuries sought to advance Christianity by providing modern medical care and education to the Chinese people. In hindsight, these missionary doctors seemed to be more successful in establishing health legacies than in fulfilling their religious missions in China (Xu 2011). Between 1900 and 1910, foreign missions founded 323 medical schools in China, including Peking Union Medical College (PUMC) (Song and Chang 2012). By the end of 1937, foreign missionaries had opened 600 clinics and established 300 hospitals with 21,000 beds, most of which offered financial support to the poor who sought care (Zhang and Zhang 2014: 88–89).

Despite the overwhelming influence of missionary medical work, the Republican period (1912–1949) also saw the rise of indigenous philanthropic work in health and medicine. As Huang (1993: 229–230) observed, there was greater interpenetration of the state and society in philanthropic activities in this period, which found expression in institutions such as the semiofficial public works "bureaus" (*ju*) and the "self-government" bureaus. In 1912, Dr. Wu Lien-tech established the Northern Manchurian Plague Prevention Bureau. In the following years, he also built seven major hospitals (Lampton 1977: 8). In 1919, Yen Hsi-shan, a Shanxi warlord, set up the Taiyuan Research Society for the Improvement of Chinese Medicine. This development was paralleled by the proliferation of non-governmental professional organizations devoted to modern medicine and medical care, including the Chinese Medical Association (*zhonghua yixue hui*), local medical associations (*yishi gonghui*), and pharmaceutical associations (*yaoye gonghui*). During the Russo-Japanese War (1904–1905), a Shanghai business leader took the initiative to establish a Chinese Red Cross Society. The organization's medical focus allowed it to play a central role in coordinating relief centers and hospitals across Manchuria to aid more than a quarter of a million people in the war-torn zone (Reeves 2014: 217). By 1934, the Red Cross Society of China boasted over 120,000 members and 500 chapters (Reeves 2014: 219). Yet the same period also saw the growing statist penchant of the Nationalist government. In 1943, amidst the Sino-Japanese War, the national government took over the direction of all the activities of the National Red Cross Society of China. While the war ended in 1945, the ensuing Civil War between the Nationalists and the Communists doomed the chances of the Chinese Red Cross to regain the autonomy it had enjoyed in the pre-war era (Reeves 2014).

The founding of the People's Republic of China in 1949 was followed by unprecedented state encroachment on the philanthropic sector, resulting in more than three decades of "philanthropic eclipse" (Zhang and Zhang 2014: 97). In some ways, the Communist state could be viewed as the antithesis to the imperial state. In a major departure from the historical norm, the new regime regarded the state as the sole provider of social welfare services. Meanwhile, it sought to penetrate deep into society and recreate it in its own image. PUMC was nationalized in 1951. By the late 1950s, the party-state was able to create a web of organizations that "covers all Chinese society and penetrates deep into its fabric" (Schurmann 1968: 17). The new regime suppressed indigenous philanthropic organizations and absorbed domestic foundations into the state apparatus. The Chinese Red Cross not only became subordinate to the Ministry of Health (MOH), but also served as a propaganda machine for the Communist Party (Reeves 2014: 225). Foreign charitable organizations such as the Rockefeller Foundation and China Medical Board (CMB) were forced to leave China. As the state co-opted and controlled social groups or eliminated them, it permeated the lowest reaches of society and dictated people's social lives, and in return, people came to rely on the state for their social welfare and healthcare needs (Walder 1986; Wong 1992).

An examination of the history of health philanthropy in China reveals varying state–society dynamics. To the extent that indigenous civil society forces were behind the rise of health philanthropy in China, international foundations and religious organizations played a significant role in the expansion of the sector in the nineteenth century and early twentieth century. The Republican era nevertheless saw the greater interaction and interpenetration between the state and society. Growing state control over the health philanthropic sector occurred in the early 1940s, but it was not until after the founding of the People's Republic of China that civil society's role in the provision of health services was minimized.

Post-Mao Revitalization of Health Philanthropy

In the late 1970s, China began to embrace internal reforms and opening up to the outside world, which generated growing demand for health philanthropy. Single-minded pursuit of economic development had relegated public health and made it a backburner issue. When coupled with the changing diet and health habits of the Chinese people and China's growing exposure to the outside world, this led to not only the return of many infectious diseases previously under control (e.g., schistosomiasis and tuberculosis), but also to the rise of new public health challenges, including HIV/AIDS, SARS, and avian flu, as well as the

increasing burden of non-communicable diseases such as cancer, cardiovascular diseases, and diabetes. Instead of pursuing a Mao-style interventionist approach to public health, the post-Mao state began to withdraw from the health sector. The expanding urban–rural income gap and dwindling state financing on health care have resulted in significant access and affordability problems (*kanbing nan, kanbing gui*) in China's health sector. Government spending as a percentage of total health expenditures dropped precipitously, from 39% in 1986 to 16% in 2002 (Huang 2013). As government healthcare institutions began to rely on drug sales and provision of expensive, but often unnecessary services to fuel revenue growth, total health expenditure increased exponentially. This occurred at a time when there was virtually no social safety net: the 1998 National Health Services Survey found that more than 87% of the rural population and more than 44% of urban residents were not covered by any health insurance (Huang 2013). By 1999, the private share of healthcare spending exceeded 59% (Huang 2013).

In order to address the problem of access and affordability, the government in 2009 kicked off a new round of healthcare reforms, which led to the expansion of health insurance coverage to more than 95% of the Chinese population. Still, the per capita benefit level was low. In the countryside, the New Cooperative Medical Schemes on average only reimbursed 50% of inpatient services (Interview with a senior Chinese health official, August 7, 2013). Screenings, drugs, and diagnostic testing for many chronic conditions (such as diabetes) were not covered medical benefits in many parts of China. In 2011, 12.9% of Chinese households incurred catastrophic illness spending, ten times the level of European countries (CNHDRC 2013: 10). Through the Ministry of Civil Affairs, the government did offer health aid programs (*yiliao jiuzhu*) for the nearly 100 million people who face substantial expenditures on catastrophic illnesses. The annual health aid package nevertheless had a ceiling of 10,000 RMB, much lower than the actual cost of treating such illnesses (Caixin wang 2012). Not surprisingly, despite the increased coverage, out-of-pocket payment expenses continued to be high, which deterred the sick from using medical services (Time 2014; Bloomberg News 2015).

In the meantime, the post-Mao reform and state rebuilding also created space for service-oriented, state-sanctioned nonprofit social organizations. On the one hand, in recognition of its inability to be the sole provider of health care, the state encouraged the coexistence of state, collective, and individual ownerships in running healthcare institutions. On the other hand, the landscape of state–society relations was transformed in favor of the growth of health philanthropy. The reform led to greater physical and social mobility and generated more political and economic resources for people to engage in philanthropic activities in China. Given the strategic interaction between the state with growing legitimacy concerns and social forces with growing leverage vis-à-vis the state, the former should have more incentives to seriously take into account the people's interests and demands in exchange for the acceptance of political legitimacy.

Against this background, a multitude of actors emerged to engage in health philanthropy (see Table 1). Aside from existing government-sponsored organizations such as the Red Cross Society and China Medical Association, the government set up new semi-official philanthropic organizations including the Soong Ching Ling Foundation (affiliated with the Chinese Communist Party's United Front Department) and the China Charity Federation (CCF), affiliated with the Ministry of Civil Affairs, to conduct charitable work. Set up in 1994, CCF is China's largest national health-related government-organized NGO (GONGO) (Deng and Zhao 2014: 205). It functions as a nonprofit organization that has branches at the provincial, city (county), and even township levels. The Yangzhong City Charity Foundation of Jiangsu Province, for example, devoted nearly one-quarter of its budget to provide health aid to those experiencing catastrophic illness spending and to youth suffering from leukemia or uremia (Author's interview with local charity foundation officials, May 24, 2014). Since then, other GONGOs (e.g., the Chinese Association of STD and AIDS Prevention and Control, Chinese Association on Tobacco Control) were formed to tackle new public health challenges. Indeed, the MOH alone sponsored 65 national GONGOs (ZGWSNJ 2013). Driven by growing wealth and entrepreneurship, the post-Mao state has also witnessed the emergence of new independent civil society groups and private foundations, such as the Smile Angel Foundation and Jet Li's One Foundation. In 2007, the first charity hospital opened in Hangzhou (Lin and Carter 2014: 71). China Development Brief's Database now lists more than 200 NGOs working in China on public health. Since the 1980s, health-related foreign philanthropic organizations and programs have also entered China. They include CMB (1981), Project Hope (1983), the Amity Foundation (1985), Oxfam (1987), the Ford Foundation (1988), Médecins Sans Frontières (1988), Smile Train (1999), the Clinton Foundation (2004), and the Bill and Melinda Gates Foundation (2007). Multinational corporations have also been involved in health philanthropy. In addition to drug-donation programs, pharmaceutical companies, such as Merck and Novartis, have set up public health projects in China to help fight infectious disease or promote health education.

Interaction between international institutions and China has also created a space for the rise of more independent health-promoting civil society organizations (CSOs).

Table 1 Actors in China's health philanthropic sector

Actors	Examples	Roles
State actors	Ministry of Civil Affairs, National Health and Family Planning Commission, CDCs at different levels, local governments	Conduct charity-related health policy making and implementation
Government-sponsored organizations and foundations	Red Cross Society, China Medical Association, Soong Ching Ling Foundation, China Charity Federation, Chinese Association on Tobacco Control, China Association of STD and AIDS Prevention and Control, China Social Workers Association	Conduct charity fund-raising; help people with healthcare needs; carry out health-related charity projects
Domestic NGOs and foundations	Smile Angel Foundation, One Foundation, Tianjin Deep Blue Working Group, Chengdu Tongle, Beijing Ark of Love, Beijing Stars and Rain Autism Education Institute, the Ocean Heaven Project, China-Dolls Care and Support Association, Xintan Health Development Research Center, China Global Fund Watch, AIDS Care China	Help with people suffering from rare diseases or having affordability issues to access healthcare and/or life-saving drugs; provide outreach, education, and patient support, esp. to those hard-to-reach and marginalized, underrepresented groups; focus on infectious disease prevention and control, especially in the area of HIV/AIDS
International NGOs and foundations	CMB, Project Hope, the Amity Foundation, Oxfam, the Ford Foundation, MSF, Smile Train, the Clinton Foundation, Gates Foundation, Rockefeller Brothers Fund, the Campaign for Tobacco-Free Kids, the Emory Global Health Institute, Bloomberg Philanthropies, International Republic, Global Fund to Fight AIDS, Tuberculosis, and Malaria	Provide funding and technical support to domestic healthcare actors; address healthcare needs of marginalized or underrepresented population; help China tackle non-communicable diseases/risk factors, and specific public health and environment issues
Private industry	Goldman Sachs, Merck, Novartis, Chuanhua	Donate drugs to poor or marginalized population; set up health projects to help fight infectious disease; promote health education

Encouraged by the WHO's endorsement of behavioral interventional strategies, Wan Yanhai in 1994 founded the AIDS Action Project, one of the few NGOs that aims to tackle the massive ignorance about HIV/AIDS in China and expand prevention efforts. He was among the first to alert the general public and the government about the widespread infection of former plasma donors with HIV/AIDS in Henan Province. The 2003 SARS outbreak provided further impetus for engaging civil society groups in public health. Under international pressures, MOH began to publicly support all sectors of society playing a role in promoting public health. An advantage CSOs have enjoyed in service provision and advocacy is their ability to reach and represent hard-to-reach and often marginalized, underrepresented groups, who are often the most vulnerable to the negative impacts of health problems. AIDS Care China, a Guangzhou-based civil society group, alone assists 15,000 AIDS patients in accessing/receiving medication, nearly 25% of the total receiving treatment in China (Shan 2010).

These domestic and international actors have played different roles in China's health sector. A large number of their programs and projects focus on infectious disease prevention and control, especially in the area of HIV/AIDS. This is also an area where more independent (mainly unregistered) NGOs emerged to provide outreach, education, and patient support. They include the Tianjin Deep Blue Working Group (an AIDS Prevention NGO), the Chengdu Tongle (the largest MSM health counseling NGO), and the Beijing Ark of Love (an information support organization for PLWHA).[1]

Many such NGOs have received support from international donors such as the Global Fund, Gates Foundation, Clinton Foundation, and Ford Foundation. The international funders did not have the ambitions of their predecessors in the first half of the twentieth century: instead of focusing on systemic health or social problems (as the Rockefeller Foundation did), they have invested significantly in public–private partnerships to address specific health challenges in China (Bates, Morrison and Lu 2007). Indeed, prior to 2004, the majority of HIV funding came from international donors. With combined national and international support, HIV is by far the best-funded program area (Yip 2014: 139).

The second area that health philanthropy focuses on is access to affordable health care for disadvantaged groups. Here, public and private healthcare institutions provide free screening and/or discounted surgery on an ad hoc basis, and many foreign pharmaceutical companies operating in

[1] For a list of AIDS-related NGOs, see Kaufman (2009): 160.

China set up programs that donate patented drugs to a small number of poor patients. A number of foundations and programs have also been set up to tackle rare diseases or health conditions not covered by the existing healthcare insurance schemes. For example, in the Shenhua Love Action program, China's biggest coal company teamed up with government actors and healthcare institutions to treat congenital heart diseases and acute leukemia among children. In 2006, with the blessing of two celebrity pop stars, the Smile Angel Foundation was established to help children born with cleft palates. Other examples included the Beijing Stars and Rain Autism Education Institute, founded in 1993 by a mother whose son had been diagnosed with autism; the Ocean Heaven Project, launched by the One Foundation in 2011 to help autistic children; and the China-Dolls Care and Support Association, founded in 2008 to increase social awareness and understanding of osteogenesis imperfecta (OI), also known as brittle bone disease (Li 2014: 238–243). Many entrepreneurs-turned-philanthropists are active in this area. In 2012, Liu Biao, a Shaanxi-based entrepreneur, registered a foundation serving the health needs of children with congenital heart diseases in six ethnic minority provinces. Launched in 2014, Hong Kong tycoon Li Ka-shing's Hospice Service Programme provides hospice and palliative service for terminal cancer patients.

The third area that is attracting increasing attention from domestic and international philanthropic actors is research and advocacy regarding non-communicable diseases and their risk factors. Through reports, conferences, and media interviews, some of China's leading economists and public health experts brought to the forefront the harmful impacts of smoking on public health and economic development. They are supported by GONGOs such as the Chinese Association on Tobacco Control, a national academic mass organization established in 1990, and more independent NGOs such as the Xintan Health Development Research Center (established in 2001). They are now joined by leading international NGOs dedicated to the fight, such as the Campaign for Tobacco-Free Kids (which has a China program) and the Emory Global Health Institute, as well as leading global health funders such as Bloomberg Philanthropies and the Gates Foundation. The latter focuses on China as one of the three regional targets of its tobacco control efforts. In addition to providing funding, the two foundations also are actively involved in lobbying the Chinese government to implement more radical tobacco control measures (Ledford 2008).

A sustained legacy of foreign philanthropy in China is health education and human resources training. During 1980–2008, CMB spent about $130 million in China on improving and reforming medical education (Zi and Bullock 2014: 107). Between 1991 and 2003, the World Bank Institute, through the China Network for Training and Research on Health Economics and Financing, offered 48 courses and trained 40 policy advisors, 1400 executives, and 700 academics (World Bank Institute 2013). These projects enabled policy makers and scholars in China to significantly improve their capability to implement technical knowledge and conduct policy analysis. At the grassroots level, health education is targeted in an effort to improve public health standards for the poorest populations in China. Novartis's Health Express project in Xinjiang, for example, extended basic health education to 50,000 schoolchildren and trained 260 infectious disease physicians (Financial Times 2013). Human resources training, of course, is not confined to health policy makers and healthcare workers. Financed by the US-based International Republic, for example, a lawyer turned civil society leader, Jia Ping, held training sessions for Chinese health NGOs for an open, transparent, and independent election of a Global Fund China Coordination Mechanism (CCM) NGO representative in April 2006.

Since the 1980s, health philanthropy has been broadened to address issues of population health and environmental issues. The Ford Foundation made sexual and reproductive health and rights one of its five program areas, while the Rockefeller Brothers Fund has identified southern China as one of its four "pivotal places" to receive grants focusing on the environment, health and climate change.[2] In 2014, the healthcare sector topped other sectors and attracted donations amounting to 38.7 billion *yuan*, or 37.1% of total domestic charitable donations. A majority of the health-related donations (medicines and medical devices) went to poverty-stricken areas in western China (China Charity Information Centre 2015).

The Case of the Global Fund[3]

How effective are these charitable entities in improving Chinese peoples' health standards? In this section, we consider a case study of the Global Fund's activities in China from 2003 to 2013. The Global Fund is the world's main multilateral funder in global health and the largest financier of anti-AIDS, anti-TB, and anti-malaria programs. But unlike other international donors, the Fund is not an implementation agency and lacks in-country presence. Instead, as a global public–private partnership, it has grant applications and project/program implementation in each country overseen by a "country coordinating mechanism" (CCM), which draws representatives from government, the United Nations and donor agencies, NGOs, the private sector, and people

[2] Rockefeller Brothers Fund, at http://www.rbf.org/programs.

[3] The case study is adapted from Huang and Jia (2014).

living with these diseases. The Fund is therefore considered the most progressive global health institution in the world (Harman 2012: 74). For this reason, the Global Fund's presence in China represents what Harry Eckstein considered a crucial case to test the role of the state: given the Global Fund's emphasis on the whole-of-society approach and the seemingly robust civil society representation in the implementation process, it is least likely to see state dominance in Fund-supported projects/programs.[4] Hence, this review provides useful insights.

China has been one of the Global Fund's largest recipients. During its 10-year presence in China, the Fund approved $1.81 billion and by 2012 disbursed more than $805 million to support China's fight against the three diseases (AIDS, tuberculosis, and malaria).[5] Active in more than two-thirds of China's counties and districts, the Fund was also the largest international health cooperation program in China. The organization officially closed its portfolio in China at the end of 2013.

Evidence demonstrates the effectiveness of the Global Fund's support in the prevention and control of the three diseases. It has improved access to treatment for people living with HIV/AIDS (PLWHA). According to a survey given in China between October 2006 and April 2007, in counties funded only by the Global Fund, 36% of PLWHA received treatment. By contrast, in counties funded only by the MOH pilot program, which allocated extra funding to local governments for comprehensive HIV/AIDS prevention and control, only 25% of PLWHA received treatment. In counties that benefitted from both the Global Fund program and the MOH pilot program, nearly 80% of the PLWHA received treatment (Zhang et al. 2009). On the front of fighting malaria, the Global Fund has supported the distribution of 4.5 million long-lasting insecticide-treated mosquito nets. When it comes to tuberculosis (TB) prevention and control, about 10% of the Fund's TB-specific disbursements went to China. As of 2013, the Fund underwrote the lion's share of efforts in Chinese provinces to treat and manage multi-drug-resistant TB (MDR-TB).

The Global Fund has also provided critical financial and technological support to CSOs in China. Since 2003, almost every round of the Global Fund's funding to Chinese AIDS programs has earmarked a certain percentage to support CSOs' activities and help build their capacity. By the end of 2010, more than one thousand Chinese CSOs had reportedly received financial support from the Fund.[6] Thanks to the Fund's projects, Chinese CSOs have not only been equipped with badly needed supplies and facilities, but have also improved their skills in fund-raising, management, budgeting, and personnel training, all of which are crucial for capacity building (Interview with China's NGO leaders, June 10–13, 2013).

The Global Fund has also shaped the institutional basis for interventions toward the three diseases. Different from the traditional reliance on ad hoc policy coordination mechanisms whose members are almost entirely from government agencies, the China CCM included actors outside of government, such as international organizations, NGOs, and individual representatives. Being represented in China CCM meant that Chinese civil society representatives could for the first time sit as equals with government officials on a decision-making body and have their voices directly heard by the government. The formal participation of CSOs in the policymaking process, as well as the Fund's requirement of providing funding for civil society, galvanized Chinese CSOs as the main way of reaching the most at-risk population in China. It explains why NGOs focusing on AIDS treatments in China have witnessed a period of rapid proliferation since 2004, particularly after 2006–2007, during the election for a civil society representative to China CCM. By August 2006, there were about five hundred NGOs working on HIV/AIDS in China; in 2012, the number reached 967.[7]

Despite the Global Fund's achievements, the state dominated the Global Fund application, disbursement, and implementation process. It designated China CDC, a government organization directly affiliated with the MOH, as the principal recipient (PR) to take overall responsibility for managing China's Global Fund programs. At the subnational level, provincial and county CDCs were designated as sub-recipients (SRs) or sub–sub-recipients (SSRs). Because of the dominance of government actors in funding-related decision making, the Global Fund grants were first directed to the China CDC, which then passed funds to local CDCs before reaching grassroots implementers. That explained why despite large amounts of donor funds, little reached grassroots NGOs (Kaufman 2009: 169). According to the China Global Fund Watch, less than 11% had been allocated to CSO implementers in the first year of the Global Fund grant, which was far less than the portion (20%) stipulated in the grant agreement.[8] This funding model also created fertile ground for misuse of the Fund's

[4] Eckstein emphasized the inferential value of instances where a theory fails to fit a case in which it is least likely to be true and thus is convincingly supported. See Eckstein (1975).

[5] For an update, see https://www.theglobalfund.org/en/portfolio/country/?loc=CHN&k=c9980a5b-0d86-4ad5-ab99-788ca847bbb9.

[6] "Interview with Ministry of Health," April, 9, 2012, http://news.sina.com.cn/c/sd/2012-04-09/115624241841_2.shtml.

[7] "Chinese anti-AIDS NGO faces numerous difficulties," *Caixin,* November 30, 2010, http://economy.caixin.com/2010-11-30/100203345.html; National Center for AIDS/STD Control and Prevention and CHAIN (2012).

[8] The allocation would gradually increase in subsequent years until it reached 35%. See Global Fund Observer, Issue 148: 2 June 2011. www.aidspan.org/gfo.

money. A former MOH official admitted that China CDC officials, including staff from the financial department, received subsidies from Global Fund grants, with officials of high rank paid more than those of lower rank (Interview with a former Ministry of Health official, June 10, 2013).

The state dominance varied over time and institutional space. Prior to 2008, for example, the Global Fund grants in China were international projects matched by Chinese government funding. The nature of funding changed after June 2008, when all the ongoing grants were consolidated into budgeted government programs matched by the Global Fund money. The consolidation also allowed the local governments to play a more prominent role in the fund management and policy implementation. Different from central health authorities, local governments preferred to keep the Fund money under their own control and had little interest in engaging grassroots NGOs in project financing and implementation.

Equally important, the Global Fund's efforts to promote CSO participation had the unintended consequence of encouraging unhealthy civil society growth in China by supporting numerous ineffective NGOs and sustaining counterproductive competition among them (Interview with China's NGO leaders, June 10–13, 2013). To enable the active participation of Chinese CSOs, the Global Fund tended to focus on the number of NGOs or community-based organizations (CBOs) working with the Fund and the share of funding channeled to such organizations, but failed to pay adequate attention to the ability of Chinese CSOs to meaningfully participate in its projects and programs. A large number of the CBOs/NGOs emerged to pick the low-hanging fruit delivered by the Fund, but few were adequately prepared to manage international funding for local projects or even serious about reaching the most at-risk population and socially marginalized populations.[9]

In the absence of effective government financial commitment or strong support from indigenous philanthropic entities, the Global Fund's resources also had the unintended result of exacerbating these NGOs' dependence on international donor support. When the Global Fund withheld disbursement to protest the government's lack of support of CSOs, the immediate victims were not the government or GONGOs, but CBOs and NGOs whose only major funding source was the Global Fund. Indeed, many of the CBOs had already been dissolved by the end of 2011, after the Fund lifted the freeze on grants.[10] Competition over limited resources led to infighting among the groups, which only gave the government more opportunities to manipulate and suppress them. Some NGOs with more funding—but poor accountability—gained disproportionately more power than others and used that power in a way that jeopardized the development of Chinese civil society. It is no surprise that even today, most of China's health-promoting NGOs remain small and weak. The Fund's Round Six HIV grant program initially required an NGO to serve as the PR, but because China did not have a truly competent national-level NGO or NGO alliance to implement the grant, the China Association of STD and AIDS Prevention and Control (CASAPC)—a GONGO—became the PR in 2006. A January 2007 review conducted by the Fund's local funding agents nevertheless found that CASAPC had many gaps in staffing, management, procurement, monitoring, and assessment.[11] Based on the Fund's advice, the China CCM changed the PR back to China CDC, a government organization. In 2009, efforts to push for the inclusion of CASAPC as a parallel PR failed again with the unexpected pullout of the GONGO. As a result, China was the only country among the Fund-recipient countries that saw the domination of government health authorities at CCM, PR, and SR levels. According to a prominent HIV/AIDS advocate in China, the idea of CCM has never been internalized by the Chinese government, and like Russia, China preferred to act on its own after the Fund's departure (Interview with an NGO leader, December 11, 2013). Indeed, right after the departure of the Global Fund, the mechanisms and institutions built to channel civil society demands to the health authorities in policy making—notably China CCM—were quietly replaced by a government committee that excluded the participation of CSOs (Author's interview with a China CDC official, October 28, 2014). In short, one decade of the Global Fund's presence in China has left behind a deeply mixed legacy. Although the Fund's money has made important contributions to China's fight against AIDS, TB, and malaria, and encouraged more civil society participation, it has not led to fundamental changes in the top-down, state-centric approach to disease prevention and control.

The case study has important implications for the role of the state in China's health philanthropy. As a public–private partnership, the Global Fund was established on the premise of mutual interpenetration and empowerment between the state and society. While the Fund has led to the promotion of health-related NGOs and facilitated policy implementation in fighting AIDS, TB, and malaria in

[9] "Zhongguo cong guoji yuanzhu biye yicheng biran (China's graduation from international development assistance is inevitable)," *Liaowang dongfang zhoukan* (Liaowang Oriental Weekly), at http://www.lwdf.cn/wwwroot/dfzk/bwdfzk/201043/bmbd/254959.shtml.

[10] In May 2011, the Fund froze payments of almost all grants to China to protest the lack of CSO participation and the misuse of the funds.

[11] Diagnostic Review of Global Fund Grants to China, OIG-GF_11-17, October 23, 2012. Available at https://www.theglobalfund.org/media/2729/oig_gfoig11017diagnosticreviewchina_report_en.pdf.

China, it also had the unintended result of threatening the healthy growth of CSOs in this area by encouraging the proliferation of NGOs uncommitted to the Fund's missions and exacerbating their dependence on external funding. Furthermore, the Fund has not changed the dominant status of the state in the policy process, as shown by the prominence of China CDC at CCM, PR, and SR levels, the significant role placed by local governments in fund management, and the return to state control after the departure of the Global Fund. Contrary to the predictions of the civil society approach, the state continued to be dominant in defining, regulating, and shaping the roles of international actors and domestic NGOs. Furthermore, the pattern of mutual empowerment as predicted by the "consultative authoritarianism" model did not occur: the limited operational autonomy of CSOs brought by the Global Fund was curtailed by the state and did not survive the withdrawal of the Fund.

The Constraints on Health Philanthropy in China

The limited reach of the Global Fund highlights the constraints health philanthropy faces in contemporary China. Indeed, despite nearly four decades of reform and opening to the outside world, the state continues to dominate health philanthropy in terms of the registration, funding, services and influence of NGOs devoted to this sector.

First, due to the onerous requirements of the state, a large number of health-related NGOs are still unable to register. A majority of the NGOs lack legal status because they are not allowed to register without a government-backed agency as their caretaker ("Red Ribbon" 2010). But few government bodies want to be responsible for independent NGOs—indeed, a Beijing-based NGO focused on providing support to leukemia patients did not find an agency willing to oversee it until after the intervention of a CCP Politburo member. A large number of health-related charitable organizations are thus forced to register as for-profit organizations. Their for-profit status not only makes them required to pay corporate income tax, it also subject them to government scrutiny over taxes and other administrative issues, and tax issues are often used by the government to harass those NGOs it views as "troublemakers." In addition, an initial fund of two million RMB ($330,000) is required for the establishment of a local private foundation (20 million RMB for a national private foundation), which disqualifies a large number of NGOs that cannot meet this requirement. Under the dual-registration system, only one group working in an issue area is allowed to register locally, and groups working on the same issue in different places are prohibited from coming together as a regional, provincial, or national organization. This system limits not only the size of the NGOs, but also potential coordination and cooperation among them, which is essential for the expansion of their activities beyond the community level. In the area of HIV/AIDS, CSOs that worked on the same or similar issue areas had difficulty working together. According to Meng Lin, the Global Fund CCM civil society delegate, when he was briefing the then Minister of Health about the problems facing PLWHA in treatment and care, another PLWHA representative present at the meeting said that they should thank the government, rather than make trouble, and the representative from China AIDS Association interrupted Meng by saying "the government is tolerant enough of you!" (Meng 2014: 13–14). As Amy Gadsden observed, "AIDS activists have been quick to accuse each other of malfeasance or other bad dealings, weakening their capacity for advocacy or joint action" (Gadsden 2010).

Second, the government has hamstrung the funding of independent NGOs and private foundations. The quasi-official status and state support provide the government agencies and GONGOs a distinct advantage in accessing funding for health philanthropy. GONGOs often have multiple channels to fundraise for health philanthropy. According to officials at a county-level charity federation, their annual funding (approximately 10 million RMB) came from four sources. Besides voluntary individual donations, they could claim interest revenue derived from a local enterprise "naming" fund (5 million), the interest revenue from the Federation's fund deposited in the county fiscal bureau (3.2 million), and mandatory donations from local government employees—equivalent of their one-day salary (1 million) (Author's interview, May 24, 2014). Unlike these public philanthropic actors, independent NGOs and private foundations are not allowed to engage in public fund-raising. While, in theory, donations to foundations are tax exempt, in reality, few private foundations (and none of the commercially registered NGOs) have tax-exempt status, which only dampens the enthusiasm of potential donors. Those who have managed to find a government agency or an officially recognized organization to "adopt" them often lose their autonomy in fund management. When Jet Li's One Foundation was affiliated with Red Cross Society of China, for example, the latter not only managed the funds raised by the Foundation, but could also extract overhead from its expenses. Not surprisingly, official and semi-official philanthropic organizations have monopolized China's health philanthropic sector (Zhuang 2013).

Funding particularly constitutes a problem for independent NGOs working on health issues. Because of their problematic legal status, they are often excluded from government funding. Individual support for these NGOs remains weak (Zhao et al. 2016). The Chinese public

overall does not support foundations outsourcing service implementation to NGOs, and most enterprises consider it safer to donate to government-backed organizations (Zhao et al. 2016). A nationwide survey in 2013 found that only 1.5% of the Chinese foundations had funded grassroots NGOs (Jinghua 2013). In 2014, government agencies and GONGOs received 61% of all social donations, compared to 1.3% received by non-government organizations and individuals (China Charity Information Centre 2015). Individual donations also tend to be biased against health-promoting grassroots organizations. A study by Spires et al. (2014: 88) suggested that Chinese individuals still strongly disfavor HIV/AIDS NGOs vis-à-vis other types of NGOs for donating money. Grassroots NGOs therefore have to depend on overseas funding. Worldwide, there is indeed a growing trend toward entrusting civil society organizations as direct recipients of foreign aid (Ravishankar et al. 2009). But as the case study on the Global Fund's experience in China suggests, GONGOs' national reach and registered status, with vertical hierarchies paralleling the government service network, often make them more eligible recipients of international financial support. In the area of HIV/AIDS prevention and control, with the departure of the Global Fund and the recent introduction of a regulation that restricts foreign donations to independent NGOs, the government becomes virtually the only major source of funding for existing health NGOs.

Third, government regulations and restrictions have narrowed the range and effectiveness of the services provided by NGOs and private foundations in health philanthropy. Because of the lack of effective government regulation or information sharing between the government and philanthropic organizations, there is a coexistence of "under-exploitation" (i.e., many important health challenges fail to receive sufficient attention) and "over-exploitation" (i.e., there is competitive engagement on particular health issues) (Fidler 2007). Thus far, a majority of domestic NGOs and foreign philanthropic organizations work on relatively small projects or specific health issues (e.g., HIV/AIDS, leukemia, and cleft lip and palate) rather than broader health sector development issues. In contrast, governmental actors and GONGOs permeate the health sector through professional associations, advocacy, and medical assistance. For example, the government-supported Shenhua Love Action provided medical aid to one-eighth of the children with congenital heart diseases and one-tenth of the children suffering leukemia in the countryside (CNHDRC 2013: 26). Even in the area of infectious disease control, where non-state actors supposedly have a comparative advantage, the state continues to hold on to the commanding heights. Most of the foreign philanthropic organizations operate as providers of funding and technical support, but few actually deliver services. While some Chinese NGOs provide services (e.g., distributing condoms), their role is still confined to advocacy and outreach. Government remains the main service provider, even for services that NGOs in other parts of the world have traditionally played a major role in delivering. A growing number of NGOs and foundations now are being established to tackle rare health conditions such as clefts and congenital heart diseases in children, but relatively few resources are dedicated to children with cancer or cerebral palsy (CNHDRC 2013: 19). Among the hundreds of anti-AIDS CSOs, most of them deal with PLWHA and men who have sex with men, or MSM.

The government's interventionism is particularly an issue for those NGOs offering services beyond pure public health issues, such as human rights, accountability, and transparency. In November 2007, Jia Ping, a human rights lawyer, founded China Global Fund Watch Initiative as an independent watchdog organization for the Global Fund's activities in China. In so doing, he sought to promote the development of China's civil society and ensure good governance and public participation. Jia Ping's growing reputation as a champion and leader in this field nevertheless irritated status quo-oriented government officials. Being consciously aware of the roles of local NGOs and foreign funding in organizing "color revolutions" in the former Soviet states, they cooperated with incumbent CCM representatives to deny Jia's eligibility of being the advisor in the 2008 CBO/NGO representative election (Jia 2014). Jia's predicament was not unique. In July 2009, the government shut down the Open Constitution Initiative, which was involved in providing legal aid to victims of tainted milk formula. Months later, Zhao Lianhai, a leader in the movement aiming to get restitution and treatment for the victims, was arrested and sentenced to two-and-a-half years for "disturbing social order," although his real sin was that he founded the "Home of the Stone Babies," an NGO for parents whose children suffered similar fates from the tainted milk. NGOs' efforts to promote access to affordable drugs also encountered strong government resistance. In May 2008, Yirenping, a health-promoting NGO, convened nearly 2000 Hepatitis B (HBV) carriers and PLWHA to write a letter asking the Ministry of Commerce to issue compulsory license to an anti-HBV drug lamivudine, but to no avail. In July 2011, a Shanghai-based Chinese drug company indicated its interest in allying with NGOs to apply for compulsory license for the antiretroviral drug tenofovir disoproxil, which is used to treat AIDS patients. But so far, the government has not approved compulsory licensing of any patented drugs in China.

The dominance of government agencies or GONGOs ultimately blurs the line between philanthropy and the government. Shenhua Love Action project, for example, was funded by a major state enterprise and implemented by

a GONGO called China Social Workers Association. The GONGO also has the project offices housed by local civil affairs departments. This institutional arrangement makes it difficult for people to differentiate health philanthropy projects from government-sponsored basic health insurance. Field research suggested that most beneficiaries expressed gratitude to the government instead of the charity project itself (CNHDRC 2013: 3336).

This does not mean that GONGOs or government agencies should have no role to play in health philanthropy. After all, health philanthropy is supposed to supplement government's efforts to address public health challenges and implement reform measures. State withdrawal from the welfare system may expand the role for NGOs in social services provision, but it may also raise concerns regarding their capacity to adequately fulfill this growing responsibility (Sommerfeld and Reisch 2003). State or semi-state actors thus have an active and constructive role to play in the nonprofit sector. GONGOs like the Red Cross Society, for example, can serve as an incubator for independent philanthropic start-ups. But rather than give back to Caesar what is Caesar's, many of the health philanthropic programs/initiatives, such as those established by the China Charity Federation, are essentially state functions and could be merged into the state catastrophic illness insurance schemes (on top of the basic health insurance schemes) or Ministry of Civil Affairs' health aid programs. The top-down, state-centric approach is in opposition to a multisectoral approach in health philanthropy. Indeed, many GONGOs the author interviewed admitted their inability in mobilizing the participation of the whole of a society and the tremendous gap between the demand for charity and the support they could provide. In part because of the lack of accountability or transparency, the government-sponsored health charity organizations and programs also face a social capital (i.e., trust) deficit problem. Beginning in 2011, a string of scandals among recipients of charitable funds further undermined the credibility of official charitable organizations. Charitable donations in that year nose-dived to 84.5 billion RMB and did not return to the 2010 level until 2014.[12]

In March 2016, the National People's Congress approved the long-awaited Charity Law. The new law allows NGOs to conduct philanthropic activities even without registration. It also makes it easier for NGOs to do public fund-raising while providing tax benefits for donors as well as donation recipients. The same law nevertheless imposes a number of restrictions on the activities of NGOs. Charitable organizations, for example, can only apply for permits for public fund-raising after they have been registered for 2 years (Article 22). Eligible organizations can conduct online fund-raising only on the charity information platforms designated or established by the government civil affairs departments (Article 23). These restrictions also limit the ability of health NGOs, especially those NGO start-ups, to obtain badly needed funding. Also, the law demands charitable organizations to "make real name registration of volunteers, and record the time, content, and appraisal of volunteers' service" (Article 65). Doing so would not only increase the workload of health NGOs, but also raises the hurdle of recruiting volunteers for the NGOs that serve socially marginalized populations (e.g., PLWHA). Strict compliance with the law, critics contend, would result in high management costs for the NGOs, so much so that "many of them would die before they grow" (Doushabian 2016).

Conclusion and Prospects

This article has identified the state as the dominant force in the development of China's health philanthropy. The state's view of its role in social service provision and the institutions of state–society relations have historically been correlated with the rise and fall of health philanthropy in China. Even though the post-Mao reform dynamics have created space for health-related charity organizations, the state continues to hold commanding height in health philanthropy in terms of status, funding, services, and influence. The state's dominance in turn negatively affects the registration, financing, and capacity building of private foundations and NGOs in this area. This trend is consistent with the findings of Zhu et al. (2014) regarding the sustaining problems of registration, funding, capabilities, and credibility of civic philanthropy organizations in China. In their study of the environmental foundations, Deng et al. (2014), too, noted that despite their impressive growth, private foundations still cannot compete with public foundations in terms of funding sources. Interestingly, funding and support from international donors such as the Global Fund have not made significant and sustained progress in changing the state–society relationship in health philanthropy. This is echoed by the findings of Schrader and Xie (2014) that US-based corporate foundations tend to support the existing power structures inherent in the Chinese nonprofit system, which is biased toward GONGOs at the expense of small independent NGOs. The author's own semi-structured interviews with environmental NGO leaders conducted in the summer of 2015 also found that while the state dominance is nuanced and uneven across different sectors, environmental NGOs overall have concerns about the political environment. Indeed, few of them are willing to publically challenge the state, and local state resistance

[12] "Government-sponsored charity is not charity." Available at <http://news.163.com/special/reviews/charityreform.html>.

also makes it difficult for them to have access to the pollution sites to do field investigations.

Whether the state will continue to dictate the dynamics of future health philanthropy to a large extent hinges upon how much extra space the state is willing to give up in order to accommodate the dynamics in China's philanthropic sector. The state has already made it clear that it "encourages and guides social forces to develop healthcare undertakings."[13] Given the failure of the new round of healthcare reforms to fundamentally solve the problem of access and affordability, there will be sustained demand for non-state actors to finance and provide services not covered by the state-sponsored health system. Meanwhile, as domestic NGOs and international health philanthropic actors become part of a transnational advocacy network, Chinese health philanthropic actors can now use the concepts, models, and techniques introduced from abroad to alter the information and value contexts within which the government makes policies regarding health philanthropy. Finally, the rise of entrepreneurship and a large middle class in China, in conjunction with the popularization of social media, appear to have instilled new dynamics in China's health philanthropy. Despite the increasing state control efforts, the spread of social media may reduce the transaction cost of broadening the social base of health philanthropy, while the rise of the middle class and entrepreneurship may allow for more innovative use of wealth for health philanthropy. All this appears to give us hope for the future growth of health philanthropy in China.

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Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

[13] Jiaxin online news, April 6, 2009, Available at <http://www.cnjxol.com/xwzx/gnxw/content/2009-04/06/content_1024068.htm>.

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