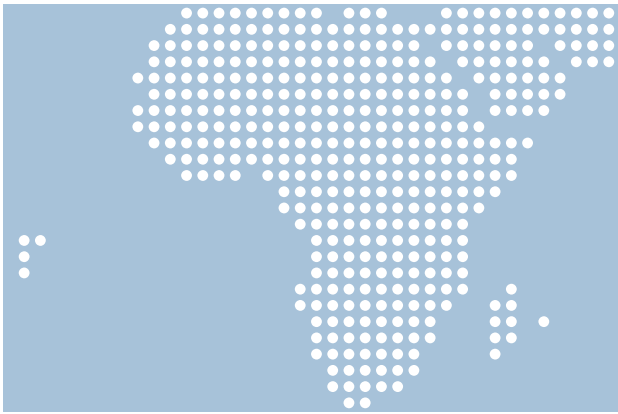


A REPORT OF THE CSIS  
FREEMAN CHAIR IN CHINA  
STUDIES AND THE CSIS GLOBAL  
HEALTH POLICY CENTER

# China's Emerging Global Health and Foreign Aid Engagement in Africa



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Cover photo credit: *left*, a Chinese doctor examines children aboard a Chinese hospital ship in the port of Mombasa on October 15, 2010; *right*, a Kenyan family walk away from the Chinese hospital vessel Peace Ark after receiving medical attention in Mombasa on October 14, 2010. Both photos © Jean Curran/AFP/Getty Images.

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## 1

# U.S. AND CHINESE EFFORTS IN AFRICA IN GLOBAL HEALTH AND FOREIGN AID OBJECTIVES, IMPACT, AND POTENTIAL CONFLICTS OF INTEREST

Deborah Bräutigam

Health assistance fits into a complex international system, which in 2008 was estimated to involve 26 multilateral agencies, more than 40 bilateral donors, and 20 global and regional funds.<sup>1</sup> Related to global health, although not specifically to foreign aid, is the issue of trade in health-related products, including intellectual property rights, the costs of patent-protected pharmaceuticals, and health services. Major powers' engagement in global health, and the impact of that engagement on health and human security in developing countries, therefore involve not simply a country's foreign aid instruments but also all its foreign policies—commerce, security, and diplomacy.

Both China and the United States have long histories of health-related foreign aid and other health engagement in Africa. This chapter examines both governments' efforts in Africa with a focus on opportunities and challenges for United States–China collaboration.

## An Overview of Foreign Aid Programs

China's and America's foreign aid programs have some similarities, including coordination challenges, limitations on country eligibility, tied aid, and the requirement that aid serves multiple goals:<sup>2</sup>

- *Complexity:* Both countries operate foreign aid through a number of different agencies and departments, and thus sometimes find it difficult to coordinate across numerous agencies. In 2005, for example, the U.S. Agency for International Development (USAID) controlled approximately 55 percent of U.S. foreign aid, whereas the Department of Defense controlled 19 percent.<sup>3</sup> China's aid program is primarily operated by the Ministry of Commerce (MOF-COM), but the largest component—the concessional loan program—is administered by the Export-Import Bank of China.
- *Diplomatic basis for aid:* Both countries only provide development aid to governments with which they have diplomatic ties, although both have offered humanitarian aid when disaster strikes countries with which they have no official ties.

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The author thanks Ambassador David Shinn and Professor Yanzhong Huang for helpful comments on an earlier draft of this chapter.

1. Harley Feldbaum, Kelley Lee, and Joshua Michaud, "Global Health and Foreign Policy," *Epidemiologic Reviews* 32, no. 1 (2010): 83.

2. For more information on China's aid program, see Deborah Bräutigam, *The Dragon's Gift: The Real Story of China in Africa* (Oxford: Oxford University Press, 2009, 2011).

3. Roger Bate, "USAID's Health Challenge: Improving US Foreign Assistance," *Journal of the Royal Society of Medicine* 100 (January 2007): 32.

- *Aid tying*: Both countries have traditionally tied their bilateral aid. In China, projects financed through grants and zero-interest loan projects source nearly all their procurement from a list of approved Chinese firms, whereas recipients of China's concessional loans are requested to source at least half their procurement from China; data are not available on the actual awards. The United States has untied some of its aid (although not food aid or technical assistance). In 2009, 89 percent of untied aid procurement contracts were still awarded to U.S. firms.<sup>4</sup>
- *Multiple objectives*: Both countries use aid as a form of soft power that not only contributes to welfare and development in receiving countries but also fulfills important domestic and foreign policy goals, including security, economic growth, and business interests.
- *Distribution*: Both countries distribute aid to a very large number of recipient countries. In Africa, the United States currently provides aid to 47 countries, whereas China provides aid to 48.

The differences between China and America are also numerous, particularly in transparency, staffing, funding emphases, use of conditionality, funding levels, and strategies:

- *Transparency*: The United States reports its development aid transparently. China has begun to release aggregate aid figures but releases very little information about its annual or country-level aid.
- *Staffing and local personnel*: Staffing levels are very different. USAID has a global staff of more than 8,000, of which almost 5,000 are host-country nationals; overseas projects employ considerable local personnel.<sup>5</sup> MOFCOM's Department of Foreign Aid has about 100 staff, and the Export-Import Bank of China's Concessional Loan Department has another 100. The economic sections of Chinese embassies will also assign one or two people to manage the aid program locally (no host-country nationals appear to be employed). Although China's health construction projects do employ local people, the higher-level positions are generally staffed by Chinese managers.<sup>6</sup>
- *Sectors*: Health takes the lion's share (about 60 percent) of U.S. aid in Africa, whereas infrastructure is the largest sector for Chinese aid.
- *Conditionality*: The United States frequently imposes economic and political conditions on its aid, whereas China famously does not.
- *Funding levels*: The United States disbursed a total of \$29.7 billion (gross) in official development assistance in 2009, with \$8 billion going to Africa, about 27 percent.<sup>7</sup> In the equivalent

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4. William Nichol and Ann Gordon, "Implementing the 2001 DAC Recommendation on Untying Aid: 2010–2011 Review," Development Cooperation Directorate, DCD/DAC(2011)4/REV1, Organization for Economic Cooperation and Development (OECD), Paris, March 14, 2011, [http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC percent282011 percent294/REV1&docLanguage=En](http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC%20percent282011%20percent294/REV1&docLanguage=En); China Eximbank, "Concessional Loans," May 2009, [http://english.eximbank.gov.cn/businessarticle/activities/loan/200905/9398\\_1.html](http://english.eximbank.gov.cn/businessarticle/activities/loan/200905/9398_1.html).

5. USAID, "USAID Primer: What We Do and How We Do It," Washington, DC, revised January 2006, [http://www.usaid.gov/about\\_usaid/PDACG100.pdf](http://www.usaid.gov/about_usaid/PDACG100.pdf). A small number of additional personnel are seconded from other agencies or institutions.

6. E.g., a hospital built in Angola used "90 percent local labor," according to a news report: "Chinese Builder COVEC Interested in State-Private Partnerships in Angola," *Macau Hub*, February 20, 2006, <http://www.macauhub.com.mo/en/2006/02/20/547/>.

7. OECD, "Development Assistance Committee (DAC) Statistics," <http://stats.oecd.org/>.



categories, China probably disbursed aid of about \$3.1 billion (gross), with Africa receiving 45.7 percent or about \$1.4 billion.<sup>8</sup>

- *Strategies:* USAID develops country strategies to program its aid, usually in consultation with the host governments. China responds more to local leaders' requests and has a small, standard portfolio of turn-key projects, primarily focused on infrastructure.

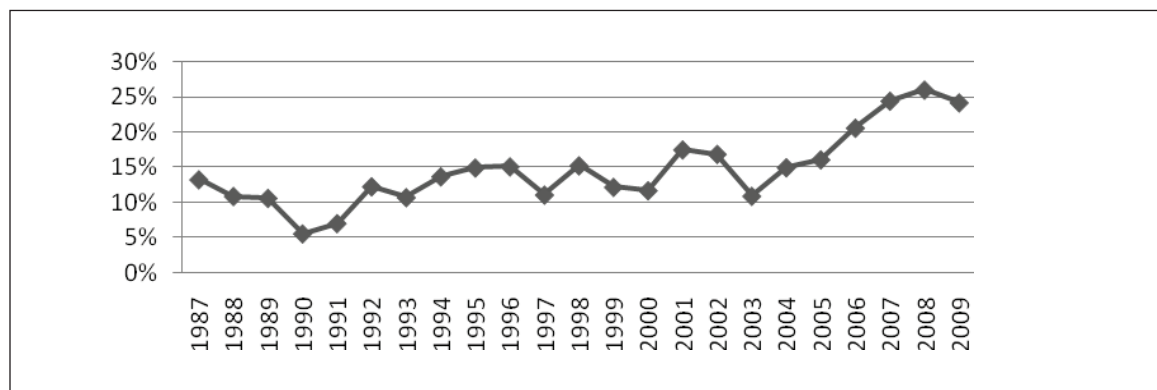
## The Historical Evolution of Health-Related Aid in Africa

### *The United States*

The United States launched its health efforts in Africa in 1944, when the president of Liberia requested assistance. The United States established Liberia's first nursing school, controlled malaria in the capital, Monrovia, and in two years, eradicated smallpox as a public health threat in the country: "For months, U.S. physicians and nurses led teams of Liberian dressers and vaccinators into the jungle and bush of a country which in its 43,000 square miles has a mere 200 miles of road."<sup>9</sup> With the belief that "Communism breeds on filth, disease, and human misery," the U.S. overseas health program became part of the Cold War effort to contain Communism.<sup>10</sup>

In its early years, the U.S. aid program built some health infrastructure—the John F. Kennedy Memorial Hospital, also in Liberia, for example—but health remained at a modest 10 to 15 percent of U.S. aid spending worldwide. In 2005, with the implementation of presidential initiatives on HIV/AIDS and malaria, U.S. aid for health (general health, population and reproductive health) rose sharply, peaking recently at 26 percent of all U.S. development aid in 2008, worldwide, compared with 12 percent in 2003 (figure 1.1).<sup>11</sup>

**Figure 1.1. Health, Population, Water, and Sanitation as a Percentage of all U.S. Bilateral Aid, 1987–2009.**



8. Bräutigam, *Dragon's Gift*, 317. The percentage of aid going to Africa is adjusted slightly (from my estimate of 43 percent to the actual figure of 45.7 percent, revealed in State Council, "China's Foreign Aid," Beijing, April 2011). Rapid increases mean annual aid commitments are higher than disbursements.

9. Henry Van Zile Hyde, "Bilateral International Health Programs of the United States," *American Journal of Public Health* 41 (December 1951): 1475.

10. Ibid.

11. These percentages were calculated from OECD, "DAC Statistics."



## China

Chinese overseas health assistance also began out of Cold War and ideological concerns. The first overseas health program took the form of a Chinese medical team, arriving in Algeria in March 1963 following the end of Algeria's war against French colonialism and the flight of much of the country's trained medical personnel.<sup>12</sup> As the Peking University professor Li Anshan has shown, the evolution of China's medical team program in Africa largely parallels the evolution of Chinese diplomatic ties. Between 1976 and 1997, China established overseas medical team programs in 25 new countries in Africa.<sup>13</sup> Other health-related assistance has focused on construction and equipment, and was managed by the MOFCOM, not the Ministry of Health (MOH). As of the end of 2009, China had financed the building (and often equipping) of more than 100 hospitals and clinics worldwide, including 54 in Africa.<sup>14</sup> China built pharmaceutical factories in Mali, Tanzania, and Ethiopia, while simultaneously expanding clean water supplies in at least nine African countries.<sup>15</sup>

In the 1980s and 1990s, China's assistance was reformed in an effort to "diversify forms" and improve "mutual benefit."<sup>16</sup> In 1993, the World Health Organization (WHO) approved a Chinese antimalarial medicine—Cotecxin (*DihydroArtemisinin*)—for malaria treatment, and in 1996 all Chinese medical teams were required to use Cotecxin.<sup>17</sup> Some Chinese-built pharmaceutical factories in Africa were privatized, and Chinese companies took equity participation as joint ventures. In recent years, private traditional Chinese medicine practitioners have proliferated in African towns.

## Health Funding

Globally, health-related foreign assistance has increased sharply, from a total of \$5.6 billion in 1990 to \$21.8 billion in 2007.<sup>18</sup> In 2007, global project-based health funding totaled \$13.8 billion: HIV/AIDS (\$4.9 billion), tuberculosis (\$0.6 billion), malaria (\$0.7 billion), and general health-sector

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12. Yanzhong Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (Winter 2010).

13. Li Anshan, *Chinese Medical Cooperation in Africa: With Special Emphasis on the Medical Teams and Anti-Malaria Campaign* (Uppsala: Nordic African Institute, 2011). Li's data should be used to correct inaccurate statements in other published research. See, e.g., Jeremy Youde, "China's Health Diplomacy in Africa," *China: An International Journal* 8, no. 1 (March 2010): 155, 157, which states that as China moved away from Maoism, the country's "health diplomacy largely disintegrated... with few new agreements and lackluster commitment to fulfilling the terms of existing agreements." Youde did not cite any sources for this statement.

14. State Council, "China's Foreign Aid"; State Council, "China-Africa Economic and Trade Cooperation," Beijing, December 2010, 18. In Africa, Chinese aid built, renovated, or expanded hospitals and health clinics in, among others, the Gambia (1979), Mali (1984), Liberia (1983), Burkina Faso (1988), Rwanda (1989), Mauritania (1990), Mauritius (1991), Equatorial Guinea (1991), Benin (1992), Zambia (1992), Cameroon (1993), Eritrea (1998), Congo (2000), and Angola (2005). Deborah Bräutigam, "Chinese Aid Database 2011," American University, Washington, DC.

15. Water supply projects (year of commitment): Mauritania (1987), Somalia (1987), Congo (1990), Congo Brazzaville (1992), Niger (1996), Mozambique (1997), Tanzania (1999), Mauritius (2002), and Nigeria (2004). Bräutigam, "Chinese Aid Database."

16. Bräutigam, *Dragon's Gift*.

17. Li, "Chinese Medical Cooperation," 16.

18. OECD-DAC, "Measuring Aid to Health," November 2009, <http://www.oecd.org/dataoecd/44/35/44070071.pdf>.

support (\$0.9 billion).<sup>19</sup> Global pharmaceutical companies have also provided product donations. To put the discussions below in context: per capita income (gross national income, GNI) in the United States in 2009 was \$46,360, whereas China had a per capita GNI of \$3,650.<sup>20</sup>

## The U.S. Government

In the period 2006–2007, the Organization for Economic Cooperation and Development's Development Assistance Committee (DAC) members committed an average of 18 percent of their bilateral sector aid to health; the largest donor—the United States—allocated 28 percent.<sup>21</sup> The Obama administration's HIV/AIDS funding absorbed 70 percent of U.S. health-related development aid in 2009.<sup>22</sup> In 2010, the United States budgeted \$8 billion in aid for sub-Saharan Africa; global health and child survival came to \$4.7 billion (57 percent).<sup>23</sup> The top five recipients of U.S. bilateral health assistance in sub-Saharan Africa in fiscal year 2012 were projected to be Kenya (\$545 million), South Africa (\$510 million), Nigeria (\$471 million), Tanzania (\$346 million), and Uganda (\$323 million).<sup>24</sup>

## The Chinese Government

In recent years, the Chinese have linked their aid funding announcements to the United Nations summits on financing the Millennium Development Goals (MDGs) and meetings of the Forum on China-Africa Cooperation (FOCAC). Most commitments are made in increasingly specific quantities rather than money amounts. In 2005, at the UN High-Level Meeting on Financing for Development in New York, China pledged to increase assistance “to developing countries, African countries in particular, providing them with anti-malaria drugs and other medicines, helping them set up and improve medical facilities and training medical staff.”<sup>25</sup>

In 2006 in Beijing, Chinese leaders made this more concrete, promising to build 30 hospitals in Africa, provide RMB 300 million (\$37.5 million) worth of the antimalarial drug artemisinin, and build 30 malarial prevention and treatment centers.<sup>26</sup> In 2008, again as part of the Chinese pledges for the UN meeting on financing the MDGs, Chinese premier Wen Jiabao announced that over the next five years China would train 1,000 doctors, nurses, and managers for the health

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19. N. Ravishankar et al, “Financing of Global Health: Tracking Development Assistance for Health from 1990 to 2007,” *Lancet* 373 (June 20, 2009): 2113–2124.

20. Gross national income, Atlas method, World Bank Development Indicators, <http://siteresources.worldbank.org/DATASTATISTICS/Resources/GNIPC.pdf>.

21. OECD-DAC, “Measuring Aid to Health.”

22. C.W. Dugger, “As Donors Focus on AIDS, Child Illnesses Languish,” *New York Times*, October 30, 2009.

23. USAID, “Congressional Budget Justifications, Foreign Operations, Annex on Regional Operations, Budget Year 2012,” <http://www.usaid.gov/performance/cbj/158268.pdf>.

24. “Global Health Initiative,” [http://foreignassistance.gov/Initiative\\_GH\\_2012.aspx?FY=2012](http://foreignassistance.gov/Initiative_GH_2012.aspx?FY=2012).

25. Hu Jintao, “Promote Universal Development to Achieve Common Prosperity,” 60th Session of the United Nations, New York, September 14, 2005.

26. FOCAC, November 2006. In some reports, this was announced as building another 27 hospitals in Africa (some general, some specialist), and providing equipment for an additional three hospitals. A Chinese official put the figure at 28 new hospitals. Interview, Beijing, May 25, 2011.

sector in the 30 African countries receiving new hospitals from China.<sup>27</sup> In 2009, at the FOCAC summit in Egypt, the Chinese pledged to “provide medical equipment and anti-malaria materials worth RMB 500 million (\$73.2 million) to the 30 hospitals and 30 malaria prevention and treatment centers built by China and train 3,000 doctors and nurses for Africa.”<sup>28</sup>

Anecdotal evidence suggests that the cost of Chinese foreign-aided hospitals in recent years has ranged from \$3.5 million to \$12 million, though malaria centers are less costly, with estimates of some \$500,000 or less per center.<sup>29</sup> Assuming an average figure of \$8 million per hospital, and \$500,000 per malaria center and 28 hospitals and 30 centers plus the antimalarial drugs and equipment totaling RMB 800 million, would mean spending of at least \$304 million. Over a period of six years (2007–2012), and including RMB 200 million per year for the Chinese medical teams, health aid to Africa comes to at least \$80 million per year.<sup>30</sup> Annual costs of training programs and costs of travel for some medical teams would raise this further. There is no indication that some countries are higher recipients of health assistance than others. Medical teams are present in 40 African countries, for example.

## Current Programs: Objectives and Impact

### The United States

The U.S. health program has been divided among many different agencies. For example, the U.S. President’s Emergency Program for AIDS Relief (PEPFAR) was implemented by the Department of State, USAID, Department of Defense, Department of Commerce, Department of Labor, Department of Health and Human Services, and the Peace Corps, and disbursed funds through international nongovernmental organizations (NGOs) (up to 70 percent, by one estimate), private contractors, faith-based organizations, and host-country governments.<sup>31</sup> In May 2009, the Obama administration announced the Global Health Initiative, an effort to better coordinate PEPFAR, the President’s Malaria Initiative (PMI), and other health programs. It will have a female-centered focus, and emphasize collaboration, coordination, innovation and experimentation, evidence-based programming (with evidence collected in randomized trials), sustainability, and strengthening country systems.<sup>32</sup> It has received high marks for its design and goals, which include training 140,000 new health professionals and paraprofessionals in order to help countries achieve staffing

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27. Speech by Chinese premier Wen Jiabao, New York, September 25, 2008, <http://www.china-embassy.org/eng/zmgx/zmsbzyjw/C/t515279.htm>.

28. “Chinese Premier Announces Eight New Measures to Enhance Cooperation with Africa,” Xinhua, [http://news.xinhuanet.com/english/2009-11/08/content\\_12411421.htm](http://news.xinhuanet.com/english/2009-11/08/content_12411421.htm).

29. Bräutigam, “Chinese Aid Database 2011.” Cameroon’s malaria research center was attached to the Women and Children’s Hospital of Yaoundé, and budgeted at RMB 3 million. Raphael Mvogo, “Interview: Africa’s First Malaria Research Center to open in Cameroon,” Xinhua, March 24, 2009.

30. The estimate of RMB 200 million for stipends, training, and subsidies for living expenses for medical teams is from Yanzhong Huang, “Domestic Factors, Foreign Aid Policy Process, and China’s Health Aid Program in Africa,” draft paper prepared for CSIS–China Institute of International Studies Conference, Beijing, May 24, 2011, 11. Pledge figures are converted to dollars on the basis of the exchange rate prevailing in the year of the pledge.

31. PEPFAR, “Implementing Agencies,” <http://www.pepfar.gov/agencies/index.htm>; N. Ooman, M. Bernstein, and S. Rozenzweig, “The Numbers behind the Stories,” Center for Global Development, 2008, [http://www.cgdev.org/section/initiatives/\\_active/hivmonitor/funding\\_data/pepfardata](http://www.cgdev.org/section/initiatives/_active/hivmonitor/funding_data/pepfardata).

32. Ibid.

levels recommended by WHO. It also retains several highly criticized features of earlier programs, such as earmarks for abstinence and monogamy promotion in HIV/AIDS prevention programs.

The impact of the U.S. health programs has mainly been measured in outputs. PEPFAR has provided antiretroviral drugs to at least 3.2 million people, whereas some 4 million AIDS orphans receive some kind of support. The U.S. government has supported research into high-impact interventions in child health (vitamin A, oral rehydration therapy, etc.) and the delivery of treatments to more than 55 million people with neglected tropical diseases. More than 50 million people have received treatment under the PMI leading to significant decreases in the burden of disease in Senegal, Ethiopia, Rwanda, and Zambia.<sup>33</sup> The United States also builds some health infrastructure. In 2011, for example, Secretary of State Hillary Clinton opened a United States–funded center of excellence in pediatrics at the urban University Teaching Hospital in Lusaka, Zambia.

## China

Chinese priorities in Africa are simpler, but not entirely different. Chinese health aid is also currently measured mainly by outputs. The Chinese medical teams will continue to supply medical care directly. According to Li Anshan, “over the past 46 years, more than 20,000 CMT [Chinese medical team] members have served abroad and treated 240 million patients around the world,” primarily in Africa.<sup>34</sup> China will continue to train Africans to staff and equip the hospitals and malaria centers that have already been built. Each year several Chinese experts will come to the centers for about 55 days, and two local medics will visit China for a month-long course on malaria.<sup>35</sup> China will continue to provide shipments of medical equipment and instruments, and emergency medical assistance, as they did to Zaire (DRC) during the Ebola outbreak (RMB 500,000 in supplies); Guinea-Bissau, the Comoros, and Uganda to fight the 1998 cholera epidemic; and regular donations of medicine and supplies for refugees in the Horn of Africa, Sudan, and elsewhere.<sup>36</sup> Short-term training programs (usually three weeks to a month) in population and family planning, malaria treatment and prevention, traditional Chinese medicine, and other health-related topics will continue to be offered at Chinese institutions.<sup>37</sup> China donated reproductive health medical equipment to Kenya and Uganda; built a new reproductive health service center in Uganda; provided family planning support for Zimbabwe, Mali, Nigeria; and held discussions in South Africa and Egypt.<sup>38</sup>

Other innovations are likely to emphasize mutual benefit in health cooperation. In 1999, China’s MOH said that it would develop a short list of high-quality suppliers of domestic medicine

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33. Global Health Initiative, <http://www.ghi.gov/documents/organization/157796.pdf>.

34. Li, “Chinese Medical Cooperation,” 13.

35. This is the case for the Cameroon, at least Mvongo, “Malaria Research Center.”

36. These examples are from Bräutigam, *Chinese Aid Database*.

37. E.g., the China Training Center for Reproductive Health and Family Care in Taicang, Jiangsu Province, has implemented at least 10 training programs for foreign participants for MOFCOM since October 2005. Programs are also held at the Jiangsu Center for Disease Control and Prevention and at the Sichuan Province Reproductive Health Institute.

38. Eric Little, “China’s Smart Power in Reproductive Health: Reaching Out to Uganda,” in *Chinese Soft Power and Its Implications for the United States*, edited by Carola McGiffert (Washington, D.C.: CSIS, 2009), 35–36; and “China Starts Its First Foreign Aid Program in Population, Reproductive Health,” National Population and Family Planning Commission of China, October 26, 2007, <http://www.npfpc.gov.cn/en/en2007-10/news20071025.htm>.

and equipment, and use this list for future aid work. Services that were formerly free would gradually be changed into jointly run hospitals, pharmaceutical factories, and other kinds of “mutually beneficial cooperation,” in order to promote the export of China’s pharmaceutical products and medical services.<sup>39</sup> In keeping with the announcement in 1999 that the government would move toward an emphasis on public-private partnerships, the Ministry of Commerce “called for the sustainable development of the [malaria] centres and discussed the issue with various department heads in the ministry, as well as CEOs from the companies producing anti-malaria drugs.”<sup>40</sup> A Chinese company, Artepharm, has initiated (with Chinese government support) a controversial experiment to eradicate malaria on some of the islands of the Comoros.<sup>41</sup>

New experimental programs are likely to be attempted in health. Chinese experience in family planning and reproductive health and Chinese pharmaceuticals (the company producing the progestin contraceptive Sino-Implant, for example, is applying for WHO prequalification) may have a comparative advantage in Africa.<sup>42</sup>

At the second International Roundtable on China-Africa Health Collaboration held in Beijing on February 11–12, 2011, an agreement was announced between the Chinese MOH, World Bank, and Ethiopian Ministry of Health for cooperation that will focus on maternal and child health and rural health.

## African Perceptions of Chinese and U.S. Efforts in Health

Foreign aid from both China and the United States is provided not only as development assistance but also as a tool of soft power. Both China and the United States shape some of their health efforts to boost friendship and goodwill. Chinese medical teams and a new People’s Liberation Army hospital ship—the *Peace Ark*—have won praise from political leaders in Africa, some of whom have come to use Chinese doctors as their personal physicians. This is paralleled by the United States use of the U.S. Naval ships *Mercy* and *Comfort* to “win hearts and minds.”<sup>43</sup> Public opinion polls suggest that both China and the United States are generally viewed positively by Africans and that this positive opinion is not “zero-sum”; that is, when one gains, it is not necessarily the case that the other loses.<sup>44</sup> At the same time, some opinions are more critical.

Some U.S. programs—PEPFAR, for example—are believed to be “promoting positive views of the United States on the African continent.”<sup>45</sup> Conversely, some Africans resent the high sala-

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39. Bräutigam, *Dragon’s Gift*, 118–119.

40. Li, “Chinese Medical Cooperation,” 17.

41. For an interesting discussion of this Chinese effort, see the posts at [http://development.thinkaboutit.eu/think3/post/china\\_clashes\\_with\\_the\\_west\\_over\\_the\\_battle\\_against\\_malaria/#comments](http://development.thinkaboutit.eu/think3/post/china_clashes_with_the_west_over_the_battle_against_malaria/#comments).

42. *China South-South Cooperation in Population and Development Newsletter* Edition 4, China Training Center of Reproductive Health and Family Care, Taicang, Jiangsu (April 2011) <http://www.sscpop.cn/file/Forth%20Edition%20of%20Newsletter.pdf>. See also Little, “China’s Smart Power,” 35.

43. William Craig Vanderwagen, “Health Diplomacy: Winning Hearts and Minds through the Use of Health Interventions,” *Military Medicine* 171, no. 10, supplement 1 (2006): 3–4.

44. For a survey of surveys of African opinion on China and the United States, see <http://www.chinaafricarealistory.com/2010/11/african-public-opinion-on-china.html>.

45. Feldbaum, Lee, and Michaud, “Global Health,” 84.



ries enjoyed by aid workers from wealthier countries like the United States. A Liberian editorial praised China for sending doctors to staff the local hospital instead of “scores of relief workers who make triple digits in salaries for ‘working in dangerous zones.’”<sup>46</sup> The law professor and immunologist Amir Attaran has noted that, until recently, “USAID was criticized for using most of its budget on consultants, mostly from the USA, instead of on actual treatment programs.”<sup>47</sup> Between 2004 and 2006, U.S. Senate hearings criticized USAID’s antimalaria programs for having “almost no monitoring and evaluation...no ability to account for spending, [and] . . . the promotion of poor public health and clinical practices.”<sup>48</sup> Responding to this criticism, the PMI, launched in June 2005, emphasizes transparency, collaboration, and performance.

Chinese medical teams have been warmly appreciated by African patients and communities. Their efforts help fill critical gaps in health care delivery, particularly in rural areas where other doctors are reluctant to serve.<sup>49</sup> New hospitals and malaria centers are also valued contributions. At the same time, some concerns have also been raised about Chinese health cooperation. Although Chinese doctors are fairly well integrated into the hospitals in which they serve, their inability to speak local languages is believed by some to hinder their effectiveness. Some countries would like to be able to screen and license foreign doctors before they are allowed to practice locally.

Other Chinese efforts—such as in construction, malaria treatment, training or donations of drugs and equipment—are sometimes isolated from the health system. This has apparently sometimes led to less appropriate designs, less than optimal locations from a health system standpoint, or inadequate provision of local staff. Sometimes donations of equipment and medicines arrive with only Chinese instructions, or without being on national approved-drug lists. In at least one case, where an interesting and apparently successful experiment was undertaken by a Chinese pharmaceutical company—Artepharm—to eradicate malaria on one island in the Comoros, concerns were raised over whether the experiment was done with adequate scientific rigor, the protocol of mass treatment, and the use of an artemisinin-based combination therapy that had not yet been approved by WHO. The UN’s top HIV/AIDS official has called for the testing and validation of Chinese medicines used abroad to ensure that they meet international standards.<sup>50</sup>

The Chinese authorities are also aware that China, along with India, is the world’s largest supplier of counterfeit pharmaceuticals. In 2007, the Chinese authorities closed more than 9,000 unlicensed pharmaceutical factories, terminated nearly 400 drug counterfeiting operations, and executed the head of China’s State Food and Drug Administration for corruption. However, significant weaknesses remain in the regulation of pharmaceutical production in China.<sup>51</sup> In 2009,

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46. Bräutigam, *Dragon’s Gift*, 157.

47. Samuel Loewenberg, “The US President’s Malaria Initiative: 2 Years On,” *The Lancet* 370 (December 8, 2007): 1894.

48. Bate, “USAID’s Health Challenge,” 30.

49. David Shinn, “Africa, China, and Health Care,” *Inside Asia*, nos. 3–4 (December 2006); Nejmuudin Kedir Bilal, “Improving Cooperation in Health between China and African Countries,” Summary Report of the Global Development Learning Network Consultation, World Bank and China’s Alliance for South-South Health Cooperation Research, February, 2011. Much of the opinions in this section are drawn from this report of consultations with five African countries—Benin, Burundi, Ethiopia, Ghana, and Zambia—to solicit their views on Chinese health cooperation.

50. Shinn, “Africa, China, and Health Care,” 16.

51. Dali L. Yang, “Regulatory Learning and Its Discontents in China: Promise and Tragedy at the State Food and Drug Administration,” [http://www.daliyang.com/files/0\\_1\\_Yang\\_SFDA\\_regulatory\\_learning\\_](http://www.daliyang.com/files/0_1_Yang_SFDA_regulatory_learning_)

the Chinese ambassador to Nigeria apologized on behalf of his government for China's failure to stop the production and exporting of fake drugs.<sup>52</sup>

## Common Constraints and Potential Conflicts

China and the United States face a number of common constraints in Africa. The first one is uncertainty about how to make aid work, a past littered with unused buildings, and unsustainable programs that require efforts and innovations backed by rigorous feasibility studies and evaluations. Second, low levels of absorptive capacity are exacerbated by brain drain and the tendency of well-funded programs implemented by third parties (NGOs and contractors) to “poach” staff from governments. A study of health in Ghana found that new funds for HIV/AIDS and malaria improved outcomes in those two areas, but “the country has moved backward on other health markers” because health care workers joined better-funded projects. In Malawi, “over the last five years, the government has lost 53 percent of its health administrators, 64 percent of its nurses, and 85 percent of its physicians—mostly to foreign NGOs.”<sup>53</sup> Third, significant challenges of coordination and competition still exist among the multiple donor groups working on health. Although most donors have signed on to the 2005 Paris Declaration on Aid Effectiveness, which emphasizes harmonization, there remain wide gaps between words and deeds, as a recent article notes.<sup>54</sup> Fourth, donor countries’ commercial and political interests (tied aid, religious beliefs, and intellectual property rights protections) can impede the choice of the most cost-effective and internationally approved inputs and practices. For U.S. aid, this was originally the case for HIV/AIDS medicines with patent protection, although waivers have eased these concerns in recent years. Fifth, counterfeit medicines are a problem for health programs, consumers, and the original manufacturer: The Chinese company Holley Pharmaceuticals has found counterfeits of its own medicines showing up in African markets. Solving this problem requires vigilance and vigorous enforcement in the exporting country. Sixth, global funding has tended to follow advocacy related to particular diseases (in earlier years, HIV/AIDS, and now malaria and tuberculosis) while neglecting the investments in clean water and sanitation required for better general health.<sup>55</sup> In 2009, for example, only 1.6 percent of all U.S. aid was directed to water and sanitation.

## Opportunities and Challenges for U.S.-China Collaboration in Foreign Aid in Africa's Health Sector

China has hosted two International Roundtables on China–Africa Health Collaboration, on December 4–5, 2009, and on February 11–12, 2011, respectively, organized by the Chinese Alliance for South–South Health Cooperation Research, the Peking University Institute for Global Health,

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and\_its\_discontents.pdf.

52. Kingsley Nwezeh, “Fake Drugs: China Apologizes to Nigeria as NAFDAC’s Drug War Goes Global,” September 28, 2009, <http://www.thisdayonline.com/nview.php?id=155044>.

53. Laurie Garrett, “The Challenge of Global Health,” *Foreign Affairs* 86, no. 1 (January–February 2007).

54. Aki Aldasoro, Peter Nunnenkamp, and Rainer Thiele, “Less Aid Proliferation and More Donor Coordination? The Wide Gap between Words and Deeds,” *Journal of International Development* 22 (2010): 920–940.

55. Garrett, “Challenge of Global Health.”



and the China Institute of International Studies, and cosponsored by the World Bank Institute, China's MOH, WHO, and the Bill & Melinda Gates Foundation. Interest in collaboration appears to be growing.

However, the lack of understanding and, sometimes, the misrepresentation of the nature of Chinese engagement overseas, have created a challenge for United States–China collaboration. For example, one analyst writes: “More than 2,000 Chinese medical personnel have been sent to Yemen during the past 40 years to assist with Yemen's health and medical programs and responses to disasters. *In exchange*, China has received access to Yemen's markets and energy resources” (emphasis added).<sup>56</sup> Another argues, without evidence, that “Health diplomacy helps pave the way for Chinese oil companies [*sic*] to win mining rights for oil, platinum and other natural resources, . . . one part of the *quid pro quo* that encourages African states to make these concessions and provide Chinese companies access to these resources.”<sup>57</sup> It is more accurate and useful to see China's health diplomacy as a broad-based strategy aimed at building goodwill across the continent, no more an “exchange” or “quid pro quo” than U.S. health engagement. To encourage official collaboration between the United States and China in health, high-level support by political leaders on both sides will be necessary to build trust and overcome suspicions like those noted above.

Operationally, the Chinese concern about not intervening in the internal affairs of their partners means that they operate with a great deal of regard for local ownership of their assistance efforts. Therefore, a key step in collaboration requires genuine buy-in by an interested African partner. The stars need to be aligned further: In the partner country, it will be essential to have constructive commitment by both the Chinese and American ambassadors.

A parallel track should involve building relationships by working together in multilateral settings, particularly those endorsed by the UN or WHO, or in private or more decentralized settings, for example, foundations with health-related programs in China as well as Africa—the Rockefeller, Ford, or the Gates Foundations. With a “green light” from political officials, experiments in cooperation can be started between organizations such as the Centers for Disease Control in China and in the United States.

Possible areas for collaboration could include not only malaria but also sanitation and rural and urban water supply efforts (family planning is probably not a good area to explore). The Chinese have extensive experience in building low-cost water supply systems in Africa, whereas the United States could focus on public health education (e.g. promoting hand washing). Some American officials have expressed interest in purchasing more Chinese antimalarial medicines for use in Africa, as long as they are certified by WHO. Assisting Chinese firms to gain WHO certification could be mutually beneficial. Building up the capacity of African governments to test and monitor imported medical products in order to fight substandard and counterfeit drugs would also be useful.<sup>58</sup>

Support for local professional education, including nursing and medical schools, and the training of nurse-practitioners, physician's assistants, and midwives, may also be a cost-effective way of supporting sustainable health systems in Africa. If Chinese doctors rotated through as

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56. Denise Zheng, “China's Use of Soft Power,” in *Chinese Soft Power*, ed. McGiffert, 4.

57. Jeremy Youde, “China's Health Diplomacy in Africa,” *China: An International Journal* 9, no. 1 (2011): 159, 160.

58. See the discussion in the next chapter by Liu Youfa, “Responsibilities of China and the United States in Promoting Global Health Programs in Africa.”

professors on two-year contracts instead of delivering medical care themselves, their efforts could be multiplied many times over. As Li Anshan has noted, Premier Zhou Enlai suggested something similar to this many years ago:

When Zhou visited Zanzibar in 1965, he told the Chinese medical team members there that the teams would sooner or later return home. It was therefore necessary that Zanzibar's doctors should be trained and helped to work independently. In this way, China would "leave a medical team which would never go away."<sup>59</sup>

The ancient Chinese sage Confucius said that to give a fish is to feed a person for a day, but to teach a person how to fish is to feed him for a lifetime. The same could be said for medical treatment. There are precedents for cooperation in this area. Germany (GTZ), China, and Ethiopia are cooperating on a vocational education institute built by China in Addis Ababa and staffed by Chinese and Ethiopian teachers. The United States already has programs linking U.S. medical schools to African health initiatives. In time, perhaps the US and China could collaborate in "teaching a person how to be a doctor," something that would have a great multiplier effect, boosting health for a lifetime.

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59. Li, "Chinese Medical Cooperation," 20.

## 2

# RESPONSIBILITIES OF CHINA AND THE UNITED STATES IN PROMOTING GLOBAL HEALTH PROGRAMS IN AFRICA

Liu Youfa

The international financial crisis that erupted in 2008 caused the global economy to fall into a recession, which sent deadly shockwaves to economies around the world via capital chains and goods chains, especially in the countries of Africa. Worse still, many countries that suffered from the crisis did not have the capacity to absorb the shockwaves, and thus had to manage their economic and social crises at the expense of other areas, including public health. This chapter intends to probe into the possibility for China and the United States to jointly provide health-related assistance programs in Africa, and provides some policy thoughts in this regard.

## Synopsis of the Health Situation in Africa

Promoting global public health has long been an important component of the mission of the United Nations and other relevant international institutions, which includes mobilizing individual, local, national, and international resources, in an effort to resolve major health problems affecting the public health interests of the member countries. However, many African countries still lack the systems or capabilities to carry out their respective responsibilities, which are extensively illustrated in their efforts to realize the Millennium Development Goals set by the United Nations.

## African Countries Have Been Suffering from the Unjust Political and Economic World Order

Many African countries were granted independence, launched industrialization in haste, and participated in the international division of labor in a hurry. As a result, many have been suffering from consequences about which they know little. For example, many have been observing similar game rules with which they have difficulty complying. Many have been suffering from the unfair international division of labor. In addition, many have been suffering from the unbalanced global trade structure, and have remained at the receiving end of global capital and information flows. For example, many countries have comparative advantages in farm produce, but they must compete with developed trade partners that can afford to heavily subsidize their own exports. They have been suffering from their hasty adaptation to Western democratic systems, as well as from economic reforms imposed in exchange for more development assistance. They have also been suffering from brain drains, along with relentless debt burdens. All these situations have jointly formed stumbling blocks for many African countries to fully mobilize their resources in promoting economic and social progress, thus hindering their efforts to promote public health.

## **Poverty Remains the Key Factor Blocking the Sustainable Development of the Public Health Sector in Africa**

From the global perspective, poverty compounds powerlessness and increases health-related problems, which would in turn fortify poverty. This vicious cycle has been rendering obsolete both the political will and economic capabilities of many governments to provide public goods in terms of public health. According to the World Health Organization's statistics, every year 12.2 million children under the age of five years die in the developing world, and most of them die from causes that could have been prevented for just a few cents per day. From the continental perspective, Africa has been experiencing more than its fair share of the burden of poverty, disease, and death, which has been complicated by the attenuation of human capital through death, disease, civil wars, brain drains, and so forth. From the perspective of public health, poverty is the main reason why many babies are not vaccinated, why clean water and sanitation are not adequately provided, why curative drugs and other treatments are unavailable in many countries at the community level, and why many mothers die during childbirth. All these conditions have been contributing to worsening health outcomes, such as reduced life expectancy, handicaps, and disabilities.

## **The Traditional Extended Family System that Has Been the Cushion against Disease and Poverty Is on the Verge of Collapse**

Throughout history, the extended family system has been indispensable in providing safety nets for the bulk of people in rural communities across Africa. Despite the lack of public health and medical services, when many individuals fell sick or had emergency needs, they could always count on their immediate or extended family members for consolation, comfort, and care. However, with rapid industrialization and urbanization, more and more young people have been moving to cities and towns, thus leaving fewer able family members to provide financial or manual support to maintain the extended family system. In addition, more nuclear families have been added to the web of extended families, with a growing number of members in those new families. As a result, new health and medical pressures have been crushing the overstretched extended family system. It is widely expected that when the extended family system finally becomes impossible to sustain, it could tear apart the whole social structure in many African countries.

## **Many African Countries Are Fighting a Losing Battle on Public Health**

African countries have exerted prolonged efforts to promote and maintain the momentum of economic and social progress. However, much still remains to be desired in many African countries, especially in terms of public health, for historical, economic, political, and cultural reasons. Given that many countries are struggling to make financial ends meet, they must formulate and implement their budgets at the expense of public health spending, failing to make significant progress in improving the health of women and children, in promoting equality between men and women, or in establishing a dynamic mechanism to improve the health environment. More importantly, the 2008–2009 international financial crisis worsened Africa's capability to deal with various human and natural disasters, and to provide public goods, such as decent food and clean drinking water.

## **Policy Thoughts on Joint China-U.S. Efforts to Promote Health Programs in Africa**

On the basis of the analysis given above, China and the United States have the obligation to work closely to help African countries to improve public health and medical services, leveraging their respective comparative advantages and adhering to the principles of win-win outcomes, cooperation, and collaboration. Potential areas where the two sides could direct their joint efforts are as follows.

### **The Two Countries Should Work Closely in Multilateral Institutions**

China and the United States should make sure that the United Nations places the realization of the Millennium Development Goals as one of its top priorities, and enhances support to the least developed countries, particularly those in Africa. The two countries should also collaborate with each other in other international institutions in a broader approach to help relevant recipient countries fortify their health strategy or policy planning, as well as their capacity to carry out, monitor, and readjust these strategies and policies. The two countries should further coordinate their respective health programs with those from third parties, including other governments, institutions, companies, and individuals. For that matter, the two countries should carry out periodic dialogues in order to all receive political guidance from the leaders of the two countries.

### **The Two Countries Should Collaborate to Help African Countries in Capacity Building**

China and the United States could feasibly help recipient countries lower the costs of pharmaceutical drugs and equipment, in order to provide affordable products and services to people at the community level. Meanwhile, China and the United States could jointly help relevant African governments address some key issues, such as reducing tariffs and taxes on pharmaceutical imports, improving the distribution of health products and services, and maintaining the quality of pharmaceutical supplies through reliable testing facilities. All these programs would help the recipient countries in their efforts to improve the situations in their public health sector.

### **The Two Countries Should Provide the Recipient Countries with Health-Related Development Assistance Programs**

It is a fact that many African countries do not have the capability to produce medical and health products on their own, and thus must import those products. Therefore, China and the United States could help recipient countries in this regard by establishing relevant manufacturing projects through trilateral cooperation. For example, China could fully utilize its manufacturing and project management potential, while the United States could contribute licenses for certain drugs and medical products, and the host countries could contribute land and the bulk of human resources. The end products could be marketed or distributed in the recipient countries or other related countries. If and when the pilot project proves to be successful, it could be expanded to other parts of the African continent.

## **The Two Countries Should Join Hands in Helping the Relevant African Countries to Further Improve Health and Medical Infrastructures**

According to the World Health Organization, the world's largest killer and the worst cause of poor health and human suffering is extreme poverty, which has mainly been exacerbated by the lack of public health and medical services in many countries. China and the United States have their comparative advantages in terms of development assistance in different areas, which could produce spillover effects when relevant resources are directed toward joint projects. For example, the two countries could channel their existing or additional resources to help recipient countries in the areas of clean drinking water and sanitation systems, community environment management, health centers, and local transportation systems. For that matter, the two sides could, in accordance with joint research and consultation, jointly build new hospitals or community health centers, or jointly provide assistance to the existing hospitals and community health centers in the recipient countries.

For example, the United States could provide additional financial or budget support to the preselected hospitals or community health centers, while China could redirect part of its assistance resources, including medical and nursing staffs, medical equipment, and health products. The two countries could also jointly train medical, surgical, nursing, and managerial staffs on the ground, in order to ensure the sustainability of the aid projects.

To improve community public health services, the United States and China could preselect communities in an African country and then redirect available resources to produce immediate results. For example, the United States could provide budgetary support and in-kind services, and China could provide clean drinking water projects and help build relevant establishments. The local government could designate full-time staff members for these projects. This could help greatly improve the medical and health situation in the project area, help local communities to drastically improve people's livelihoods, and turn the pilot project into a model for other international donors to replicate.

## 3

## DOMESTIC FACTORS AND CHINA'S HEALTH AID PROGRAMS IN AFRICA

Yanzhong Huang

During the past five years, the growing discussion on China's "soft power" has rekindled interest in China's health aid policy and practice in Africa. Interestingly, while the evolution of China's overall foreign aid policy has been addressed by seminal works, such as Deborah Bräutigam's *The Dragon's Gift*, little scholarly attention has been paid to the policy dynamics behind China's health aid.<sup>1</sup> By focusing on the domestic political and economic factors that shape China's global health and foreign aid programs in Africa, this chapter hopes to shed light on the opportunities and obstacles for China to become more collaborative with the global donor community.

## The Historical Evolution of the Health Aid Process

### Maoist Health Aid Policy, 1963–1978

Although China's health-related foreign aid could be traced to the 1950s, its medical assistance to Africa was not launched until April 1963, when the first Chinese foreign aid medical team arrived in newly independent Algeria. Foreign aid in Africa served the foreign policy objective of competing with Taiwan for diplomatic recognition,<sup>2</sup> but the deterioration of the Sino-Soviet relationship and the continuation of Sino-American confrontation provided further impetus for China to woo the support of the so-called intermediate zones (*zhongjian didai*), including Africa and the non-aligned world.<sup>3</sup> Beijing's interest in breaking its diplomatic isolation through foreign aid converged with nascent African states' need to consolidate their political and economic independence. Foreign aid, including health aid, therefore became an integral part of China's African strategy. Indeed, until the late 1970s, strategic diplomacy (e.g., competition with Taiwan for diplomatic recognition) remained the primary motivation behind the China's African aid.<sup>4</sup>

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1. See for example Bates Gill and Yanzhong Huang, "Sources and Limits of Chinese 'Soft Power'" *Survival* 48, no. 2 (Summer 2006): 17–36; Drew Thompson, "China's Soft Power in Africa: From the 'Beijing Consensus' to Health Diplomacy," *China Brief* 5, no. 21 (October 13, 2005); Yanzhong Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (Winter 2010): 105–146.

2. Deborah Bräutigam, *The Dragon's Gift: The Real Story of China in Africa* (New York: Oxford University Press, 2009), 32.

3. Huang, "Pursuing Health as Foreign Policy."

4. Shi Lin, *Dangdai zhongguo de duiwai jingji hezuo* (Foreign Economic Cooperation of Contemporary China) (Beijing: Zhongguo shehui kexue chubanshe 1989), 70.



Despite the predominant foreign policy considerations, domestic factors did shape China's health aid policy process in important ways. The timing, scale, and nature of China's health aid were under the sway of domestic ideological and political conditions. Both Mao Zedong and Zhou Enlai were convinced that it was China's "internationalist obligation" to support socialist or revolutionary movements in Africa.<sup>5</sup> Beginning in the late 1950s, agrarian radicalism on the domestic front made it even more difficult for any pragmatic voices to be channeled into the foreign aid decisionmaking process. The launching of the Cultural Revolution in 1966 further radicalized China's foreign policy. Its foreign aid was then increasingly utilized as part and parcel of its efforts to export revolution and expand its political influence in the developing world. Despite its own economic woes, China increased its foreign aid starting in 1961. The level of foreign aid reached an all-time high in the 1970s.<sup>6</sup> Although China's economic conditions did not allow it to budget significant funding for medical teams, almost all Chinese provinces were asked to contribute experienced health workers to the foreign aid medical teams.

In the 1970s, even some of the poorest provinces (e.g., Guizhou, Ningxia, and Gansu) sent medical teams to Africa. Until 1978, Chinese medical teams provided services and some material supplies completely free of charge, despite requests from some recipient countries to contribute.<sup>7</sup> At the individual level, the language of sacrifice and the spirit of mobilization of the Cultural Revolution were also internalized by Chinese aid workers and affected their choices in building aid projects and interacting with local governments. The heroism popularized by Chinese official media notwithstanding, some medical teams in Africa (like those posted to Zanzibar) sought to "export revolution," and went as far as to mobilize local residents to rebel against their governments.<sup>8</sup> Domestic political and economic factors also affected the management of the medical teams. The government attached strict political criteria (e.g., workers had to have good family background, have no overseas connections, and be married) to the selection of health care workers serving on the medical teams. Upon their arrival in the recipient countries, the medical teams were required to report to the Chinese embassies (or consulates) to receive "political education."<sup>9</sup>

Mirroring the operation of a planned economy, the use of administrative fiat to manage foreign aid projects entailed a cookie-cutter approach that disregarded both economic costs and benefits and also the local policy environment, suppressed initiatives from below, and contributed to wasteful spending and ineffective management. Unlike the medical personnel from the former Soviet Union or Cuba, members of Chinese medical teams were treated the same way as labor workers, with low benefit levels and poor working and living conditions.

In addition, the content of Chinese health aid practice bore the firm imprint of the Maoist health system, which focused on equality, universalism, and preventive health. Most medical

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5. *People's Daily*, August 9, 1963; PRC Ministry of Foreign Affairs and CPC Literature Research Center, *Zhou Enlai waijiao wenxuan* (Selected diplomatic works of Zhou Enlai) (Beijing: Zhongyang wenxian chubanshe, 1990), 54–55.

6. Yang Hongxi and Chen Kaiming, "Zhongguo duiwai yuanzhu: Chengjiu, jiaoxun he liangxing fazhan" (China's foreign aid: Achievements, lessons, and healthy development), *Guoji zhanwang* (World Outlook), no. 1 (2010): 49–50.

7. Zhou Jianping, "Dui woguo yuanwai yiliaodui youguan wenti tantao" (Investigating problems related to our country's foreign aid medical teams), *Zhongguo weisheng jingji* (Chinese health economy), no. 3 (1984): 39.

8. Wang Ningjun, "Chinese Foreign Health Aid (1963–2003): A Case of Jiangsu Province," MA thesis, Central China Normal University, May 2009, 47.

9. Wang Ningjun, "Chinese Foreign Health Aid," 17.

teams operated in outlying areas where access to health care was difficult or impossible for local people to obtain. In doing so, they focused more on preventive care than on emergency medical care.<sup>10</sup> Following the Maoist approach of putting the emphasis on health care in the countryside, the medical teams also introduced mobile medical care to the recipient countries.<sup>11</sup>

## Foreign (Health) Aid Policy in Transition, 1979–1995

Toward the late 1970s, Sino-West rapprochement reduced the incentives for China to utilize foreign aid to seek political support in the developing world. However, profound changes in foreign aid to Africa were driven more by a shift in the national development agenda. As Deborah Bräutigam has noted, “Political imperatives at home required China to ensure that its limited funding also benefited China’s modernization.”<sup>12</sup> As “politics in command” gave way to economic development, China found it imperative to attract foreign direct investment and advanced technologies, which could only be provided by Western industrial countries. The growing interest in economic engagement with the West undermined the traditional strategic rationale of foreign aid to Africa.

Leadership succession in the post-Mao era opened another political window for changing China’s foreign aid policy. To reform-minded leaders who sought to gain an upper hand in the post-Mao power jockeying, the hideous waste of foreign aid on countries (e.g., Vietnam, Albania) that later fell out with China, in conjunction with the failure of Hua Guofeng’s “Outward Leap Forward” at the end of 1970s, provided a perfect opportunity to delegitimize the leftist leaders and strike a new theme in domestic and foreign affairs. As the dust of the power struggle settled in the early 1980s, a consensus on foreign aid was quickly forged among the top leadership. Hu Yaobang, then the Communist Party chairman, said in 1982 that providing free aid “was in the interests of neither side.”<sup>13</sup> As a result, China restructured its foreign aid policy by the end of 1982 to focus on its economic functions—equality, reciprocity, effectiveness, and diversity. A direct consequence of this policy shift was the significant drop of the scale of foreign aid.<sup>14</sup> During the period 1978–1983, both the number of service stations and the number of health care workers serving on the medical teams dropped to an all-time low—indeed, China ceased to dispatch foreign aid medical teams during the period 1979–1980.<sup>15</sup>

The market-oriented reform in China also provided strong incentives for foreign aid bureaucracies to explore various approaches to mobilizing market potential in conducting foreign aid. Moving away from the traditional hostility toward multilateralism, China began to explore international technical cooperation that combined aid fund to Africa with funding from the United

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10. Alan Hutchison, *China’s African Revolution* (London: Hutchinson, 1975), 220–221.

11. Wang Ningjun, “Chinese Foreign Health Aid,” 18.

12. Bräutigam, *Dragon’s Gift*, 52.

13. CPC Literature Research Center, *Sanzhong quanhui yilai zhongyao wenxian xuanbian* (Selected important documents since the Third Plenary) (Beijing: Renmin chubanshe 1982), vol. 2, 1127–1128.

14. The share of foreign aid in fiscal spending for the first time dropped below 1 percent in 1979 and has never returned to the level of the 1960s and early 1970s. Zhang Yuhui, “Zhongguo duiwai yuanzhu yanjiu” (A study of China’s foreign aid), PhD dissertation, Central Party School of the People’s Republic of China, March 2006, 165–166.

15. Li Anshan, “The adjustment and transformation of China’s African policy” (Lun zhongguo duifei zhengche de tiaozheng yu zhuanbian), paper presented at China–Africa Links Workshop, Hong Kong University of Science and Technology, November 11–12, 2006, <http://www.cctr.ust.hk/materials/conference/china-africa/papers/Li,Anshan-Chin.pdf>.

Nations and other multilateral agencies. Through this multilateral approach, China and the UN Family Planning Association worked together to build a maternity clinic in Gambia.<sup>16</sup> Free services were no longer the primary form of delivering health aid. Some recipient countries were asked to shoulder the living expense and international airfare of the medical teams. By the early 1980s, among the 27 African countries hosting Chinese medical teams, only 4 were still receiving medical aid for free.<sup>17</sup> This led some scholars to note that for those countries that shouldered the full cost, the medical teams were no longer part of China's foreign aid package.<sup>18</sup>

Domestic political dynamics at the end of the 1980s, however, generated crosscurrents for the foreign aid reform. The purge of reform-minded leaders and the once-prevailing conservative political atmosphere brought to the fore ideological considerations in China's foreign aid. Moreover, the rising political legitimacy concerns at the top—in conjunction with the sanctions imposed by Western democracies—underscored the strategic importance of maintaining good relationships with African countries. This became all the more important when Taiwan relaunched its diplomatic offensive in Africa after the 1989 Tiananmen crackdown.<sup>19</sup> As a result, China's new aid pledge in 1990 increased by 68 percent.<sup>20</sup>

## Comprehensive Foreign Aid Reform, 1995–Present

Having been jump-started by Deng Xiaoping's southern tour in 1992, foreign aid reform regained momentum in the 1990s. In 1995, two vice premiers, Zhu Rongji and Li Lanqing, traveled to Africa to sell China's new foreign aid approaches. Instead of treating foreign aid as purely a “political task” or providing only “one-way” free aid, China now emphasized the economic aspect of foreign aid and used it to promote mutual benefits and trade. Accordingly, the medical teams in some recipient countries began to charge fees for medicines and services, and to use the revenue to purchase medical products made in China (which was counted as China's foreign aid). Although the introduction of market mechanisms highlighted Chinese enterprises and firms as active foreign aid participants, the importance of these enterprises and firms was reinforced by a developmental state that sought to use foreign aid to help Chinese corporations to “walk out” or “go global.” In the words of a senior Ministry of Health (MOH) official, China's health aid should “not only serve China's foreign policy, but also act as a broker for economic development in China and recipient countries.”<sup>21</sup>

The 1995 reform ultimately had a profound impact on the form and substance of China's health aid program. In 1999, the MOH unveiled its business-oriented plans to reform China's health aid, which included developing a short list of suppliers of domestic medicine and equipment for future aid work, and promoting jointly run hospitals and pharmaceutical firms for mutually beneficial cooperation.<sup>22</sup> Rather than focus on the dispatch of medical teams, China has

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16. Bräutigam, *Dragon's Gift*, 65.

17. See Zhou Jianping, “Dui woguo yuanwai yiliaodui youguan wenti tantao.”

18. See Liu Zhenguo and Zheng Yurong, “Dui yuanwai yiliaodui gaige de ji dian sikao” (Several reflections on the reform of foreign aid medical teams), *Yixue yanjiu tongxun* (Medical Research Correspondence), no. 10 (1997): 49.

19. Bräutigam, *Dragon's Gift*, 68.

20. He Xiaowei, “China's Economic Aid to Foreign Countries in 1990” (1990 nian woguo duiwai yuan-zhu gongzuo), *China Commerce Yearbook* (1991), 62.

21. *Renmin zhengxie bao* (CPPCC News), December 10, 2003.

22. Bräutigam, *Dragon's Gift*, 118–119.

therefore diversified forms of providing health aid to cooperate with African countries in running hospitals and clinics and delivering medical services. Health aid was repackaged to promote the exports of China's pharmaceuticals. In Tanzania, for example, the Chinese government bought the antimalaria drug artemisinin from the Chongqing-based Holley Pharmaceuticals to make donations to local hospitals and clinics. This sounds altruistic, but according to David Shinn, donating pharmaceuticals is a "clever and low-cost way to introduce Chinese-made medication to the African market."<sup>23</sup> The government also encouraged its foreign aid medical teams to promote Chinese medicine while providing health care services. The medical doctors sent to Zanzibar allegedly used their prescription privileges to play a critical role in assisting Holley to break into the local antimalaria drug market.<sup>24</sup> At the Sino-African Summit in November 2006, President Hu pledged to build 30 hospitals and provide \$37.5 million in grants to supply artemisinin and build 30 antimalaria centers in Africa. In December 2010, the first such hospital (which also houses the antimalarial center) was completed in Ghana.

While boosting new forms of health aid, the reforms also undermined the support for foreign aid medical teams. The market-oriented economic reform reinforced the idea of pursuing economic solutions to social policy problems and transformed domestic public hospitals into profit-making machines.<sup>25</sup> With the growing opportunity cost, health workers, especially senior physicians, were reluctant to join the medical teams, whereas hospitals had few incentives to send them out. Stagnating government funding for medical teams and growing demands from recipient countries for more high-end care exacerbated the difficulty in dispatching medical teams. As economic efficiency considerations lessened the political nature of sending out medical teams, the quality and discipline of the medical teams slipped. In August 2001, Belgian police arrested 15 Chinese medical staff on their way home from Mali at the Brussels International Airport on suspicion that they were smuggling ivory and ivory products. They were released, but the international image of Chinese medical teams had been tarnished.<sup>26</sup>

## Potential Obstacles for International Cooperation

An examination of the evolution of China's health aid policy pinpoints domestic political and economic developments as a constant, even critical, factor in shaping and structuring China's foreign (health) aid. The findings have important implications for China's willingness and capabilities to cooperate with the global donor community in Africa. At present, five key domestic factors present obstacles for China to become more collaborative with the United States in offering health aid to Africa.

- *The first factor is a lack of transparency.* Authoritarian states are secretive by nature. In China, this is compounded by the traditional Chinese philosophy that values secrecy as critical to

23. David Shinn, "Africa, China, and Health Care," *Inside Asia*, nos. 3–4 (October–December 2006): 16.

24. Wang Ningjun, "Chinese Foreign Health Aid," 35.

25. Yanzhong Huang, "The Paradoxical Transition in China's Health System," *Harvard Health Policy Review* 3, no. 1 (Spring 2002): 78.

26. See Wu Ang, "Zhongguo yisheng he feizhou daxiang" (Chinese doctors and African elephants), *Sanlian shenghuo zhouban* (Life week), no. 33 (2001), <http://www.chinanews.com.cn/zhonghuawen-zhai/2001-11-01/txt/22.htm>.

state survival.<sup>27</sup> Added to this thick residue of traditional authoritarianism is the dominance of a Leninist Party that made the protection of state secrets a top priority. Not surprisingly, Chinese government officials tend to adopt a very loose definition of “secrets,” while casting a suspicious eye on anyone who is not within the system. This in part explains why China prefers bilateral aid instead of collaborating with other countries or international organizations in Africa. Because China does not generally make public details about its foreign aid, it is next to impossible to gauge the full extent and nature of its health aid program in Africa. A 2011 white paper—the first official report on China’s foreign aid policy—unveils very useful information on how China’s assistance is managed and distributed, but it does not cover the health aid policy process. This murky process often leads to misperceptions and misunderstandings of China’s contribution to global health.<sup>28</sup>

- *The second factor is growing legitimacy concerns.* As indicated by its clumsy handling of the cases of Liu Xiaobo and Ai Weiwei, two of China’s highest-profile incidents, Chinese leaders are increasingly inward looking when it comes to issues with legitimacy concerns. This sense of insecurity in turn affects Beijing’s perception of and engagement with the outside world. Political elites in Beijing now are increasingly viewing the demands for China to shoulder more global responsibilities as part of an international conspiracy to thwart China’s development.<sup>29</sup> One former Politburo member went as far as to claim that such demands were in essence asking China to take responsibilities “that do not match China’s power status . . . in an attempt to shirk Western developed countries’ responsibilities while at the same time delaying and containing the speed and space of China’s development, and sow discord between China and a large number of developing countries.”<sup>30</sup> Against this background, it would be unrealistic to directly pressure Beijing to significantly increase its health aid to Africa.
- *The third factor is a lack of participation of Chinese civil society.* The successful implementing of foreign aid projects often hinges upon the support of civil society entities. The U.S. President’s Emergency Plan for AIDS Relief, for instance, channels resources to nongovernmental organizations (NGOs) that propose and implement programs abroad.<sup>31</sup> Furthermore, civil society movements are “central to securing and ensuring adherence to a global health agreement.”<sup>32</sup> Chinese citizens and NGOs began to participate in global health-related humanitarian aid in the mid-1980s, but so far they have played only a very limited role in global health aid. The same can be said about the engagement of government-organized NGOs, including the Red Cross Society of China and China Charity Foundation. In May 2011, the Global Fund to Fight AIDS, Tuberculosis, and Malaria froze payments of grants to China, because of “a collision between the fund’s conviction that grass-roots organizations must be intrinsically involved in the fight to control diseases like AIDS, and the Chinese government’s growing suspicion of any

27. Robert E. Bedeski, “Approaches to Transparency in Arms Control Verification: A Canadian View of Chinese Perspective,” *Journal of Military and Strategic Studies*, Winter–Spring 2000–2001, <http://www.jmss.org/2001/article1.html>.

28. Yanzhong Huang, “Contributing to Global Health,” *China Daily*, March 17, 2011.

29. Interview with a Chinese scholar, Beijing, April 6, 2011.

30. Li Tieying’s speech, May 17, 2010, [http://news.xinhuanet.com/2010-08/17/c\\_12453998.htm](http://news.xinhuanet.com/2010-08/17/c_12453998.htm).

31. Nora Y. Ng and Jennifer Prah Ruger, “Global Health Governance at a Crossroads,” *Global Health Governance* 3, no. 2 (Spring 2011).

32. Lawrence Gostin et al., “The Joint Action and Learning Initiative: Towards a Global Agreement on National and Global Responsibilities for Health,” *PLoS Medicine* 8, no. 5 (May 2011).



civil-society groups that are not directly under its control.”<sup>33</sup> The Arab Spring only confirmed Beijing’s fear that civil society groups supported by international actors may serve as a Fifth Column in making a Jasmine Revolution in China. As warned by a senior Communist Party official, China must “guard against being misled to the point of falling into the trap of so-called ‘civil society’ devised by certain Western countries.”<sup>34</sup> This lack of involvement of civil society groups in global health further narrows the space of cooperation between the United States and China over health aid in Africa.

- *The fourth factor is internal pressures on China’s health system.* China continues to face various public health challenges. Infectious disease remains a major threat to people’s health. For example, more than 130 million people in China carry the hepatitis-B virus (HBV), which accounts for a third of the world’s HBV carriers. Meanwhile, chronic noncommunicable diseases are becoming the primary issue affecting people’s health in China. According to an official report, deaths from chronic diseases such as cardiovascular diseases and cancer accounted for 85 percent of total mortality in China today, which is much higher than the world average (60 percent). This high disease burden poses challenges to China’s health care system. A 2005 study estimated that between 2000 and 2025, the number of patients will increase by nearly 70 percent, and medical spending, by more than 50 percent.<sup>35</sup> Despite decades of rapid economic growth, China continues to have a very low GDP per capita. Its 2009 GDP per capita was \$3,744, significantly lower than the world average (\$8,732) and even lower than South Africa (\$5,786) and Botswana (\$6,064).<sup>36</sup> Economic development is also uneven. Guizhou Province, with a GDP per capita of \$1,502 and a population of 38 million,<sup>37</sup> was poorer than Angola (\$4,081) in 2009.<sup>38</sup> The mounting health challenges and the limited available health resources may lead to a questioning of the usefulness and appropriateness of providing health aid to Africa at the expense of providing care within China itself.<sup>39</sup> According to a senior government official, “in order for China to shoulder more global health responsibilities, the most important is to take care of its own business; taking care of China’s health care cause is itself the biggest contribution to world health.”<sup>40</sup> The internal pressures on China’s own health system will therefore prevent it from significantly deploying more aid to Africa and other parts of the developing world.
- *The fifth factor is decentralized and fragmented foreign aid institutions.* Unlike the United States, China does not have foreign aid laws, so its existing foreign aid policies are based on ad hoc central ministerial documents and regulations, which are not subject to approval by the legislative branch. The consequent problems with policy coherence are exacerbated by the absence of a government agency like the U.S. Agency for International Development (USAID) to coordinate foreign aid in China. Four central institutions are considered crucial for health aid: the

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33. Sharon LaFraniere, “AIDS Funds Frozen for China in Grant Dispute,” *New York Times*, May 20, 2011.

34. Ibid.

35. See <http://www.icandata.com/free/yybj/200509/0929130Z2005.html>.

36. World Bank, GDP per capita in current U.S. dollars, <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>.

37. See <http://en.wikipedia.org/wiki/Guizhou>.

38. World Bank, GDP per capita.

39. Jeremy Youde, “China’s Health Diplomacy in Africa,” *China: An International Journal* 8, no. 1 (March 2010): 161.

40. Han Qide’s remarks, *Kexue shibao* (Science Times), March 4, 2009.

Ministry of Finance (MOF), Ministry of Commerce (MOFCOM), Ministry of Foreign Affairs (MFA), and Ministry of Health. MOFCOM is supposedly able to play the role of development agency, but it does not specialize in foreign aid. As a Chinese scholar noted, MOFCOM is only a “designated central processing unit” (*guikou guanli danwei*) for statistics about foreign aid; it is not the designated central processing unit for policy.<sup>41</sup>

## Policy Recommendations

The obstacles highlight the importance of dialogue and collaboration between China and the United States—in three main ways. First, it is in both countries’ enlightened self-interest to promote in-depth and extensive exchanges, because doing so would improve transparency and avoid the duplication of health aid, on the one hand, and boost China’s image as a constructive partner in global governance, on the other. The U.S.-China Strategic and Economic Dialogue provides a forum for exchanges and policy discussions between USAID and China’s foreign aid bureaucracies. Unfortunately, such dialogues did not take place until May 2010, when USAID administrator Raj Shah met MOFCOM vice minister Fu Ziyang. In the future, these dialogues should expand to include other central ministries, including MOH, MOF, and MFA. Indeed, given the involvement of multiple actors in China’s foreign aid process, United States–China cooperation vis-à-vis foreign aid should consider engaging all Chinese stakeholders, including provincial governments and Chinese corporate actors.

Second, the United States and the global donor community should support China in achieving the latter’s health care reform goals. Brazil is today considered a leader in global health governance. As was observed in a recent CSIS report: “Brazilian engagement on global health issues is driven by the Federal Constitution of 1988, which states that health is a human right,” and “in part premised on the belief that it can share its own successes and lessons learned in implementing [universal health care] and its other domestic health programs with other countries ‘in development.’”<sup>42</sup> If Brazil’s experience can be something of a guide, China’s successful achievement of universal health care may provide strong incentives for China to engage in global health. This entails reorienting U.S. human rights policy to place more emphasis on promoting social-economic rights in China, including promoting health as a human right.

Third and finally, the United States should encourage the participation of civil society groups in China’s foreign aid policy process. In view of Beijing’s growing legitimacy concerns, U.S. efforts to directly engage these groups in China will unavoidably increase the anxiety among the Chinese leaders. A comprehensive strategy of engaging China in health-related development assistance in Africa would therefore entail sustained and sophisticated diplomatic efforts to allay these leaders’ insecurities and fears.

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41. Zhou Hong, “Zhongguo duiwai yuanzhu yu gaige kaifang 30 nian” (Three decades of foreign aid and reform and opening in China), *Shijie zhengzhi yu zhengzhi* (World economics and politics), no. 11 (2008): 42.

42. Katherine E. Bliss, “Health in All Policies: Brazil’s Approach to Global Health within Foreign Policy and Development Cooperation Initiatives,” in *Key Players in Global Health: How Brazil, Russia, India, China, and South Africa Are Influencing the Game*, edited by Katherine E. Bliss (Washington, D.C.: CSIS, 2010), 2.



# 4

## POLICY THOUGHTS FOR CHINA-U.S. COOPERATION IN PROMOTING HEALTH PROGRAMS IN AFRICA

Chen Xulong

Public health is directly related to the livelihood of people in many countries, in terms of both national economic development and social progress. It is also an important benchmark to assess the status of a particular country's development stages and the effectiveness of its government. However, due to a variety of reasons, many African countries have been failing in this regard, which has become a critical factor for social disorder. For that matter, public health has long been an important area of focus for both China and the United States in their development assistance to African countries. This chapter endeavors to probe into the feasibility of China and the United States joining hands to provide health programs to Africa, in an effort to help the continent build the capacity to improve public health and medical services across the board.

### The Feasibility of China and the United States Jointly Promoting Health Programs in Africa

Public health is one of the few areas where China and the United States have significantly converging interests, and can thus feasibly cooperate to design relevant programs. It is useful to briefly consider the main factors.

#### Both China and the United States Have Obligations as Global Players

China and the United States are both permanent members of the UN Security Council, and they are also members of, and major contributors to, many other international organizations. More importantly, the United States and China are the world's largest and second-largest economies. Therefore, both countries have major roles to play in maintaining world peace, promoting development, and facilitating cooperation among UN member states. And, they both have an obligation to promote the realization of the Millennium Development Goals set by the United Nations in 2000, which cover public health. Over the years, both China and the United States have stepped up their cooperation with countries in Africa, such as Liberia, and increased their presence in relevant countries across the continent.

#### Both China and the United States Have Strategic Interests in Africa

China and African countries share similar historical backgrounds and face the same or similar challenges in socioeconomic development. Consequently, both sides have helped and supported each other in realizing their national development goals. For that matter, China and the African countries have long regarded each other as the bedrock of their respective foreign policies. Mean-

while, the United States has regarded the bulk of the African countries as non-ally partners in terms of overseas markets, suppliers of primary industrial products, and global security strategy. Therefore, it can be said that both China and the United States have regarded the African countries as partners not only in economic and social sectors, but also in diplomatic and security areas. Both countries have been directing their policy efforts and relevant resources toward building and maintaining their strategic relations with Africa in various areas, especially public health. For example, China and the African countries have established the Forum on China–Africa Cooperation to promote win–win cooperation and facilitate conditions for sustainable economic development. At the same time, the United States has offered unilateral preferential trade access to the bulk of the African countries and has increased aid to many African countries in recent years.

## **Both China and the United States Attach Importance to Health Assistance Programs to Africa via Bilateral Channels**

China and the United States have long incorporated health and medical assistance into their assistance strategies and have provided health and medical assistance to many countries in Africa, which not only covers budget support, health and medical products, and technology transfer, but also includes health care personnel training, policy cooperation, and coordination. Health and medical assistance programs as such have helped recipient countries address immediate and long-term health needs, which have historically been neglected. Therefore, enhanced cooperation between the two countries is a natural extension of the existing partnership.

## **China–U.S. Cooperation Could Produce Exemplary Effects**

There is no doubt that China and the United States have competing interests in Africa, but they have been basically maintained within the framework of international norms. It is noteworthy that the United States has been readjusting its benchmarks for assistance to Africa, which aim to cater to the needs and aspirations of the recipient countries in Africa, and has thus set favorable conditions for China and the United States in identifying ways to jointly provide health programs to African countries, provided the recipients would give their endorsement. More importantly, bilateral cooperation between China and the United States will become a model for future multilateral aid collaborations, one that other international donors can follow. During the post financial-crisis era, African countries have been trying to maintain the momentum of economic development and social progress. Therefore, China and the United States should take this opportunity to set the benchmarks for other donors.

## **Policy Thoughts for Cooperation between China and the United States in Providing Health Assistance to Africa**

China and the United States have implemented different medical and health assistance policies in Africa, and have likewise adopted different approaches and benchmarks. However, health assistance is one area where resources from both countries are targeted at the needy at the community level, at which institutional differences can be easily addressed, and joint efforts could lead to “spillover” effects, such as an improved local environment, better living conditions, improved transportation systems, and comprehensive medical and health services. China and the United

States should redirect and focus their joint efforts in promoting health programs in Africa in the following areas: political decisions, executive mechanisms, research and field investigation, production and services, medical and health projects, and allocation of assistance projects or programs.

## **Joint Efforts at the Political Level**

With regard to development assistance, political decisions and guidance are necessary, because China and the United States differ in both policy design and implementation. Therefore, both countries should carry out more bilateral policy dialogues and coordination. The two countries should take stock of their existing Strategic and Economic Dialogue mechanism and incorporate the issue of joint health and medical assistance programs into the agenda in order to reach a consensus on the countries to carry out the joint aid programs, specific areas for cooperation, and ways to carry out the programs. Meanwhile, the relevant ministries and departments within both governments should identify appropriate institutions and empower them to effectively carry out the policy guidance for the bilateral cooperation.

## **Joint Executive Mechanisms**

To ensure the sustainability of these joint programs, relevant institutions in both countries should designate appropriate authorities to identify African countries in which to start the pilot projects. Embassy officials in the selected African countries should coordinate with relevant authorities on the ground to work out the details, including ways to seek and maintain the cooperation of the host countries, and mechanisms to coordinate financial, material, and human resources.

## **Joint Research and Field Investigation**

To build a solid foundation to launch the joint programs, the relevant authorities in China and the United States should identify institutions and experts in the field and conduct purpose-specific field trips in carefully selected African countries where the prospects for success are highest. These joint expert groups could identify common programs that would include specific policy objectives, specific projects or programs, responsibility division, cost sharing, resource mobilization, and blueprints for the pilot projects.

## **Joint Production and Services**

Given their social, economic, and political situations, many African countries lack the capacity to produce the relevant medical and health products that are needed. However, China and the United States both have their own comparative advantages in the medical and health industries, which could serve as a basis for the joint production of medical and health products earmarked for certain African nations.

This joint production and distribution could be carried out in this way: China and the United States could first identify one or two African countries for the pilot projects, secure the endorsement and participation of the recipient countries concerned, and design a cost-sharing plan. China could then select one or two competent pharmaceutical manufacturing companies that would contribute production facilities and managerial staff. The United States could purchase the licenses for relevant drugs from U.S. companies. The recipient countries could contribute the land,

labor, and the distribution network. The end products could be distributed in accordance with the terms of conditions agreed on by all parties concerned.

## **Joint Medical and Health Projects**

China and the United States have their own comparative advantages in providing public health assistance programs to Africa. These joint programs would produce spillover effects when the two countries work collaboratively to design and synchronize their public health programs.

One particular area that is ripe for cooperation is the provision of hospitals and community health centers. Here, China and the United States could kick-start joint assistance projects. Both sides could jointly choose one or two community health centers in one or two African countries with the consent of the recipient governments. China and the United States could direct their existing or additional resources to provide budgetary support, staff training, medical and health products, laboratory equipment, and family medical kits. It is likely that the joint project would turn the relevant community health centers into models that China and the United States could replicate in other recipient countries in Africa.

## **Joint Allocation of Assistance Projects or Programs**

From a practical perspective, collaboration could be the start of joint efforts to provide health programs to Africa. The Chinese and U.S. embassies in their African partner countries should hold dialogues, and identify one or two potential areas for pilot projects, perhaps condensing and combining existing or future assistance projects from both countries. For example, China and the United States could choose one or two local communities in one African country for a pilot project that aims to help improve the living and health conditions of local people.

China, the United States, and the recipient countries can coordinate their efforts and provide assistance in areas including infrastructure improvement, better farming practices and equipment, better health center services, staff training, family medical kits, environment management systems, clean drinking water systems, and health awareness campaigns. All these efforts would likely improve the living and health conditions of the people in local communities, and would also accumulate experience for future collaborative projects of a similar nature.

## 5

## U.S.-CHINA COLLABORATION ON HEALTH AND AGRICULTURE IN AFRICA

David H. Shinn

Health and agriculture, sectors where African countries receive considerable assistance from bilateral donors and international organizations, are the most appropriate ones for collaboration between the United States and China. (Peacekeeping is another area, but beyond the scope of this volume, although China has contributed medical personnel to peacekeeping operations.) Both countries have substantial experience, both positive and negative, in Africa in the health and agricultural sectors, and have some comparative advantages in the way they can support these sectors. In addition, by collaborating on assistance to improve health and agriculture, it should be possible to minimize the concerns of some African leaders, who fear that the United States and China may try to gang up on them for their own purposes. At least a few African leaders have taken umbrage with the concept that two major powers are collaborating on matters related to Africa.

### The Challenges

Collaboration between the United States and China in an effort to improve the lives of Africans would seem to be an obvious winning combination. Although it may be obvious, experience has shown that it is not easy. In 2007, discussions began between China and the United States about assisting the agricultural sector in Angola—but they have gone nowhere. The reasons this initiative has not resulted in a cooperative project are not clear, although there may have been little interest on the Angolan side.

During congressional testimony in 2008, the deputy assistant secretary of state for African affairs, James Swan, and the deputy assistant secretary of state for East Asian and Pacific affairs, Thomas Christensen, identified three areas for United States–China cooperation: UN peacekeeping operations, efforts to counter endemic diseases such as malaria, and joint development projects in the agricultural sector.<sup>1</sup> Also in 2008, United States–China talks in Beijing involving the assistant secretary of state for African affairs, Jendayi Frazer, raised the possibility of cooperation in building Africa’s infrastructure and improving its agriculture and health sectors. Subsequent discussions with China near the end of the George W. Bush administration for pursuing security-sector reform in the Democratic Republic of the Congo and cooperation on irrigation in Ethiopia have thus far produced no results.<sup>2</sup> Again, the reasons are hazy, although a lack of interest among key U.S. and Chinese personnel in the field contributed to the lack of progress.

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1. Testimony before the Senate Foreign Relations Subcommittee on African Affairs, June 4, 2008.

2. David H. Shinn, “China’s Engagement in Africa,” in *U.S. Africa Policy beyond the Bush Years*, edited by Jennifer G. Cooke and J. Stephen Morrison (Washington, D.C.: CSIS, 2009), 151; May 7, 2011, e-mail from a senior State Department official.

Conversely, there have been some examples of United States–China development collaboration in Africa. The two countries agreed to join forces in efforts to eradicate malaria in Liberia, and they supported UN peacekeeping projects, including construction of the military barracks at Bonga. Liberian president Ellen Johnson-Sirleaf praised the cooperation, while Chinese ambassador Zhou Yuxiao and U.S. ambassador Linda Thomas-Greenfield also underscored this cooperation involving both countries.<sup>3</sup> Sylvester M. Grigsby, Liberian deputy minister for international cooperation and economic integration in the Ministry of Foreign Affairs, commented to the author that China and the United States have a history of working cooperatively in Liberia.<sup>4</sup>

The role of ambassadors and key American and Chinese personnel on the ground is essential to success. In the case of antimalaria cooperation in Liberia, the arrival of a new Chinese ambassador at the embassy in Monrovia will determine the degree to which China and the United States work together, as will the eventual replacement of the U.S. ambassador.<sup>5</sup> In Ethiopia, U.S. Peace Corps volunteers and Chinese volunteers collaborated in the agricultural sector, but this came to an end with the arrival of a new U.S. Peace Corps director and the downsizing of the Chinese volunteer program.<sup>6</sup>

Chinese companies are eligible to bid on projects funded by grants from the U.S. Millennium Challenge Corporation (MCC), and have won several of these contracts in Africa. For example, the China New Era International Engineering Corporation won a contract as supervising consultant for a section of road in Tanzania.<sup>7</sup> There has been, however, a recent decision by the MCC to limit future contracts to non-state-owned companies. This will have a greater impact on Chinese companies than those from most other parts of the world.<sup>8</sup> Finally, there is military collaboration as part of an effort to combat Somali piracy in the Gulf of Aden and the Indian Ocean. U.S. officials have spoken favorably of this cooperation.<sup>9</sup> U.S. senator Mark Kirk, during a recent visit to the region from April 25 to May 2, 2011, to study Somali piracy, was even invited on board a Chinese frigate engaged in the piracy operation.<sup>10</sup>

One of the hurdles to greater United States–China collaboration comes from the African side. There is a suspicion among some African officials that any cooperation by the United States and China is not in the best interests of African countries. These officials prefer to negotiate individually with donor countries so that they have maximum leverage and more options. They also view China as a country that does not impose political conditions, other than acceptance of the “One China” policy, on its foreign aid. The United States, conversely, often imposes conditions concerning good governance, human rights, and economic policy reform. Some African officials believe that collaborative aid programs will result in political conditionality insisted upon by the United

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3. All three persons made these comments at the Kendeja Resort outside Monrovia on February 24, 2010, during the Africa–China–United States Trilateral Dialogue Conference on Corporate Social Responsibility.

4. Remarks made on February 25, 2010, at the Kendeja Resort outside Monrovia.

5. May 30, 2011, e-mail from USAID representative at the U.S. Embassy in Beijing.

6. May 7, 2011, e-mail from a senior State Department official.

7. Press release issued by the Tanzanian Ministry of Finance and Economic Affairs in October 2010.

8. Comment by MCC official on April 27, 2011, at the Corporate Council on Africa in Washington.

9. Christopher Bodeen, “US Praises China Anti-piracy Role off Somalia,” Associated Press, February 28, 2009.

10. “Kirk Report: Ending Somali Piracy against American and Allied Shipping,” <http://Kirk.senate.gov/pdfs/KirkReportfinal2.pdf>.



States.<sup>11</sup> Although this attitude is not pervasive among African officials, it is sufficiently troublesome that if the United States and China agree to engage in collaborative projects, the United States will need to address it. The other alternative is to identify countries like Liberia that seem to welcome United States–China cooperation and focus on them. Additional candidates are Ghana, Tanzania, Lesotho, Botswana, and Ethiopia.

There are also some procedural and bureaucratic obstacles to collaboration. China does not have a centralized foreign assistance agency; responsibility for administering foreign aid is widely disbursed, which makes it difficult for donors to coordinate with their Chinese counterparts.<sup>12</sup> Although the United States does have the more centralized Agency for International Development (USAID), the U.S. aid system has become somewhat more complex with the creation of the MCC. The United States is much more transparent with information and statistics about its global assistance. Although China made a step forward with the recent release of its white paper on foreign aid, it remains unnecessarily stingy with statistics about its assistance program and tends to treat this information as a state secret.<sup>13</sup> Until China is willing to share more information about its aid programs, it will be difficult to have truly effective collaborative projects.

Although it should not affect the ability of the United States and China to collaborate on foreign assistance projects, it is important to understand that nearly all U.S. assistance to Africa is in the form of grants, whereas most Chinese assistance constitutes loans, albeit at low interest. U.S. assistance to Africa is often subcontracted to nongovernmental and civil society organizations. It also works with U.S. private philanthropic organizations, such as the Bill & Melinda Gates Foundation. This practice is not common in the case of China's aid, and some African civil society organizations are even skeptical about Chinese engagement.<sup>14</sup> Conversely, both the United States and China have good relations with several entities—the African Union and African subregional organizations, such as the Economic Community of West African States and the Southern African Development Community. China recently announced that it will promote regional and subregional aid cooperation, and it may be more appropriate to work through these entities.<sup>15</sup>

Although China has greatly improved its willingness to participate in the donor coordination that occurs in the UN and its related agencies, it has been reluctant to participate in the Organization for Economic Cooperation and Development and other Western-led organizations. The Chinese also tend to avoid participation in donor coordination groups that meet regularly in African capitals and are dominated by Western countries.<sup>16</sup> But these groups are largely designed to share information and avoid duplication and inefficiency. Tanzanian president Jakaya Kikwete during a 2008 meeting in Washington lavished praise on the multidonor antimalarial program in his country. When asked if China, which is also working in Tanzania to combat malaria, is part of the multidonor coordination effort, Kikwete replied in the negative, but said he would welcome

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11. See the discussion of this topic at [www.guardian.co.uk/world/us-embassy-cables-documents/248299/print](http://www.guardian.co.uk/world/us-embassy-cables-documents/248299/print). Author's conversation with Ali Yousif, former Sudanese ambassador to China, in Khartoum on July 9, 2007.

12. See Deborah Bräutigam, *The Dragon's Gift: The Real Story of China in Africa* (New York: Oxford University Press, 2009), 107–114; and Sven Grimm, “Engaging with China in Africa: Trilateral Cooperation as an Option?” *EDC2020 Policy Brief*, no. 9 (February 2011): 3, [www.edc2020.eu/112.0.html](http://www.edc2020.eu/112.0.html).

13. The white paper on “China's Foreign Aid” is available at <http://news.xinhuanet.com/english2010/china/2011-04/21/c13839683.htm>.

14. Grimm, “Engaging with China,” 3.

15. “China May Expand Its Foreign Aid in Future: Vice Minister,” Xinhua, April 26, 2011.

16. See, e.g., [www.propertykenya.com/news/1394878-chinese-engagement-in-nation](http://www.propertykenya.com/news/1394878-chinese-engagement-in-nation).



participation by China in the effort.<sup>17</sup> One Western aid organization that has an office in Beijing is anxious to work with China and seems to have had more success in collaborating with the Chinese is the United Kingdom's Department for International Development.<sup>18</sup>

## Cooperation on Health

Collaboration in the health sector is a good choice for several reasons. The need for improved health care is enormous. In sub-Saharan Africa, only 58 percent of the population has access to an improved water source, 31 percent has access to improved sanitation, and 73 percent of children have been immunized for measles and tetanus. More than one-quarter of all children are underweight; and the region has by far the highest tuberculosis rate and prevalence of HIV/AIDS in the world and the lowest life expectancy at birth.<sup>19</sup> There are at least 300 million acute cases of malaria each year globally, resulting in more than a million deaths, and 90 percent of these occur in Africa, mostly in young children. Malaria accounts for 40 percent of Africa's public health expenditures.<sup>20</sup> In addition, Africa remains subject to a host of less common but debilitating diseases, such as meningitis, yellow fever, cholera, hookworm, guinea worm, and schistosomiasis.

China and the United States have a long history of providing health care assistance to Africa. China began sending health teams to Africa in 1963, resulting in a program that remains highly popular and apparently effective. By 2009, China had sent 18,000 medical personnel to 46 different countries and treated, it claimed, 200 million patients. Most African countries pay the medical teams' expenses, such as international airfare, staff stipends, and even the cost of some medicine and equipment brought by the team. In the case of the poorest African countries, China covers the costs of the teams' travel and equipment, and medicine that it brings.<sup>21</sup> China has also had success with traditional Chinese medicine, which is often compatible with African traditional medicine.<sup>22</sup> In more recent years, China has announced that it would build, staff, and equip 30 hospitals, and train 3,000 doctors, nurses and managers for these facilities. It is constructing 30 malaria treatment centers and providing antimalarial drugs, such as artemisinin. China is donating \$14 million to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, although it receives far more from that fund than it contributes.<sup>23</sup>

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17. Public meeting in Washington on August 27, 2008.

18. "UK Seeks China Aid Partnership in Africa," *BBC Online*, October 8, 2010.

19. World Bank, *World Development Indicators 2009* (Washington, D.C.: World Bank, 2009), 104, 112, 116, 124.

20. "Malaria in Africa," [www.rollbackmalaria.org](http://www.rollbackmalaria.org).

21. Li Anshan, *Chinese Medical Cooperation in Africa: With Special Emphasis on the Medical Teams and Anti-Malaria Campaign* (Uppsala: Nordic African Institute, 2011), 1–27; Drew Thompson, "China's Soft Power in Africa: From the 'Beijing Consensus' to Health Diplomacy," *China Brief* 5, no. 21 (October 13, 2005): 3–4.

22. Elisabeth Hsu, "The Medicine from China Has Rapid Effects: Chinese Medicine Patients in Tanzania," *Anthropology and Medicine* 9, no. 3 (2002): 291–313; David H. Shinn, "Africa, China and Health Care," *Inside Asia*, nos. 3–4 (October–December 2006): 15–16.

23. White paper on "China's Foreign Aid." See also Li, *Chinese Medical Cooperation*. For a good summary, e.g., of China's health care assistance to Angola, see Carine Kiala, "China–Angola Aid Relations: Strategic Cooperation for Development?" *South African Journal of International Affairs* 17, no. 3 (December 2010): 317–318. For an analysis of China's aid to the health sector, see Jeremy Youde, "China's Health Diplomacy in Africa," *China: An International Journal* 8, no. 1 (March 2010): 151–163.

The health sector has long been an important component of U.S. assistance to Africa. HIV/AIDS programs represent 31 percent of all USAID development assistance to sub-Saharan Africa. USAID focuses on primary prevention and expanding its coverage of services, including those for orphans and vulnerable children. It also provides funds to increase the availability, effectiveness, and access to good-quality health care and on strengthening programs by developing state-of-the-art, Africa-appropriate approaches to health improvement.<sup>24</sup> The U.S. President's Malaria Initiative aims to reduce mortality by half in target countries. USAID also supports water and sanitation development.<sup>25</sup> Some of the MCC grants to African countries support the delivery of essential health services, local health services, water and sanitation improvement, and maternal and child health care.<sup>26</sup> Although the dollar value of the United States' aid to the health sector in Africa is much higher than China's, the contribution China has made over the years is nonetheless impressive.

The United States and China have particular strengths that they can bring to a cooperative effort in the health sector. Within the health sector, countering malaria seems to be one of the best areas for collaboration. There has already been cooperation in Liberia. Both China and the United States give a high priority to antimalarial efforts. China is one of the world's major producers of artemisinin, and it has a factory in Tanzania that produces the antimalarial drug. It is a highly effective medicine for preventing malaria when used in combination with other drugs and as part of a holistic program that includes insecticide-treated bed nets. USAID supports such a holistic program, and the Clinton Foundation has also purchased artemisinin from Chinese suppliers. U.S. political conditionality has not hindered these programs in many African countries, thus avoiding Chinese and African concerns.<sup>27</sup>

Neglected tropical diseases, particularly hookworm infection and schistosomiasis, each of which afflicts 200 million Africans, are another area for United States–China collaboration. USAID and the Gates Foundation are working to reduce both diseases in Africa, and China has experience in combating them. It is also among the largest producers of praziquantel, the principal drug for treating schistosomiasis. Merck is another major producer. Although praziquantel costs only eight cents a pill, it is still too expensive for most African countries. Drug companies have donated significant quantities of the medication, but the need is far greater. This is a situation where China might be in the best position to take the lead. At a minimum, a multidonor program that includes China and the United States should step up efforts to counter neglected tropical diseases such as hookworm and schistosomiasis.<sup>28</sup> Other possible areas for collaboration are improving nutrition and pandemic preparedness. Both countries have experience in these areas that should be shared with Africa.

Some questions have been raised about the consistency of the quality of Chinese manufactured medicines. It is important to know if there is a program for testing the medicine to assure that the dosages are as indicated on the labels. There have been issues with counterfeit and adulterated medicine from private companies in several Asian nations, including China. Increased reli-

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24. See [www.usaid.gov/locations/sub-saharan\\_africa/sectors/health/index.html](http://www.usaid.gov/locations/sub-saharan_africa/sectors/health/index.html).

25. See [www.usaid.gov/locations/sub-saharan\\_africa/](http://www.usaid.gov/locations/sub-saharan_africa/).

26. See [www.mcc.gov/pages/activities/activity/health](http://www.mcc.gov/pages/activities/activity/health).

27. Shinn, "China's Engagement," 157.

28. Ibid.; Melinda Burns, "Lifesaving Drug Praziquantel Too Expensive for Africa," October 3, 2010, [www.miller-mccune.com/health/lifesaving-drug-praziquantel-too-expensive-for-africa-23538/](http://www.miller-mccune.com/health/lifesaving-drug-praziquantel-too-expensive-for-africa-23538/).

ance on medication, such as artemisinin and praziquantel, from China should take these concerns into account. It may just be a question of better information sharing.<sup>29</sup>

## Agriculture Cooperation

Agriculture forms the backbone of most African economies, yet remains largely inefficient. Of all world regions, sub-Saharan Africa has by far the lowest use of fertilizer per hectare of arable land and the fewest number of tractors per 100 square kilometers of arable land. In both cases, these numbers fell in 2003–2005 as compared with 1990–1992. Sub-Saharan Africa's agricultural productivity (i.e., the ratio of agricultural value added to the number of workers in agriculture) in 2003–2005 was \$278, compared with \$406 for farmers in South Asia—the next lowest region. More important, the figure for sub-Saharan Africa gained only \$16 over the 1990–1992 level, while other regions of the world showed much higher gains.<sup>30</sup>

Some 60 percent of the African labor force works in agriculture and is still unable to grow enough food to feed its people. By contrast, 2 percent of the labor force in the United States produces enough food to feed the U.S. population, sell large quantities on the world market, and supply food aid to many countries around the world, especially Africa.<sup>31</sup> China has also had considerable success with agriculture; it feeds 20 percent of the world's population on only about 8 percent of the world's arable land and grows about 95 percent of what it consumes.<sup>32</sup> The United States and China are doing something right, while the African countries need to improve their agricultural productivity.

Agriculture is also a sector where China and the United States have considerable experience in Africa. Chinese agricultural cooperation began in Guinea in 1959. By 2006, China had undertaken about 200 projects and sent some 10,000 technicians to the continent. Since the mid-1990s, China has encouraged large businesses to invest in Africa—such as China's General Farming Group Company, China's Fishing Company, and China's Animal Husbandry Company. Chinese projects have included paddy-rice, cotton, sugar, tea, soybeans, fruit, animal husbandry, and fish farming. Although China's more basic agricultural technology generally worked well in Africa, the turnkey projects often were not maintained properly by African governments, and many failed. This caused China to adopt a more businesslike approach.<sup>33</sup> Increasingly, Chinese agricultural assistance involves training, technology transfer, and investment rather than state-to-state aid projects.<sup>34</sup>

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29. Comments by health specialists at a conference on U.S. and Chinese approaches to health sector development assistance in Africa hosted by George Washington University, Washington, June 2, 2010.

30. World Bank, *World Development Indicators*, 140, 144.

31. Virginia DeLancey, "The Economies of Africa," in *Understanding Contemporary Africa*, edited by April A. Gordon and Donald L. Gordon (Boulder, Colo.: Lynne Rienner, 2007), 136.

32. Bräutigam, *Dragon's Gift*, 234.

33. Yuan Wu, *China and Africa* (Beijing: China International Press, 2006), 56–68; Law Yu Fai, *Chinese Foreign Aid* (Saarbrücken, Germany: Verlag Breitenbach, 1984), 230–238; author's meeting in Beijing with a senior official of the China State Farms Agribusiness Corporation, January 10, 2007.

34. "Full Text of Wu Bangguo's Speech at the China-Africa Business Conference in Cairo," Xinhua, May 21, 2007. For a broader discussion of Chinese agricultural assistance to Africa, see Bräutigam, *Dragon's Gift*, 232–252.

During the past five years, China has promised to send 3,000 agricultural experts and technical staff overseas, which will include 50 agro-technology teams for Africa, and build 20 agricultural technology demonstration centers in Africa. China has announced that it will train 2,000 agro-technicians for African countries. And China has also agreed to contribute a modest \$30 million to the UN Food and Agriculture Organization (FAO) to establish a trust fund for projects and activities to help developing countries enhance agricultural productivity.<sup>35</sup> China's recent assistance to Angola's agriculture and fisheries sectors, for example, offers a useful account of the changing nature of its aid.<sup>36</sup>

U.S. support for agriculture in Africa has waxed and waned over the years, but is back in fashion with the Obama administration. Like China, the United States has experienced its share of failures. In the late 1980s, for example, the author visited a USAID project in the northeast corner of Burkina Faso. It was to have been an enormous cattle ranch patterned after the King Ranch in Texas. At the time of the author's visit, there was nothing left except a few headquarters buildings and several sections of fencing still standing. The project failed to take into account advancing desertification. But both China and the United States have learned from their successes and failures, and agriculture remains a critical sector for Africa.

Current U.S. agricultural priorities in Africa are reducing hunger, combating rural poverty, promoting economic growth, and protecting the environment. These efforts require programs that improve the technical, economic, legal, and trade conditions under which farmers and agribusinesses operate. USAID programs that address these issues include the Initiative to End Hunger in Africa (IEHA), support for the African Union / New Partnership for Africa's Development, Comprehensive African Agricultural Development Program (CAADP), Sustainable Tree Crop Program (STCP), and Strategic Analysis and Knowledge Support System (SAKSS). The primary objective of IEHA is to rapidly and sustainably increase agricultural growth and rural incomes in sub-Saharan Africa. This involves providing, among other help, technical assistance and training to promote science and technology in key commodities, expanding market and trade opportunities, and strengthening producer, processor, and trade organizations. The principal goal of the African-led CAADP is to achieve a 6 percent annual growth rate in agriculture. STCP helps farmers conserve their tree crop resources, increase the value of their crops by using new varieties, and promote better processing to raise incomes.<sup>37</sup> MCC grants have also made substantial contributions to improving food security in more than a half dozen African countries.<sup>38</sup>

SAKSS collects data and provides analytical tools that contribute to national monitoring and evaluation systems and supplying information to African governments, international research institutes, other donors, and the private sector. The International Food Policy Research Institute (IFPRI) is taking a key role in implementing this initiative. Individual countries, such as Nigeria, and regional organizations, such as the East African Community and the Common Market of Eastern and Southern Africa, are using SAKSS in combination with CAADP.<sup>39</sup>

Between the extensive Chinese and U.S. engagement in assisting Africa's agricultural sector, it should not be difficult to identify several projects for bilateral collaboration. If bilateral coopera-

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35. White paper on "China's Foreign Aid."

36. Kiala, "China-Angola Aid Relations," 319-320.

37. See [www.usaid.gov/locations/sub-saharan\\_africa/sectors/ag/index.html](http://www.usaid.gov/locations/sub-saharan_africa/sectors/ag/index.html).

38. See [www.mcc.gov/pages/activities/activity/food-security](http://www.mcc.gov/pages/activities/activity/food-security).

39. Ibid. See also <http://eastafrica.usaid.gov/en/Activity.1133.aspx> and [www.ifpri.org/book-38/node/5229](http://www.ifpri.org/book-38/node/5229).

tion is too difficult, then it can be done in the context of the African Union, subregional African organizations, or international organizations, such as the FAO or IFPRI, with which both countries have long experience. In some respects, China's agricultural policies since 1980 may be more appropriate for Africa than the U.S. farm experience.<sup>40</sup> Conversely, a strong U.S. background in areas such as agricultural extension service, farmer cooperatives and credit unions, agricultural research, farm management, and market development have much to offer African agriculture.

## Conclusion

Viewed from a U.S. perspective, U.S. State Department and USAID officials have concluded that collaboration with China on assistance to Africa will not be easy. (Chinese counterparts may well have come to the same conclusion as they assess their interaction with Americans.) The dialogue has been under way for about six years and has produced little. Part of the problem is the difficulty of coordination among the numerous Chinese bureaucracies engaged in foreign assistance, although coordination within a single U.S. assistance organization is not so simple either.<sup>41</sup> It is also not clear what the expectations are of the Chinese and U.S. sides. What does each country want to achieve?

To enhance the prospects for collaboration, it will be necessary to take account of the challenges cited in this chapter, especially identifying projects or African countries where U.S. political conditionality does not become a deal breaker. History shows there are African countries where conditionality has not posed problems for U.S. aid. China may insist on projects that support the MCC's goals. The United States also supports these goals, so this should not be a problem. Finally, if the initiative for collaboration comes from an African country, it will be easier for both China and the United States to reach an agreement. When the European Union looked at the issue of collaboration with China, it concluded that Western donors will need to start at a very technical level with small-scale engagements in areas such as health or agriculture and will then need to obtain the support of the highest political level in China.<sup>42</sup> This is good advice: Start small, build on success, and always be prepared to adapt.

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40. For an analysis of what China can offer Africa, see Shenggen Fan, Bella Nestorova, and Tolulope Olofinbiyi, "China's Agricultural and Rural Development: Implications for Africa," unpublished paper delivered in Bamako, Mali, April 27–28, 2010, [www.ifpri.org/sites/default/files/publications/chinaafricadac.pdf](http://www.ifpri.org/sites/default/files/publications/chinaafricadac.pdf).

41. Comments by a USAID official at conference on January 13, 2011, sponsored by CSIS on U.S.-China global health cooperation.

42. Grimm, "Engaging with China," 4.

# 6

## FROM “HOW COULD” TO “HOW SHOULD” THE POSSIBILITY OF A PILOT U.S.-CHINA PROJECT IN AFRICA<sup>1</sup>

Li Anshan

In the conference co-organized by CSIS and the China Institute of International Studies on China's Emerging Global Health and Foreign Aid Engagement, I was assigned to write a chapter on the subject “How Should the United States and China Launch a Pilot Project in Africa?” According to the subject title itself, the presumption is that there is a possibility for United States–China cooperation on assisting Africa. However, turning that possibility into reality will require a lot of work. The reason is simple: How could two parties discuss an important issue concerning a third party without its knowledge? How could the two parties carry out this kind of cooperation without the third party's participation from the very beginning? How could we even begin to cooperate without sufficient understanding of, let alone agreement on, each other's concepts of the issue?

Conventional experience indicates that the starting point of cooperation is to understand each other first. What are the concepts and principles of cooperation or aid? What is the history of cooperation or aid between the two countries? What are the forms of cooperation and aid? Only by seeking to answer these questions and thus knowing each other, and by acknowledging the differences and similarities, can the trilateral cooperation be smoothly carried out to achieve a better result.

This chapter intends to provide some background knowledge of China–African medical cooperation. The argument is that only by settling the issue of “how could” can we start to get down to the business of “how should.” The chapter is divided into five sections: the concepts and principles of China–African relations, history of China–Africa medical cooperation, forms of cooperation, key questions regarding trilateral cooperation, and recommendations on the steps to launch a pilot project.

### Concepts and Principles

Concepts and principles are the basis for China–African cooperation. First, how should we look at Africa? Positively or negatively? If we take a historical perspective, we will find that Africa is not a backward continent. Rather, it has made great progress since nations have established independence in areas including integration, human rights, border wars, and nation building, to name a few. We notice that the African Union is now making some progress, and Africa is the only continent that gives one voice on big issues in international affairs. As for human rights, Africa has produced its own female top government officials, UN chair, Nobel Prize winners, and even

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1. An earlier version of this paper was published by *Pambazuka News* at [http://pambazuka.org/en/category/africa\\_china/57079](http://pambazuka.org/en/category/africa_china/57079).



presidents in only about 50 years, with which other continents can hardly compete.<sup>2</sup> Relative to the many border wars in modern European history,<sup>3</sup> there have been far fewer in Africa, which is more impressive considering that modern African borders are mainly products of imperialist participation or colonial occupation.<sup>4</sup> Nation building is another great achievement. Modern nation building is a difficult process for any people.<sup>5</sup> There are surely problems on the continent, yet for many African nations, nation building has been going on rather smoothly.

Second, the relationship between China and Africa is equal, which is quite unique considering that equality has never been mentioned in the international arena. China has never used the concept of “donor–recipient” to describe China–African relations, preferring to think of African nations as “partners” instead. China believes that assistance is not unilateral but mutual. Although the China–Africa relationship is strategic, it is equal and friendly, given that China and Africa appreciate and cooperate with each other. It should be noted that the “donor–recipient” notion reflects a philanthropic model, whereby donors have a condescending attitude and recipients are humble and obedient. With an “if-you-don’t-I-will” attitude, donors are unable to accept “recipients” as their equal partners. On the contrary—donors always want to be “preachers,” and they often threaten to withdraw the aid if they are not satisfied with the recipient countries. Therefore, no matter what aid donors could offer, they would not be completely appreciated by the recipients owing to their arrogant manners.

Third, China takes Africa as a promising, rather than “hopeless,” continent. This attitude has been reflected in the nature of Chinese investment in Africa in recent years. According to one Western media outlet, “Luanda is changing fast. A few years after the end of a devastating civil war, cranes are crowding the skyline of Angola’s capital. . . . Last year Angola’s economy grew by an estimated 15.5 percent, the fastest on the continent . . . the rest of Africa has also been doing well: a recent report by the Organization for Economic Cooperation and Development . . . estimates that Africa’s economy grew by almost 5 percent last year, and is expected to do even better this year and next. . . . Is Africa, often dubbed the hopeless continent, finally taking off?”<sup>6</sup> We can also notice the recent statistics:

- Rwanda was the top reformer in 2009, the first sub-Saharan African country to be named top reformer.
- The growth rate of construction is 128 percent in emerging economies, with Nigeria at the top.
- From 2000 to 2008, GDP in Africa on average increased by 4.9 percent, making it the third fastest growing region of the world.

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2. It is common knowledge that the women in Europe won universal suffrage after a long struggle in modern history. Women got the right to vote in 1918 in Germany, in 1928 in Great Britain, in 1945 in France, in 1946 in Italy, and in 1948 in Belgium.

3. For the border wars during the modern time in Europe, see T.C. W. Blanning, ed., *The Nineteenth Century: Europe, 1789–1914* (Oxford: Oxford University Press, 2000); and Stefan Berger, ed., *A Companion to Nineteenth-Century Europe: 1789–1914* (Malden, Mass.: Wiley-Blackwell, 2009).

4. According to a Russian Africanist, 44 percent of the borders in Africa were determined by latitude and longitude, 30 percent by geometrical method, and only 26 percent by the natural border lines, such as mountains, rivers, and lakes.

5. E.g., after more than 80 years of independence, the United States undertook a Civil War to prevent the secession of the southern states, resulting in about 620,000 soldiers’ deaths. Drew Gilpin Faust, *This Republic Suffering: Death and American Civil War* (New York: Alfred A. Knopf, 2008).

6. *The Economist*, June 24, 2006.

With various advantages—such as human resources, natural resources, and cultural heritage—why should Africa be poor and hopeless?

The principles guiding China–Africa relations can be summarized as equality and mutual respect, bilateralism and codevelopment, no political strings attached and noninterference in domestic affairs, and a focus on capability of self-reliance.

As early as 1963–1964, Chinese premier Zhou Enlai put forward Eight Principles of Development Assistance:

1. Aid should not be considered as a unilateral grant but a form of mutual help.
2. Neither conditions nor privileges should be attached to the aid.
3. To reduce the burden on recipient countries, the time limit of no-interest or low-interest loans can be prolonged if necessary.
4. The purpose of aid is to help recipient countries develop independently.
5. To increase the incomes of recipient countries, programs should produce quicker results with less investment.
6. China would provide the best equipment and materials for recipient countries, and promise to change them if the quality was not as good as the agreement permitted.
7. China guarantees that recipient countries will master the relevant technology when technical assistance is provided.
8. Experts from China should never enjoy any privileges, and should receive the same treatment as local experts in recipient countries.

If we carefully analyze these principles, it is quite obvious that they are a set of obligations and disciplines on China's side, (e.g., what China should do and avoid). The first principle is very important, and thus it has guided China–Africa cooperation for decades.

The best example of this development assistance is the Tanzania–Zambia Railway (TAZARA), “one of the lasting monuments to its former presence.” Between 1968 and 1986, China invested \$500 million to help Tanzania and Zambia build the 1,860-kilometer railway with about 30,000 to 50,000 Chinese involved, and 64 died. As Jamie Monson points out, “The Chinese had articulated their own vision of development assistance in Africa throughout the Eight Principles of Development Assistance. . . . These principles reflected China's efforts to distinguish its approach to African development from those of the United States and the Soviet Union. Several of these principles had direct application to the TAZARA project.”<sup>7</sup>

After the Twelfth Party Congress, the Chinese Communist Party began a new policy of development assistance. During his visit to Africa in 1982, Chinese premier Zhao Ziyang put forward four principles regarding China–African economic cooperation: equal bilateralism, stress on effectiveness, various forms, and common development. Although equality is a principle in Western ideology as well an important component of the humanitarian tradition, this principle is rarely mentioned in international relations. China and Africa have similar historical experiences, and they both cherish the values of mutual respect and equality. State–state relations are like person–

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7. Jamie Monson, *African Freedom Railway: How a Chinese Development Project Changed Lives and Livelihoods in Tanzania* (Bloomington: Indiana University Press, 2008), 148.

person relations—only equality and mutual respect can endure any difficulties. After the Canadian oil company Talisman decided to sell its shares in a Sudan consortium that also involved Chinese and Malaysian firms, the China National Petroleum Corporation wanted to purchase the shares, but Khartoum turned down the Chinese offer and awarded the shares to an Indian company instead. But the deal did not, by any means, trouble the relations between China and Sudan, which shows that China and Sudan are equal partners, and they make independent decisions to guard their national interests. As Mkumbwa Ally, deputy managing editor of the *Tanzania Standard Newspapers*, stated, “The cooperation between China and Africa including Tanzania is based on mutual benefit, that’s not the ‘power matters the most’ policy by some Western countries but the way to cooperate with others.”

“No political strings and noninterference in domestic affairs” has been an important principle of China’s diplomacy since the 1950s. Because China and the African countries had similar colonial experiences, they both put great emphasis on national sovereignty. To make a good decision, China always refers to the UN and African Union’s stances. More important, international affairs clearly demonstrate that external interference can seldom settle the problem, but in fact worsens the situation. As Deborah Bräutigam observed recently, “Where the West regularly changes its development advice, programs, and approach in Africa. . . . China does not claim it knows what Africa must do to develop. China has argued that it was wrong to impose political and economic conditionality in exchange for aid and that countries should be free to find their own pathway out of poverty. Mainstream economists in the West today are also questioning the value of many of the conditions imposed on aid over the past few decades.”<sup>8</sup>

China’s assistance policy also stresses self-reliance, as the result of China’s own development experience. With China’s help, Sudan has grown from a net oil importer to a net exporter. And the recent collaboration between China and Nigeria to launch a communications satellite, NigSat I, has been a groundbreaking project, whereby China has provided much of the technology necessary for launch and on-orbit service, and the training of Nigerian command and control operators. Whereas Nigeria has acquired satellite technology, China has also gained from the collaboration by burnishing its credentials as a reliable player in the international commercial satellite market.<sup>9</sup>

Western countries’ and multilateral donors’ aid does not work properly, a fact that was pointed out by New York University professor William Easterly’s work *White Man’s Burden: Why the West’s Efforts to Aid the Rest Have Done So Much Ill and So Little Good*, and ex-World Bank employee Robert Calderisi’s book *The Trouble with Africa: Why Foreign Aid Isn’t Working*. Dambisa Moyo, a Zambian scholar who also worked for the World Bank, has written a book titled *Dead Aid: Why Aid Is Not Working and How There Is Another Way for Africa*, which severely criticizes the aid regime. She terms aid a “silent killer of growth” and states that “Africa’s development impasse demands a new level of consciousness, a greater degree of innovation, and a generous dose of honesty about what works and what does not as far as development is concerned. And one thing is for sure, depending on aid has not worked.” She calls for a cessation of aid, yet in a chapter titled “The Chinese Are Our Friends,” she praises China’s way of offering development assistance to Africa.

Though China’s aid to Africa is not as large as those of the Western countries and multilateral donors, why is it effective? The reason, in my opinion, can be attributed to China’s foreign aid

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8. Deborah Bräutigam, *The Dragon’s Gift: The Real Story of China in Africa* (Oxford: Oxford University Press, 2009), 308.

9. “China LAUNCHED SATELLITE for Nigeria,” Xinhua, May 14, 2007.

philosophy, which regards the partner countries as equal and believes that aid should be mutually beneficial. China and Africa have both been colonized or semicolonized, experiences that have given them similar norms for conducting their international relations—mutual respect and an equal footing.

## A Brief History of China's Medical Cooperation in Africa

Generally speaking, China–African medical cooperation started in 1962. In July 1962, after the victory of the liberation movement and the withdrawal of French medical staff, the Algerian government called upon the international community for medical assistance. The Chinese government received the message through two channels—the Red Cross and the Algerian minister of health. In January 1963, China was the first to express its willingness to provide medical assistance to Algeria, marking the beginning of China's medical aid to other countries.<sup>10</sup> Since then, Hubei Province has been in charge of the dispatch of Chinese medical teams (CMTs) to Algeria. By 2006, Hubei had sent out more than 3,000 medical personnel and/or times to Algeria and Lesotho; the latter started to receive the CMTs in 1997.

The CMTs are organized so that one province provides teams for one or more African countries. During the 1960s, seven CMTs were sent to six African countries, including Somalia, Congo (Brazzaville), Mali, Mauritania, and Guinea, and two to Tanzania, Zanzibar, and Tanganyika respectively. During their visit to Algeria, Chinese premier Zhou Enlai and vice premier Chen Yi met the CMT members to offer encouragement. This assistance was met with great support from African countries, especially on the occasion of the United Nations General Assembly in 1971, when 26 African countries voted for the revival of the legitimate status of the People's Republic of China in the UN.<sup>11</sup>

For the past 48 years, China has fostered cooperation with Africa, dispatching CMTs to provide free medical services. In addition to CMTs, China has offered free facilities and medications, trained African medical personnel, and built hospitals in various African countries. As a unique program, CMTs have aroused interest from abroad. David H. Shinn, former U.S. ambassador to Ethiopia and Burkina Faso, once commented, “Chinese teams offer an array of medical specialties in addition to traditional medicine. The most recent team of 27 to arrive in Mauritania included specialists in scanning, orthopedics, epidemiology, gynecology, surgery, ophthalmology, water chemistry, bacteriology, and virology. They often serve in rural areas, something that many African doctors do with great reluctance.”<sup>12</sup>

Entering the twenty-first century, China has strengthened its international medical cooperation with Africa. Since 2002, more than 40 agreements have been signed. As of 2010, China had sent 21,000 CMT personnel and/or times to 69 countries, most of which are in Africa, and had

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10. “Chinese Medical Team Went to Algeria,” *People's Daily*, April 7, 1963.

11. For a more detailed history, see Li Anshan, *Chinese Medical Cooperation in Africa: With Special Emphasis on the Medical Teams and Anti-Malaria Campaign* (Uppsala: Nordic African Institute, 2011).

12. David H. Shinn, “Africa, China and Health Care,” *Inside Asia*, nos. 3–4 (October–December, 2006): 14–16. See also Drew Thompson, “China's Soft Power in Africa: From the ‘Beijing Consensus’ to Health Diplomacy,” *China Brief* 5, no. 21 (2005): 1–4.

treated 210 million patients.<sup>13</sup> Besides CMTs, China–African cooperation is expressed in other fields, such as the provision of medication and medical facilities, running training courses, and training African medical specialists in China. Most important, China has started to set up anti-malaria centers in African countries, as pledged by President Hu Jintao at the 2006 China–Africa Summit. As far as medical cooperation is concerned, CMTs have contributed a great deal to serving Africans, improving health systems, and raising the standard of local medical services in Africa.

## Forms of China–Africa Medical Cooperation

Generally, China–Africa medical cooperation takes the following forms: to serve Africans in a Chinese way, to improve the local medical system, to help raise local medical standards, to fight against malaria in Africa, and other forms. Here, each form can only be briefly described.

The first form is to serve Africans in a Chinese way. To serve the people is the fundamental goal of a public health system, to which Chinese doctors have tried their best to contribute. In Algeria, the CMT spread its 16 treatment stations to 21 provinces and cities, covering more than 10 medical specialties, and has become the largest and most influential one among CMTs in Africa.

The great advantage of CMTs is Chinese traditional medical treatment, particularly acupuncture. In Mali, where climate and living conditions cause many cases of rheumatism, arthritis, and psoriatic strain, acupuncture has proven to be an effective cure. The CMT in Niger treated 57,330 patients, 5,120 of whom were treated by acupuncture, including several government ministers. Chinese traditional medical treatment has also been popular in Tunisia, Cameroon, Benin, Sierra Leone, Tanzania, Mozambique, and other countries. In recognition of the humanitarian service of the CMTs, African governments awarded about 600 CMT members with various medals.

The second form is to improve the local medical system. To help improve local public health systems, China has cooperated with African countries in various ways, including building hospital and medical facilities, providing free medication, and transferring Chinese medical techniques. In the Republic of Congo, the hospital of gynecology and obstetrics was a small one in the 1960s. Now, with Chinese assistance—particularly with 23 Chinese doctors playing a significant role—it is the third largest comprehensive hospital in Brazzaville. Departments or specialties in acupuncture have appeared in Tunisia, Cameroon, Lesotho, Namibia, and Madagascar. This cooperation also promoted institutional innovation in Africa’s medical systems. The establishment of the Center of Acupuncture and Department of Acupuncture at Biserta Hospital in Tunisia is an example. And courses on acupuncture have been started in universities in various countries, including Conakry University in Guinea, Universidade Eduardo Mondlane in Mozambique, and the Madagascar State Public Health School.

The third form is to help raise local medical standards. Chinese doctors have also attempted to transfer medical techniques to local African doctors. When Chinese prime minister Zhou Enlai visited Zanzibar in 1965, he spoke to the CMT members, saying that “CMTs will sooner or later return back home. We should train Zanzibar doctors and help them to work independently. Therefore to leave a medical team which would never go away... Our assistance is to make the country

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13. Foreign Aid Division of the Ministry of Commerce, “Providing Sincere and Selfless Assistance to Promote the Construction of a Harmonious World,” *China Economic and Trade Herald*, issue 15, 2010.



able to stand up. Just like to build a bridge, so you can cross the river.”<sup>14</sup> CMTs usually help facilitate this knowledge transfer by offering free lectures, training courses, and operation-teaching. In Tanzania, to train local medical staffs in acupuncture, CMT members used their own bodies for the local doctors to practice on, directly teaching them to grasp the techniques. CMTs have also made the best use of local media to publicize medical knowledge. In Algeria, the CMT held more than 20 training courses, gave more than 30 lectures, and trained more than 300 personnel—who have since become the backbones of local medical institutions. The CMT’s service in Liberia, where the war resulted in many patients, was noticed by David H. Shinn, who stated, “China received praise in Liberia for its medical teams because they prioritize the transfer of knowledge and technology. They sent specialists and general practitioners, who upgraded and built the professional skills of local health workers. In the case of war-torn Liberia, this is a critical medical need.”<sup>15</sup>

The fourth form is to fight against malaria in Africa. To help Africans fight malaria, China has adopted several measures, such as dispatching CMTs, conducting training programs, providing free facilities and drugs, and building antimalaria centers. Antimalaria efforts are a major task for CMTs, which usually distribute free medicine to patients. Cotecxin—the most effective antimalaria drug produced in China—and acupuncture have enjoyed a great reputation in Africa. In certain areas, life habits and the abuse of medications have caused serious diseases. In Mali, where malaria is very common, people have to take quinine for treatment, and thus many suffer from limb hemiplegia caused by the overuse of quinine. Chinese acupuncture experts have cured these cases with silver needles, and CMTs have also compiled training booklets for local medical workers. China holds programs at home and in Africa to provide antimalaria training for African specialists and officials. In 2002, the Jiangsu Center for Verminosis Control and Prevention was designated as a base for international assistance. Since then, the center has run six programs for African medical staffs and officials, offering training to 169 officials and special technicians from 43 countries. In 2003, two antimalaria programs were run in Madagascar, Kenya, and Cameroon to train medical staffs from 35 African countries.

Implementing antimalaria projects has been another focus. In Moheli Island of Comoros, villages are seriously affected by malaria. In 2007, a joint project started between Moheli Island and China’s Guangzhou University of Traditional Chinese Medicine. To combat malaria, medicine is of vital importance. When a delegation of senior African government officials visited a Shanghai-based pharmaceutical company in 2005, they called on Chinese companies to set up branches in Africa for medicine production.

DihydroArtemisinin, or “Cotecxin,” was first developed by Beijing Holley-Cotec in 1993, and was approved by the World Health Organization as an effective antimalaria drug. In 1996, the Chinese Ministry of Health designated Cotecxin as the required medicine for the CMTs. Hence, it has been included many times with aid materials for Africa, by both the government and pharmaceutical companies. Another important measure is the establishment of antimalaria centers in Africa, a direct result of the 2006 China–Africa Summit.

Fifth and last are other forms of cooperation. Besides the above-mentioned forms, China is now one of the countries to dispatch soldiers to join UN peacekeeping forces in Africa. Some of the Chinese soldiers are medical doctors. Chinese civil society groups also take an active part in

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14. Jiangsu Provincial Health Bureau, ed., *Glorious Footprint: In Memory of Fortieth Anniversary of Jiangsu Province to Dispatch Medical Team Abroad* (Nanjing: Jiangsu Science and Technology Press, 2004), 3.

15. Shinn, “Africa, China and Health Care,” 15.



medical cooperation with Africa. For example, “China–African Brightness Action” is a project carried out by multilateral efforts. As the news media reported, the African initiative is part of the Journeys Bring Light Program of the National Organization for the Prevention of Blindness and Beijing Tongren Hospital, financed by companies such as Hainan Airlines in 2010, while the second one was co-organized in March 2011 by the National Committee of Blindness Prevention, China Association for Promoting Democracy, Chinese People’s Association for Friendship with Foreign Countries, HNA Group Co. Ltd., Anhui Foreign Economic Construction (Group), and Beijing Tongren Hospital.<sup>16</sup>

## Questions Concerning Possible Trilateral Cooperation

Three key questions concerning the essence of cooperation and aid must be addressed before the United States and China can move forward on truly effective health aid cooperation vis-à-vis African countries.

### Question One: Should We Provide Our Help to African Countries with Aid Conditions?

As we know, the United States has its own policy regarding its relations with Africa. Different from China’s above-mentioned concepts and principles, the United States places great emphasis on conditionality in terms of aid. For example, in order to contribute to global development, the U.S. Millennium Challenge Corporation offers financial aid to developing countries with certain conditions. There are selection criteria, which include 17 indicators.<sup>17</sup> Only those countries that meet these criteria are qualified to receive aid. I sometimes ask my U.S. colleagues, “If any country can meet your conditions, does it really need aid?” If the criteria are the preconditions, the cooperation can hardly go on to next step.

### Question Two: Can We Decide the Issue for Africans?

In May 2011, three of my graduate students went to the International Poverty Reduction Center in China to attend a seminar titled “To Promote African Development through Agriculture and Social Protection,” given by officials and experts from the U.S. government, USAID, and a British consultant agency. Four topics covered different aspects of African food security, hunger, development, and guarantees of the provision of food in the future. Two of my students are Africans, who complained that despite the interesting content of the discussion, there were no other Africans present when this discussion on assistance to Africa took place. This situation is by no means unique. I have attended some of the workshops with the same peculiar characteristic: talking about important African issues without the participation of Africans. The key question lies in whether we can decide the issue for others.

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16. Huang Yiming, “Seeing eye to eye,” [http://www.chinadaily.com.cn/life/2010-12/08/content\\_11668467.htm](http://www.chinadaily.com.cn/life/2010-12/08/content_11668467.htm); “2011 China-Africa Brightness Action Launched in Beijing,” <http://biz.yahoo.com/prnews/110318/cn67615.html?v=1>.

17. For the Millennium Challenge Corporation indicators, see <http://www.mcc.gov/pages/selection/indicators>.

### Question Three: Can We Decide What Africans Need?

Recently, two officials of the Department of West Asia and Africa of the U.S. Department of Commerce visited our center to discuss China–African relations. One of them, Mr. Chen, told me a story offered by a World Bank official who exchanged views with him. The World Bank official asked him, “Do you know why you Chinese are more successful in the aid issue?” The answer was negative. Then the World Bank official explained, “Let me tell you why. It’s just because we know what aid we can provide in Africa while you do not know. Since you are not clear, you ask the Africans about this and they told you what they exactly need. That is the reason you are more successful.” Can we decide what others need? This is another key question.

These three questions bring us back to the concrete issue—How could the United States and China launch a pilot project in Africa without Africans’ knowledge and participation?

### How Should We Begin Trilateral Cooperation?

With China’s rapid economic growth, the cooperation between China and Africa has been strengthened. Chinese officials have promised to expand medical cooperation with developing countries, including those in Africa, on multiple occasions. The United States has a long history of providing aid to Africa, and has continued to deepen its engagement in Africa, including in the public health sector. Now, more than ever, there exists the possibility for cooperation. To take advantage of these advantageous global trends, I recommend the following steps toward establishing a fruitful trilateral relationship.

First, an agreement on understanding “cooperation” in Chinese terms, and “aid” in U.S. terms, is vitally important in the cooperation process. As mentioned above, China has its own philosophy of cooperation, as does the United States. China espouses a form of cooperation in which no conditional strings are attached, whereas the United States makes conditionality a strong component of its aid programs. What should both sides do vis-à-vis cooperation given their different philosophies? This problem must be addressed first.

Second, a proper project must be chosen. Once the agreement is reached, there are numerous ongoing development projects in Africa—some are successful, and some not. Some are beneficial toward ordinary Africans, and some not necessarily so. In my view, the Bring Brightness to Africa initiative, which brings cataract extraction surgery to populations in need, might be a good potential pilot project, because it is popular and can directly serve ordinary people. Just think: In Malawi alone, 70,000 people are blinded by cataracts. More important, Chinese doctors have had good experiences and done this project successfully twice in African countries.

Third, choose an African country as a partner. Because China and the United States have different views on many issues, they accordingly have different relations with African countries. On the whole, China has fairly good relations with all African countries except the few without diplomatic relations with China. The selected African country should be one that maintains good relations with both China and the United States. And only if the pilot project is first requested and then agreed to by the country can it get started. Obviously, no project can be successful without the host country’s complete cooperation.

Fourth, the countries involved must devise a clear division of responsibilities and ownership for the pilot project. There are several ways to do this. Under the government’s guidance, the

ministry in charge of the medical issues or cooperation takes the responsibility for organizing and implementing the project. This is a government's sponsored project. The second way is that nongovernmental organizations (NGOs) or government-organized NGOs (GONGOs) could take charge of this and decide the issue step by step. The government could arrange for an NGO or GONGO to carry out the project. However, what I suggest is the third way, which may be a good way to start once we have settled the "how could" issue: Both the government's efforts and civil society's participation should be combined.



## APPENDIX

# LIST OF CONFERENCE PARTICIPANTS

The following people participated in the Conference on China's Emerging Global Health and Foreign Aid Engagement, sponsored by CSIS and the China Institute of International Studies (CIIS), on May 24, 2011, at CIIS in Beijing.

### Chinese Participants

Chen Xulong  
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## ABOUT THE CONTRIBUTORS

**Xiaoqing Lu Boynton** is a fellow with the Freeman Chair in China Studies at CSIS, where she works on projects related to China's domestic socioeconomic transformation. Her research interests include China's public health challenges, health diplomacy, environment and climate change, civil society development, and current trends in United States–China relations. She is the coauthor of several CSIS reports, including *China's Health amidst the Global Economic Crisis: Potential Effects and Challenges* (October 2009); *Assessing Chinese Government Response to the Challenge of Environment and Health* (July 2008); and *China's Civil Society Organizations: What Future in the Health Sector* (November 2007); as well as editor of *China's Capacity to Manage Infectious Diseases* (April 2009). She has also written articles on nontraditional security threats in China's environment and health sectors for the *South China Morning Post*, *China Environment Series*, and *Global AIDSLink*. Before joining CSIS, she worked with the Woodrow Wilson International Center for Scholars in Washington. She received an MA in sustainable international development from Brandeis University and a BA in international economics and trade from Beijing Second Foreign Language University. Before attending graduate school, she worked as a program assistant for the American Bar Association's Asia Law Initiative in Beijing. She is fluent in English and Chinese.

**Deborah Bräutigam** has been writing about China and Africa, state-building, development strategies, governance and foreign aid for almost 30 years. Currently professor of international development at American University's School of International Service, professor II at the University of Bergen, Norway, and visiting senior research fellow at the International Food Policy Research Institute, she is the author of several books, including *The Dragon's Gift: The Real Story of China in Africa* (Oxford University Press, 2009, 2011), and over 60 scholarly articles, book chapters, and commentaries for the general public.

**Chen Xulong** has been a research fellow at the China Institute of International Studies since 2001, and is now deputy director of the Department of International and Strategic Studies. He is also council member of the United Nations Association of China. He specializes in Chinese foreign policy, UN reform, regional security cooperation, and multilateral diplomacy. He was a guest researcher at the Stockholm International Peace Research Institute in 2004, working on the "Relevance of the Organization for Security and Cooperation in Europe to Asia and Pacific."

**Charles W. Freeman III** is a nonresident senior adviser for economic and trade affairs at CSIS. Previously, he held the CSIS Freeman Chair in China Studies. A second-generation "China hand," he has lived and worked between Asia and the United States for his entire life. During his government career, he served as assistant U.S. trade representative (USTR) for China affairs. In this



capacity, he was the United States' chief China trade negotiator and played a primary role in shaping overall trade policy with respect to China, Taiwan, Hong Kong, Macao, and Mongolia. During his tenure as assistant USTR, he oversaw U.S. efforts to integrate China into the global trading architecture of the World Trade Organization. Earlier in his government career, he served as legislative counsel for international affairs in the Senate. Outside government, as a lawyer and business adviser, he has counseled corporations and financial institutions on strategic planning, government relations, market access, mergers and acquisitions, corporate communication, and political and economic risk management in China. He is currently a senior adviser to McLarty Associates, the global strategic advisory firm based in Washington, and serves on the boards of directors of the National Committee of U.S.-China Relations and the Harding-Loevner emerging market fund group. He received his JD from the Boston University School of Law, where he was an editor of the *Law Review* and graduated with honors. He received a BA from Tufts University in Asian studies, concentrating in economics, also with honors. He also studied Chinese economic policymaking at Fudan University in Shanghai and Mandarin Chinese at the Taipei Language Institute.

**Yanzhong Huang** is senior fellow for global health at the Council on Foreign Relations. He has written extensively on global health governance, health diplomacy, health security, and public health in China and East Asia. His forthcoming book looks at health governance issues in contemporary China, including health care reform, government capacity to address disease outbreaks, and food and drug safety. He is a research associate of the National Asia Research Program at the National Bureau of Asian Research and the Woodrow Wilson International Center for Scholars, and a research associate at the East Asian Institute of the National University of Singapore. He is also the founding editor of *Global Health Governance: The Scholarly Journal for the New Health Security Paradigm* and serves on the editorial boards of several journals. He is an associate professor and director for global health studies at the John C. Whitehead School of Diplomacy and International Relations at Seton Hall University, where he developed the first academic concentration among U.S. professional schools of international affairs that explicitly addresses the security and foreign policy aspects of health issues. In addition, he is frequently consulted by major media outlets, the private sector, and governmental and nongovernmental organizations on global health issues. He is a term member of the Council on Foreign Relations, an associate fellow of the Asia Society, and a fellow of the Public Intellectuals Program of the National Committee on U.S.-China Relations. He also serves on the advisory boards of Frontier Strategy Group and China Global Fund Watch Initiative. He has taught at Barnard College and Columbia University. He has been a visiting senior research fellow at the National University of Singapore and a visiting fellow at CSIS. He received his PhD from the University of Chicago.

**Li Anshan** is a professor in the School of International Studies at Peking University. His publications include articles in Chinese academic journals and the *International Journal of African Historical Studies*, *African Studies Review*, *Journal of Religious History*, and the like, as well as books including *A History of Chinese Overseas in Africa* (Beijing, 2000); *British Rule and Rural Protest in Southern Ghana* (Peter Lang, 2002); *Studies on African Nationalism* (Beijing, 2004); and *The Social History of Chinese Overseas in Africa: Selected Documents, 1800–2005* (Hong Kong, 2006). His interests cover China–African relations, African history, colonialism, Chinese overseas, comparative nationalism, and development studies. He received an MA from the Chinese Academy of Social Sciences and a PhD in history from the University of Toronto. He is currently vice president

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**Liu Youfa** is the vice president of the China Institute of International Studies. He joined the Ministry of Foreign Affairs of China in 1980, and was posted to the Chinese embassies in Australia (1988–1989), Papua New Guinea (1989–1993), Tanzania (1999–2001), Ethiopia (2001–2005), and the United States (2003–2007). He is currently a visiting research fellow at Fudan University. He has published extensively on international trade and the world economy. He graduated from Beijing Languages University, where he majored in English, and from Brigham Young University–Hawaii, with a BA in history and government. His educational background also includes receiving an MA and a PhD in economics from Nankai University.

**David H. Shinn**, the former U.S. ambassador to Ethiopia and Burkina Faso, is an adjunct professor of international affairs at the Elliott School of International Affairs of George Washington University, where he has taught since 2001. He served for thirty-seven years in the U.S. Foreign Service, with assignments at the embassies in Lebanon, Kenya, Tanzania, Mauritania, Cameroon, and Sudan, in addition to his ambassadorships. He also serves on a number of boards of non-governmental organizations. As an expert on the Horn of Africa, he speaks at events around the world. He is the coauthor of *An Historical Dictionary of Ethiopia* and has written numerous articles and book chapters. He is working on a book on China–Africa relations. His research interests include China–Africa relations, East Africa and the Horn, terrorism, Islamic fundamentalism, conflict situations, U.S. policy in Africa, and the African brain drain. He received his BA, MA, and PhD from George Washington University, and a certificate in African studies from Northwestern University.





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