

China's Health Diplomacy to Strengthen Ties with Africa

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Abstract—The outbreak of COVID-19 epidemic has caused great difficulties for South-South cooperation, but there are also opportunities. China's health diplomacy has changed from dispatching medical teams, assisting in the construction of hospitals, and to encouraging medical investment in the Africa health sector. This paper adopted a retrospective review of China's health statecraft in Africa from 1963 to 2020. Findings suggested that China has a preference for aiding Africa health infrastructure and sending medical teams to African countries and it is both socially and financially sustainable. China's health diplomacy in Africa is a success and has established secure diplomatic relations with African countries, thanks to the medical and health assistance to Africa over 60 years. This research contributes to the literature of health diplomacy and indicates that China's health aid has fostered cooperation at the medical and diplomatic levels.

Keywords—Africa, bilateral relations, China's Health Diplomacy, COVID-19.

I. INTRODUCTION

SINCE the founding of New China, China-Africa bilateral relations have occupied an important position in China's public diplomacy. China and Africa have developed friendly political relations that are mutually beneficial and win-win. In the context of China's rapid economic development, it is of great significance to strengthen and further develop bilateral relations and provide further medical assistance to Africa. Since China dispatched the initial therapeutic team to People's Democratic Republic of Algeria in 1963, China has continued to provide medical assistance to Africa for more than 50 years. The assistance package for Africa includes communication between medical staff of both sides, medical team dispatch, personnel training, hospital construction, free medicines and medical equipment, etc. These efforts have improved the level of medical care in Africa, alleviated the suffering of the African people, and won the recognition of the African people.

It has been 50 years since China dispatched the initial therapeutic team to People's Democratic Republic of Algeria, Africa. The medical team has been a significant tool of China's aid and promotes the cordial relationships between the two sovereign states. Amid rapid changes in the international political environment coupled with the rise of China, China's current therapeutic aid to Africa has been integrated into the philanthropy of state-owned enterprises. The reason for investigating this topic is to analyze China's strategic evolution from dispatching medical teams and providing medical

facilities to overseas medical investment. Through secondary data collection, this study presents medical team dispatch, the combination of medical team dispatch and assistance in hospital construction, and medical investment, and discusses which method will produce economic sustainability and social impact.

A. Aim

This paper aims at analyzing Chinese medical assistance to Africa, in addition to presenting medical team dispatch, the combination of medical team dispatch and assistance in hospital construction, and medical investment, and discusses which method will produce economic sustainability and social impact.

II. METHODS

This study employed a retrospective case study that integrates and compares evidence pertaining to the Chinese assistance to Africa, in particular presenting medical team dispatch, the combination of medical team dispatch and assistance in hospital construction, and medical investment, and discussed which method will produce economic sustainability and social impact. With the use of retrospective review methods when assessing the available evidence, prejudice can be reduced and therefore provides dependable findings from which inference can be drawn and best practices can be identified.

III. RESULTS

A. A Brief Historical Background from the Government's Dispatch of Medical Teams to Medical and Health Investment

The People's Republic of China was established in 1949. In 1950, the First National Health Congress of the People's Republic of China proposed four principles for forming the national health policies: medicine is aiming to serve workers, agricultural workers and servicemen; preventive medicine should form the basis of medical care; there should be integration of Chinese and Western medicine; health interventions should be provided for most public health initiatives. Therefore, under the guidance of these four principles, community-based primary health care is almost universally provided. Vaccination programs, eradication of schistosomiasis and plagues and diseases, and shutdown of houses of prostitution have led to a significant reduction in infectious diseases and improved public health [1].

Under the guidance of domestic policies, health diplomacy played an important role in the country's bilateral foreign policy

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agenda in the 1960s, when China was still in a state of isolation in the international arena, such as being excluded from multilateral forums such as the United Nations and the World Health Organization. The World Health Organization was established in 1948, and until 1972, the organization recognized Taiwan as the sole authority in China [4]. China's rift with the Soviet Union and the United States in the 1940s and 1950s led to the seclusion of China in world politics. By 1961, the governmental relations between China and the Soviet Union deteriorated due to ideological differences. Both the Soviet Union and the United States were independently developing deeper relations with India and Africa to contain the international influence of China in the 1960s [5]. China has competed with U.S. imperialism and Soviet revisionism and hopes to win the support of Africa in terms of political goals. In 1964, former Chinese President Zhou Enlai explained that assisting countries in Asia and Africa was extremely important to Chinese people to compete for the middle ground with U.S. imperialism and Soviet revisionism. That is an important step. It is practical assistance. Practical assistance to Africa can accomplish the political goals of winning African support [2].

In the 1960s, China opposed two forces: the United States and the Soviet Union [3]. At this time, China was suffering from the negative impact of the severe domestic economic damage from 1958 to 1960. Industrial and agricultural reforms led to fierce domestic struggles and famines. Between 20-50 million people died of hunger [1]. In the domestic political and economic struggle, China responded to the freshly sovereign People's Democratic Republic of Algeria's plead for international assistance to strengthen its health system, and conducted the first global health diplomacy with Algeria in Africa. From 1949 to 1978, China's health assistance was a tool to achieve China's foreign policy goals [4]. China's health diplomacy also helps to ensure international acceptance of the People's Republic of China as the sole authority in China. With post-colonial African countries occupying about 30% of the votes in the United Nations, China's assistance to Africa in the 1960s and 1970s strengthened African countries' support for China's international recognition instead of Taiwan [5]. In 1971, 26 African countries successfully voted to recognize the People's Republic of China as the sole authority in China in the United Nations General Assembly, enabling China to play an up to date role in multifaceted world medical statecraft [5].

From 1948 to 1979, China's health assistance was dedicated to strengthening the health systems of African countries, including access to medicines, hospitals, and infrastructure [6]. China tends to provide in-kind assistance to the government, including human resources, machinery, and operational support. This type of assistance in kind reflects China's finite capital after the Great Leap Forward. It is better for China to dispatch medical teams and equipment to Africa than monetary aid. These therapeutic groups treat African patients, build sustainable local capacity, train medical staff, and assist in the construction of hospitals. During his visit to Zanzibar in 1965, President Zhou Enlai emphasized that it is necessary to teach domestic doctors in order that after the Chinese therapeutic team leaves, the trained African doctors will be able to aid the

emancipation of the people in Africa [7].

In the 1980s, the Chinese government incorporated foreign aid into its national economic development strategy, focusing on the unification of foreign aid and national economic interests. During this period, a large number of overseas medical aids have emerged, helping the Gambia and Central African countries to build general hospitals, maternity and children's hospitals, health centers and other related infrastructure. In the 1990s, the improvement of the domestic economy and the surplus of savings and foreign exchange reserves promoted overseas investment. Correspondingly, China provided all-round medical assistance to African countries and built more than 20 medical infrastructures. This kind of assistance laid the foundation for the organization of the China-Africa Forum [8].

In 2000, China and Africa launched the China-Africa Forum. Medical assistance continues to expand and deepen. At the 2006 forum, China announced that it would help Africa build more than 30 hospitals, 30 anti-malarial centers, and provide 300 million Yuan financial aid to Africa. In 2000, the country introduced the "Going Global" strategy, focusing on increasing China's foreign direct investment, improving product categories, raising product grades and standards, and enhancing the brand awareness of Chinese products in the international market. In this context, many state-owned enterprises have gone out to offer therapeutic aid to the countries in Africa. In addition to providing medical consumables, facilities and convenience facilities, they also help them build hospitals and clinics [8].

B. Sending Medical Teams to Africa

China's therapeutic aid to African countries began with the dispatch of therapeutic teams. After the end of the Cold War, Both New China and the newly independent African countries are seeking common progress. China's therapeutic aid to African countries began in April 1963, sending the earliest therapeutic group to People's Democratic Republic of Algeria. Thenceforth, Hubei Province has been responsible for sending Chinese medical teams to People's Democratic Republic of Algeria [9]. Until 2006, Hubei has already dispatched more than 3,000 professional doctors and nurses to Algeria and Lesotho. Lesotho began to receive Chinese medical teams in 1997 [9].

In the 1970s, the number of therapeutic aid groups from China to African countries increased significantly. The 1970s witnessed the coming of Chinese therapeutic aid groups in 22 countries [9]. From 1979 to 1980, China did not send a Chinese medical team to Africa [9]. Whether it is the international situation or strategic planning, this is an important period of China's transformation [9]. China regards peace and development as its political theme; however, the tactical strategy has shifted to domestic economy reformation [9]. From 1979 to 1982, Sino-African relations slowed down and the tally of Chinese therapeutic groups sent to African countries decreased [9]. In the 1980s, China kept sending medical teams to countries in Africa such as Botswana, Djibouti, Rwanda, Zimbabwe, Uganda, Libya, Cape Verde, Liberia, Burundi, and Seychelles [9]. China began to provide Chinese medical teams

to Angola and Ghana in 2009 [9].

According to Chen's 2008 data [9], there are 7,400 Chinese medical team members in Africa, and they have cured 7.5 million sick people in different nations. By 2003, the number of Chinese medical teams had reached 18,000, present in 65 countries in Asia, Africa, Latin America, Europe and Oceania. According to data from the Department of International Cooperation of the Ministry of Health in 2003, about 19,000 people were sent to 65 different countries and 240 million patients were treated in 2006 [10]. A 2007 report from Peking University's medical department stated that China currently has 47 Chinese medical teams in 45 countries, serving 122 hospitals and 1,235 members. Therefore, in the preceding 50 years, more than 20,000 Chinese medical team personnel would have worked abroad and cured 240 million outpatients worldwide [10].

China has strengthened its medical and health services in Africa [10]. From 2015 to 2019, China sent a total of 202 batches of 3588 foreign aid medical team members, diagnosed and treated 11 million patients, taught and trained local medical staff, carried out free clinics, contributed drugs and machinery, etc., and more than 1,500 people received awards from relevant countries [9]. Chinese medical team members received Presidential Medal and other honors, and a Chinese medical

worker gave his precious life to foreign aid medical work [9]. In addition, China has dispatched teams of near-term physicians to carry out specialized operations, and carried out 42 cataract surgeries in 25 countries [11], including Botswana, Eritrea, Morocco, Ghana, Bahamas, Maldives, Antigua and Barbuda, as well as carried out the "Bright Action" activities [11]. In Ghana, Tanzania, and other countries, 170 "caring" heart surgery operations have been performed [11].

C. Dispatching Medical Teams and Assistance in Hospital Construction

China and Africa started medical cooperation in the 1960s. In 1963, the newly formed Algeria called for international medical support [11]. In response, the Chinese government sent a 24-person medical team from Hubei to Algeria, which marked the beginning of assistance to African countries [11]. Since then, in 2000, the China-Africa Cooperation Forum was established and held every three years. From the time of the setup of the Forum on China-Africa Cooperation, China and Africa have opened a path to institutionalize medical assistance in Africa. At each meeting, many measures have been taken to assist African medical care and promote bilateral medical cooperation [11].

TABLE I
 MAIN COOPERATION MEASURES OF THE FORUM ON CHINA-AFRICA COOPERATION [11]

Forum	Main cooperation measures
2000	1. China dispatched medical teams to Africa; 2. Provided medical equipment and medicines to Africa; 3. Promoted cooperation in non-Chinese medicine; 4. Carried out cooperation in infectious diseases to reduce infant and maternal mortality; 4. Strengthened medical workers in Africa training.
2003	1. China continued to send medical teams to Africa; 2. Strengthened bilateral cooperation in handling medical emergencies and eliminating infectious diseases; 3. Continued to provide medicines, medical equipment and medical consumables; 4. Trained African medical workers to provide them.
2006	1. Assisted in the construction of 30 hospitals and 30 anti-malarial centers and donated 300 million yuan of anti-malarial drugs; 2. Continued to send medical teams to Africa; 3. Continued to offer drugs and pharmaceutical consumables to Africa; 4. Assisted countries in Africa in establishing as well as improving medical facilities; 5. Continued to train African medical workers.
2009	1. Strengthened bilateral communication and cooperation on public health emergencies to forestall the advance of major infections such as AIDS, malaria, tuberculosis, avian influenza, and H1N1 influenza; 2. Supported 30 Chinese-sponsored hospitals and 30 Chinese-assisted anti-malarial centers in Africa. Provided more than RMB 500 million in medical consumables and anti-infectious disease materials; 3. Trained medical technicians of the anti-malarial center to assist in the sustainable development of the anti-malarial center; 4. Trained 3,000 doctors, nurses and administrators for Africa within 3 years.
2012	1. Expanded bilateral cooperation in the fight against AIDS, malaria, and tuberculosis; 2. Strengthened bilateral communication on port infection control, health personnel training, perinatal and adolescent health care, medical infrastructure construction, as well as epidemiology policies; 3. Supported China's construction of medical facilities in Africa, Improved the modernization of hospitals and laboratories to achieve sustainable development; 4. Continued to train African doctors, nurses, public health workers and managers; 5. Provided free medical care for African cataract patients; 6. Chinese medical teams continued to work in Africa, Sent 1,500 medical team members to Africa within 3 years.
2015	1. Supported the reconstruction of public health in Ebola-infected areas; 2. Assisted in the establishment of the African Union Center for Disease Control and supported a sound public health system and policies in Africa; 3. Continued to improve the construction of African health infrastructure, and supported 20 Chinese and African hospitals to carry out demonstrations work; 4. Continued to send Chinese medical teams and short-term medical professional teams to continue to provide free medical treatment and maternal and child health support activities for African cataract patients; 5. Encouraged Chinese pharmaceutical companies to invest in Africa and encouraged Chinese pharmaceutical companies to cooperate with African companies to build in Africa Joint venture hospitals; 6. Established a high-level dialogue mechanism in the health sector between China and Africa.
2018	1. China continued to upgrade 50 medical and health projects in Africa, with a focus on assisting the setup of the African Centers for Disease Control and Prevention Headquarters and China-Africa Friendship Hospital; 2. Strengthened public health dialogue and information exchange and cooperation, and carried out China-Africa safeguard and care of recurrent infections and AIDS. Cooperation with malaria; 3. Trained more African specialists; 4. Continued to send and improved the dispatch of Chinese aid medical teams to Africa; 5. Launched medical projects such as Bright Walk, Love Walk, Smile Walk, etc.; 6. Implemented targeting the disadvantaged Group maternal and child health care plan.

Under the guidance of the China-Africa Forum, China and Africa have carried out close cooperation. The most important thing is to send Chinese medical teams and short-term expert teams to Africa. Second is to assist in the construction of various medical facilities and infrastructure in Africa, including hospitals, specialist hospitals, health centers, and anti-malarial centers. After the 2006 China-Africa Forum, China began to

vigorously assist Africa in the development of medical infrastructure. As of November 2020, China has established more than 130 medical institutions in Africa. China has established a major disease treatment center, a heart center, a Chinese medicine center, a minimally invasive surgery center, an ophthalmology center, a urology center, a trauma treatment center, and a maternal and child health center. Third, China

provided Africa with medicine, medical equipment and consumables. The 2006 China-Africa Forum, China pledged to donate 300 million yuan of anti-malaria drugs to Africa. At the 2006 China-Africa Forum, China pledged to donate 300 million yuan of anti-malaria drugs to Africa. At the 2009 China-Africa Forum, China pledged to donate 500 million yuan of pharmaceutical machinery and anti-malarial consumables to clinics built by China in Africa. At the 2012 China-Africa Forum, China planned to modernize and upgrade the laboratories of African hospitals built by China. Fourth, China provided training for African doctors, nurses, health care workers, and managers. The training includes providing scholarships to African health care professionals and professionals to come to China for short-term study to ensure the sustainable development of African hospitals built in China [12].

Improve basic medical and health capabilities: The construction of more than 50 medical and health infrastructure projects in Congo (Brazzaville), Rwanda, Zimbabwe, Cambodia, Kyrgyzstan and other countries has played an active role in safeguarding people's health and cultivating medical talents. Providing medical equipment, medicines and medical consumables to relevant countries has alleviated the shortage of medical resources. Through the counterpart cooperation of medical institutions, China have helped more than 20 countries to build the capacity of professional departments. China helped Trinidad and Tobago set up micro-neurosurgery and endoscopic neurosurgery, and set a precedent for minimally invasive surgery in the Dominica medical team, brought advanced concepts to the local area, and filled a number of medical technology gaps in the Caribbean [13].

D. Medical Investment and Other Methods [14]

Compared with China's health aid with about 60 years of experience, China's medical investment cooperation in Africa has been much shorter, starting in the mid-1990s.

China's medical investment in Africa is still in its infancy. The predecessor of the Chinese pharmaceutical company's first medical investment project in Africa was "Shanghai Sudan Pharmaceutical Co., Ltd." (SSPC). The company (CMS) was established in Khartoum, Sudan.

China's medical investment has not yet established itself in the mainstream pharmaceutical market in Africa. So far, a total of five Chinese pharmaceutical companies have invested in six pharmaceutical factories, covering six African countries, namely Sudan, Côte d' Ivoire, Ghana, Nigeria, Madagascar and Mali. In addition to Nigeria, the other five African countries have relatively small national economies and backward industrial systems as compared with the main pharmaceutical production in Africa, South Africa, Egypt, Morocco, Kenya and other countries. The scale of pharmaceutical production enterprises is small, and the production of pharmaceutical formulations is very simple. In addition, apart from Madagascar Pharmaceutical Co., Ltd. and Shanghai-Sudan Pharmaceuticals, the remaining Chinese pharmaceutical companies are located in West African countries, including Ghana, Mali, Côte d' Ivoire and Nigeria.

In West Africa, there are generally outdated infrastructure, lack of supporting industries, and undeveloped markets. The reason why Chinese companies decide to invest in West African pharmaceutical projects can be attributed to the following factors: First, China sees the investment gap in West Africa as an investment opportunity. Despite the huge basic demand for pharmaceutical products, West African countries have been ignored by the low profit margins of healthcare investors in Europe, the United States and even India. This has left an investment gap for Chinese companies. Second, China's advantage in producing general medicines such as antimalarial drugs, antibiotics, syrups, and infusions meets the urgent needs of West African countries. China's advanced production technology and low-cost drugs are attractive to the West African market. Third, Chinese pharmaceutical companies hope to use the West African Economic Community drug registration system and short-distance transportation advantages to reach the entire West Africa region.

In summary, China's current pharmaceutical investment in Africa is neither in the mainstream market nor in the key areas of African pharmaceutical production. Apart from this, there is no merger and acquisition investment by China in large African healthcare companies. This reveals the fact that China's medical investment in Africa is still in its infancy and is now in the exploratory stage.

China's main healthcare investors in Africa are large state-owned pharmaceutical companies, enterprises and overseas engineering companies. There are two main types of markets for Chinese companies investing in African healthcare: One is large pharmaceutical groups, such as Shanghai Pharmaceutical Co., Ltd., Yuekang Pharmaceutical, and Human Welfare Co., Ltd. (Renfu Medicine). For those large companies, going global is regarded as an important step in the strategy of "going global." However, the overall pace of Chinese pharmaceutical companies' investment in Africa is still very slow. This is mainly affected by the following factors: First, the incentives and motivation of Chinese pharmaceutical companies to invest in Africa are insufficient, especially when compared with China's huge domestic pharmaceutical market. Secondly, it is difficult to form a large-scale production of medicines in Africa, because most African countries have small populations and small market scales. This makes it difficult to invest profitably in the near term. When deciding where to invest, Europe and the United States, with mature market economies and mature regulations, these are more popular investment destinations than Africa. The establishment of pharmaceutical factories in Africa requires a supporting industrial chain, but it is still lacking in Africa. This explains why Chinese pharmaceutical companies prefer to export medicines instead of building pharmaceutical factories.

The second type of Chinese companies investing in health care has focused on investing in large-scale overseas engineering companies in the African pharmaceutical industry, and has accumulated experience and knowledge in African countries that have contracted projects for many years. For example, China Overseas Engineering Co., Ltd. invested in two pharmaceutical companies Diwa and Madagascar in Kote. The

long-term overseas operations and project construction resources of those engineering companies that have accumulated social experience have identified investment opportunities in the African pharmaceutical industry to invest in small and medium-sized pharmaceutical factories. However, there are some restrictions on engineering companies investing in the pharmaceutical industry. On the one hand, capital is limited. The pharmaceutical industry is capital and technology intensive, especially the capital demand delivery and logistics chain for high-standard modern investment is huge. Without sufficient financial support, engineering companies can only invest in small and medium pharmaceutical companies, and it is difficult to expand in African countries. On the other hand, the sustainability of the pharmaceutical factories invested by engineering companies is questionable. Although engineering companies have advantages in infrastructure construction, they are not specialized in other processes in the pharmaceutical industry, for example, high quality control, certification, market channels, distribution, research and sales. Therefore, it is difficult for engineering companies to invest in the medical field. The sustainable development of the project is difficult to achieve.

IV. CONCLUSION

Through secondary data collection, this study discusses medical team dispatch, the combination of medical team dispatch and assistance in hospital construction, and medical investment, and evaluates which method will produce economic sustainability and social impact. In general, there are differences in the social and economic effects of the three aid methods. Although the dispatch of Chinese medical teams is labor intensive, the effect is remarkable. Over the years, thousands of patients have been cured in Africa. It is of high social significance and has been recognized by the society of the recipient countries. Economically speaking, because it is labor-intensive, in addition to investing in human capital, the cost of medical teams to aid Africa is also very small. The second method is to dispatch a Chinese therapeutic group to assist in the construction of hospitals in Africa.

Economically speaking, this operation requires the provision of basic infrastructure support and related medical consumables and convenience facilities, as well as the training of medical professionals. All these factors promote the smooth operation of the hospital. Therefore, in terms of hospital operation, it is highly economically sustainable and has a high social influence in the recipient country. The third method of medical investment involves the establishment of pharmaceutical manufacturing plants in Africa.

In short, the second method, dispatching Chinese medical teams to assist hospitals in building and providing basic facilities, is the most economically sustainable one and has a great social impact.

Overall, the first method is to dispatch a Chinese team, which has a large social impact and labor-intensive economic function. The third method is that Chinese medicines are unpopular in Africa and have a low return on investment. Medical investment to build pharmaceutical factories is the

most economically unsustainable and has low social influence.

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