

China's Approach in the Blooming South-South Health Cooperation: Chances, Challenges and the Way Forward

Wenjie LIANG¹, Yunping Wang¹, Gui CAO¹, Xiaodan FAN¹, Nan JIN¹

1. China National Health Development Research Center, National Health and Family Planning Commission of the P.R.China, Beijing 100191

【 Abstract 】 With the rise of emerging donor countries, OECD countries have recognized their importance and specificities. While North-South cooperation remains the main form of international development assistance architecture, South-South cooperation continues to evolve, providing additional diversity of resources for development. China's health foreign aid starts outside the international development assistance scheme advocated by OECD-DAC members, it falls into the category of South-South Cooperation from the date of its birth. China's approach in South-South cooperation has its own unique history, policy makers and scholars look at it from a different perspective. Half a century of development so that it formed the present forms and management mechanism. The 50th anniversary of health aid is a new starting point of China's approach in the South-South health cooperation, both opportunities and challenges on the road ahead.

1. History and viewing perspective of China's approach in the South-South health cooperation

Health is an important aspect in China's foreign aid (CFA). It is generally considered that China's health aid on foreign countries (CHA) starts from April, 1963, when the first China medical team (CMT) was invited to Algeria. It was also the starting point of the cooperation between China and Africa. It is generally acknowledged by domestic experts that CHA starts from one aspect through multiple areas and methods cooperation. The progress consisted of three stages ^[1-3]: (1) from

1963 to China began the reform and opening up policy in 1978, China's unilateral aid to African countries through medical teams; (2) from 1978 to 2000, CHA gradually adopted "common responsibility" principle spread worldwide along with the ongoing systematic reform of foreign aid, which emphasize the method variety and mutual development between the two; (3) since 2000, the Forum on China-Africa Cooperation promoting to include the cooperation in health into the general outline of China-Africa Cooperation. Besides, China strengthens the cooperation with other developing countries in Southeast Asia. For example, China works together with Burma, Vietnam, and Laos to address the prevention intervention across borders, which was included into the outline of Great Mekong Sub-region Economic Cooperation (GMS). These region cooperation outlines are more systematic considering the general plan and effective from the point of view of resources reorganization to expand and strengthen CHA.

The continuing progress of CHA promotes people to see it from multiple aspects: (1) From the very beginning, CHA was considered as South-South cooperation (SSC); while now it is seen multilaterally from the perspective of international development assistance (IDA) and global health. For a long period of time, Chinese government and domestic academic world always address CHA from SSC and countries' general diplomacy; recently, CHA has been reconsidered from the perspective of IDA, global health diplomacy and global health governance along with the increase and depth of theoretical knowledge relevant to IDA and global health. Furthermore, CHA was seen as a reshaping force of IDA, an essential method of global health diplomacy and contents of global health governance. (2) At the beginning, CHA was considered as China's unilateral selfless help to recipient; while now it is seen multilaterally from the perspective of "national interest" and "great power responsibility" ^[4]. In the Mao Zedong era, China stressed that foreign aid is motivated to carry forward the spirit of internationalism (CMT is the best footnote to this spirit), aid scale was beyond the capacity of the country. After the reform and opening up, the voices about "the goal of foreign aid is to achieve national interest" began to appear in China. In recent years, with the improvement of China's international status, foreign aid was seen as a

way to fulfill the responsibility of a great power.

1.1 CHA falls into the category of South-South Cooperation

South-South cooperation recognized by China starts outside the IDA scheme advocated by OECD-DAC members, and it is also the starting point of developing countries cooperating with each other after familiar history and independence. In 1955, Asia and Africa Conference held in Bandung, Indonesia was the starting point^[5]. In 1950, the CFA came out of the consideration of ideology and geopolitics and to North Korea, Vietnam and other neighbor countries belonging to socialism world. After the Bandung Conference, where Chinese delegation performs effective and successful diplomacy activity, China opened a new page for the cooperation with Asia and Africa. The area receiving foreign aid from China spread very soon from socialism countries to newly-independent Asian and African countries. Since then, CFA representing the cooperation and supports among developing countries was included by SSC. The characteristics consist of:

Firstly, the policies of CFA base on the principles of SSC. In December, 2012, Chinese prime minister, Zhou Enlai mentioned the Five Principles of Peaceful Coexistence, as the basic principle complied with by countries to set up normal relationship and communication and cooperation, also as the baseline for China foreign aid. The Ten Principles of Bandung Conference, as the guidance principle for SSC include all the contents of the Five Principles of Peaceful Coexistence. Later, China came up with the Eight Principles for China's Aid to Third World Countries (1963) based on the Five Principles of Peaceful Coexistence as well as the Four Principles of Economic and Technological Cooperation with African Countries (1982). These principles expressed equality, mutual trust and mutual benefit in SSC, and underlining “not interfering internal affairs” in CFA. Until now, these principles still guide foreign aid from China. In June, 2014, Chinese President Xi Jinping announced that China is the active advocator and firm actor for the Five Principles of Peaceful Coexistence in the 60 anniversary meeting held in Beijing, which was included in Chinese Constitution^[6].

Secondly, CFA practices and enrich the SSC. In 1954, China help Vietnam, North Korea build up highway, bridge, and other transportation suppliers. In 1956, China sent cash aid to Egypt and exchange foreign students. In 1963, China sent the first CMT to Algeria. After 1990, the CFA extended to more areas, more abundant form. Until now, official aid projects are oriented to agriculture, industry, economic infrastructure, public facilities, education, and medical and health care, clean energy and coping with climate change. The forms of official aid includes complete projects, goods and materials, technical cooperation, human resource development cooperation, medical teams sent abroad, emergency humanitarian aid, volunteer programs in foreign countries, and debt relief. As of the end of 2012, China appropriated in total RMB 345.63 billion Yuan (55.34 billion U.S. dollars) for foreign assistance in three types: grant (aid gratis), interest-free loan and concessional loan, according to official figures ^[7-8]. Under the framework of SSC, China was among the first batch of countries starting foreign aid, and also one of the largest donor from developing countries in terms of the size. Foreign aid to Africa from China promotes the mutual development and the African identity transition from “the burden of international foreign aid” to “the opportunity of global development” ^[9].

CHA complied with the principles of SSC, which is one of the most effective foreign cooperation with the longest history, involving the largest number of countries. In 2010, in the Global South-South Development Expo held in Geneva, The United Nations Development Programme (UNDP) south-south cooperation award Ministry of Health (MoH) of China as “the medal of south-south cooperation for health development” to recognize the contribution for SSC by China ^[10].

1.2 CHA under the perspective of International Development Assistance

International development assistance starts from the end of World War II, when Marshall Plan help Europe to come back to life, and President Truman brought up “The Fourth Opinion” as the additional content to Marshall Plan aimed to support and aids the undeveloped countries in Asia and Africa. In order to coordinate with

Marshall Plan, Organization for European Economic Cooperation (OEEC) was built up with the support from U.S. and Canada, which further developed to Organization for Economic Co-operation and Development (OECD). OECD as the corresponding economic organization of the North Atlantic Treaty Organization (NATO) displaced the OEEC in 1961. Along with the resurgence of Europe economic, OECD transfers the focus of foreign aid from North-North cooperation to North-South cooperation, and brought up the concept of “International Development Assistance”. In a narrow sense, it meant transfer payment from developed countries to developing countries. In a wide sense, it meant general transfer payment between countries ^[11]. In order to coordinate the foreign aid among members, OECD intentionally builds up DAC. A series of international meetings were held to discuss “aid effectiveness” with several documents, “Monterey Consensus” (2002), “Paris Declaration” (2005), “Accra Agenda for Action”(2008) and “Busan Declaration”(2011).

In terms of OECD-DAC, SSC was considered as part of international foreign aid. Along the rise of emerging donor countries, OECD-DAC countries began to recognize and pay more attention on SSC and its role in foreign aid, and try to include it in the IDA system dominated by them. “Monterey Consensus” and “Paris Declaration” brought up the concept of “aid effectiveness” and its evaluation method, which only meant to systemize and perfect foreign aid concept and scheme of North-South cooperation, but not address the complexity of emerging donor countries. In 2008, “Accra Agenda for Action” is the milestone which clearly illustrates and affirms the essential role the SSC played in international foreign aid. It is considered SSC as the complement as North-South cooperation. In 2011, “Busan Declaration” further mentioned to reinforce and extend SSC to promote sustainable development. Moreover, the attention, international foreign aid policy paid, transferred from “the effectiveness of aid” to “the effectiveness of development”. “Busan Declaration” adopted the suggestions brought up by emerging donor countries, and clarified the method and duty of SSC was different from North-North cooperation ^[12].

Recently, domestic researchers began to adopt and use the concept of “Development Assistance”, meanwhile, use “Health Development Assistance” in

health area. As emerging donor countries, China plays increasingly more important role in IDA, and CFA becomes the new power in the system of IDA. However, there is conservative attitude that the concept of “emerging donor countries” is used by the West to explain China, and the fact is that China began the journey of foreign aid nearly as early as the West. The 60-year practice help China develop a new scheme appropriate different from DAC countries. In comparison of “humanity, democratic, good management”, CFA cares about the recipient country’s economic development and the people’s livelihood improvement under the principle of “not interfering with internal affairs”. Therefore, some distinguish West and China aid to Africa as “Democracy Aid “and “Livelihood Aid” separately ^[13].

Another fact deserving emphasis is that China is both a donor of development assistance for health and also a recipient; in other words, contributing to and also the benefit from development assistance for health ^[14]. In the beginning of the independence, China stands the economic blockade from the west countries, and adopt “leaning to one side” policy. As one member of the socialism world, China only accepted the aid from the Soviet. In 1960, the relationship between China and the Soviet becoming worth, when the Soviet withdrew experts and stopped the aid to China, and China has to rely on itself. After the reform and opening up in 1978, a great many aid from western countries entered China, promoting the take-off of Chinese economy. In health area, China accepted the first loan from World Bank in Rural Health and Medical Education (Health I Project) with the World Bank loan in 1981. Since then, some global and multilateral organizations increase the health input in China. After 2008, international aid has seen a decrease with China’s rapid gain of national power, and frequent financial and debt crisis in the western countries. As “a graduate” of foreign aid programs, China is certain to shoulder more responsibilities for providing development aid, which is more compatible to its overall economic power and diplomatic strategies. On one hand, China takes advantage of the lessons learnt as the recipient countries to help other developing countries; the double role help China to better understand recipient countries. On the other hand, China can better learn experience when receiving aid. With the

scheme and format of foreign aid received, China can better reconsider foreign aid policy and coordinate the method.

1.3 CHA under the perspective of Global Health

The phrase “Global Health” comes from “International Health”, and become the dominant and popular phrase in the area of international public health. The evolution from the era of international health to the global health underlie the fact that more and more non-government entities participated in international public health area, not only public health, but also extending to other aspects, especially to the area combining global health with diplomacy^[15].

From the perspective of global health, China health diplomacy experienced four stages ^[16]: medical diplomacy (1949-1962), bilateral international health diplomacy (1963-1971), multilateral international health diplomacy (1972-2002) and global health diplomacy (2003-until now). In the stage of medical diplomacy, medical aid is the method to reinforce the relationship between China and other socialism countries. For example, in the 1950-1960, the leaders of Vietnam party have illness emergency when China sent medical experts. In 1962, China began to send medical team to Nigeria, which stands for the start point of multilateral international health diplomacy. After regaining the legitimate place in WHO, China began multilateral international health diplomacy through WHO. The SARS case in 2003 turned out to be the watershed for China participating in the international health cooperation. The prevention of SARS directly resulted in the formation of Asia Pacific Economic Cooperation (APEC) and the China-ASEAN (10+1); meanwhile China health diplomacy include multilateral international cooperation mainly through WHO, regional cooperation, and bilateral cooperation, et. Considering that more and more non-government entities joined the progress, China has already entered global health diplomacy stage. Global health diplomacy, as effective and kind diplomacy, attracts attention. Many countries has already formulated or are now draft global health strategy, where health aid plays an important role as the major method sovereign countries participated in global health.

In global health era, health governance became an important global diplomacy issue to address multi-nation, multi-region problems, and became a dimension with perspective of global politics^[17]. Health aid, as an important method of global health governance must be influenced by global health governance. Until now, global health governance involves various players, including not only nations, but also NGO, funding organization, private companies, etc. How to guide and coordinate non-government entities to participate in health aid has become an important topic^[18]. Besides, there are several combined point between health aid and global health. For example, the 49 countries, where China sent medical teams, include 36 countries identified as the worst 57 countries facing the shortage of health workers; therefore, medical team sent by China help to solve the crisis of human resources in health. Until now, millennium health development issue is a very hot topic around world, among which universal health coverage (UHC) is one of the focus. The global society, including many African countries call for more solid cooperation with China in the area of UHC and strengthening health systems, which without doubt challenge the ongoing aid method of China^[19-20].

1.4 CHA under the perspective of National Interest and Great Power Responsibility

Early CFA under the condition of short of funds and materials, an image is China to "tightening their belt" to engage in foreign aid. At that time, CFA in the name of "Internationalism", China almost gave everything the Asian-African friendship and brotherly countries want. CMT was known as the model of promoting internationalism due to its spirit of life-saving and devoted to work. This period of grant aid has obtained certain political effect, the most typical is China went back to the United Nations (UN) with the support of Asian and African countries in 1971, but the rapid growth of foreign aid has seriously out of the reach of the country under the background of nearly collapse of national economy caused by a series of political struggle and natural disasters. CFA funds the highest accounted for 6% to 7% of national fiscal spending was unsustainable in 1973^[21].

In April 1975, the Chinese government decided to compression and the adjustment of foreign aid spending; After reform and opening-up in 1978, China turned attention to the domestic economic construction, diplomatic work carried out around the economic construction; In January, 1983, Chinese leaders during his visit to the proposed "equality and mutual benefit, pursuing practical results, adopting various ways and seeking common development" of the Four Principles of Economic and Technological Cooperation with African Countries; China began to the deepening reform of aid forms and diversification of funding since 1995, vice premier Li Lanqing was put forward the reform of the CFA should take economic development as the center, aid, mutually beneficial cooperation should combined with the development of trade, and the government behavior should combined with the participation of enterprises, the central and local governments should develop simultaneously, to mobilize the enthusiasm of each respect. After China launched the strategy of "going out" in 1998, CFA has become an important channel to drive Chinese enterprises to participate in international cooperation, Africa become the first choice for many Chinese enterprises to go abroad. During this period, the relationship between foreign aid, foreign trade and foreign investment became more and more close, many voices began to appear in China that require CFA service of national interests, especially the economic interests. For CHA, it's considered that medical assistance should pave the way for Chinese enterprises to enter the recipient pharmaceutical market ^[22]. In addition, with the expansion of the China-Africa trade, CMT has been more and more to provide the service for the staffs of overseas Chinese-funded enterprises (institutions) and the local Chinese.

With the rapid development of China's economy and international influence, China has increasingly as a great power in the international community, both at home and abroad are talking about China's great power responsibility, the CHA is considered to be a window of the image of a responsible big country. A recent example is the rage at the Ebola outbreak in West Africa, CMT stayed in the epidemic area instead of withdrawing, China even added sent medical work group and supplies a lot of goods. Some scholars tried to explain the "internationalism",

“national interest” and “great power responsibility” under the different types of national ethics, in their view, from the “internationalism” to the “national interest” and “great power responsibility”, it’s based on the three types of national ethics: virtue ethics, utilitarianism ethics and deontological ethics. The motivation of CHA is a collection of three ethical types. In the future, CHA will develop to "advocating virtue, the pursuit of win-win situation, to perform its obligations"^[23].

2. Forms and management mechanism of China’s approach in the South-South health cooperation

The forms of CHA increasingly diverse, includes: (1) Dispatch of CMT (including the dispatch of short-term medical work group), is the major form of CHA to African Countries, which is the earliest, longest and sustainable one. So far, China has sent medical teams to 69 countries in Asia, Africa, Europe, Latin America, the Caribbean and Oceania ^[7]. Currently, there are more than 1,100 CMT members working at 113 medical posts in 50 countries and regions (of which 43 are in Africa). (2) Building health facilities (built hospitals, health centers and anti-malaria centers), is the maximum total amount of funds in the form of health assistance. In 1970, China finished the construction of Abdallah Mzee Hospital in Pemba Island, Zanzibar of Tanzania. This is the first China-aided hospital in Africa. At the China-Africa Cooperation Forum Beijing Summit held in November 2006, President Hu Jintao promised to build another 30 hospitals and 30 anti-malaria centers for Africa within 3 years. According to statistics, China has assisted Africa to build 93 facilities in total ^[3]. (3) Health technical cooperation, it means that China dispatches experts to give technical guidance on operation or maintenance of health facility projects after they are completed, and train local people as managerial and technical personnel. For example, China experts provided the training on malaria control for the locals after the anti-malaria center is completed. (4) Donation of medical equipment and drugs. Each batch of teams will carry large amounts of donated medical appliances and drugs, and China provided artemisinin anti-malaria medicines worth RMB 190 million Yuan for 30 anti-malaria centers. In addition, China also donated a number of major

medical equipment for aided hospitals. (5) Human resource development cooperation on health, including training government officials and professional and technical personnel from other developing countries and offering government scholarships to medical students from other developing countries to study in China. In the 4th China-Africa Cooperation Forum ministry meeting, China promised to train 3000 doctors, nurses and health managers for Africa within 3 years. (6) other forms of CHA (including the emergency humanitarian health aid, health volunteer programs in foreign countries, medical team for UN Peace-keeping Force, and involvement of civil society) [3, 7, 8]. (Figure 1)

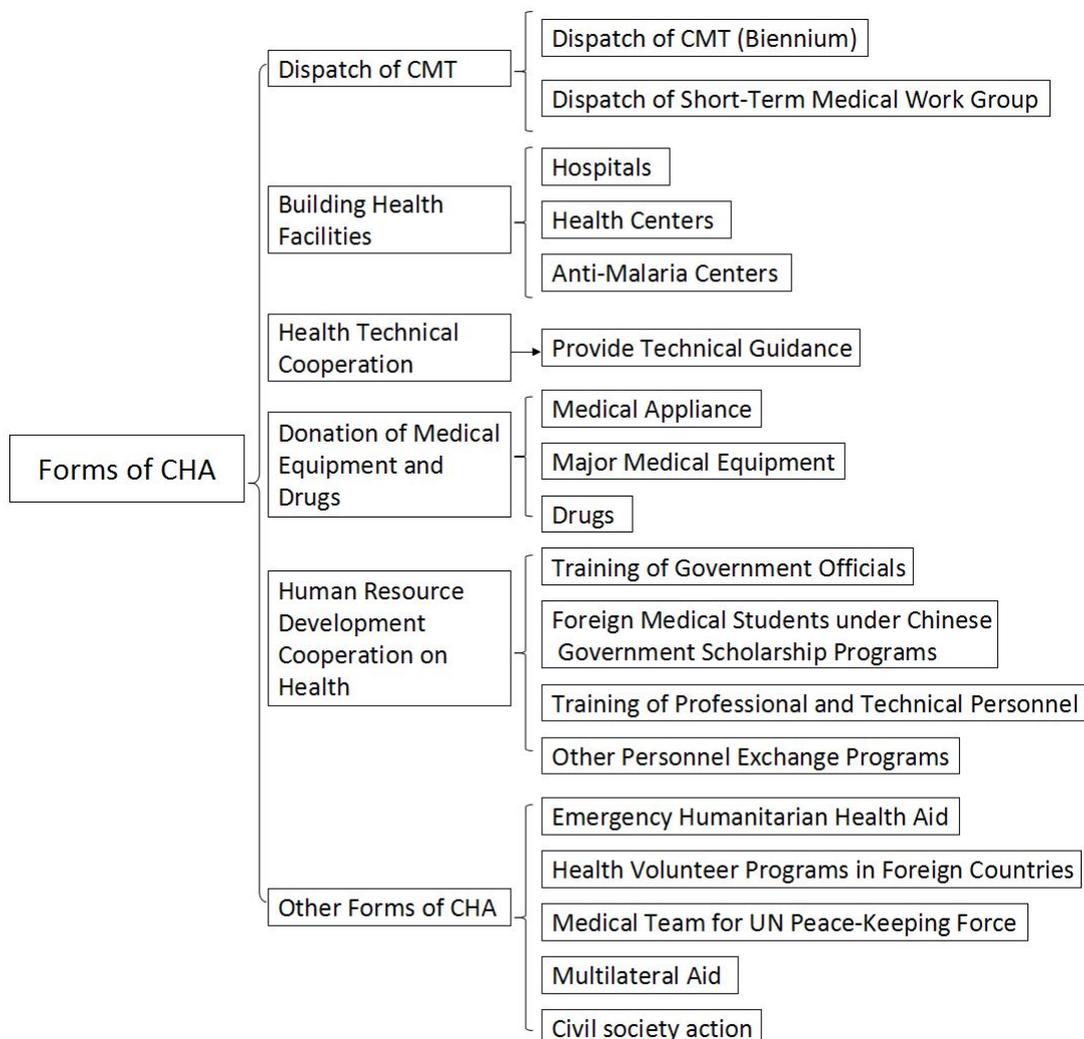


Figure 1 Forms of CHA

The management mechanism of CHA continue to improve: from the 1950s, CHA missions issued directly by the State Council, executed by the MoH; to the current,

Ministry of Commerce (MoC) is the center of governance structure of CHA, which is the competent central authority under the State Council, Ministry of Foreign Affairs (MoFA) and Ministry of Finance (MoF) are the key agencies among Ministries under State Council involved in formulating country aid programs and funding plan, and other ministries such as the National Health and Family Planning Commission (NHFPC, the ministry is created from the former MoH and National Population and Family Planning Commission in 2013) and Ministry of Education (MoE) is responsible for the management of specific forms of CHA. At the local level, CMT sent by each province except Tibet, Xinjiang, Guizhou, Hainan. In recipient countries, CMT to accept the leadership of the Economic and Commercial Counselor's Office owned by the Chinese Embassy. On specific forms of CHA, the MoC is responsible for the complete projects of health facilities, health volunteer programs in foreign countries, and a part of human resource development cooperation; the NHFPC is responsible for the dispatch of CMT, and a part of human resource development cooperation; the MoE is responsible for the management of foreign medical students under Chinese Government Scholarship Programs; the MoFA is responsible for the emergency humanitarian health aid; the MoF is responsible for grant (aid gratis) and the provision of interest-free loan; and the Export-Import Bank of China (China Eximbank) is responsible for the provision of concessional loan. (Figure 2)

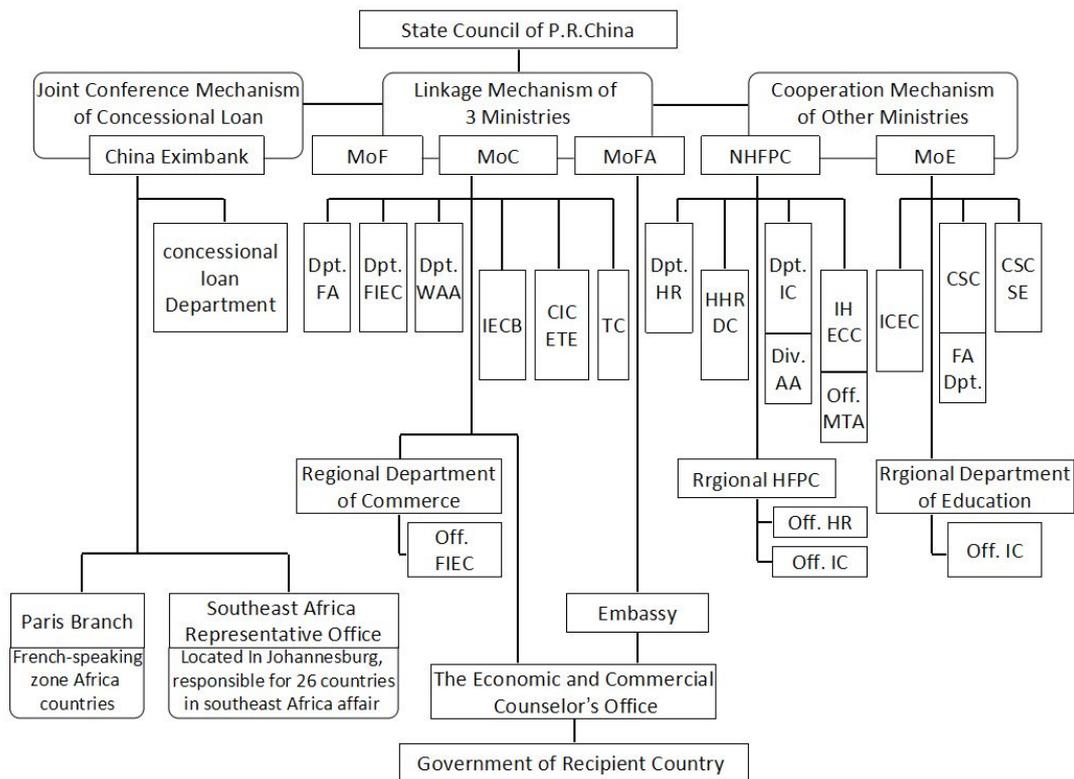


Figure 2 Management Mechanism of CHA

(Dpt.FA: Department of Foreign Aid; Dpt.FIEC: Department of Foreign Investment and Economic Cooperation; Dpt.WAA: Department of Western Asian and African Affairs; IECB: International Economic Cooperation Bureau; CICETE: China International Center for Economic and Technical Exchanges; TC: Training Center; Dpt.HR: Department of Human Resources; HHRDC: Health Human Resources Development Center, MOH; Dpt.IC: Department of International Cooperation; Div.AA: Division of Africa Affairs; IHECC: International Health Exchange and Cooperation Center; Off.MTA: Office of Medical Team Affairs; ICEC: International Cooperation and Exchange Center; CSC: China Scholarship Council; FADpt.: Foreign Affairs Department; CSCSE: Chinese Service Center for Scholarly Exchange; Off.FIEC: Department of Foreign Investment and Cooperation; Off.HR: Office of Human Resources; Off.IC: Office of International Cooperation.)

3. The 50th anniversary of CHA: a new starting point of China's approach in the South-South health cooperation

The first CMT was invited to Algeria since 1963 until today; the participation of China in South-South health cooperation has past 50 years. This half a century has witnessed the profound changes of China's foreign aid environment. On the one hand, China is facing a transition after its own social and economic development reaching a certain stage, the past experience not always is suitable for the future, every field needs to keep pace with the times, area of foreign aid is no exception, especially CHA, its influence will only become more and more small if according to the old way; on the other hand, as the development of the recipient countries, they continuously make new requirements to China, these requirements is testing the existing foreign health assistance mode in China. In addition, with the rise of Africa geopolitical position, traditional donors are reviewing their past Africa strategy, the new theory and practice of international development aid is increasingly collisions with China's foreign aid policy and practice and profound interaction and influence. The 50th anniversary of CHA is a new starting point of China's approach in the South-South health cooperation, both opportunities and challenges on the road ahead.

3.1 The opportunities of further promote China's approach in the South-South health cooperation

Recent three decades have witnessed the rapid development of China's economic. The average GDP growth rate of China is as high as 9.8%; China has already become the second largest economy entity after the US and before Japan. China's current economic strength has a big different with the 1950 when the foreign aid initially started, China should be able to achieve greater in the field of international aid. In fact, in the 21st century, especially since 2004, China's foreign aid money maintained rapid growth, from 2004 to 2009; the average annual growth rate was 29.4%. From 2010 to 2012, China's foreign aid is RMB 89.34 billion Yuan ^[8], if you don't consider factors such as inflation, this three years of aid alone accounted for almost 60 years accumulative total 34.8% of the total amount of assistance in the past. In 2011 and 2014, China issued two white paper on "China's foreign aid",

including history, policy, financial resources, forms, distribution, management and international cooperation, etc are discussed in detail to introduce, especially foreign aid official figures released the total amount of money, the future every four years issued a white paper may become a custom, that means China's aid policy and data increased transparency.

The relative abundance of aid funds and the continuous expansion of aid scale make the implementing subject thinking how to use the funds more effectively and improve the effect of aid. Under this background, the adjustment and reform of traditional aid model become the objective need. Specific to health assistance, the Department of International Cooperation, NHFPC as a positive driving force of the adjustment and reform, in 2012 and the UK's department for international development (DFID) cooperation launched the global health support programme (GHSP), the project implementation period for 5 years, china-UK health aims to establish new partnership, strengthen bilateral cooperation in the field of global health, enhance China's capacity to participate in the development of global health, work together to promote global health improvement. Project includes summary and dissemination of China's successful experience in the health system; developing a core center of excellence in CHA and China's global health strategy. GHSP combine the government with research institutions and other forces, it promotes the development of China's domestic to international aid and understanding of the theory of global health, to further expand the breadth and depth of China's participation in south-south health cooperation.

Bilateral cooperation is the main way of the early CHA due to the lack of regional and multilateral cooperation platform in China in that time. After China's lawful seat in the UN and the WHO was restore in 1971 and 1973, China officially boarded the stage of multilateral international health diplomacy. Since then, China has actively participated in many international and regional organizations, and in the framework of these organizations to build health cooperation mechanism, including: health cooperation under the Forum on China-Africa cooperation, ministerial meeting and public health foundation under the framework of China-ASEAN (10+1)

and CJK-ASEAN (10+3), high-level dialogue under the GMS, ministerial meeting working groups under the framework of Shanghai Cooperation Organization (SCO), health working groups under the framework of APEC, ministerial meeting under the framework of BRICS, etc. China can use this regional and multilateral platform to build a more "three-dimensional" approach in SSC.

3.2 The challenges of further promote China's approach in the South-South health cooperation

China more effectively participate in South-South health cooperation is still facing many challenges, a more prominent issue is the management functions of CHA belong to multiple departments, there is a certain degree of "bull management" and "piece break up" reach the policy that brings from this to be not coordinated. The western countries have worked on global aid for health through a core national development aid agency. Some of such kind of aid agencies belongs to governments, while others are research institutes or companies closely working with governments. For instance, UK's Department for International Aid (DFID), Canadian International Development Agency (CIDA), Australian Agency for International Development (AusAID), Swedish International Development Cooperation Agency (SIDA) and US Agency for International Development (USAID) are all sub-branches of national governments, responsible for managing and coordinating bilateral or multilateral cooperation, including making national plan for aid, coordinating, implementing and monitoring aid programs, and support translation of research findings into policies. International Development Research Center (IDRC) of Canada and Belgium Development Agency (BTC) are non-for-profit companies with legal representatives, working on delivering development programs and providing technical assistance. Currently there is no core center of excellence in CHA, similar to those agencies in the western countries. Foreign health aid programs have been sponsored and managed by the NHFPC and MoC. Responsibilities for research, training and dissemination, consultancy and organization of medical aid staff have been scattered widely in research institutions affiliated to NHFP, universities and local health

authorities and health facilities. Due to lack of systematic planning and coordination, no single decision-maker or manager is able to coordinate or plan for resource use in the long run. Research, consultancy and dissemination potential and advantages of program delivery agencies have not been given a full play. With expanding of size of foreign aid and deepening of collaboration, China is in urgent need of cultivating a core center for excellence on foreign aid, to provide intellectual, digital and personnel support to the government and research institutions to enable them to participate in global development aid and health cooperation.

Whether it is sending CMT or building health facilities, the traditional form of CHA has had only limited effectiveness in helps recipient countries to strengthen their self-development capacity, although it always stressed that "give a man a fish and you feed him for a day, teach a man to fish and you feed him for a lifetime". The traditional approach of CMT is that each batch of team divided into several units to serve at some disperse medical posts in recipient countries for 2 years, and CMT members provide training for local medical staff while they work. This approach has been likened to "sprinkle black pepper" because forces scattered, difficult to form a joint force. It also faces challenges in helping recipients to improve medical technology, strengthen health systems, and built public health and emergency response capabilities. In addition, the China-aided hospital and anti-malaria center often suffer criticism due to it lack of effective follow-up maintenance. Furthermore, due to lack of coordination of various aid forms and assessment of aid effectiveness, CHA failed to hit a "combination of boxing".

Although China has deepened the understanding of the concept of IDA in recent years, it still failed to better learn the experience and practices of IDA. Moreover, China's experience is not mature, taking into account its global health diplomacy is just beginning. Development assistance for health and global health diplomacy covers wide range of subjects, including health economics, health policy and management, medicine, development, international politics and relationships, sociology, and laws. Researchers of consultancy agency on development assistance for health and global health diplomacy shall grasp knowledge of various subjects,

and understand situations in Asian and African countries as well as complex and sensitive international relationships. They need to have competence and rich experience in translating research findings into policy recommendations that are eye-catching and valuable to decision makers. This is considered a big challenge to the Chinese researchers and future taskforce training. In addition, basis for conducting research on CHA are historical statics and micro-level monitoring data. It is usually hard to propose strategic recommendations for policy makers due to unavailability of systematic research and evaluation due to shortage of data and information.

3.3 The way forward of China's approach in the South-South health cooperation

Many substantive adjustment and reform of CHA has been carried out or be on the agenda, take CMT for example, at present, China is trying to change the each batch of CMT's service time from 2 years to 1 year, dispersed medical posts being gathered to big hospitals in capital cities and big cities of recipients, and advanced specialist clinics, such as eye center, minimally invasive surgery center being built for these hospitals, in order to help Chinese experts better carry out their technical expertise to develop higher technical level's medical and health cooperation. China is exploring a short-term service mode of medical expert group to recipient countries. An activity named "Brightness Action Campaign" initiated in 2003, which through the way of keeping official and unofficial channels advance together, organized ophthalmologists to north Korea, Cambodia, Bangladesh, Vietnam, Pakistan and other Asian countries to provide free treatment for local cataract patients. The first time which China's "Brightness Action Campaign" expert group went to Africa, Zimbabwe, Malawi, Mozambique, Sudan and other countries to treat thousands of patients with cataract in November 2010. In addition, China is also trying to raise some health volunteer to went to the foreign countries to carry out medical services.

China is also exploring how to extend the field of CHA from the traditional medical services to the public health services, strengthen health system and health

policy advice. The team of rapid elimination of malaria led by Professor Li Guoqiao from Guangzhou University of Chinese Medicine have been successfully combating malaria cases in Moheli and Anjouan, are two islands of the Union of Comoros since 2007 ^[24]. Li and his team's work has received attention from central to Guangdong provincial government, they are planning to increase public health workers in CMT to engage in efforts to eliminate malaria, and a good idea is the public health workers may be stationed in China-aided anti-malaria center of local. Other efforts in the field of public health also include Schistosomiasis Elimination campaign in Zanzibar (China provides funding and technology, WHO provides technical support and coordination, the programme started in 2013 aims to help Zanzibar develop and implement strategic plan on snail control and control of schistosomiasis transmission) and China's participation in "Stop Transmission Of Polio (STOP) Program" (China sent 15 experts to Pakistan, Nigeria, Tanzania, Namibia to assist in efforts to eradicate polio since 2011). The most recent effort is China announced that it will help Sierra Leone set up an Ebola laboratory and an Ebola holding center ^[25]. All of these efforts not only reflects CHA pay more attention to public health, strengthen health system and health policy advice; but also reflects it become more involved in multilateral action, and more understanding of global health concern.

GHSP ongoing programme to help Chinese officials and academics understand the urgent and important to cultivate a national core center in DAH, and this is an endeavor that needs to have a staged implementation and requires intellectual and funding resources in- and out-side the countries with the support of NHFPC and MoC. The programme is planning to invite domestic and overseas institutions with rich experience in researching, delivering and managing foreign aid to conduct relevant research, training, policy consultancy, capacity building activities and building up China's DAH network, so that the tendering agency is able to become core center in DAH in China, providing learning management system for government officials and researchers to deepen their understandings of best practices enable them to better design and implement policies and strengthen bilateral and multilateral

collaborations between China and the other countries. China is developing own Global Health Strategy and CHA will occupy an important space in it. This means that CHA will be more closely integrated with the global health agenda. China may be more to strengthen cooperation with Africa in the achievement of Universal Health Coverage and Post-2015 Development Goals.

All in all, CHA is moving toward a “three-dimensional” approach that will effectively strengthen bilateral, regional and multilateral cooperation, coordinate the various forms of aid, and achieve a combination of official and unofficial aid. In the foreseeable future, CHA will continue to adhere to equality, mutual trust and mutual benefit as the principles of SSC, while China will deepen the understanding of the concept of IDA and expand their cooperation with OECD-DAC countries, and will become more actively involved in global health diplomacy and governance, even if it still felt alert to integration into the IDA system dominated by OECD-DAC countries.

References

1. Li Anshan. (2012) China-Africa Health Cooperation for 50 Years: Achievements, Challenges and Future. *China-Africa Health Collaboration in the Era of Global Health Diplomacy*. Beijing: World Knowledge Publishing House, 9-10.
2. Xu Weizhong (2012). Chinese Medical Aid and Cooperation in Africa: Evolution, Achievements and Challenges. *China-Africa Health Collaboration in the Era of Global Health Diplomacy*. Beijing: World Knowledge Publishing House, 27-30.
3. Liu Peilong, etc. (August 31, 2011) China Health aid to Africa (Draft Report for WHO), 8-11.
4. Hu Mei, Liu Hongwu. (2012) China’s Foreign Aid to Africa for 50 years and Growth of the Aid Concept. *International Studies*, 1, 12-28.
5. Huang Meibo, etc. (2013) South-South Cooperation and China’s Foreign Health aid. *International Economic Cooperation*, 5, 66-71.
6. (June 28, 2014) “Xi Jinping Delivered a Speech at the Five Principles of Peaceful Coexistence Assembly on 60th Anniversary”, Xinhua.

http://news.xinhuanet.com/world/2014-06/28/c_1111364206_2.htm

7. State Council Information Office. (2011) "China's Foreign Aid" White Paper.
8. State Council Information Office. (2014) "China's Foreign Aid" White Paper.
9. Liu Hongwu. (June, 2011) China-Africa Development Cooperation: Identity Transformation and System Reconstruction. *Shanghai Normal University Journal*, 40 (6), 122-129.
10. (December 9, 2010) "Ministry of Health Awarded the 'Health Development of South-South Cooperation' Medal". *Health News*, 2010-12-29, 1.
11. Li Xiaoyun, etc. (2009) *International Development Assistance: Evolution, Management and Institutions*. Beijing: Social Sciences Academic Press (China), 1-2.
12. Busan Partnership for Effective Development Cooperation. Fourth High Level Forum on Aid Effectiveness, Busan, Republic of Korea, 29 November-1 December 2011.
13. Hu Mei, Liu Hongwu. (2009) Ideology First or Livelihood Improvement First? A Comparison between the "Democracy Aid to Africa" of the West and "Livelihood Aid to Africa" of China. *World Economics and Politics*, 10, 17-24.
14. Dean T Jamison, etc. (2013) *Global Health 2035: a World Converging within a Generation*. The Lancet Commission on Investing in Health, December, 2013.
15. Guo Yan, etc. (2010) *Global Health and the National Strategy*. *Peking University Journal (Medical Sciences)*, 42 (3), 247-251.
16. Luo Yanhua. (2011) Global health diplomacy for China's influence and challenge. *International Politics*, 2, 45-61.
17. Mark W. Zacher, Tania J. Keefe. (2011) *The Politics of Global Health Governance: United by Contagion*. Zhejiang University Press, 2-5.
18. Xu Jing. (August 17, 2013) "Global Health Governance should actively incorporate different actors". <http://health.sohu.com/20130817/n384407001.shtml>
19. Xu jing. (2013) *Global Health Governance and Mechanism for China and Africa's Participation*. Paper presented at the 2013 China Health Forum, Beijing.
20. Wang Yunping, etc. *Strengthening Health Systems: "New Continent" in*

China-Africa Health Collaborations. Paper presented at the 2013 China Health Forum, Beijing.

21. Qian Yaping. (May 27, 2011) "China's Foreign Aid at the Most 7% of the Total State Expenditure in the Past 60 Years". People. <http://history.people.com.cn/GB/205396/14757191.html>
22. Lv Bo. (1997) Reform Medical Teams, Promote Mutually Beneficial Cooperation in Depth. *Development and Cooperation*, 12, 28-30.
23. Liu Hongwu, Huang Meibo, etc. (2013) *Strategic Research of China's Foreign Aid and International Responsibility*. Beijing: China Social Sciences Press.
24. Xu Jingxi. (September 3, 2013) Fighting malaria. *China Daily*. http://www.chinadaily.com.cn/life/2013-09/03/content_16940189.htm
25. (September 8, 2014) China to help Sierra Leone set up Ebola lab. *Xinhua*. http://news.xinhuanet.com/english/africa/2014-09/09/c_126964090.htm