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Improving health services for African migrants in China: A health diplomacy perspective

Megan M. McLaughlin^{a,e,*}, Margaret C. Lee^b, Brian J. Hall^c, Marc Bulterys^d, Li Ling^e, and Joseph D. Tucker

^aUNC Project-China, China ^bDepartment of African, African American, and Diaspora Studies, University of North Carolina, Chapel Hill, North Carolina ^cDepartment of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland ^dU.S. Centers for Disease Control and Prevention, Beijing, China ^eSun Yat-sen Center for Migrant Health Policy, School of Public Health, Sun Yat-sen University, Guangdong Province, China

Abstract

Global health has been an increasingly prominent component of foreign policy in the last decade. The term health diplomacy has been used to describe this growing interface between foreign policy and global health, and it encompasses both the concept of using health to further foreign policy objectives, as well as the idea that diplomatic tools can be helpful for attaining public health goals. The Chinese presence in Africa has grown in the last 15 years, generating increased interest in Sino-African relations. While much has been written in recent years about the Chinese presence in Africa, the growing numbers of Africans in China have attracted considerably less attention. Many are small-scale traders and might be expected to face many of the health challenges common among foreign migrants, but their health needs have been largely unrecognised. In this paper, we consider how a health diplomacy approach could be applied to African migrants in China, and the potential advantages and limitations of this strategy. We identify areas of overlap between public health, trade, and foreign policy goals that can be emphasised to generate support for improved services for African migrants in China and to engage partners from a diversity of sectors.

Keywords

China; Africa; health diplomacy; migrants; migration

*Corresponding author. megan_mclaughlin@hms.harvard.edu.

The conclusions in this paper are those of the authors and do not necessarily represent the views of the US Centers for Disease Control and Prevention. The authors declare that there are no competing interests.

¹Our use of the term African is meant to refer to all citizens of countries on the African continent or people who consider themselves to be of African origin. We do not claim cultural homogeneity across this diverse group of people.

Introduction

Global health is increasingly a prominent component of foreign policy. Countries recognise that health programmes can achieve strategic foreign policy goals, such as improving security, promoting economic stability, and strengthening alliances (Feldbaum & Michaud, 2010). The term health diplomacy, described by Adams et al. in 2008, is a growing perspective that represents the exchange between foreign policy and global health (Adams, Novotny, & Leslie, 2008; Feldbaum & Michaud, 2010). We adopt Lee and Smith's definition of health diplomacy, which encompasses both the concept of using health to further foreign policy objectives, as well as the idea that diplomatic tools can be helpful for attaining public health goals: "policy-shaping processes through which state, non-state and other institutional actors negotiate responses to health challenges, or utilise health concepts or mechanisms in policy-shaping and negotiation strategies to achieve other political, economic or social objectives" (Lee & Smith, 2011). China's expanding foreign influence, including health-focused programmes abroad, provides a useful context to apply a health diplomacy framework. In 2007, China launched a multi-country malaria control initiative in sub-Saharan Africa (Freeman & Boynton, 2011). China's recent pledge to increase health personnel training programmes in Africa (China Daily, 2011), alongside other commitments, presents an opportunity to apply a health diplomacy approach to advance global health.

Health diplomacy may be particularly useful to investigate international migrant health. International migrants face a variety of unique health challenges (Zimmerman, Kiss, & Hossain, 2011), and their transnational movement is relevant to both diplomats and health care professionals. In 2010, international migrants exceeded 213 million individuals, and South-South migration accounted for more than one-third of transnational migration (United Nations, 2012). One of the newly emerging patterns of South-South migration is the bidirectional movement between China and countries in Africa. While much has been written in recent years about the emerging Chinese presence in Africa, the growing numbers of Africans¹ in China have attracted considerably less attention. Many are engaged in trade involving small amounts of capital (Mathews & Yang, 2012) and might be expected to face many of the health challenges common among foreign migrants, but their health needs have been largely unrecognised. In this paper, we consider how a health diplomacy approach could be applied to African migrants in China, and the potential advantages and limitations of this strategy.

Health needs of African migrants in China

African migration to China

The Chinese presence in Africa has grown in the last 15 years, generating increased research on Chinese aid to Africa and the experience of Chinese migrants living in African countries (Lee, 2009; Strauss & Saavedra, 2009). At the same time, the number of individuals from across Africa migrating to China for trade and study has increased substantially, but this aspect of growing Sino-African ties has not received the same degree of attention. Although the experience and conditions of Chinese workers in Africa has important implications for Sino-African diplomacy, this paper will focus on African migrants in China. The number of Africans living in China is not known, but the size of the population has grown since the

1997 Asian financial crisis led many African traders to leave Indonesia, Thailand, and other nations for China (Li, Lyons, & Brown, 2012). Over 100,000 Africans are estimated to reside in China's third largest city, Guangzhou, where African traders have historically concentrated (Li et al., 2012). The socioeconomic backgrounds of African migrants span a wide range, but many are traders with limited income and resources who engage in small-scale, informal trade activities (Mathews & Yang, 2012). The health needs of this population are not well researched, and foreign migrants are not included in population-representative health surveys in China. However, there are a number of challenges Africans in China face (Lin, 2012), some of which are common among foreign migrant populations and others unique to this group.

Burden of infectious disease and mental health

From the perspective of Chinese clinicians, managing care for African patients is complicated by the higher burden of certain diseases in Africa compared to China. Many countries in west Africa—where a large number of African traders originate—have generalised human immunodeficiency virus (HIV) epidemics with prevalence rates between 1 and 4%, up to 40 times the prevalence in China (UNAIDS, 2012). Traders also migrate from countries in southern Africa, such as Mozambique, Zambia, and Zimbabwe, where HIV prevalence exceeds 11% (UNAIDS, 2012). Moreover, migrants who are immunodeficient are at higher risk for tuberculosis and multidrug-resistant tuberculosis, a prevalent and growing problem in China (Chaisson & Nuermberger, 2012). Additionally, more than 80% of the world's malaria cases occur in Africa (World Health Organization, 2011). In contrast, less than 1% of China's population lives in high malaria transmission areas (World Health Organization, 2011). A number of other parasitic and tropical diseases rarely seen in China are more common in African countries, including schistosomiasis (World Health Organization, 2013b) and buruli ulcer (World Health Organization, 2013a). Finally, mental health services remain underdeveloped in China (Liu et al., 2011), and research has demonstrated that foreign migrants are at greater risk for mental health issues (Cantor-Graae & Selten, 2005). Many African traders arrive in China on one-month travel visas or three-month business visas, and some stay past the expiration date in order to finish their business (Mathews & Yang, 2012). The constant threat of police arrest and deportation may cause stress and anxiety among Africans without documentation (Potochnick & Perreira, 2010). Moreover, African migrants living in China have historically experienced racial discrimination (Cheng, 2011), which in turn is associated with poor mental and physical health in minority communities (Pascoe & Smart Richman, 2009), including depression and increased alcohol use.

Barriers to health care

In addition to migrating from countries with a different burden of disease, Africans living in China face a variety of barriers to accessing existing health care services in Chinese health facilities. Interpersonal discrimination, different expectations for medical care, tenuous legal status, and communication problems with Chinese health care professionals who do not speak foreign languages act as barriers to Africans' utilization of health care services in China (Lin, 2012). The absence of formal interpreter services in Chinese health facilities creates further challenges for providing high-quality care to Africans in China (Lin, 2012).

The coverage of social insurance programmes for foreigners in China is incomplete. Health insurance schemes offering coverage for foreigners have been piloted in Beijing, but have not yet been widely implemented (Dezan Shira and Associates, 2012). Medical services organised by embassies or consulates in cooperation with local facilities are insufficient because they only provide care to diplomats and their families (Guangdong General Hospital, 2012). And with the exception of select groups from neighbouring countries living in Yunnan province, foreigners living with HIV are generally not eligible to participate in China's National Free Antiretroviral Treatment Programme (Bulterys, Vermund, Chen, & Ou, 2009; Shan, 2012; Zhang et al., 2009).

Need for interventions

Chinese cities with large numbers of Africans—Guangzhou, Beijing, Shanghai, and Yiwu, a city near the central eastern coast of China—already have existing medical infrastructure in place for delivering care. However, improvements and supplemental services are needed, particularly in districts and neighbourhoods with high concentrations of Africans. Potential improvements might include formal interpreters (trained in English, French, Igbo, Hausa, Swahili, and other languages spoken in Africa), cultural competency and international health training for physicians, affordable health insurance options for foreigners, and efforts to provide screening and basic health care services at community locations such as trading markets. Additionally, further research is needed in order to characterise and quantify the major health needs of Africans in China and to better understand the impact of migration from Africa on local infectious disease dynamics in China. Implementation research on the delivery of improved services is also needed to ensure these services are responsive to community needs. Although Africans living in China might be at risk for poor health and inadequate access to health care, their health needs have received little attention.

Applying a health diplomacy approach to African migrants in China

Intersection of health and trade

Framing African migrant health needs in terms of Sino-African health diplomacy might be a potentially effective approach to generate increased attention to this neglected issue. Areas of overlap between public health, trade, and foreign policy goals can be emphasised to generate support for improved services for African migrants in China and to engage partners from a diversity of sectors (Figure 1).

Given the increasing importance of Sino-African trade relations, an emphasis on the intersection between health and trade concerns can be used to make the case for improving the quality of health services for African migrants. China surpassed the U.S. and Europe as Africa's largest trade partner (Wonacott, 2011), and annual trade between China and Africa reached \$166 billion in 2011 (King, 2012). Many African migrants in China play a role in expanding trade between China and African countries, helping to bring Chinese-made textiles, electronics, and other exports to markets in Africa (Mathews & Yang, 2012). Improving health services for African traders may help safeguard growing trade ties. A growing body of evidence shows that healthy workers are more productive (Bloom & Canning, 2008; Burton, Conti, Chen, Schultz, & Edington, 1999; Loeppke et al., 2008).

Moreover, just as China has invested in health initiatives in Africa as part of a comprehensive strategy to pursue partnerships and economic interests on the continent, investing in health services for African migrants living in China is another strategy the Chinese government can use to build goodwill and potentially open up opportunities for expanding Sino-African trade.

Existing health diplomacy efforts

Beyond expanding trade and business ties, the trajectory of Sino-African relations is multidimensional, encompassing strengthening diplomatic ties and increasing foreign aid. China has a long history of providing health aid in Africa, beginning in 1963 when the first Chinese medical team was deployed to Algeria (Li, 2011). The number of Chinese medical teams in Africa grew during the 1960s and 1970s—a period when China was seeking to expand its influence in the developing world and providing support to countries that had recently gained independence from colonial powers (Huang, 2009; Li, 2011; Xu, Liu, & Guo, 2011). China's diplomatic efforts were rewarded when in 1971, with support from many developing countries, the United Nations (UN) General Assembly voted to recognise the People's Republic of China, rather than the Republic of China (Taiwan), as the legitimate UN representative of China (Li, 2011). The scope of Chinese involvement in Africa and China's commitments to health in the region have grown dramatically since the first Forum on China-Africa Cooperation (FOCAC) held in 2000 (Figure 2). In 2009, China provided an estimated US\$1.4 billion in development assistance to 48 African countries, accounting for nearly half of Chinese foreign aid disbursed (Freeman & Boynton, 2011). Compared to China's investments in infrastructure and economic development, health aid represents only a small fraction of this development assistance, but it has been employed as a tool for promotion of Sino-African relations (Xu et al., 2011). Although the extent of China's health aid to Africa has not been officially reported, annual health aid to Africa is estimated to exceed US\$80 million, based on pledges China made at the FOCAC summit in 2006 (Freeman & Boynton, 2011).

China's health diplomacy efforts in Africa have included constructing health facilities, organising training workshops for health care professionals, and providing government scholarships to African students to study medicine at Chinese universities (Freeman & Boynton, 2011). At the 2009 FOCAC summit, China promised to help African countries train 3,000 doctors and nurses (China Daily, 2011). China has built and equipped 54 hospitals (Freeman & Boynton, 2011) and 30 malaria prevention and treatment centres across Africa, including providing more than US\$30 million worth of antimalarial medicine (China Daily, 2011) (Table 1). Additionally, China and African partners have already convened four annual conferences of the International Roundtable on China-Africa Health Cooperation, the most recent of which was held in Botswana in May, 2013. The roundtable brings together not only ministry of health officials and academics from China and Africa, but also representatives of international organisations like the World Health Organisation, United Nations, and Bill & Melinda Gates Foundation (Chen, 2013). Existing platforms like this could be expanded to include multilateral cooperation on improving health services for African migrants in China.

China's investment in health initiatives in Africa aims to not only improve health but also strengthen diplomatic relations in the region (Chan, Chen, & Xu, 2010). Sino-African diplomatic ties have strategic importance for China in terms of securing allies in international organisations like the United Nations and opening up trade and business opportunities. Forming political alliances with developing countries is a long-standing Chinese foreign policy strategy and has served national aims such as joining the World Trade Organisation (Huang, 2009; McGiffert, 2009). At a time when China has been expanding its energy and raw materials extraction in Africa—and coming under international criticism for these activities—investing in health initiatives in African countries has been part of China's strategy to build goodwill on the continent and emphasise the “win-win” nature of Sino-African relations (Chan et al., 2010; Freeman & Boynton, 2011)

In the context of these existing health diplomacy efforts, and their acceleration in recent years, investing in improving health services for African migrants in China could form another component of China's efforts to strengthen Sino-African relations. It represents an opportunity for Chinese leaders and health care professionals to work together with African leadership in China, with the potential to deepen bilateral ties in the process. Providing culturally appropriate services for African migrants will require working in collaboration with African embassies, consulates, and community leaders, who are in the best position to understand the needs of this population and who are familiar with navigating the Chinese system.

Although China's investments in global health still lag far behind those of traditional donors like the U.S. (which allocated \$8.9 billion for global health aid in 2012 (Salaam-Blyther, 2013)), China has begun to assume a more visible role in the global health arena over the past decade (Chan et al., 2010; Xu et al., 2011). Since the outbreak of severe acute respiratory syndrome (SARS) and avian influenza, China has demonstrated an increased willingness to pursue a multilateral approach to health, including leading several regional health surveillance networks (Chan et al., 2010; Huang, 2009). As new patterns of South-South migration challenge low- and middle-income countries to provide health care for an increasingly culturally diverse population, China has the opportunity to take a leading role in responding to these challenges and build its image as a contributor to global welfare.

Benefits and limitations of a health diplomacy approach

Approaching the health needs of African migrants in China from a health diplomacy perspective carries several benefits. First, appealing to the pragmatism inherent in a health diplomacy approach might help to increase attention to and resources for addressing migrant health. Strengthening diplomatic ties can enhance action more effectively than appeals solely to humanitarian goodwill (Valentino, 2011). By identifying areas of overlap and potential synergy among health objectives, trade and economic interests, and foreign policy goals, health diplomacy explains why potential stakeholders should jointly invest in public health solutions.

Furthermore, a health diplomacy approach suggests new partnerships can be forged and avenues of action can be pursued. Increasingly health care and public health professionals are recognising a potential role for non-traditional stakeholders outside the health sector. For example, in 2011, President Obama issued a memorandum—reinforced during subsequent presidential visits to foreign countries—that elevated the rights of lesbian, gay, bisexual, and transgender (LGBT) persons to the level of a foreign policy priority (Obama, 2011; Tucker, von Zinkernagel, & Goosby, 2013). In the memorandum, Obama directed foreign aid agencies to leverage foreign assistance to advance non-discrimination and to enhance engagement with governments, citizens, civil society, and private sector to support efforts to combat criminalisation of LGBT persons. Such efforts to address stigma, criminalisation, and discrimination are integral to improving access to antiretroviral therapy among HIV-positive gay men and other key populations (Beyrer et al., 2012).

For an issue like migrant health that is linked to diplomacy and trade, effective partnerships will likely require engagement with embassy and consulate staff, trade organisations and businesses, and community groups representing African migrants. A health diplomacy approach suggests the need for a collaborative bilateral or multilateral approach—i.e., engaging African leaders and diplomats in the process of developing migrant health services in China. Surveys undertaken in Guangzhou have found that migrants from West Africa dominate, with Nigerians comprising the largest group (Bodomo, 2010; Li et al., 2012). In cities like Guangzhou, Nigerians, Guineans, Malians, and other groups have established community organisations to encourage mutual support among migrants originating from the same country and to represent their interests in interactions with local authorities. These organisations provide an important channel through which the Chinese government and African diplomats can engage African migrants and ensure interventions are responsive to their needs.

New programmes and organisations have been established in recent years to encourage health diplomacy engagement. In 2012, the Department for International Development launched the China UK Global Health Support Programme to help strengthen the capacity of Chinese institutions to engage in bilateral and multilateral development cooperation for health (Department for International Development, 2012). A core strategy of the U.S. government's newly established Office of Global Health Diplomacy is to support U.S. ambassadors to assume a role in the health arena and work effectively with officials in partner countries (Goosby, 2012; U.S. Department of State, 2013). Similar partnerships between African representatives in China and Chinese leadership could help both to improve the quality of services for African migrants and to deepen Sino-African ties.

On the other hand, there are potential limitations to a health diplomacy approach. First, creating multi-sectoral collaboration focused on health diplomacy may be technically difficult, but the prominence of Sino-African ties may help catalyse this process. Second, improved access to health services might encourage increased migration from Africa to China, potentially leading the government to impose further limitations on visas for citizens of African countries. Increased services for African migrants might also reveal a substantial burden of disease and trigger more restrictive immigration policies. However, as China's investments in health and other sectors in Africa demonstrate, the Chinese government has

an interest in both fostering positive relationships with African leaders and promoting goodwill among the public in African countries. Moreover, improving health care access is one of the government's strategic priorities for health reform (Yip et al., 2012). Finally, health governance is weak in China and in many African countries (Huang, 2011; Kirigia & Barry, 2008), perhaps limiting their ability to improve services for African migrants in China. However, the Chinese government is seeking to establish more accountability and improved health outcomes in the health system with on-going national health reform (Yip et al., 2012).

Conclusion

New patterns of migration are challenging China to confront the need to provide health care for an increasingly diverse population. The Chinese government has experience managing the health implications of its massive internal rural-to-urban migration (Gong et al., 2012). Some common themes characterise both foreign and internal migrant populations, including social exclusion, economic vulnerability, limited health insurance, and mental health stresses. The momentum of growing research and policy in the area of internal migration could be applied to improving services for African migrants. Moreover, the Chinese government recently launched the first phase of a national health care reform plan aimed at achieving comprehensive universal health coverage by 2020 (Yip et al., 2012). One central goal of China's health reform is to promote health equity, which will require improving the quality of care for foreign migrants and other populations that have been marginalised in China's health system. Applying a health diplomacy approach to African migrants in China is a potentially effective strategy, and one that is aligned both with China's economic interests and with China's trend toward assuming a greater role as a donor country and global health leader.

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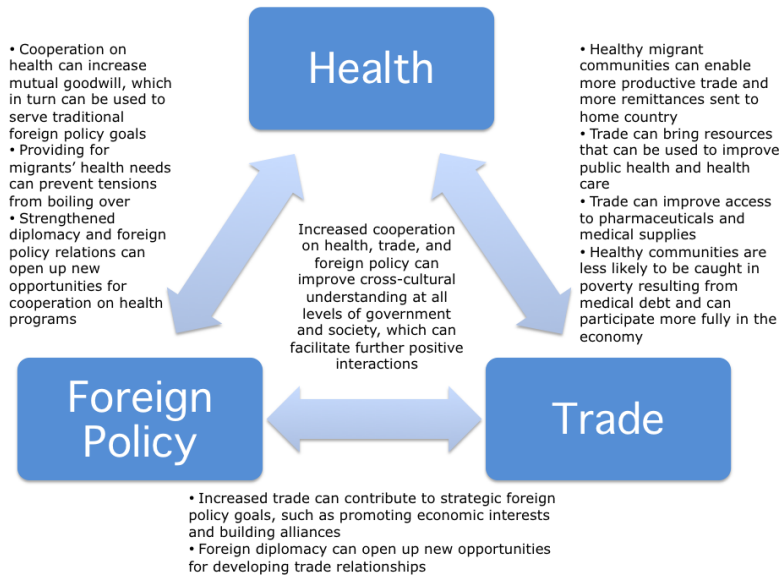


Figure 1.
Potential synergy among health, trade and foreign policy goals.

1963	- The first Chinese medical team is deployed to Africa (Algeria)
1997	- The Asian financial crisis leads many African traders to leave Southeast Asia for China
2000	- The first Forum on China-Africa Cooperation (FOCAC)
2002-3	- Outbreak of severe acute respiratory syndrome (SARS) in China
2006	- At the third FOCAC, China pledges to double the size of its assistance to African countries by 2009 and assist African countries in building 30 hospitals
2007	- China launches a multi-country malaria control initiative in sub-Saharan Africa
2009	- At the fourth FOCAC, China pledges to help African countries train 3,000 doctors and nurses and to provide medical equipment and anti-malaria materials worth RMB 500 million (\$37.2 million); China launches its national health care reform plan
2010	- The first International Roundtable on China-Africa Health Cooperation
2012	- China surpasses the U.S. and Europe as Africa's largest trading partner
2013	- The 4 th International Roundtable on China-Africa Health Collaboration in Botswana is the first roundtable to be held in Africa

Figure 2.
Timeline of key events in Sino-African health diplomacy.

Table 1

Key examples of Chinese investment in health programmes in Africa

Health issue	Chinese response
Malaria	Built 30 malaria prevention and treatment centres; provided US\$30.5 million worth of antimalarial medicine ("China's foreign aid", 2011; A. Li, 2011)
Reproductive health	Provided family planning support to Zimbabwe, Mali, Nigeria; donated medical equipment for reproductive health to Kenya and Uganda; constructed a reproductive health centre in Uganda; built a maternity clinic in Gambia (Freeman & Boynton, 2011)
Health systems strengthening	Built and equipped 54 hospitals; constructed pharmaceutical factories in Mali, Tanzania, and Ethiopia; trainings at both African and Chinese institutions on topics such as hospital management, health reform, and parasitic diseases, including anti-malaria training sessions for 34 African countries ("China's foreign aid", 2011; Freeman & Boynton, 2011)
Humanitarian disasters	Provided emergency humanitarian aid to Madagascar, Zimbabwe, Burundi, Lesotho, Mozambique, and Guinea-Bissau ("China's foreign aid", 2011)