

Moderator's introduction to the workshop

The project of “building a shared community of health for all” was first proposed at the fifth plenary session of the 19th CPC Central Committee. The China Center for Health Development Studies, Peking University, together with several other schools, has taken on a major research project of the National Social Science Fund of China on this theme. The Institute of Area Studies of Peking University and China Center for Health Development Studies, Peking University, jointly organized this workshop, which was also one of a series of seminars of the project. Africa has been an important area for China to promote the work of building a shared community of health for all, and Sierra Leone is a good representative country, reflecting the work of China's medical teams, public health initiatives, and military medical teams. In this workshop, we focused on the progress, challenge, and future directions of building a China–Africa health community by examining health cooperation practices between China and Africa, especially those between China and Sierra Leone. We invited more than ten experts and scholars from the Ministry of Commerce, National Health Commission, Chinese Center for Disease Control and Prevention, Chinese Academy of Social Sciences, China Foundation for International Studies, Peking University, Gannan Normal University, Central South University, Chinese PLA General Hospital, and other colleges and universities. They discussed the overall situation of China–Africa health cooperation and China's specific work in Sierra Leone. The main conclusions of the workshop were as follows.

First of all, medical and health aid programs to Africa are significant.

China has always regarded African countries as equal entities and made contributions to the health security of African countries and people in times of crisis. We have cultivated a team of local professionals, carried forward our concern for our fellow human beings, and spread the concept of medical technology and equal relationship between doctor and patient. We have also strengthened our public health security by managing the virus outside China.

Second, our health aid to Africa has continued to develop over the decades. We are increasingly focusing on public health aid and significant special department services. We have continuously improved our organizational system for assistance to Africa and explored various cooperation mechanisms.

Third, China–Africa health cooperation needs to meet the challenge of the heavy disease burden and complex health systems in African countries. The situation of widespread infectious diseases and poor mother–child health outcomes is still grim, and chronic diseases are increasingly common. The health systems of African countries are not only severely lacking in manpower, materials, facilities, and technologies and are not well managed, but also fragmented in health governance due to their colonial history and dependence on foreign aid.

In the end, focusing on building a shared community of health for all, the participants made the following suggestions. The first was to start from the strategic level, set a clear position, support the health development of African countries from the system level and provide technical assistance in response to significant demands based on China’s experience. The second

was to improve the international health cooperation management system to be more professional and coordinated, leverage the role of local governments and enterprises, and strengthen the evaluation of its effects. The third was to conduct in-depth research on national health systems and cooperation.

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The workshop comprised two parts. The first half focused on China–Africa health cooperation, and the second half focused on China’s specific health work in Sierra Leone.

Zheng Zhijie, a professor at Peking University’s School of Public Health, hosted the first half. Shu Zhan, director of the African Studies Center of the China Foundation for International Studies and former Chinese ambassador to Rwanda, gave the first presentation, titled “Bilateral and Multilateral Cooperation during the 2015–2016 Ebola Epidemic.” The content included three points:

First, China–Africa health cooperation aims to realize the vision of building a global community of shared future and help the development of China’s medical and health services. In the case of Sierra Leone, China has been helping Sierra Leone and its neighboring countries deal with the sudden outbreak of infectious diseases. It is not only to manage the virus outside China but also to help China gain experience in disease control and prevention and deal with a possible virus. China has sent three medical teams to the region, one of which has been stationed there since 1973 and the other two since 2014. They have actively participated in COVID-19 prevention and control. They discovered the first local confirmed cases, treated the first severe case, and discovered the first variant. They played a significant role in the fight against Ebola and COVID-19. But there are still

areas to improve in medical and health cooperation. For example, we should help Sierra Leone train medical personnel to meet the gap. We should carry out bilateral cooperation based on an in-depth understanding of Sierra Leone's needs. And we should also deepen cooperation in biosafety laboratories.

Second, domestic departments and departments with foreign involvement should continue to deepen consultation and coordination and strive to overcome difficulties in bilateral cooperation. While working in Africa can build the resilience of those in charge in many ways, these jobs require much time commitment and may even require staff to work continuously for a long period without rest. Therefore, deepening the consultation and coordination between domestic departments and departments with foreign involvement can minimize non-stop work and reduce the working pressure on a single department.

Third, China and Africa should seek genuine multilateral cooperation on medical and health issues, including with international organizations such as the United Nations and the World Health Organization, rather than multilateral cooperation involving only one other major country. The United Kingdom, United States, Japan, India, and other countries have a long history of cooperation with Sierra Leone. For example, in 2016, the UK sent more than 100 medical experts to Sierra Leone, who worked for the Ministry of Health, the Centers for Disease Control and Prevention, and six hospitals, and this has had a significant impact on the country's medical and health system to some extent. Sierra Leone has a long history of relations with Europe and the United States, and currently maintains deep

cooperative relationships with these countries. In addition, international organizations, such as the World Health Organization and the United Nations Population Fund, are also working in Sierra Leone, mainly focusing on specific diseases or health issues in the field, such as malaria and mother–child health care. Therefore, China needs to advocate genuine multilateral cooperation, coordinate the interests of all countries in trilateral cooperation, and promote the positive influence of existing systems or institutions such as the United Nations.

Li Anshan, a professor at PKU’s School of International Studies and president of the Chinese Society of African Historical Studies, gave a presentation titled “The Achievements, Problems, and Measures of China–Africa Health Cooperation.” The lecture covered three core understandings: one was the understanding of the significance of the sending of Chinese medical teams to Africa; the second was the understanding of the COVID-19 virus in its current form; and the third was the understanding of the three paradoxes of the concept of Western civilizations.

First was the understanding of the significance of the sending of Chinese medical teams to Africa. Li Anshan pointed out that the sending of Chinese medical teams to Africa was a program with the longest service duration, that involved the largest number of the countries, and had the most significant achievements and most extensive impact in China–Africa cooperation. The service provided by the Chinese medical teams to Africa was an altruistic act that was unprecedented in contemporary international relations history and was of great importance. There had been a long history of diplomatic contacts between China and Sierra Leone. The two countries

established diplomatic ties in July 1971. Three months later, Sierra Leone, together with 23 other countries, jointly sponsored a proposal to restore China's lawful seat in the United Nations. This showed the level of cooperation and tradition between the two countries. In 1973, China sent a medical team from Hunan Province to aid Africa, but it had to be withdrawn in 1993 due to wars; it returned to Sierra Leone in 2003. In 2006, the foreign aid medical team from Hunan Province launched the "Brightness Action" program in Sierra Leone, providing free cataract treatment to residents. In 2008, a women's care program was launched, which was also spoken highly of by residents, Li said.

Li continued: In addition to providing medical services, Chinese medical teams in Africa also compiled various training materials in English and offered a series of training courses to fully help local medical and health systems improve their medical services. To promote the dissemination of traditional Chinese medicine techniques, some doctors of TCM even allowed themselves to be used as practice subjects for African doctors to find acupuncture points on their bodies, he said.

Li continued that colonialism and the idea of hierarchy influenced many African countries, and those concepts were still deeply rooted in people's minds. There was also a hierarchy between doctors, nurses, and patients. But that was not the case in China, Li said. The great efforts that Chinese medical personnel made in African countries, such as Sierra Leone, regardless of their gains and losses, could not be explained only by their love for the motherland and their contribution to China's diplomacy. Li Anshan expressed his belief that the cause Chinese medical personnel were

dedicated to was justice, internationalism, and spreading the idea of equality. They were making their contribution to world peace and practicing a compassion for others that was full of the humanitarian spirit. Li Anshan expressed his high appreciation of Chinese foreign aid medical teams and his belief that they deserved the Nobel Prize for Peace.

The second was the understanding of the COVID-19 epidemic. As Li said, the epidemic was merciless. It affected all countries, regardless of skin color, race, or nationality. Various countries had their underlying problems exposed during the pandemic. Some countries faced the lack of materials due to their incomplete supply chains. Some countries found out that they lacked sufficient numbers of medical personnel to provide necessary medical services. And some countries closed their doors and prohibited foreigners from entering or leaving the countries. Mankind was facing rigorous challenges, and all countries needed to be aware of the importance of humanity as a whole and of the necessity of a combined effort toward global defense. Only when mankind, rich or poor, in the north or south, united, could people defeat the disease, Li said. Some European countries had been working with African countries on vaccine production, as had China, which had also been working with Egypt, Algeria, Morocco, and other countries to produce vaccines. China provided vaccines to the African Union and 50 African countries, shared its COVID control experience, and supported the efforts of the World Health Organization and other international organizations to cooperate with all sectors to fight against the disease. In addition, it was suggested that China deepen its cooperation with African countries in other areas, such as the production of epidemic

prevention equipment and medicine, as well as the exchange of experience in organizational work and mechanisms, Li said.

Li said that statistics had shown that about 8.54 million people in Africa had been diagnosed with COVID-19. For a continent as large and diverse as Africa, the relatively low numbers of COVID-19 infections could be due to many factors. For example, obstacles in the flow of humans and materials, differences in the social environment and living habits among African countries, and local traditions of using herbal medicine. Li Anshan mentioned that the study of TCM inspired the Ambassador of Madagascar to China, whereupon, after returning home, he established an institute for the research of herbal medicine. From this we could see that African herbal medicine treatment was a topic also worth studying, Li said.

Finally, Li Anshan talked about three paradoxes of a community of shared future for mankind and Western civilizations. Historically there had been two ways of dividing human beings, he said. One was a dichotomy that divided people into two categories: civilized or uncivilized, rational or irrational, modern or not modern, democratic or undemocratic. The other took human beings as a whole, such as the world of great harmony in China and the idea of “*ubuntu*” in Africa. Ubuntu emphasized that the individual existed because of the collective, which was very familiar to China’s concept of a community of shared future for mankind, Li said. There were three paradoxes in the concept of Western civilization, which were shown in the following three relationships: the relationship between man and nature, the relationship between man and man, the relationship between man and himself. It was precisely those countries that claimed to be

“civilized” that had caused severe environmental damage and pollution, waged more wars, had more sophisticated methods of hurting people, and had higher rates of suicide (according to global suicide data). And this was the core paradox of the concept of Western civilizations, Li concluded.

Wang Luo, director of the Institute for International Development Cooperation of the Chinese Academy of International Trade and Economic Cooperation, gave a presentation titled “The Organizational System of Foreign Health Aid.” Wang Luo pointed out the main approach of health cooperation between China and Sierra Leone had been foreign aid, and the organizational system of foreign aid was related to the aid effect on specific countries. The organizational system could help all parties to match powers and responsibilities, match demand, and carry out cooperation smoothly. China had established a relatively complete system of health aid to Africa, involving the China International Development Cooperation Agency, Ministry of Foreign Affairs, Ministry of Commerce, National Health Commission, and other departments.

In 2018, the China International Development Cooperation Agency was established. Then the Ministry of Commerce transferred policy coordination and management of foreign aid to the China International Development Cooperation Agency. The Agency was responsible for drawing up aid funding plans, making a budget, and for project approval. It could be said that the Agency was the nerve center for foreign aid.

The Ministry of Foreign Affairs plays a significant role in aid to Africa. In making foreign health aid policies and major projects, China International Development Cooperation Agency keeps in close contact

with the Ministry of Foreign Affairs. A typical case has been foreign aid in response to the COVID-19 pandemic. The Ministry of Foreign Affairs is in charge of this work, and China International Development Cooperation Agency has been actively assisting in all aspects.

The key responsibility of the Ministry of Commerce is to implement relevant decisions. After China International Development Cooperation Agency approves the project, the Ministry of Commerce will implement the specific project. And there are three relevant enforcement agencies: the Agency for International Economic Cooperation, Academy for International Business Officials, and China International Center for Economic And Technical Exchanges. These agencies support projects in the form of complete projects, technical and material assistance, personnel training, etc.

The National Health Commission is in charge of aiding medical teams and medical and health projects. The Commission is responsible for approving, managing, and promoting projects. In bilateral health projects involving China and foreign countries, the Commission works closely with China International Development Cooperation Agency and the Ministry of Commerce to promote the implementation of the projects.

Other departments, such as the Ministry of Finance and the Ministry of Science and Technology, are also involved in many aspects of foreign health aid, with respective responsibilities. For example, the Ministry of Finance currently assumes the leadership of multilateral cooperation. It not only provides foreign aid funds but also works directly with the World Bank from a multilateral perspective and plays a leading role in the G20

for multilateral cooperation. From the perspective of supply, the Ministry of Finance has been playing an increasingly prominent role in the health development cooperation mechanism.

In terms of the aid management system, China's foreign health aid organizational system involves many departments. Clear division of work and teamwork among departments is the key to the success of China's health aid.

The linkage between foreign aid supply and demand not only involves domestic departments but also extends to the recipient countries. The external factor that brings the organizational system into play is the multiple demands of recipient countries. The recipient countries submit project applications to the Chinese embassy through receiving aid and coordinating management departments. Then the embassy relays the relevant demands back to China, and domestic departments make the arrangements based on the situation. The coordination and cooperation between the Chinese embassy and administrative departments of aid targets is also a significant part of the coordinated operation of the organizational system.

Wang Luo said that the strength of the local governments of China also needed to be taken into consideration when thinking of foreign health aid, especially in regard to the medical teams from various provinces. In foreign medical aid, China adopts the approach of subcontracting to individual provinces, and local governments play a significant role in foreign health aid to Africa. Currently, there are three types of assistance. The first type is active provinces and cities, represented by Jiangsu, Hunan,

and Beijing. They not only actively send medical teams to Africa but also use local resources to support foreign health aid to Africa. The second type is border provinces, represented by Yunnan, which play an important role in joint prevention and control of COVID-19. The third type is other provinces providing foreign aid. Wang Luo expressed his belief that a key point for future foreign aid research would be to mobilize the initiative of local governments.

Another important component of the foreign aid organizational system is the enterprise, which is not only the entrusted party of missions and projects but also the beneficiary of foreign health aid projects. With the level of opening to the outside world rising steadily, a large number of State-owned enterprises have chosen to expand from China to the whole world. In particular, the medical and health needs of State-owned enterprises that have a large number of contracted projects overseas and in Africa deserves attention from all sides. Therefore, to safeguard the medical and health safety of overseas Chinese citizens, China also has the reason to extend medical services from the domestic arena to overseas.

Wang Luo concluded that China had solved some of its old problems with the China International Development Cooperation Agency but, at the same time, exposed some new ones. In terms of coordination among ministries and commissions, there is a view that China's foreign aid is fragmented, not centralized, and cannot form synergy. Wang Luo expressed his view that foreign aid should be based on local conditions. According to the characteristics of each country's national conditions, China should carefully consider the choice of organizational system and choose the more

appropriate one between centralized management or decentralized management. Given the different levels of expertise between the departments responsible for external cooperation and departments responsible for health, it may take a long period of preparation to fill the relevant gaps in expertise if all foreign aid management functions are centralized in China International Development Cooperation Agency and the Ministry of Foreign Affairs. At present, the National Health Commission or health professional departments should exert more initiative. Overall, appropriate separation of departments and performance of their respective functions, proper management of the foreign aid funds, the establishment of an organizational system consistent with the current stage of China's foreign aid could help improve the effectiveness of foreign aid projects and reduce policy and practice risks.

Wang Luo also put forward suggestions on the construction of an organizational system. Currently, multilateral participation in international health cooperation is on the rise. For instance, international organizations such as the United Nations and unofficial international organizations like the Bill & Melinda Gates Foundation are increasingly becoming important participants in global health governance. Therefore, China's foreign aid organizational system is in urgent need of overall planning and policy coordination to cope with the challenges in multiple cooperation and better facilitate multiple cooperation.

Wang Yunping, deputy director of the Department of Health Strategy and Global Health Research of the China National Health Development Research Center, gave a presentation titled "Some Thoughts on a Roadmap

for Building a Shared Community of Health for All.”

Wang Yunping first put forward the underlying spirit of a shared community of health for all. It refers to the fact that the survival and health of people from all countries, races, and nations are closely related to the health of other creatures and the environment on earth. Only by governments, international organizations, non-state actors working together with communities and individuals, upholding the principle of extensive consultation, making joint contributions, and sharing benefits could we achieve global health security, improve human health and wellbeing, reduce health inequality, promote sustainable and coordinated development of the health and economic social-ecological environment through innovation, and make the planet we live in a healthy and prosperous homeland. Building a shared community of health for all is an inevitable requirement, an inherent implication, and a gauge for building a global community of shared future. It is a concrete manifestation and embodiment of a global community of shared future in the health area. It shares a high degree of consensus with the values and goals of global health development and seeks long-term sustainable development for humans and the planet. Building a shared community of health for all involves not only ordinary state actors but also nonstate actors and supra-national actors, such as WHO and other international organizations. It stresses that all actors, including national governments, international organizations, NGOs, and market entities, should work together, adhere to contributing jointly and sharing benefits, jointly safeguarding human health security and promoting healthy and sustainable development.

Two significant relationships in advancing the building of a shared community of health for all need to be addressed.

First, we need to properly handle the relationship between various actors. Building a shared community of health for all requires the cooperation of different parties, including domestic and international actors, professional institutions like disease control and prevention departments and hospitals, academic institutions, social organizations, and enterprises. Different actors have different policies, capital, technology and intelligence resources, and other elements. The governments should promote win-win cooperation among all parties and promote the building of a community of shared responsibility, shared interests, shared knowledge and shared innovation, to ensure the equitable distribution of resources.

The community of shared responsibility and shared interests is the core and foundation. Only when the responsibilities of all parties are specific and clear can a stable and orderly relationship be established. A community of shared interest requires China to coordinate its interests with those of African countries, expand partnerships and achieve sustainable development to promote project cooperation in a more lasting way. A community of shared innovation requires that we promote the research and development cooperation of medical research and pharmaceutical biotechnology, to promote the cooperation of health industrial and supply chains, and to promote the integration of innovation.

In bilateral, multilateral, and trilateral cooperation, China has always stressed that it is for Africa to initiate, lead, and agree upon any China–Africa cooperation, and all parties are equal entities. Trilateral cooperation

includes not only cooperation with foreign countries, but also cooperation with international organizations. The offices, pools of experts, and knowledge bases of international organizations can provide rich resources and support for China–Africa health cooperation. In addition, establishing multi-party trust funds with the World Bank and Asian Development Bank to carry out cooperation, just as the United Kingdom and Japan have adopted, is an approach also worth learning.

Second, we need to deal with multi-level relationships. How to deal with this problem, make overall arrangements, enhance integration, and increase so-called technological soft cooperation are issues worthy of consideration by both China and Africa. The infrastructure, health system, and hardware capacity of Sierra Leone all need to be improved. China has assisted Sierra Leone in this regard. In the future, the medical service and hospital management capacity of China–Sierra Leone friendship hospitals needs to be further improved. In terms of public health technical cooperation, Sierra Leone’s core capacity to implement the International Health Regulations (2005) still lags far behind the average level of African countries and other developing countries. The Chinese Center for Disease Control and Prevention can focus on helping it improve the testing and monitoring capacities of its laboratories and gradually close the gap from the level of system construction through public health cooperation projects. In addition, as Sierra Leone is an African country with a severe shortage of health manpower, China can also help Sierra Leone train its doctors by strengthening cooperation in human resources development in medical schools and short-term training programs.

Guo Jia, an assistant research fellow at the Institute of West-Asian and African Studies, Chinese Academy of Social Sciences, gave a presentation titled “Some Reflections on China–Africa Health Cooperation in the Post-Ebola Period.” The presentation included four aspects.

First, the changes in China–Africa health cooperation before and after the Ebola epidemic. There are two differences in the health situation in Africa and the situation of China–Africa healthcare cooperation before and after the epidemic: (1) After the Ebola outbreak, Africa accelerated its health response and development strategies based on local and its own solutions, such as establishing African disease control and prevention center. Although the idea had been there for a long time, it was the Ebola outbreak that put its construction on the fast track. (2) China–Africa cooperation has shifted from mainly bilateral cooperation in the past to simultaneous development of bilateral and multilateral cooperation. At the same time, China–Africa health and medical cooperation has experienced a transformation from the clinical level to the public health prevention and control system level, and from technical paradigms to empirical paradigms. After the outbreak of COVID-19, this trend has accelerated significantly, and the application of Chinese experience in Africa has increasingly become an important aspect of China–Africa cooperation.

Second, the post-Ebola period has witnessed four features in the trend and development direction of China–Africa health cooperation.

1. From bilateral aid to multilateral cooperation. During the Ebola epidemic, China launched the China–Africa multilateral cooperation mechanism. In 2015, Chinese public health experts carried on multilateral

cooperation with WHO for the first time. Subsequently, the Chinese CDC, the African Union and the US cooperated in the preparation of the African CDC; China, the UK, and Tanzania also launched cooperation projects on malaria prevention and control in Tanzania.

2. The transition from the clinical medical level to the construction of the health prevention and control system is also the transition from clinical medical care to public health. Previously, China's way of participating in medical and health construction in Africa was by sending medical personnel or donating medical equipment. During the Ebola epidemic, China sent public health experts to the epidemic area for the first time. After that, China paid more attention to establishing a long-term and sustainable health system in Africa to fundamentally solve the medical and health problems in Africa.

3. The transformation from general medical care to specialized medical care. Before the Ebola epidemic, the medical teams sent by China to Africa were comprehensive ones, covering various departments. Today, China is providing more targeted assistance in key medical fields, with health assistance becoming more effective and time-sensitive. The reason behind it is that China is more focused on the actual needs of the recipient countries and strengthening cooperation in the key areas and weak links of the recipient countries to promote the medical and healthcare construction. In addition, in recent years, China has paid more attention to the dispatch of project-based short-term medical teams, highlighting their specificity.

4. Pay more attention to the application of Chinese experience in Africa, which has become increasingly prominent after the Ebola epidemic.

China's experience mainly includes the universal health insurance system, the concept of healthcare focusing on prevention, the construction of a health system centered on the rural grassroots, and the government-led medical security system. In recent years, China's work in the field of global healthcare has focused on promoting healthcare and universal health coverage; both concepts are essentially improving access to healthcare services, making high-quality healthcare service available to everyone without making patients face the financial hardships from treatment payment. In addition, in regard to COVID-19, China's experience is more reflected in the big data monitoring, prevention and control and management system of the epidemic. These experiences are already being applied in Africa. The role of traditional Chinese medicine in the prevention and treatment of COVID-19 has become increasingly prominent, and Africa is now actively exploring the role of local traditional medicine in the prevention and treatment of infectious diseases.

Third, common problems in China–Africa health cooperation. The problems encountered in China–Africa health cooperation are not a new topic, ranging from the dispatch of medical teams, top-level design, production capacity cooperation, and the introduction of pharmaceutical products into mainstream African markets.

Guo Jia talked about the effect and influence of China's medical assistance to Africa from four aspects.

First, the effect of assistance and current problems. The question of aid effectiveness mainly concerns medical products and infrastructure aids. The main problem with China's pharmaceutical product aid is the

prevalence of the concept of self-centeredness. Various domestic departments did not consider the differences between countries or the actual conditions of the recipient countries, and lack refined and humanized assistance considerations. For example, in many African countries, instructions for the use of some Chinese medicines are not translated into local languages, but only into Chinese and English, which would cause difficulties and inconveniences in French- and Portuguese-speaking countries. The form of some pharmaceutical dosage is also a problem. For example, some pediatric medicines are in tablet form, which are difficult for children to take. There are also some medicines that do not fit in with local situation in Africa, because some diseases in Africa are endemic and special, and some medicines cannot effectively treat them. In addition, there are also problems in infrastructure construction. Some projects lack preliminary research, and equipment matching and follow-up management cannot provide corresponding after-sales service and quality assurance.

Guo Jia opined that medical assistance should be based on the national conditions of each country, preliminary research and process supervision should be strengthened, and at the same time attention should be paid to aftereffects and social impact evaluation. Taking her work in the medical team and on the more prominent problems she discovered during her research in Eritrea, Mali and Djibouti in 2009 as examples, she pointed out that the design and construction of medical equipment and facilities should be localized, assistance should be carried out according to local or international standards, and meanwhile it should provide convenience for the subsequent maintenance and use of the equipment in the local area.

China's aid to Africa cannot be solely based on China's current industrial transfer in that some equipment and facilities that meet Chinese standards do not meet local ones. Such equipment will inevitably encounter many problems when used locally, resulting in a waste of equipment resources. In addition, when assisting medical products and equipment, low-quality products cannot be chosen only for the sake of their cheapness because it will affect the reputation of the medical team.

Second, Chinese medical aid was insufficiently influential. Medical teams sent to Africa now encounter four problems. One is unclear orientation, such as, do the professionals in the medical team need to exclusively deal with intractable diseases or just treat ordinary patients as ordinary doctors? Some paramedics in the medical teams ended up only dealing with local ordinary diseases without performing their unique role as professionals. In addition, many local African doctors who once studied in Europe or the US often do not treat professionals sent by China as authentic professionals at the beginning and do not listen to the advice from Chinese doctors. In this sense, the medical teams have had to go through a break-in period with local doctors in terms of profession and psychology at the beginning of their arrival in the destination. Another is the fact that some aid-receiving countries have relatively backward basic medical facilities and are short of the most basic diagnostic equipment, such as CT and B-scan ultrasonography. Poor medical environment hinders Chinese professionals' performance, thus deterring the effect of the aid. Still another, language barrier and cultural background differences have led to poor communication, thus limiting the effect of the aid. African doctors have

strong sense of the boundary between personal time and work time, and are reluctant to work overtime while Chinese doctors are more adaptable to high-intensity work and are willing to treat extra patients or deal with emergencies. In this regard, conflicts have sometimes arisen between Chinese and African doctors. Last but not least, the African doctors have high theoretical level but relatively poor clinical ability. When they cooperate with Chinese professionals in clinical practice, the medical effect has been lower than expected, which also has limited the effect of China–Africa medical cooperation.

Prof. Liu Xiaoyun, deputy director of PKU's China Center for Health Development Studies, moderated the second half of the workshop. Prof. He Mingqing from the Sierra Leone Research Center of Gannan Normal University, gave a presentation about people-to-people exchanges between China and Sierra Leone.

According to him, the key institution that has been playing a role in China–Sierra Leone people-to-people exchanges has been the Confucius Institute. Using language as a medium and culture as a bridge, the Institute has undertaken the important function of promoting people-to-people exchanges between China and Sierra Leone. The Confucius Institute at the University of Sierra Leone was established on September 27, 2012. Its operation was then interrupted due to the Ebola virus but restarted in 2015. He Mingqing talked about the four projects he promoted during his time at the Confucius Institute at the University of Sierra Leone and made suggestions.

First, it set up teaching sites. The Confucius Institute at the University

of Sierra Leone has two Confucius Classrooms and 12 other teaching sites, covering universities, secondary schools, primary schools, vocational and technical colleges and communities. About 5,000 students are enrolled each year. Teachers with the Confucius Institute teach the Chinese language and spread traditional Chinese culture through these teaching sites. In addition, the Confucius Institute also promotes people-to-people exchanges between China and Sierra Leone through activities such as talent recruitment fairs. Due to the relatively backward infrastructure conditions in Sierra Leone and the asymmetry of talent recruitment information, it is difficult to make the best use of talent. Therefore, the Confucius Institute cooperates with the University of Sierra Leone and the local TV station to jointly hold a talent recruitment fair every year. Local Chinese-funded enterprises and enterprises from other countries have provided more than 3,500 jobs for the fair, which have been warmly welcomed by the local people. In 2017, the then Chinese Ambassador to Sierra Leone, Wu Peng, was also invited to the talent recruitment fair.

Second, it established a people-to-people exchange platform by setting up a Taiji Garden. After the establishment of the Confucius Institute, Taijiquan has been taught to local people at teaching sites. In September 2016, at the celebration party celebrating the 45th anniversary of the establishment of diplomatic ties between China and Sierra Leone, teachers and students of the Taijiquan class performed on the same stage for the first time, and the performance attracted attention from many sectors of society in Sierra Leone. Subsequently, more local people from all walks of life expressed their desire to learn Taijiquan. At the beginning of 2017, with the

support of China and Sierra Leone, Fourah Bay College built a Taiji Garden to provide a venue for teaching activities. After years of construction, the Taiji Garden of the Confucius Institute has become a cultural platform for people from different countries to communicate, exercise and learn Chinese culture.

Third, it established a “Voice of China” Chinese radio program. Local people in Sierra Leone have few opportunities to access knowledge through the Internet and TV, so most of them obtain information via radio. Based on this actual situation, the Confucius Institute, relying on the existing resources of the University of Sierra Leone, has set up a radio program called the “Voice of China” and launched relevant programs. At present, more than one million people listen to the program every year, which is an indication of its importance to local society.

Fourth, it carries out close cooperation with three Chinese medical institutions based in Sierra Leone. The Confucius Institute holds a public welfare lecture on tropical disease prevention every year, which is strongly supported by the three Chinese medical institutions based in Sierra Leone. The medical team sends experts to participate, which plays an important role in improving the hygiene and health awareness of the local people. The Confucius Institute also cooperates with Chinese medical teams in Sierra Leone to provide free clinical services in local communities. Some of the lectures also have been welcomed by local college and university students. In general, it is due to the support of the three medical institutions in Sierra Leone that Chinese-funded enterprises, Chinese-funded institutions and many overseas Chinese in Sierra Leone can carry out

various tasks safely.

He Mingqing also made two suggestions. First, Chinese institutions could rely on cultural exchange institutions, such as Confucius Institutes, that have become part of the Sierra Leone community, to carry out Sino–Sierra Leone people-to-people exchanges. For example, the Hunan medical aid team to Sierra Leone cooperated with the Confucius Institute to jointly establish the Chinese Teaching Center of the China–Sierra Leone Friendship Hospital. Communication through a shared language is the basis for mutual understanding, and people-to-people and cultural exchanges can be of great benefit to promoting medical aid work in foreign countries. Second, he recommended that there be language requirements for Sierra Leonean students who come to study in China. The Chinese medical team receives funding from the embassy every year to sponsor Sierra Leonean students to study in China. It is better to have clear Chinese language requirements for these students for the reason that, in China, some schools and institutions use English for teaching, which is not conducive to Sierra Leonean students deepening their understanding of China and Chinese culture. Confucius Institutes and Confucius classrooms in various countries can help cultivate local students' ability in Chinese language and help them adapt to the course content as soon as possible during their study in China.

Prof. Zhan Shiming, an associate research fellow of the Institute of West-Asian and African Studies, Chinese Academy of Social Sciences, analyzed the current situation in Sierra Leone and its relationship with China.

Zhan Shiming first briefly explained the situation in Sierra Leone from four aspects.

Political factors. Sierra Leone is a politically stable country, with both typical African and unique characteristics. The country held its first multi-party presidential election in 1996. Although it has witnessed unstable factors such as military coups and civil war since then, several elections since the new century have been relatively stable.

There are several reasons for Sierra Leone's political stability. First, the construction of political diversification has been steadily advanced. The competitive confrontation between the two parties has basically taken shape, and other political parties are also very active. Second, the development of civil society is relatively complete. Local newspapers in Sierra Leone report on social issues, such as partisan struggle, government corruption, political oppression, and the suppression of democratic freedoms. Sierra Leone has an open society, with low levels of liberal democracy. Third, although Sierra Leone has many ethnic groups, a variety of religions, and regions with obvious regional characteristics, its ethnic, religious and inter-regional conflicts are not that sharp as in other African countries.

Economic factors. Sierra Leone economy is small, with a GDP of about 5 billion dollars. Due to its incomplete national economic structure, it relies primarily on agricultural and mining industries, which are vulnerable to the international market. Impacted by the Ebola epidemic, the Sierra Leonean economy fell into recession. In recent years, affected by the COVID-19 epidemic, its economy, which had just recovered from the

Ebola epidemic, has experienced negative growth again. It is predicted that the country will see a certain recovery of growth this year and next year.

Social factors. Sierra Leonean society is generally stable, with good social security, but in recent years, the situation has seen a tendency to deteriorate. According to Australia's Global Peace Index, Sierra Leone used to rank second in Africa, but its rating in the index has declined year by year in recent years. Factors such as stagnant economic development, high unemployment rate, and the poor livelihood of the people all have contributed to social instability.

International relations factors. Sierra Leone has a good traditional relationship with the UK and the US. The UK is the largest aid provider to Sierra Leone, and the US has also had a greater impact in recent years, especially in healthcare, where the US has invested a lot of money and resources. Sierra Leone maintains good relations with neighboring countries, such as Liberia and Guinea, and also has good diplomatic relations with other African countries.

In recent years, the overall development of China–Sierra Leone relations has been relatively smooth, and China's influence in the country has been expanding year by year. Sierra Leone not only voted for China when China regained its seat in the United Nations, but it was also one of the proposers, which is estimable. On some major issues involving China's core interests, Sierra Leone has always supported China's demands. Many African countries have made mistakes on the Taiwan issue, but Sierra Leone has never done so.

To sum up, politically speaking, Sierra Leone enjoys equality and

mutual trust with China, relatively stable diplomatic relations and close economic cooperation with China, and shares with China mutual support on international occasions. In 2018, after President Julius Maada Bio took office, the relationship between Sierra Leone and China experienced some twists and turns, but this has not affected the overall situation of the friendship. The cooperation between the two countries still has huge potential in the fields of agriculture, mining, infrastructure, education and healthcare.

Zhan Shiming expressed his belief that in the future, China and Sierra Leone must overcome the following four problems and continue to deepen cooperation.

In terms of politics, due to the traditional relationship between Sierra Leone and the UK and US, China and Sierra Leone have differences in system and ideology. The two countries should correctly deal with these differences and develop closer relations politically.

In terms of economy, Sierra Leone's small economic aggregate makes it difficult to come up with and carry out large projects. Therefore, economic cooperation between China and Sierra Leone is unlikely to develop to the scale of projects between China and European and American countries.

In terms of people-to-people exchanges, China has done a lot of work in people-to-people exchanges, but objectively speaking, compared with the UK and US, China is still at a relatively superficial level of exchanges with Sierra Leone.

In addition, China also needs to pay attention to the interference of

Western countries on the development of China–Sierra Leone relations. In the era of great power competition, Sino-US competition will inevitably involve Africa. Some specific areas in China–Sierra Leone relations are easily politicized by Western media or governments. In the past, Chinese academic and policy circles believed that China could develop relations with African countries in fields with few political interests, and even carry out third-party cooperation with European and American countries. But now it seems that there are few areas that cannot be politicized by the West, so it is difficult for China to develop closer relations with African countries, including Sierra Leone. Generally speaking, cooperation in healthcare is relatively difficult to politicize. During the Ebola epidemic, China and the US carried out very effective cooperation in Sierra Leone, so it is of great significance to study China’s aid to Africa by taking Sierra Leone as a case.

Li Jindong, deputy director of the General Surgery Department of Xiangya Hospital of Central South University and captain of the 20th batch of medical teams to aid Sierra Leone, introduced the situation of his medical teams.

Li Jindong first introduced the current situation of the China–Sierra Leone Friendship Hospital, which has been the recipient of assistance from China. The hospital has gone through three stages of development. Before the Ebola outbreak, the hospital received aid from a private hospital in China. The hospital operated well in the initial stage, bringing great benefits to the local people and treating many local patients in urgent need of medical treatment. After the Ebola outbreak, private sponsors withdrew funds and the hospital was converted to a temporary Ebola treatment

facility in Sierra Leone. After the Ebola epidemic was lifted, local government took back the hospital and rebuilt it. The Hunan Provincial Medical Team has been stationed in the Friendship Hospital since the 18th batch of medical teams in 2017 to carry out long-term medical assistance to Sierra Leone. The latest batch (the 20th) of medical teams has a total of 19 medical team members, all selected by the Hunan Provincial Health Commission, and their professional fields cover internal medicine, surgery, gynecology, and pediatrics departments.

The scale of the Friendship Hospital is similar to that of health centers in China. There are 100 beds available, but only 50 beds are actually used. In 2018, there were 6 doctors, more than 70 nurses, more than 100 handymen, making a total of more than 200 hospital employees. Due to the large number of staff and the impact of economic conditions, the Sierra Leonean government does not provide much funding for this hospital, so the hospital has a heavy financial burden. At present, the hospital mainly relies on its own development and the assistance of the Chinese medical team to relieve financial pressure.

The hospital faces many problems in its whole development process. First, there is a shortage of local medical personnel. After entering the hospital, the Chinese medical team mainly provides medical services. In the future, if all the medical teams were to be withdrawn, the operation of the hospital would face huge difficulties.

Second, the lack of hardware. After the Ebola outbreak, the hospital was acquired by the government. Due to insufficient government investment, none of the diagnosis and treatment equipment was updated in

a timely way, and after a long period of idleness, some equipment malfunctioned. Facilities such as CT machines and X-ray machines could no longer meet the daily diagnosis and treatment tasks, thus the medical team was basically unable to work normally. In addition, limited by local economic conditions, there have been also difficulties in the maintenance and repair of the hardware equipment of the medical team. For example, two anesthesia machines donated by the medical team needed to have some parts replaced, but no corresponding parts were available in the local area, and there were no professionals who could repair them. As a result, those two key pieces of equipment have been idle, resulting in a waste of resources. Li Jindong expressed his hope that future assistance could provide some equipment that meets the basic diagnostic needs, such as a CT machine, B-scan ultrasonography and X-ray machine. While providing equipment, it is also necessary to provide corresponding parts and professional technical support to ensure subsequent maintenance.

Third, the quality of medical staff needs to be improved. At present, there are only six doctors with a doctor's license in the hospital, and most of the nurses are paramedics who only obtained short-term training before working. The medical aid teams in Africa and relevant domestic institutions have taken many measures in response to these situations, such as conducting short-term training in local hospitals and sending outstanding local personnel to China for short-term training. However, due to the short training time and language barrier, the overall effect has not been ideal. Li Jindong suggested that there were many students in Sierra Leone who have studied in Chinese medical schools and who could be

recruited to the hospital for internships or jobs. It would not only relieve the pressure of the medical teams in the local work, but also make up for the lack of basic medical quality, and would lay a solid foundation for China–Sierra Leone health cooperation.

Fourth, the incomplete management system of the hospital. The hospital only has a seven-member board of directors to make decisions and lacks middle-level management and executive functions. It also does not have a strict medical system or financial system, with huge loopholes in the overall operation. In the future, it is hoped that the management system could be improved through the efforts of both sides.

Kan Biao, director of the Institute for Infectious Disease Prevention and Control of the Chinese Center for Disease Control and Prevention, gave a presentation focusing on the technical project of a biosafety laboratory in Sierra Leone funded through health aid from China. The project is being organized and implemented by the Chinese CDC. As early as 2014, the Chinese CDC began to participate in assisting Sierra Leone to prevent and control the Ebola virus. In 2015, the Chinese CDC established a permanent third-level biosafety laboratory in Sierra Leone, and has jointly carried out a series of infectious disease prevention and control work with the Ministry of Health of Sierra Leone. The laboratory project includes management personnel, epidemiological studies, laboratory testing and vector biological monitoring, and control professionals. In addition to professional work, these personnel are also responsible for providing all logistical support, including materials, vehicles, maintenance of generators, and the operation and maintenance of the P3 laboratory and

its financial management, with each playing multiple roles.

The technical cooperation of the permanent biosafety laboratory of the Chinese CDC is aimed at analyzing and monitoring the epidemiological status and pathogenic characteristics of important infectious diseases in Sierra Leone based on existing biosafety laboratories. Another important goal is to build human capacity with a view to improving the capacity of Sierra Leonean health workers to prevent, detect, diagnose and treat infectious diseases. The laboratory project has six key functions.

One is the surveillance of important infectious diseases. Through the monitoring of fever cases, diarrhea cases, mosquitoes, and external water bodies, the infection prevalence and characteristics of important infectious diseases can be systematically monitored, and real-time information communication and discussions can be carried out with the Ministry of Health of Sierra Leone in real time.

The second is the detection of important pathogens. Ebola virus, Marburg virus, dengue virus and other serious infectious disease pathogens can be detected in fever cases, and important diarrhea pathogens such as *Vibrio cholerae* and *Salmonella* can be detected for diarrhea cases, and important pathogens and their infections can thus be detected in a timely manner. The laboratory project has established 10 sentinel hospitals to collect corresponding samples for monitoring of important infectious diseases, and has detected four cases of Lassa fever, two of monkeypox and respiratory coronavirus HKU1 infection. The aid project in Sierra Leone has become the laboratory with the most types of pathogen detection in Sierra Leone. In addition, in the current COVID-19 pandemic,

participating in the detection of COVID-19 and epidemic prevention and control organized by the Sierra Leonean Ministry of Health has become an important task for the laboratory.

The third is personnel training. Categorized according to different specialties and working teams, the project has employed more than 10 Sierra Leonean professionals. The biosafety laboratory is a project that was co-established by China and Sierra Leone, and works on the principle of cooperation, communication, support and service. The Chinese CDC staff members lead local staff to conduct laboratory nucleic acid testing, genome sequencing and other work, and have passed the new technology to local personnel. The laboratory also regularly holds training courses on testing technology and sample quality, as well as activities promoting biosafety. In accordance with the requirements of the Chinese embassy in Sierra Leone, the project has also sent outstanding personnel to China for further studies.

Fourth, public health training and capacity improvement. The training involves laboratory testing, clinical management, preventive interventions, and leadership building, with staff from the Sierra Leonean Ministry of Health and public health and clinical professionals across the country. There are various training methods. Common ones include systematic training of Sierra Leonean personnel by means of mentoring, direct participation in the work, and holding training courses to help them improve their ability to detect and monitor major infectious diseases.

Fifth, organize international conferences and continue to promote cooperation between China, Sierra Leone and international partners in the field of health. The laboratory has held an international conference on

malaria prevention and control and neonatal hepatitis B virus vaccination with the Sierra Leonean Ministry of Health and under the coordination of the Global Public Health Center of the Chinese CDC. Through these activities, the laboratory introduced Chinese infectious disease prevention and control strategies, models and experiences to Sierra Leone, and promoted further cooperation in hepatitis B virus prevention, laboratory detection and control of malaria, and the prevention and control of other infectious diseases.

The sixth is to provide monitoring data to facilitate policy recommendations. The biosafety laboratory reports the monitoring data to the corresponding functional department of local Ministry of Health every month, and holds monthly and quarterly meetings to communicate with their staff, providing direct services for the decision-making of local infectious disease prevention and control.

In general, the biosafety laboratory has made positive efforts in continuing to promote China–Sierra Leone public health cooperation, especially in regard to infectious disease prevention and control, which has promoted the understanding of the project by locals and their willingness to actively cooperate with public health directives, as well as the long-term and stable development of mutual cooperation in public health. In the future, the two countries will continue to explore new cooperation channels and methods.

Through his introduction of the biosafety laboratory project, Kan Biao also put forward some thoughts of his own. He said that foreign public health projects should have a deeper understanding of the overall

diplomatic thinking and strategy, and should be more proactive in disseminating China's voice. Foreign aid projects should focus on promoting the implementation of China's excellent programs, technologies and products. They should also adapt to local conditions, set cooperation content and methods according to local needs, actively explore cooperation mechanisms and models, focus on the public health strategy of the given country, and, especially, make greater contributions in assisting the formulation and implementation of major disease prevention and control strategies, health promotion, vaccine provision, epidemic emergency response, and pathogen discovery and diagnosis of unexplained severe cases, among others.

Xu Zhe, chief physician of the Department of Infectious Diseases of the Fifth Medical Center of PLA General Hospital, introduced experiences from his two aid-related trips in Africa in his presentation.

Xu Zhe's first aid-related experience in Africa was in 2014, when he went with a PLA medical team to Sierra Leone to fight the Ebola epidemic. In 2014, when the Ebola epidemic raged in Africa, China sent three medical teams to Africa to fight the epidemic, making a sharp contrast with some Western countries who withdrew their foreign aid professionals. At that time, the China-Sierra Leone Friendship Hospital was transformed into a hospital with conditions for the treatment of severe infectious diseases. The Chinese medical teams in Africa trained local employees to take up their posts, ensuring the quality of infection prevention and control at the hospital, and no cross-infection cases happened among medical staff. The epidemic prevention and control tasks were successfully completed, which

was highly praised by local patients and the then dean of the hospital.

In 2018, Xu Zhe, as leader of an expert team, travelled to Africa again to start a one-year-long military medical aid project, during which the official operation of the tropical infectious disease center began. At the time, the Chinese aid project was challenged by multiple difficulties, spanning complex external environment, corruption of local governments, backward medical systems and a shortage of paramedics. Despite these problems, staff members of the tropical infectious disease center made great efforts to overcome the difficulties and were able to establish a healthcare system, electronic case system and imaging system. Their training of local personnel in terms of medical care and infectious disease prevention and control successfully improved Sierra Leone's capacity in infectious disease prevention and control.

Xu Zhe expressed his view that while Africa may look poor and backward, in actuality Africa is a magical continent full of hope. Individuals may be more concerned with the limits of their short-term work in Africa, but countries need to consider the management of health aid over the long term. In addition, it is necessary to learn how to integrate with local conditions when working in Africa, an aspect that needs to be further improved.

Xu Jin, an assistant professor from PKU's China Center for Health Development Studies, gave a presentation focused on the health situation and challenges facing the health system in Sierra Leone.

Xu Jin pointed out that the main disease burden facing Sierra Leone is from infectious diseases. From 2009 to 2019, malaria topped the list of

the main causes of death among Sierra Leonean nationals, and other local infectious diseases include AIDS, tuberculosis and diarrhea. In terms of the relevant health indicators of the UN's Sustainable Development Goals, the maternal and infant mortality rate is far higher than the global average and the SDG's goal for 2030. Death rates from chronic diseases, such as heart attack, stroke and birth defects, are also rising rapidly. In general, Sierra Leone has a lower life expectancy and a higher disease burden than other sub-Saharan African countries, as well as higher catastrophic health expenditures and disease-related poverty index.

Sierra Leone has begun to form a complete health service system structure, but the development of basic health coverage has been relatively slow in general. Medical facilities include referral hospitals, district hospitals and 4th-level primary healthcare facilities, with approximately 15,000 community healthcare workers. Sierra Leone has made obvious progress against the challenges it faces in the construction of some health service institutions. In terms of public health, Sierra Leone has established a National Institute of Public Health; moreover, local public health institutions at all levels also undertake disease monitoring, and community health workers provide public health services to the masses in accordance with public health planning.

At the same time, the development level of medical and health resources in Sierra Leone is low. The overall level of health facilities is low, with 75 percent of hospitals lacking basic equipment for clinical examinations; the number of beds per 10,000 people is lower than the basic level recommended by the World Health Organization (25); and only 4

percent of community health facilities can provide blood routine examinations. The medical human resources are far below the WHO standard. There is a serious shortage of professional and technical personnel in both specialist and primary medical institutions. Moreover, the distribution of medical resources is uneven. Private hospitals are concentrated in the capital, Freetown; the urban and rural distribution of medical service personnel is seriously uneven, and urban areas where the population accounts for less than 40 percent have 70 percent of medical service personnel. Healthcare workers in rural areas face various challenges, such as remote location, difficult life, poor working environment, being far from family members, having a lack of training, long working hours, no additional source of income, and relative lack of respect.

Finally, Sierra Leone's health governance is very unsound and fragmented. Since the 1990s, affected by the international environment, the local government has begun to restrict its expenditure in the health sector. Coupled with the impact of the civil war, the government's related governance functions have become highly dependent on international aid. The amount of foreign aid received per capita was once the world's largest. After the Ebola epidemic, some international aid increased substantially, and was then withdrawn hastily, exacerbating the fragmentation of government health governance. The fragmentation was prominent in human resources management, medical product supply management and services coordination. Community health workers are not under the jurisdiction of the Ministry of Health, and still follow the independent

operation mode caused by foreign aid financing; the National Medical Supplies Bureau was established to be responsible for allocating medicines, consumables, and equipment for free medical care (women and children) and public health projects, but generally separate procurement of disease projects was still relied on, which is inefficient; service-level agreements remain at the national level, and regional health management teams have not received corresponding resources and decision-making power to integrate and coordinate their local services, resulting in duplication of workloads and mismatch between aid efforts and local priorities. The national health information management system is backward, with low information completeness, timeliness and quality.

Xu Jin pointed out that in the future, based on a long-term perspective, it would be necessary to highlight the strengthening of the health system, especially to strengthen the capacity building of the country's own health governance, so as to help it break through the development path of relying on foreign aid. At the same time, we should try to cultivate a grassroots health workforce for Sierra Leone through integrated foreign aid that coordinates public health, medical teams and friendship hospital.

Prof. Liu Xiaoyun, deputy director of PKU's China Center for Health Development Studies, made concluding remarks. He first paid high tribute to all the experts and staff involved in China aid effort to Sierra Leone, and pointed out that to understand China–Africa health cooperation, one should start from the perspective of the common development between China and Africa and the construction of a community with a shared future for mankind. China–Africa cooperation is not just about China's aid and

assistance to Africa. In this process, China should not only express its voice in Africa and tell China's story well, but also learn from the experience and lessons of European and American countries to lay a foundation for promoting China–Africa cooperation in other fields.

Liu Xiaoyun expressed his view that many experts had put forward suggestions for the path of China–Africa health cooperation in the future at the workshop, both on macro and micro levels, with some directly addressing specific issues, such as the management system of local hospitals, training of practitioners, and information technology construction, all of which must be further improved in the cooperation and practice in the future. Another important issue is that many people in China have participated in the aid work in Africa every year, so how to strengthen their capacity building and deepen their understanding of African society and culture to better adapt to the local living and working environment requires us to think further.

He added that the workshop had given people a deeper understanding of China–Africa health cooperation. He said he expected that more opportunities would be created in the future to invite more experts and scholars to discuss related topics. He also expressed his hope that people would further strengthen cooperation under the common goal of building a shared community of health for all.