

Solid Foundations for a New Partnership: How China and the United States Can Collaborate with Africa to Eradicate Malaria

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Preface

The United States and China provide malaria assistance by broadening diagnosis and treatment availability at regional and grassroots levels. Despite complementary elements and direct overlap in their malaria assistance, there has been little collaboration between the two countries. Systematic challenges including mutual suspicion, incompatible government structures

interventions, an avenue to share the most effective malaria control practices and to ensure malaria remains high on the global policy agenda. The ALMA states African governments should address the critical challenges in securing adequate domestic and external funding for sustained commitment to malaria elimination, strengthen national malaria control programs in the context of strengthening the broader health system, ensure free access to malaria diagnosis and offer treatment for vulnerable groups

to meeting African requests and the SDGs, all aid recipients and donors must fully communicate and

malarial medication with a median duration of total stocks of six weeks. The reality of treatment unavailability costs lives, fosters malaria transmission and erodes community member faith in the health care system. Ghana, the U.S. and African nations can collaborate to ensure equipment provisions reach necessary regions while duplication of effort in geographic areas is minimized. Logistical best practices can be shared among all stakeholders to increase efficiency and overcome past challenges. This coordination can reduce medication stock-

a partnership formed in 2002 between governments, civil society and the private sector to accelerate the end of AIDS, tuberculosis and malaria epidemics. The experimental component includes microscopic examination and blood smear preparation and staining, using polymerase chain reaction (PCR) for malaria detection and identification, morphological and molecular identification of Anopheles mosquitoes and technology for detection of drug resistant parasites and insecticide resistant mosquitoes (Zhou, 2010).

The U.S. tailors education and training to the needs of each country in the IFMI. Included in these activities are training on indoor residual spraying, building host country managerial and leadership capacity for effective malaria control, integrated training and support supervision for health care workers, improving and monitoring the quality of laboratory diagnostic services and training to improve the capacity for operational research.

China and the U.S. can open a dialogue with African leadership to standardize training programs. This can ensure efficiency and easier collaboration between African health workers from different areas of the country or continent. This is especially important and in line with African priorities to strengthen overall health systems and surveillance. As Africa develops its own joint **C**enters for Disease Control and Prevention with assistance from the U.S. and China, the importance of consistent training will be increasingly needed. The three parties can also work together to develop a universal certification program for health care workers. The completion of agreed courses and mastery of core competences can enrich the

assistance is highly concentrated in Africa. Estimates place 89 percent of aid going to the top 10 Chinese health recipients: Cameroon, Ghana, Kenya, Sudan, Zimbabwe, Angola, Mauritius, Ivory Coast, Zambia and Niger. These realities leave strong programmatic overlap in Ghana, Kenya, Zimbabwe, Angola, Zambia. Within these countries, communication channels and pilot programs can be developed which can be further expanded upon demonstrated success.

The proposed cooperative activities will go nowhere without a strong African voice and presence. Collaboration must be Africa-led by individuals with the strategic vision to see the synergic effects of a stronger partnership. Without Africa taking the lead, greater coordination will be extremely unlikely. This strong African call remains the first step toward rethinking disjointed initiatives and is a prerequisite for meaningful dialogue. The appeal has begun with leaders like Tanzanian President Jakaya K Kwelcoming Chinese participation in Tanzania's major antimalarial program in 2008 during a meeting in Washington (Shinn, 2011).

Additionally, greater Chinese transparency regarding international aid and a stronger Chinese voice in international forums are needed. With China's tremendous global health engagement and economic power, the need to integrate more fully into these regions

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