

Health Diplomacy in China

Xu Jing, Liu Peilong, and Guo Yan

China has been actively involved in health diplomacy since the founding of the People's Republic of China (PRC) in 1949. In addition to the changing international environment, dominant ideologies, and foreign policies over the past sixty years, health diplomacy in China has also experienced strategic shifts, which can be categorized by different periods: 1. Period of "Leaning to one side" diplomacy and the advent of health cooperation between China and the Soviet Union (from the founding of PRC to the end of the 1950s); 2. Period of "Fight against the hegemony of two superpowers,--the US and the Soviet Union" and the initiation of medical teams to Africa (from the end of 1950s to the end of the 1960s); 3. Period of "Uniting with the US against the Soviet Union" and the beginning of multilateral health diplomacy (from the end of the 1960s to the end of the 1970s); 4. Period of "Pragmatism" in foreign policy and pushing forward of comprehensive health diplomacy (from the end of the 1970s to the end of the 1990s); and 5. Period of "harmonious world" mentality and thriving of comprehensive health diplomacy (from the year 2000 until now). At present, China is actively involved in international health affairs, activities including cooperating with international health organizations, expanding inter-governmental health cooperation, and pioneering - non-governmental health diplomacy. Such shifts indicate that health is occupying an increasingly important role in diplomacy, and that diplomatic tools are being utilized to solve health issues. China, with its growing national strength, should attach more priority to the development of health diplomacy, and should be more responsive and active in the global health arena.

INTRODUCTION

Health diplomacy is defined as a political change activity that meets the dual goals of improving global health while maintaining and strengthening international relations abroad.¹ It emphasizes the inter-linkages between health and foreign policy, and is part of the "new diplomacy" that resulted from the expansion of foreign policy into new sectors and issues since the Cold War.² Although this term only gained importance and popularity in recent years, notably with the launching of Foreign Policy and Global Health Initiative in 2006 by foreign ministers from Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand, the practice of health diplomacy can be traced back much earlier in many countries, including in China.

Since its founding in 1949, the People's Republic of China (PRC) has been attaching importance to utilizing health as a tool for promotion of foreign relations. However, a majority of existing literature on health diplomacy in China focuses exclusively on the dispatching of medical teams to African and Middle Eastern countries, claiming that this is largely driven by the desire to expand political influence and enhance "soft power,"³ a notion coined by Joseph Nye and indicating the ability to obtain what one wants through co-option and attraction. In this article, we will examine a more complete history of health diplomacy in China since 1949, summarize the different characteristics in respective periods, thus to further our understanding of China's engagement in health diplomacy and identify future challenges.

HISTORY OF HEALTH DIPLOMACY IN CHINA

The foreign policy of China, starting from the birth of People's Republic in the year 1949, has experienced twists and turns as a result of diverse international environments, ideologies, and diplomatic situations over the past sixty years. Health diplomacy has also been through strategic shifts.

From the Founding of the PRC to the End of 1950s: Leaning To One Side- Diplomacy and the Advent of Health Cooperation between China and the Soviet Union

In the early years of the PRC, the Chinese foreign policy is largely influenced by a highly articulated and systematic Communist ideology, "a formal system of ideas which provided a perceptual prism" through which the Communist leaders view the world.⁴ It is with this ideology that Chinese leaders at that time saw the inevitable victory of anti-imperialism and doomed failure of capitalism. This contributed to China's leaning towards the Soviet Union. Not only did it join the socialist ally led by the Soviet Union, but also conformed to the Soviet Union and other socialist nations on diplomatic issues. The two sides - acted in a mutually supportive way in politics, and -also shared frequent exchanges in the health arena.

During the first five-year plan, the Soviet Union committed aid to 156 large-scale plants and factories in China, including two pharmaceutical factories in north China and Taiyuan, the capital of Shanxi Province. Meanwhile, a large group of Chinese students and health technicians were sent to the Soviet Union for studying and training, and eventually provided a reservoir of health professionals for future development. Many of those who came back after studying there became the main force in China's health sector. For instance, the former Health Minister, Dr. Qian Xinzong, obtained his doctoral degree in the Soviet Union.

From the End of 1950s to the End of 1960s: The Fight against the Hegemony of Two Superpowers- The U.S. and the Soviet Union

The good relationship between China and Soviet Union deceased gradually. By the end of the 1950s, the two sides disagreed over many things such as diplomatic directions, ideologies, and how to construct a socialist country. The foreign policy in this period was characterized not only by anti-American imperialism and anti-Soviet revisionism, but also anti-reactionaries and anti-hegemonism. Although it acted largely as "a revolutionary power"⁵ at odds with many regional governments, China gradually enhanced its diplomatic relations with countries in Asia, Africa, and Latin America. While supporting these countries in their efforts to win and sustain independence, China also offered political and material assistance to them, including the dispatch of medical teams. On April 6th, 1963, China sent its very first medical team to Algeria as directed by the former Premier Zhou Enlai.⁶ Over the past 40 years, Chinese medical teams in the developing world have gone through enormous hardships to emerge with remarkable successes. Such efforts have played an active role in both generating favorable images of China in the international community and promoting the development of Chinese diplomatic relations.

From the End of 1960s to the End of 1970s: Uniting with the United States against the Soviet Union and the Beginning of Multilateral Health Diplomacy

The Sino-American relationship welcomed its historical reconciliation after the conflict over Zhenbao Island between China and the Soviet Union in March 1969. During this time, the

United States (US) was mired in the Vietnam War. The reconciliation process reached its climax in February 1972, when the then President Nixon visited China in public. China began to break the ice with the capitalist world and become more involved with the international community, especially with the regaining of its UN membership status. The relaxation of tension in diplomatic relations has also facilitated exchanges in the health arena. This period witnessed a booming of China's health assistance to other countries as well as frequent visits by country health delegations from Asia, Africa, and Latin America. On May 12th, 1972, the 25th World Health Assembly passed a resolution to resume the rightful identity of China in the World Health Organization (WHO). Since then, China has participated in every World Health Assembly and Regional Committee Meeting of the WHO and has been elected as a member of the Executive Board many times. In October 1978, the former health minister Dr. Jiang Yizhen signed the *Memorandum of Technical Cooperation between the People's Republic of China and the World Health Organization* (hereafter referred to as the *Memorandum*) with the former Director-General of the WHO, Dr. Halfdan Mahler. This signing was a milestone that marked the initiation of multilateral health cooperation in China.

From the End of 1970s to the End of 1990s: Pragmatism in Foreign Policy and Pushing Forward Comprehensive Health Diplomacy

Ideological factors became less important with the adoption of the reforming and opening-up policy, proposed by the 3rd Plenum of 11th Central Committee of the Communist Party in 1978. It was under Deng Xiaoping's strategic view that "peace and development have become two major themes of today's world" that China decided to shift its priority to economic modernization, and focused its foreign policy on peaceful coexistence and all-directional diplomatic relations. This view dramatically changed the earlier judgments of the world situation and helped China to embark on a new road,⁷ bringing major changes in China's diplomatic behaviors. As observed by Medeiros and Fravel, "China has expanded the number and depth of its bilateral relationships, and joined various trade and security accords, deepened its participation in key multilateral organizations, and helped address global security issues."⁸

These changes also pushed the health diplomacy in this period into a more comprehensive direction, notably reflected in the following four areas: co-development of bilateral and multilateral health cooperation, co-introduction of technologies and capital in health, mutual complementation of official and unofficial approaches on health issues, and a bidirectional flow of health assistance both into and out of China.⁹ It was during this period that many agreements on health cooperation with strategic importance were signed between China and other countries (i.e. *Protocol of Scientific Cooperation on Health Between the People's Republic of China and the United States of America* on June 22nd, 1979; *Agreement of Scientific Cooperation on Health and Medical Science* signed between China and the Soviet Union on May 16th, 1990; *Memorandum of Understanding on Health Cooperation* signed between the health ministries in China and Australia, etc.) Apart from the successful bilateral health cooperation, China has also been extending its influence in international health affairs both in breadth and depth and further enhancing its cooperation with international health organizations like the WHO.

CHINA'S HEALTH DIPLOMACY IN THE NEW CENTURY

At the 4th Plenum of the 16th Central Committee of the Communist Party of China in 2004, President Hu Jintao announced that China was trying to develop a "harmonious society."¹⁰ A year after, during the 60th anniversary of the founding of the United Nations,

Hu Jintao proposed a democratization of international relations and construction of a harmonious world where all civilizations coexist and accommodate each other.¹¹ The construction of a “harmonious society” inside and a “harmonious world” outside are, as put by Zhu Liqun, a reflection of the “inner needs of China’s transformation to a pluralized society and the essential dynamics of the transition of China’s diplomacy.”¹² It also shows that China is ready to take a more proactive role both internally and externally.¹³ This new diplomatic thinking has thus influenced the health diplomatic activities in 21st century China, giving them new dynamism while maintaining the same strategy of “comprehensive health diplomacy” as in the last period.

Active Involvement in International Health Affairs

A major characteristic of China’s new diplomacy in the new century is the multilateral diplomacy and its vigorous participation internationally. This is especially true in terms of health. With ongoing globalization, cross-border transmission of health hazards has been largely facilitated, going beyond the capacity of single or several countries and thus requiring concerted efforts at global level. International organizations have therefore become an ideal platform for countries to discuss solutions together to these transnational health issues. In this regard, China has enhanced its cooperation with international organizations and has participated in international health decision-making processes more actively, promoting its opinions on international health affairs.

Cooperation with the WHO

Since 1972, China has been cooperating closely with the WHO, especially after the signing of the *Memorandum* in 1978. Such cooperation becomes increasingly active in the new century as China’s national strength grows. The major approaches include:

- Supporting various activities of the WHO in the world and hosting some of its important conferences and events. In December 2006, the former Director of Health Department in Hong Kong, Dr. Margret Chan, was elected Director-General of the WHO under nomination by the People’s Republic of China. China was selected as a member of the Executive Board of WHO many times and hosted several major conferences and activities for the organization, including the 38th and 55th Regional Committee Meeting of Western Pacific Regions. Additionally, China plays an active role in the formulation and revision of WHO policy tools, such as the revision of International Health Regulations (IHRs) in 2005. Furthermore, following the newly introduced IHRs 2005, China established a special coordinating team composed of experienced individuals from the ministries of health, foreign affairs, and quarantine.
- Establishing WHO Collaborating Centers (CC) in China. At present, there are more than 60 WHO CCs in China, accounting for about eight percent of the total number of CC in the world, of which 13 were established after the year 2000.¹⁴ The major fields of concern include prevention of communicable and non-communicable diseases, traditional Chinese medicine, reproductive health, mental health, primary health care, and maternal health.
- Conducting WHO cooperating programs. These programs are composed mainly of biennial regular budget programs and extra-budgetary supporting programs. From 1982 to 2009, China received a total of \$86.5 million of regular budget from the WHO; of this amount, \$33.3 million were given between the years 2000 and 2009 (Figure 1).¹⁵ The budget for each biennial program stays constant at \$6.8 million, indicating that this cooperation has stabilized. Four major fields are: 1) combating communicable diseases; 2) building healthy communities and populations; 3) health sector development; and 4)

reaching out. These programs have been conducive to cultivating health personnel and enhancing the health system in China.

Cooperation with Other International Organizations

1. Cooperation with UNICEF. From 1980-2005, UNICEF has provided a total of \$140 million to China's health sector, supporting seven rounds of cooperation projects and establishing a dozen cooperative programs in fields such as maternal and child health, immunization, elimination of iodine deficiency, health education, and nutrition. In the 8th round (2006-2010), UNICEF has committed another \$50 million to health in China. By taking into consideration China's national development strategies for its health sector, UNICEF reoriented its priorities to fields more closely related to maternal and child health (i.e. maternal and child hygiene, child nutrition, disease prevention and immunization, etc.).
2. Cooperation with Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter referred to as the "Global Fund"). The Global Fund was established in January 2002, initiated by Group 8 countries. China has been active in the whole process since June 2001 and was a member of the Board representing developing countries in the Western Pacific region. By June 2008, China successfully applied for 11 programs from the Global Fund, a monetary amount of \$550 million.
3. Cooperation with UNAIDS. UNAIDS is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care, and support. In June 1996, UNAIDS set up an office in Beijing, to advance its cooperation with China. By the end of 2007, China received more than \$3 million in assistance from UNAIDS, to be used towards policy guiding and leadership training, participation of the infected, management of migrants, and gender issues.
4. Cooperation with the World Bank. Since the first loan program in 1982, China has cooperated with the World Bank on 11 health projects, utilizing loans of \$1.26 billion and donations of \$112 million. Prioritized fields have included regional health planning, development of rural human resources for health, DOTS strategy in tuberculosis control, medical aid for maternal and child health in poor areas, and HIV/AIDS prevention and control.

Expanding Cooperation with Regional Organizations

Cooperation with ASEAN

China started out its official cooperation with ASEAN in 2003. In the intervening seven years, it has established a series of health ministerial-level dialogues and other regular high profile meetings.

In April 2003, China contributed 10 million RMB to set up a Sino-ASEAN Foundation on Public Health Cooperation. Also, the Sino-ASEAN Cooperative Foundation and other special funds for cooperation with Asia countries set public health as their priority.

In March 2008, ASEAN, together with China, Japan and Korea, began its operation on information notification for emerging infectious diseases, making information sharing among China and ASEAN countries a reality, thus guaranteeing effective response to disease outbreak in advance.

Cooperation with GMS Countries

GMS (Great Mekong Sub-region) countries are crucial for China to carry out its

strategic policies and promote regional cooperation. China began its cooperation in health with GMS in 2005, with a focus on malaria, HIV/AIDS, and tuberculosis prevention in bordering areas at Yunnan Province and Guangxi Zhuang Autonomous Region. Up to now, China has donated more than 5.08 million RMB for these regions and provided training to some 220 person-time. Such cooperation facilitated exchanges among health departments of different countries and benefited the capacity building in bordering areas.

Cooperation with SCO Countries

The Shanghai Cooperation Organization (SCO) is yet another effective channel for China to enhance its regional cooperation. Established in the year 2001, SCO is composed of Kazakhstan, Kyrgyzstan, Russia, Tajikistan, China, and Uzbekistan. It has multi-facet cooperation directions, in which health is one of the most important areas. At the end of November 2008, the first ministerial meeting of health ministers of SCO members was held in Beijing. Health emergency response, cross-border infectious disease prevention and control, medical assistance and disaster relief, and research and development for traditional medicine, were all shared priorities that called for regional cooperation.

Cooperation with the European Union

China established a partnership with the European Union (EU) in 2003. From 1994 to 2001, the EU contributed €4.5 million to HIV/AIDS prevention in China, setting up six provincial level regional training centers to provide technical assistance to medical personnel in HIV/AIDS prevention, which is conducive for capacity building of medical institutions of all levels in dealing with HIV/AIDS.

Strengthening Bilateral Cooperation

The health cooperation and exchanges between China and other countries have been established mainly through the signing of health cooperation agreements, the establishment of regular dialogue mechanisms, and high profile visits and founding of joint health programs.

Cooperation with Developed Countries

Among all the developed countries, there are several who are particularly active in China's health issues, notably the United Kingdom (UK), the US, and Australia.

1. Cooperation with the UK

Of any other country, the UK provided the most funds (over £100 million) to China's health sector through Official Development Assistance. Since 2000, the UK Department for International Development has been cooperating with China's Ministry of Health, supporting the government's efforts in tuberculosis, HIV/AIDS, community health, health policy research, and medical aid. The two major programs are HIV/AIDS Prevention & Care Project (HAPAC) and China AIDS Roadmap Tactical Support Project (CHARTS). In the new round of cooperation between the two countries, from the year 2006 to 2011, UK has promised £30 million to further support AIDS prevention efforts in China.

2. Cooperation with the United States

The new century witnessed closer ties on health cooperation between China and the United States. In 2005, a mechanism of biennial ministerial-level dialogue was established between the two sides; in 2006, Sino-US Strategic Dialogue was initiated jointly by the leaders of the two countries, in which health featured as an important topic. The personal

participation and direct dialogue of high profile leaders have significantly promoted exchange and cooperation in the health sector.

In recent years, the cooperation between China and the US has mainly focused on emerging and re-emerging infectious diseases, HIV/AIDS, and influenza. In June 2002, both health ministries reached an agreement in the *Memorandum of Understanding on AIDS Cooperation*, which served as a policy foundation for enhancing AIDS prevention and treatment. On November 20th, 2005, the leaders of the two countries officially signed the *Conceptual Paper on China-US Joint Actions on Avian Influenza*, while the two health ministries signed *Memorandum of Understanding on Establishment of Cooperation on Emerging and Re-emerging Infectious Disease*.

3. Cooperation with Australia

China and Australia share broad cooperation and exchanges in infectious disease prevention, public health emergency response, health system and financing, and medical research. In September 2005, the two nations set up a regular ministerial-level meeting on health.

Since 2000, seven health projects have been successfully carried out between the Australian Government's overseas aid program and the Chinese government (AUS\$82.8 million). These projects have included: elimination of iodine deficiency in Tibet (May 2005), prevention and care for HIV/AIDS in Xinjiang Uyghur Autonomous Region (2002-2009), and HIV/AIDS project in Asia, covering Yunnan province and Guangxi Zhuang Autonomous Region (2002-2007).

Cooperation with Eastern European Countries and Russia

Eastern European countries, notably Russia, share a close and stable tie with China. During the past 30 years, China's Ministry of Health has signed 92 health cooperation agreements with 24 countries in this region and continued to maintain frequent high profile exchanges. Since the formation of Sino-Russian Cooperation Committee on Humanity in the year 2000 (previously known as the Sino-Russian Committee of Education, Culture, Health, and Sports), the vice premiers of both countries have called for a number of meetings, in which both health departments and health issues are inseparable components. Inside this Committee, a health branch was established at the beginning of the year 2001, with officials in health departments at the vice-ministerial level serving as chairmen, thus adding momentum to the health cooperation between the two countries.

Cooperation with African Countries

In 1963, China dispatched its first medical team to Africa. Over the past 30 years, more and more medical teams have been sent to Africa. By the end of 2007, China had sent medical teams to 67 countries and regions in Asia, Africa, Latin America, Europe, and Oceania, totalling 21,238 medical professionals who distributed approximately 200 million treatments, of which Africa received the majority. At present, China has dispatched 40 medical teams of 980 medical personnel to 39 African countries, all of them are highly valued by local governments and people for the teams devotion to work and willingness to help.

Meanwhile, as proposed by China, the Forum on China-Africa Cooperation was started in October 2000. During the Beijing Summit of this forum in 2006, President Hu Jintao put forward eight measures to advance assistance to Africa.¹⁶ These measures, many of which are now underway, included setting up 30 hospitals and 30 centers for malaria prevention and treatment.

Pioneering on Non-governmental Health Diplomacy

Globalization has brought an inflow of players and actors in the health arena, notably the springing up of non-governmental organizations, which are shouldering an ever-growing role. In the new century, China stepped up its efforts in cooperating with these organizations and institutions, and has attracted funds, technologies and pharmaceuticals of more than \$80 million for its health sector. NGOs are playing an increasingly important role in health sector in China; the Vice Health Minister Wang Longde used to openly commend NGOs for their “outstanding role” in fighting HIV/AIDS in China, saying they worked “in the fields where the government cannot go deep.”¹⁷

In 2004, the Ministry of Health signed a memorandum of understanding with the Clinton Foundation in US, initiating AIDS cooperation projects. In 2005, the Ministry of Health signed a memorandum of understanding on AIDS prevention and control in Sichuan Province with the Merck Company in the US for \$30.5 million over a period of five years. In 2006, the Ministry of Health signed a memorandum of understanding on AIDS prevention with the Gates Foundation for \$50 million over five years. In 2007, a memorandum of understanding on philanthropic surgery of cleft lip and palate was reached by the Ministry of Health and Smile Train foundation in US, in which the latter committed funding and technical assistance to patients with cleft lips and palates. What's more, China maintains favorable cooperative ties with many NGOs around the world, including the Rockefeller Foundation, China Medical Board, Ford Foundation, and the Open Society Institute.

TRENDS AND CHALLENGES FOR HEALTH DIPLOMACY IN CHINA

Health diplomacy in China far surpasses the small arena of medical aid to African countries. During the past 60 years since the founding of People's Republic of China, health has always been a tool of foreign policy, playing different roles at different times. At the beginning of the 1960s, the decision to discontinue health cooperation with the Soviet Union and Eastern European countries was made under special historical circumstances. The dispatching of medical teams to Africa in the middle of the 1960s opened a new chapter in Sino-African health cooperation. Health diplomacy in the 1970s contributed to the normalization of relationship between China and the United States; the issue of Taiwan in the WHO beginning in the 1990s tested the wisdom of Chinese health diplomats. Now, in the new century, China, with growing comprehensive national power, is expected to bear more responsibility and to have a greater say in international health affairs.

Although a tool of broader diplomacy, we can still summarize the changes in health diplomacy itself. In the first 30 years after the founding of the PRC, the Chinese leaders felt insecure about the world order and believed that another world war is “difficult to avoid.”¹⁸ As a result, the primary function of foreign policy then was to maintain national security, and health diplomacy served to this end. During this period, ideological differences and domestic “extreme left ideology” interfered with foreign health policies and politicized many insensitive health issues unnecessarily, including China's refusal to participate in the Alma-Ata conference, overestimated national economic strength, and China's rejection of WHO technical assistance. The year 1978 was a major turning point, when foreign policy became more “pragmatic,” and its function of promoting national economic development more prominent. In this period, health diplomacy readjusted its goal to serve both political interests and the modernization of the country. The new century is a century influenced by the mentality of “a harmonious world”. Health, in this context, continues to serve foreign policy needs, but diplomacy also starts to serve health. Over the past decade, health

meetings with high profile Chinese leaders have become more frequent and foreign policy tools like negotiation and consultation have been employed in health sectors to facilitate development of health.

Yet as an emerging power, China still lacks voice in health diplomacy, and is not active enough in formulating a country strategy on health diplomacy. The spreading of globalization has made non-traditional health security threats like climate change, public health security, and biological terrorism more imminent. It is now essential for countries to work together in dealing with such issues as most of them respect no national borders. Thus, diplomacy, with its power of negotiation, will become an indispensable component in this process.

Still, other challenges lie ahead. As a developing country, China has largely been the recipient of developmental assistance including that for health; it also has relied on such assistance to advance domestic health status, for the end of “modernization of medicine.”¹⁹ However, with its increasing national power, China now is also expected to shoulder more responsibilities and to make donations to many other developing countries, and not just in the form of medical teams. How can China strike a balance between its dual role in global health, receiving and making donations, and take care of its own interests as well as that of the majority of the developing countries? How can health diplomacy better serve this balance and maximize both interests? These are the issues that China needs to address in the time to come.

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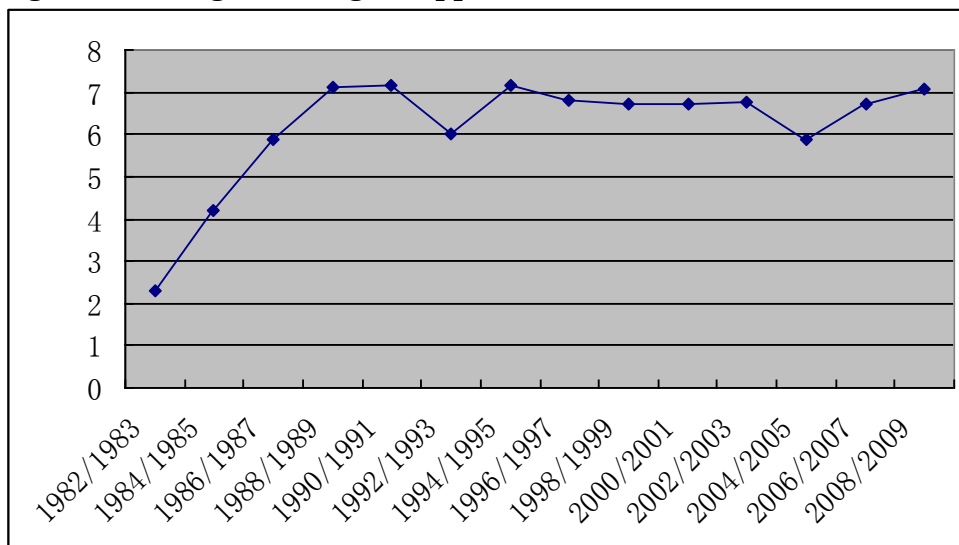
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Fig 1: WHO Regular Budget Support to China: 1982-2009 (in million dollars)



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- ¹¹ Full speech available at <http://www.fmprc.gov.cn/eng/wjdt/zyjh/t213091.htm>
- ¹² Zhu Liqun, "The domestic sources of China's foreign policy and diplomacy," in Pauline Kerr, Stuart Harris and Qin Yaqing eds., *China's "new" diplomacy : tactical or fundamental change?* (New York: Palgrave Macmillan, 2008): 122.
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- ¹⁴ WHO website http://apps.who.int/whocc/List.aspx?cc_code=CHN&
- ¹⁵ Data from *Yearbook of Health* compiled by Ministry of Health, China.
- ¹⁶ The eight measures are: 1) Double its 2006 assistance to Africa by 2009; 2) Provide US\$3 billion of preferential loans and US\$2 billion of preferential buyer's credits to Africa in the next three years; 3) Set up a China-Africa development fund which will reach US\$5 billion to encourage Chinese companies to invest in Africa and provide support to them; 4) Build a conference centre for the African Union to support African countries in their efforts to strengthen themselves through unity and support the process of African integration; 5) Cancel debt in the form of all the interest-free government loans that matured at the end of 2005 owed by the heavily indebted poor countries and the least developed countries in Africa that have diplomatic relations with China; 6) Further open up China's market to Africa by increasing from 190 to over 440 the number of export items to China receiving zero-tariff treatment from the least developed countries in Africa having diplomatic ties with China; 7) Establish three to five trade and economic cooperation zones in Africa in the next three years; and 8) Over the next three years, train 15,000 African professionals; send 100 senior agricultural experts to Africa; set up 10 special agricultural technology demonstration centres in Africa; build 30 hospitals in Africa and provide RMB 300 million of grant for providing artemisinin and building 30 malaria prevention and treatment centres to fight malaria in Africa; dispatch 300 youth volunteers to Africa; build 100 rural schools in Africa; and increase the number of Chinese government scholarships to African students from the current 2000 per year to 4000 per year by 2009. Full speech available at

<http://www.focac.org/eng/ltada/dscbjhy/SP32009/t606840.htm>

¹⁷ “NGOs play ‘outstanding role’ in fight against HIV/AIDS: Vice Health Minister,” *Xinhua News Agency*, August 31, 2005.

¹⁸ Zhu Liqun, “The domestic sources of China’s foreign policy and diplomacy,” in Pauline Kerr, Stuart Harris and Qin Yaqing eds., *China’s “new” diplomacy: tactical or fundamental change?* (New York: Palgrave Macmillan, 2008): 111.

¹⁹ The Communist Party of China raised the goal of “Four Modernizations” during the first session of the third National People’s Congress in 1964, which refers to the modernization of Agriculture, Industry, National defense, and Science and Technology. Modernization of medicine is an indispensable part of the four modernizations.