

DISCUSSION PAPER 52

CHINESE MEDICAL COOPERATION IN AFRICA

With Special Emphasis on the
Medical Teams and Anti-Malaria Campaign

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Preface

This discussion paper on '*Chinese Medical Cooperation in Africa*' is the first in a series of research reports that the Nordic Africa Institute (NAI) will publish jointly with the Centre for African Studies at Peking University in Beijing, China. As part of its expanding research portfolio on China-Africa relations, the NAI has entered into a long-term research collaboration and scholarly exchange agreement with Peking University's Centre of African Studies, which is under the leadership of Professor Li Anshan. The research cooperation agreement covers the following areas:

- Regular scholarly exchange between NAI and Peking University
- Support for African students completing their PhD studies in the social sciences at Peking University, with a short thesis-writing visit to NAI
- Joint publication of discussion papers and policy notes, particularly manuscripts produced jointly by African PhD candidates and Chinese postgraduate students at Peking University
- Short teaching visits to Peking University by NAI researchers working on China-Africa relations, and
- Joint organization of workshops and conferences.

Based on its proven track record as a centre of research on Africa and its standing as an autonomous space for facilitating and convening high level meetings and policy dialogue, the Nordic Africa Institute can, by working together with one of China's premier institutions of higher learning, Peking University, build the strength of both institutions to deliver high quality research and policy advice. NAI can also offer capacity building in research on African studies to Peking University.

We invite researchers and policymakers interested in China-Africa relations to visit our website regularly for the latest news and publications coming out of this collaborative initiative between Peking University and the Nordic Africa Institute.

Professor Fantu Cheru
Research Director and Coordinator of the Research Cluster on Globalization,
Trade and Regional Integration
The Nordic Africa Institute

Introduction

Medical cooperation between China and Africa started as early as 1963 when China sent its first medical team to Algeria. With the increase in China's power and the implementation of the "going-out" strategy, China's policy towards Africa became the focus of the international community, while for China, South-South cooperation became more significant. Typical of South-South cooperation is medical cooperation, which is an important part of China's ODA. This includes Chinese medical teams (hereafter CMT),¹ the anti-malaria campaign, training African medical personnel, China-supported medications, facilities and hospitals in Africa, and Chinese medical cooperation with WHO and other international institutions in Africa. While medical cooperation in general is one of the most active forms of assistance, the dispatch of CMTs by the government to undertake voluntary work in the countries concerned is the oldest and most effective form of Chinese medical cooperation in Africa (Shinn 2006; Hsu 2008; Li 2009).

After the first FOCAC (Forum on China-Africa Cooperation) in 2000, China accelerated its engagement in Africa. At the summit of 2006, President Hu Jintao stated that China would provide RMB 300 million in grants for securing artemisinin and building 30 malaria-prevention and treatment centres in Africa. Then the financial crisis occurred.

What is the status of these initiatives? What has been done in the past years? What form has China-Africa medical cooperation taken in past years? This chapter deals with China-Africa medical cooperation, with an emphasis on CMT and the anti-malaria campaign. It is divided into three parts: the history of China-Africa medical cooperation; current cooperation in the anti-malaria campaign, especially from 2000 to 2009; and the impact of this cooperation.

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1. The Chinese government takes charge of the training, payment and related fees of the doctors sent abroad, while the partner country provides the teams with medical facilities, medications, medical instruments, accommodation and related facilities, and should be responsible for the security of the life and property of the Chinese medical personnel. See various agreements between China and African countries. For example, see the agreement between China and DR Congo, Ministry of Health/International [2008]39, 1 April 2008, 3rd/1.

History of China's Medical Cooperation in Africa

In July 1962, after the victory of the liberation movement and the withdrawal of French medical staff, the Algerian government called on 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, thereby marking the beginning of China's provision of medical aid to other countries.¹ Since then, Hubei province has been in charge of dispatching of CMTs to Algeria. By 2006, Hubei had sent more than 3,000 medical personnel/times (hereafter p/t) to Algeria as well as to Lesotho, which began to admit CMTs in 1997.

In general, CMTs are dispatched on the basis of one province per one or more African country. During the 1960s, seven medical teams were sent to six African countries (Somalia, Congo Brazzaville, Mali, Mauritania, Guinea as well as Algeria) and two to Zanzibar and Tanganyika respectively. During their visit to Algeria, Premier Zhou Enlai and Vice-Premier Chen Yi met with CMT members there to encourage them in their efforts. This assistance was rewarded with great support from African countries, especially in the UN General Assembly in 1972, when 26 African countries voted in favour of recognition of the legitimate status of the People's Republic of China (PRC) in the UN.

In the 1970s, the number of CMTs in Africa greatly increased. The decade witnessed the advent of CMT in 22 countries (*see Table I*). There were several reasons for this boom. First, the reputation of CMTs had gradually spread across the continent and more African governments sought medical assistance. Second, China established diplomatic relations with 27 African countries, and seven countries whose relations with China had earlier been severed (Zaire, Burundi, Central African Republic, Benin, Ghana, Kenya and Tunisia) restored diplomatic ties. In total, China had diplomatic relations with 44 African countries. Third, China resumed its seat in the UN with the help of developing countries. To show its gratitude, China increased its financial assistance to developing countries. The period 1971-78 is regarded as the period of rapid increase in China's foreign aid.² However, in 1979 Chinese medical cooperation with Cameroon, Ethiopia and Chad was discontinued owing to the breach in diplomatic links.

In 1979-80, China did not send CMTs to Africa. This was an important period of transformation for China both with regard to the international situation and to strategic planning. China considered peace and development as the major theme of international politics, but its strategic focus turned to internal economic reconstruction. From 1979 to 1982, there was a slowdown in China-African relations, characterised by decreased financial aid, declining bilateral trade and a reduction in the number of CMTs (Li 2006; Kim, 1989, 38). This change resulted from several developments. First, after the Cultural Revolution there was an urgent need for money to restore the crippled economy,

1. "Chinese medical team went to Algeria", *People's Daily*, 7 April 1963.

2. During the period 1971-74 China sent 600 agricultural experts to 12 African countries, namely, Sierra Leone, Rwanda, Ghana, Togo, Benin, Zaire (DR Congo), Senegal, Chad, Upper Volta (Burkina Faso), Gabon, Madagascar, Niger. From 1971 to 1978, on the basis of assisting 30 countries at a time, China provided new economic and technological aid to 36 countries, 27 of them in Africa (Shi 1989: 55-7).

TABLE I: CHINESE MEDICAL TEAMS IN AFRICA (1963-2008)

Country	Dispatching Province	Start Date	Changes
Algeria	Hubei	Apr. 1963	Withdrew in Feb. 1995 due to war, re-dispatched in 1997
Zanzibar	Jiangsu	Aug. 1964	
Somalia	Jilin	June 1965	Withdrew in 1991 due to civil war.
Congo (Brazzaville)	Tianjin	Feb. 1967	Withdrew in 1997 due to civil war, and returned in Dec. 2000.
Mali	Zhejiang	Feb. 1968	
Tanganyika (Tanzania)	Shandong	Mar. 1968	
Mauritania	Heilongjiang	Apr. 1968	
Guinea	Beijing	June 1968	
Sudan	Shanxi	Apr. 1971	
Equatorial Guinea	Guangdong	Oct. 1971	
Sierra Leone	Hunan	Mar. 1973	Withdrew in 1993 due to war, and re-dispatched in Dec. 2002.
Tunisia	Jiangxi	June 1973	To help to set up the first acupuncture centre in 1994.
DR Congo Kinshasa	Hebei	Sept. 1973	Withdrew in 1997 due to war, and returned in June 2006.
Ethiopia	Henan	Nov. 1974	Interrupted in Sept.1979, and returned in Dec. 1984.
Togo	Shanghai	Nov. 1974	
Cameroon	Shanghai	June 1975	Interrupted in Jan.1979, and dispatched by Shanxi in 1985.
Senegal	Fujian	July 1975	Withdrew in 1996, and re-dispatched in Sept. 2007*
Madagascar	Gansu	Aug. 1975	
Morocco	Shanghai	Sept. 1975	Jiangxi Province joined in 2000
Niger	Guangxi	Jan. 1976	Withdrew in July 1992 and re-dispatched in Dec. 1996
Mozambique	Sichuan	Apr. 1976	
São Tomé and Príncipe	Heilongjiang Sichuan	June 1976	Withdrew in 1997 after Sino-STP diplomatic relations ended
Burkina Faso (Upper Volta)	Beijing	June 1976	Withdrew in 1994 after Sino-BF diplomatic relationship suspended
Guinea - Bissau	Guizhou	July 1976	Withdrew in 1990 and re-dispatched by Sichuan in 2002
Gabon	Tianjin	May 1977	
Gambia	Tianjin	May 1977	Dispatched by Guangdong province instead in 1991, and withdrew in 1995
Benin	Ningxia	Jan. 1978	
Zambia	Henan	Jan. 1978	

Central African Republic	Zhejiang	July 1978	Withdrew in July 1991, re-dispatched in Aug.1998.
Chad	Jiangxi	Dec. 1978	Withdrew in 1979 and re-dispatched in 1989; withdrew in 1997 and re-dispatched in 2006; withdrew in Feb. 2008 due to war and re-dispatched in May
Botswana	Fujian	Feb. 1981	
Djibouti	Shanxi	Feb. 1981	
Rwanda	Inner Mongolia	June 1982	
Uganda	Yunnan	Jan. 1983	
Zimbabwe	Hunan	May 1985	
Libya	Jiangsu	Dec. 1983	Contract expired in 1994 and not renewed
Cape Verde	Heilongjiang	July 1984	Dispatching province changed to Sichuan in Feb. 1998, and late changed to Hunan
Liberia	Heilongjiang	July 1984	Withdrew in 1989 and returned in 2005
Seychelles	Guangxi	May 1987	Guangdong recruited 5 CMT members as a Chinese volunteer project in 2007
Burundi	Guangxi	Dec. 1986	The dispatching province was changed to Qinghai
Namibia	Zhejiang	Apr. 1996	
Comoros	Guangxi	1994	
Lesotho	Hubei	June 1997	
Eritrea	Henan	Sept. 1997	
Malawi	Shanxi	June 2008	
Angola	Sichuan	2007	Postponed, since the accommodation was not ready. The first batch finally arrived on 23 June 2009.
Ghana	Guangdong	2008	The team set off on 29 December 2009.

* Unless otherwise indicated, CMTs were usually withdrawn when diplomatic ties were severed.

and there was little money to spare for other purposes. Second, with the normalization of China-US diplomatic relations, China strove to develop better relations with the West in order to attract technology and investment. Third, China realized that giving money alone would not necessarily strengthen relations, as the worsening relationships with Albania and Vietnam, two of China's most generously supported beneficiaries, attested.

In the 1980s, China continued to dispatch CMTs to African countries, including Botswana, Djibouti, Rwanda, Zimbabwe, Uganda, Libya, Cape Verde, Liberia, Burundi and the Seychelles. From 1988 to 1995, while CMTs remained in African countries, there was no increase in their number. On the one hand, China had almost satisfied African countries' requests for CMTs, while on the other, the end of the Cold War affected many African countries. As their marginalization increased, some engaged in civil war or lapsed into political chaos. However, in 1996, CMTs from Zhejiang province

arrived in Namibia. China also sent CMTs to Comoros and Lesotho in 1996 and 1997 respectively.

During the 1990s, some changes regarding CMTs in Africa occurred: some teams withdrew, others resumed their work and some of the dispatching provinces changed (Li 2007 and 2008). In 1991 and 1997, CMTs retreated from Somalia and Congo (Kinshasa) owing to war or to chaotic political circumstances. In 1994, the agreement between China and Libya was terminated. Some African countries switched affiliation from PRC to Taiwan, precipitating the discontinuance of medical cooperation (Burkina Faso, 1994; Gambia, 1995; São Tomé and Príncipe, 1997). Liberia had recognized Taiwan in 1989, with similar results. After several ups-and-downs, CMTs returned to Liberia in 2005. For the same reasons, CMTs withdrew from Niger and the Central African Republic before returning to the two countries in 1996 and 1998 respectively. CMTs had begun work in Senegal as early as 1975. However, in 1996 diplomatic relations were severed, followed by the withdrawal of CMTs, which did not return until 2007. CMTs arrived in Congo (Kinshasa) in 2006 and in Malawi in 2008, following China's establishment of diplomatic relations the previous year. China started providing CMT services to Angola and Ghana in 2009.

For the past 46 years, China has cooperated with Africa by dispatching CMTs to provide free medical services. In addition, China has offered free facilities and medication, trained African medical personnel and built hospitals in various African countries. Unique in international relations, the CMTs have aroused interest abroad. David Shinn, a former US 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. (Shinn 2006)

Since the beginning of the 21st century, China has strengthened its international medical cooperation. Since 2002, 46 agreements have been signed. By 2008, 47 CMTs, made up of 1,235 members, are working in 122 hospitals (Chen 2008). How many doctors has China dispatched to Africa? How many patients have CMTs treated in past years? How many African countries have been served by CMTs?

It was reported in 1986 that there were 7,400 CMT members (including interpreters and related staff) and that they had treated 7.5 million patients in various countries (Huang and Lin 1986). By 2003, the CMT figure had reached 18,000, and they were active in 65 countries in Asia, Africa, Latin America, Europe and Oceania. The statistics for 2006 indicate that about 19,000 p/t had been sent to 65 different countries and had treated 240 million patients (Department of International Cooperation, Ministry of Health 2003). A report in 2007 by the medical sector of Peking University stated that "at present, China has 47 CMTs in 45 countries, [serv]ing in 122 hospitals with 1,235 members. During the past 44 years, 20,029 members [were] sent abroad, who ... treated 240

million patients". We can safely conclude that over the past 46 years, more than 20,000 CMT members have served abroad and treated 240 million patients around the world.

As to the third question, there is some doubt about how many African countries have been served by CMTs. In 2003, a report entitled "China medical teams in Africa" stated that over the past 40 years CMT services to Africa had grown enormously and that China had sent 15,000 CMT members to 47 African countries and districts.¹ This figure of 47 has been quoted time and again by others at home and abroad.² For instance, in 2006 a news report quoted this figure, which also appeared on the official FOCAC network. Yet, by my calculations, this figure is wrong. On 5 November 2007, to celebrate the anniversary of the China-African Summit, a special column entitled "Implementation of FOCAC-Summit" appeared in the *People's Daily*, which reported CMTs had gone to 48 African countries (Pei 2007). These data are also obviously wrong. The correct answer should be that from 1963 to 2009, CMTs have provided service to 44 African countries (Table I).

Up to the beginning of 2009, 45 CMTs had worked in 44 African countries, and about 900 members are now working in about 100 hospitals or health centres. Besides CMT, China-Africa cooperation is expressed in other fields, such as the provision of medication and medical facilities, running training courses, training African medical specialists in China, etc. Most importantly, China has started to set up anti-malaria centres in African countries, as promised by President Hu at the 2006 Summit.

China's Anti-Malaria Campaign in Africa

Tropical diseases and epidemics are the major threat to the health and normal life of African people. A recent UNICEF report disclosed that five million children under the age of five died in Africa in 2006. Malaria is the number one killer and about one million children die of it annually in Africa (Siringi 2003; Shinn 2006). To fight malaria in Africa, the Chinese government adopted several measures simultaneously, namely CMT, training programmes, the anti-malaria project, free facilities and drugs and the anti-malaria centre.

First, combating malaria has been one of the major tasks of the CMTs and CMT members have had to contend with malaria themselves. They usually distribute free medications to patients. Cotecxin, the most effective anti-malaria drug produced in China, has earned a great reputation in Africa. In certain areas, life habits and the abuse of medications can result in very serious diseases. In Mali, for example, malaria is very common and people must treat it with quinine. Yet many people suffer hemiplegia in the limbs as a result of the overuse of quinine. Chinese acupuncture expert Cai Weigeng has cured many hemiplegia patients using his silver needle. CMTs from Ninxia provide services in Benin. Besides their daily work, they also run various medical training courses. To help local medical workers, they compiled a book entitled *One Hundred Cases of Prevention and Treatment of African Children's Brain Malaria* as a reference work for

1. "Chinese medical teams in Africa", Source: China Today-Special Issue on China-Africa. Available at http://www.china.com.cn/zhuanti2005/txt/2003-10/22/content_5426974.htm (accessed 30 November 2007).

2. Besides internal media, it is also quoted in articles in foreign languages. See Wang 2008; Thompson 2005; Shinn 2006, for example.

TABLE II: CHINA-SUPPORTED ANTI-MALARIA CENTRES IN AFRICA*

Country	Date	Location
Liberia	1 February 2007	Monrovia
Chad	28 December 2007	Ndjamena (Ndjamena Freedom Hospital)
Senegal	2007	Dakar
Burundi	17 March 2008	Bujumbura
Uganda	15 May 2008	Kampala (Mulago Hospital)
Congo (Brazzaville)	13 August 2008	Brazzaville
Gabon	28 September 2008	Libreville (China-Gabon Cooperation Hospital)
Benin	10 November 2008 ¹	
Guinea-Bissau	10 December 2008	Bissau
Ethiopia	26 December 2008	Oromo
Togo	7 January 2009	Lomé
Mali	13 February 2009	Bamako (Kadi Hospital)
Cameroon	26 March 2009	Yaoundé (Women's and Children's Hospital)
Côte d'Ivoire	7 April 2009	Abidjan
Rwanda	8 May 2009 ²	
Equatorial Guinea	7 June 2009	Bata
Zambia	26 June 2009	Lusaka
Comoros	July 2009	Comoros
Madagascar	6 October 2009	Tananarive
Sudan	14 October 2009	Ed Damazin
Central African Republic	25 October 2009	Banji
Ghana	28 October 2009	Accra
Angola	23 October 2009	Luanda
Guinea	6 November 2009	Conakry
Mozambique	25 November 2009	Maputo
Sierra Leone	30 November 2009 ³	
Tanzania	30 November 2009 ⁴	

*Sources: Websites of Ministry of Foreign Affairs, Ministry of Commerce and others, for example, <http://www.fm-prc.gov.cn/chn/pds/wjdt/zwbdt/t556598.htm>, <http://bj.mofcom.gov.cn/column/print.shtml?todayheader/200811/20081105883291>, http://news.xinhuanet.com/world/2010-05/05/c_1274495.htm, <http://finance.sina.com.cn/roll/20091006/02036815258.shtml>.

1. <http://bj.mofcom.gov.cn/column/print.shtml?todayheader/200811/20081105883291>
2. <http://www.fm-prc.gov.cn/chn/pds/wjdt/zwbdt/t561632.htm>
3. <http://www.aceg.com.cn/main/model/newinfo/newinfo.do?infoId=5149>
4. <http://xyf.mofcom.gov.cn/aarticle/ghlt/cksm/200912/20091206649158.html>

Benin medical doctors. In the 1990s, the Zanzibar minister of culture suffered from the sequelae of malaria, and was treated by CMT member Dr Zhang Zidian.

Second, China holds uninterrupted training programmes either in Africa or China to provide knowledge of anti-malaria measures to African medical specialists and government officials. In 2002, the Jiangsu Centre for Verminosis Control and Prevention in eastern China was designated by the Ministry of Commerce as the base for international human resource development assistance. Since then, the centre has run six programmes for medical staff and officials from Africa, as a result of which 169 officials and special technicians from 43 countries have undergone training.¹ In July-August 2003, two anti-malaria training programmes ran in Madagascar, Kenya and Cameroon. In Nairobi, six Chinese experts and 28 African participants from 14 countries attended the one-week training course, which was highly praised by African participants as well as the Kenyan minister of health and the Chinese ambassador. In the same year, distinguished malaria expert Gao Qi went to Madagascar, Kenya and Cameroon to give training courses on the control and prevention of malaria to medical personnel from 35 African countries.

In Uganda, malaria kills over 80,000 people per year, mostly pregnant women and children. China has fulfilled its pledge to donate anti-malaria medicine and carry out anti-malaria training programmes in Uganda. In November 2006, soon after the China-Africa Summit, a three-day anti-malaria programme was held in Kampala as part of China's efforts to join forces with Uganda to fight the disease. Stephen Malinga, Ugandan minister of health, hailed the Chinese government for financing the course, saying this gesture was an indication of the increasingly cordial relations between the two countries.² The Jiangsu Centre also sent experts to Senegal to provide anti-malaria training to more than 180 local health officials and medical specialists.

Carrying out the project of control and prevention effectively is the third element in anti-malaria cooperation. For example, on Moheli island in the Comoros, villages are greatly affected by malaria. The highest incidence is 94.4 per cent and malaria is the commonest cause of death in children under the age of five. In 2007, a joint project between Moheli and the Tropical Medicine Institute at Guangzhou University of Traditional Chinese Medicine (GUTCM) in southern China was started with the purpose of eradicating the parasite from the human body. According to Li Guoqiao (misspelt Li Guoqiang), the project leader and a professor at the institute at GUTCM, the real source of malaria is the human body. "When it is driven out of humans, mosquitoes will not carry it, since mosquitoes get it from humans. And once the parasite is not around, malaria will be exterminated". Under the plan, the islanders would be prescribed a single dose of artemisinin-based combination therapy (ACTs) and primaquine, which they would all consume at the same time to clear the parasite from their bodies (Tan).³ As part of grow-

1. "China plans to build 10 anti-malaria centres in Africa this year" Source: Xinhua. Available at <http://english.peopledaily.com.cn/90001/90776/90883/6282747.html> (accessed 30 November 2007).

2. "China joins forces with Uganda in fighting malaria", Source: Chinese Centre for Disease Control and Prevention. Available at <http://www.chinacdc.cn/n272562/n276003/11986.html> (accessed 20 June 2008).

3. The WHO recommends ACTs as the drug of choice against malaria. Artemisinin is a compound extracted from a herb, mostly grown in China. Primaquine is another anti-malaria drug, and blocks transmission of the parasite after 24 hours.

ing Chinese aid and investment in Africa, Beijing would pay the estimated \$320,000 for the drugs used in the Malaria treatments and would also meet the cost of additional drugs used to clear up remaining infections over a five-year period (Lague 2007).

On 22 December 2008 a meeting of the China-Aid Project of the Eradication of Malaria by GUTCM was held on Moheli. President Ahmed Abdalla Mohamed Sambi and the UN representative attended, along with the Chinese ambassador and experts from GUTCM. According to a survey in September 2007, 23 per cent of residents are affected, with some villages, as noted, having a 94.4 per cent infection rate. Average infections are 200-300 per month, and 10-20 die of malaria every year. In the past year, with the implementation of the measures developed by Prof. Li, the rate of infection decreased 98.7 per cent, to as low as below 1 per cent, and the number of infected people decreased by 89.9 per cent. What is more, there were no deaths from malaria during the year. The president of Comoros concluded the meeting by saying the Moheli case indicates that the eradication measures employed are the most effective in the world and should be introduced not only to the other islands of the Comoros, but to all affected areas (Chinnock 2009).¹

In combating malaria, drugs are vital. When a delegation of 13 senior African government officials visited a Shanghai-based pharmaceutical company in 2005, they called for further cooperation with China on anti-malaria drugs. Among the delegation were Comoros Vice President Caabi El-Yachroutu Mohamed and the African Union's commissioner for social affairs, Bience Gawanas. They also called on Chinese pharmaceutical companies to set up manufacturing plants on the African continent.² The facilities and anti-malaria drugs have been provided to African countries free of charge. One of the most important drugs is Cotecxin. As early as 1993, Beijing Holley-Cotec developed a new medicine called DihydroArtemisinin or "Cotecxin", and it was approved by the WHO as an effective anti-malaria drug (Lu 2006). In 1996, the Chinese ministry of health designated Cotecxin as a required medicine for CMTs, so that it began to spread throughout all the countries in which CMTs serve. It is also often chosen as part of ODA. What is more, the pharmaceutical companies also donate artemisinin to African countries. For example, in 2007 Yunnan Kunming Pharmaceutical Company offered anti-malaria drugs worth CFA 42 m to Côte d'Ivoire to control and prevent the disease, and President Gbagbo expressed sincere thanks to the company.³

Cotecxin has often been given as a state gift when Chinese leaders visit Africa. When President Jiang Zemin visited Africa in 2002, he sent Nigeria Cotecxin as gift for the children's malaria project. In 2004, Chinese National Congress Chair Wu Bangguo went to Africa with a donation of Cotecxin for the countries he visited. In April 2006, the gift of President Hu Jintao when he visited Africa was again the anti-malaria drug. In 2006, the

1. See also "Chinese Ambassador Tao Weiguang attended the summary meeting of the project of eradication of malaria in Comoros", <http://new.fmprc.gov.cn/chn/wjzb/zwjg/zwbdt474089.htm>; Reuters report "Chinese researchers claim Comoros malaria success". Available at <http://www.reuters.com/article/latestCrisis/idUSL11820493> (accessed 20 May 2008).

2. "Africa seeks co-op with China in anti-malaria drugs". Xinhua News Agency 3 November 2005. Available at <http://www.china.org.cn/english/scitech/147429.htm> (accessed 25 June 2008).

3. "Chinese company sent anti-malaria drugs to Cote d'Ivoire". Available at http://www.china.com.cn/international/txt/2007-10/27/content_9132442.htm (accessed 25 June 2008).

artesunate injection developed by Guilin Pharmaceutical Company was tested as most effective and was listed by the WHO as the first choice in the emergency treatment of malaria. The company has met the Good Manufacturing Practices (GMP) requirements of the WHO, and has developed holograms as a device to fight counterfeiting. Artemisinin-based combination therapies (ACTs) are recognized by the WHO as the safest and best existing treatments for malaria. The WHO has moved to step up cultivation in east Africa of *Artemisia annua* in a bid to ensure a reliable supply and reduce costs.

The last and most important measure is the establishment of anti-malaria centres in Africa, a direct result of the 2006 Summit. Preparations began right after the summit, with several teams going to Africa to set up the centres. One delegation went to Liberia to set up that country's first anti-malaria centre, while the other visited Tanzania, Zambia, South Africa, Kenya and Madagascar for the same purpose. In addition, the first group of 60 medical experts destined to work in the anti-malaria centres in Africa attended a 10-day professional training course at the Jiangsu Centre of Verminosis Control and Prevention in October 2007. The trainees were selected from hospitals, medical labs and academies across the country, and went to Africa to treat malaria-affected patients and pass on their knowledge to African colleagues. Vice-minister Wei Jianguo was in charge of medical cooperation with Africa. At a meeting on anti-malaria centres held on 16 January 2008, he called for the sustainable development of the centres and discussed the issue with various department heads in the ministry, as well as CEOs from the companies producing anti-malaria drugs.¹

After the establishment of the anti-malaria centres, Chinese experts could set up and test the facilities, exchange ideas with local specialists and give technological training to medical staff. For the following three years, the Chinese government provided the centres' facilities and drugs free of charge. It is important that the centres should serve as national bases not only for laboratory and clinical departments, but also, and more importantly, for research into anti-malaria strategies (including malaria prevention), for exchanges of advanced technology and for training medical staff.

Impact of Medical Cooperation in Africa

China-Africa cooperation has contributed a great deal to the service of African patients, improvement of the public health systems and raising the standard of local medical services. Africans comprise 60 per cent of the world's population living with HIV/AIDS, and account for about 90 per cent of the cases of and 99 per cent of deaths from cholera. The situation concerning the public health systems is equally dismal. Many African countries face a critical shortage of medical personnel at nearly all levels.

Serving Africans the Chinese way

Serving the people is the fundamental aim of public health systems, and Chinese doctors have tried their best to promote this objective. In Algeria, for example, for 45 years

1. "Vice minister Wei held a meeting to discuss the issue of sustainability of anti-malaria centres in Africa", Source: Ministry of Commerce. Available at <http://yw.mofcom.gov.cn/article/ztxx/v/200801/20080105342493.html> (accessed 20 March 2008).

the CMT programme has expanded its 16 treatment units to 21 provinces and cities, covering more than ten medical specialities. Thus, this CMT programme has become the biggest and most influential in Africa (Health Department of Hubei Province 1993, 17-21).¹ The great advantage of the CMT programme is the provision of Chinese traditional medical treatment, especially acupuncture. The Algerian defence minister broke his leg and failed to get it cured. However, Chinese doctors healed the wound using acupuncture. The reputation of CMTs has spread to neighbouring countries, with the Algerian minister of health commenting, "The influence of CMT has passed through Algeria, and spread to the whole world" (Health Department of Hubei Province 1993, 151-6). Dr Wen Hong was highly praised by patients, and was finally invited by Paul Biya, the president of Cameroon, to provide medical services to him.² Wen realized the advantage of Chinese traditional medical treatments, for which Western medical treatments were no substitute. He once said, "The spread of acupuncture in Africa is really closely related to CMT. Wherever there is a CMT, even if only one medical point with two persons, one of them must be a doctor of acupuncture".³ In Mali, the climate and living conditions have led to many cases of rheumatism, arthritis and psoriatic strain, for which acupuncture is the most effective treatment. CMTs in Niger treated 57,330 patients, of whom 5,120 were treated with acupuncture. Indeed, several ministers showed great interest in Chinese medicine and acupuncture.⁴

One of the characteristics of the CMT programme is serving the common people. The president of Maskara Hospital in Algeria once said, "Frankly speaking, Maskara Hospital's reputation came with the arrival of Chinese doctors" (Health Department of Hubei Province 1993, 77). Chinese doctors have carried out a number of remarkable operations. Dai Zhiben successfully performed the reattachment of an Algerian youth's severed limb, while Li Shiqi reattached a severed limb following the removal of a tumour. Chen Yijun, for his part, performed the first successful operation to lengthen a thighbone and Jiang Xiugao removed a large tumour from a patient's neck (Health Department of Zhejiang Province 2003, 62-3 and 119-28). Doctors from Ninxia CMT excised a growth of 23 kilograms from a woman's ovary in Benin and Dr Shang opened a patient's head in order to save his life (Lu and Wu 2003, 26-31). Jiangshu CMT saved a girl's life after her heart stopped for 30 minutes (Health Department of Jiangsu Province 2004, 119-21). Hunan CMT launched a vision project, and successfully removed the cataracts from 248 patients for free in Sierra Leone. Sichuan doctor Jiang Yongshen cured 22 patients and became the physician of the president of Mozambique (Wei Yixiong 2006).

1. See also "Help Algeria: Friendship in 45 years". Available at <http://www.cnhubei.com/hbrb/hbrbsglk/hbrb07/200804/t285834.shtml> (accessed 15 June 2008).

2. "Chinese Medical team in Cameroon: Use traditional medical technology as acupuncture to serve patients". Available at <http://news.sohu.com/20070822/n251723582.shtml> (accessed 18 January 2008).

3. "Cameroon: Acupuncture cured the princess", <http://www.acucn.com/sub/zhongfei/zhenjiu/200611/1956.html>.

4. "Chinese Medical Team in Niger serves local people sincerely". Available at <http://www.acucn.com/sub/zhongfei/zhenjiu/200611/1961.html> (accessed 25 June 2008).

Improving the local medical system

In order to improve local public health systems, China has cooperated with African countries in various ways, such as building hospital and medical facilities, providing free medication and transferring Chinese medical techniques.

In Congo-Brazzaville, the hospital for gynaecology and obstetrics was a small one in the 1960s. With the help of China in the 1970s, it is now the third biggest comprehensive hospital in Brazzaville. It has 23 Chinese doctors on its staff, who play a significant role in the hospital. Gradually, CMT doctors become important actors in some of the big hospitals in African cities. Chinese doctors also help to establish medical specialities and technical facilities (such as plastics). The speciality of acupuncture has become evident in Tunisia, Cameroon, Lesotho, Namibia and Madagascar. The acupuncture department in the Hospital for Women and Children in Cameroon has a very good reputation, and there is always a long queue of patients awaiting treatment each morning. CMTs in Lesotho set up a department of acupuncture to serve both the king and his subjects, who for the first time have the opportunity to experience the magical effects of the small silver needle. In Namibia, after establishing the department of acupuncture, CMTs very quickly changed the people's view of this treatment, and the first lady specifically invited Chinese doctors to practise in the president's house (Health Department of Zhejiang Province 2003, 204).

China-Africa cooperation has also promoted institutional innovation in African medical systems. The establishment of the centre of acupuncture in Tunisia is one example. China set up the Marsa Centre of Acupuncture in the capital in 1994, the first in Africa, at the behest of the Tunisian government. The staff comprises four or five Chinese doctors and several Tunisian assistants. They cooperate with each other and work together harmoniously. Besides medical treatment, the centre is also responsible for the teaching of, and for providing training materials to students, who are working doctors from other medical institutions and hospitals. After theoretical studies, operating studies, examinations and the defence of their theses, students can obtain a special diploma in acupuncture. The centre treated 20,530 patients between 1996 and 1998 and the Tunisian minister of health has proudly pointed to the centre of acupuncture as the symbol of friendship between the two countries. In his words, the centre is number one in the Arab world, in African countries and in developing countries. In order to meet the needs of the people, the state health insurance company in Tunisia decided to set up a department of acupuncture at Bizerta hospital. Since the graduates of the Marsa centre had already taken charge of important work in the hospital, it was not difficult to establish the first department of acupuncture in Tunisia (Ying 2003, 31, 65, 110, 163). The Tunisian and Chinese doctors jointly ran a "Chinese Medicine and Acupuncture Day" in 2007 and demonstrated various procedures and techniques, as well as answering questions. The day elicited a great amount of excitement and local interest, along with reports by TV stations (Tu 2007, 64).

Courses on acupuncture have started at universities in various African countries. A Guinean student named Segu Kamala began to study medical science and Chinese medicine as early as 1973 and spent eight years in China. After his return to Guinea, he insisted on performing an acupuncture operation. His efforts finally brought acupunc-

ture to public attention. Conakry University has listed acupuncture as a required course since 2000, the first such instance in Africa.¹ Chinese doctor Jiang Yongshen has treated 140,000 p/t in Mozambique, trained a batch of local medical specialists in acupuncture, and initiated a course in traditional Chinese medical techniques at the Universidade Eduardo Mondlane medical school (Wei 2006). Under the auspices of CMTs, Madagascar's state public health school has set up a special class in acupuncture.²

Raising local medical standards

Chinese doctors have also tried to transfer knowledge of medical techniques to local doctors. When Premier Zhou Enlai visited Zanzibar in 1965, he told the CMT members there that CMTs 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" and "thus support the liberation cause of African people" (Health Department of Jiangsu Province 2004, 3) When Mao Zedong met President Nyerere, he pointed out that the work of the CMT in Tanzania should be "helping" and "teaching". Premier Zhou Enlai added, "Now we have several dozens of CMTs abroad, yet it is not enough. CMTs should not only cure the disease, but also help training work. They should bring ... medicine and facilities, train African doctors, who can be ... self relian[t], and would work even if the CMT [went] away". "We would provide sincere help to any independent country. Our assistance is to make the country able to stand up. Just like ... building a bridge, so you can cross the river without [a] staff. That would be good" (Liu 1998, 74). CMTs would usually help local doctors by offering free lectures, training courses and instruction in operating procedures.

In Tanzania, in order to train local medical staff in acupuncture, CMT members allowed local doctors to practice on their own bodies, thereby providing direct tuition in the technique. In this way, they were able to train a large number of medical specialists. CMTs also made the best use of local media to publicize their medical knowledge (Liu 1998, 74-8). In Algeria, the CMTs ran training courses on acupuncture without any form of reservation. They tried every means to raise local medical standards, such as small lectures on reattaching severed limbs, acupuncture, anaesthesia observation, all of which were welcomed by local medical staff. Up to 2008, the CMT in Algeria put on more than 20 training courses, gave more than 30 lectures, and trained more than 300 medical personnel, people who have become the backbone of local medical institutions.

Liberia has suffered from war and chaos for a long time, with a huge increase in the number of people requiring medical attention. The CMT in that country provides both medical services and teaches new techniques to local medical personnel. Their activities caught the eye of David Shinn, the former US ambassador to Ethiopia and Burkina Faso. He said, "China received praise in Liberia for its medical teams because they prioritize

1. "African successor of Chinese acupuncture: Segu Kamala, the Guinean expert of acupuncture". Available at <http://www.acucn.com/sub/zhongfei/zhenjiu/200610/1895.html> (accessed 20 January 2008).

2. "Chinese Ambassador attended the opening ceremony of acupuncture class of Madagascar State Public Health School". Available at <http://mg.china-embassy.org/chn/xwdt/t296059.htm> (accessed 20 June 2008).

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” (Shinn, 15).

Although the Chinese economy has suffered seriously as a result of the financial crisis, especially in the export field, and has had to contend with the damage caused by Wenchuan earthquake, China has kept its promises and made every effort to finish the projects President Hu put forward at the China-Africa Summit. With great effort and close cooperation on both sides, 30 anti-malaria centres were built on time and other medical cooperation measures were fulfilled before the fourth FOCAC.¹

Following internal health reforms, China’s medical assistance to Africa may get a boost in future China-Africa cooperation for several reasons. First, the CMT system has laid a solid foundation in Africa and enjoys great popularity in most African countries, especially in rural areas. With the establishment of anti-malaria centres in African countries, China will definitely increase its medical engagement with the continent. Second, Chinese medicines, both traditional and modern (such as Cotecxin), has gradually entered African market. Chinese medicine is cheaper and has developed a good reputation in some African countries in recent years. This, too, will serve as a good basis for medical cooperation. Third, China has experience of rural healthcare systems, experience which may provide useful lessons for African countries. Moreover, the health sector has become an important element in international cooperation in recent years, with Japan, the US and other OECD countries placing great emphasis on health aid. These developments may also push China into strengthening its medical cooperation in Africa.

Certain African leaders have strongly praised the fruitful cooperation between China and Africa and the CMTs’ great achievements. Tanzanian President Nyerere once said, “I trust Chinese doctors. They have not only got expertise, but also a very strong sense of responsibility”. Gabon President Bongo commented that “CMT have achieved great success”, while Mauritanian President Hairare had this to say of the CMTs: “Chinese experts are good at working hard with high efficiency. They are not afraid of hardship and work in our areas short of doctors and medicines, and [are] most welcomed by the masses”. This hard work has brought awards and honours for the teams: over the past 40 years or more, African governments have awarded various medals to about 600 CMT members in recognition of their great contribution to the improvement of public health in Africa.² In addition to helping African people, CMT has also contributed to China’s foreign affairs, as well as to the more general humanitarian cause (Li 2009).

There are obstacles as well. On the Chinese side, although there is an inter-ministerial coordinating commission, China does not have a comprehensive system for providing assistance, and this has affected medical assistance initiatives. For example, while the ministry of health takes the lead in sending CMTs, the ministry of commerce is responsible for building hospitals and aid facilities. With the more complex assistance available from the medical sector, there will be new problems of coordination. The selection of

1. “Chinese Foreign Minister Yang review FOCAC achievements in the past three years”, Xinhua, <http://www.focac.org/chn/zxxx/t625612.htm>. Accessed on 10 January 2010.

2. Department of International Cooperation of Ministry of Health, “To reform the medical assistance to Africa from a perspective of a new strategy”, p.16.

CMT members is also becoming a tough issue. As the living standard in China rises, doctors enjoy a much better life than before. This creates serious problems for the selection of high-level specialists for CMTs. Therefore, more favourable measures will have to be adopted to encourage doctors to serve on CMTs. The abuse of Chinese traditional medicine is another serious problem, evident in the misuse of traditional drugs and the existence of fake medicines in Africa.

On the African side, there is also room for improvement. First, CMTs should be deployed in the most effective way. At present, CMT practitioners often provide simple medical services in remote regions where local doctors are unwilling to go. Second, in some countries, CMT members are not recognized as doctors, so cannot enter hospitals to provide their services. Third, since the level of medical service is also rising in Africa, some countries need medical cooperation at higher levels, thus requiring specialists that China itself badly needs. Future medical cooperation will require a joint effort by both China and Africa to find more effective strategies and to establish law enforcement and quality control systems for the medical sector and to guarantee healthy working conditions for both parties.

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