

Making Foreign Aid Work: A Case Study of China-UK-Tanzania Pilot Project on Malaria Control

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Abstract: Foreign aid is a topic with a long history. However, after so many years of practice, the effect of foreign aid is still controversial. This paper takes the China UK Tanzania malaria control pilot project as an example to understand the conditions under which foreign aid is effective by analyzing the reasons for the success of the project. This paper finds that there are several reasons that make foreign aid effective, including adjusting measures to local conditions, obtaining local people's support and participation, and having multilateral partners participate in projects.

Keywords: Foreign Aid; Effectiveness; Pilot Project; Multilateral Cooperation

Introduction

This essay will discuss the China-UK-Tanzania Pilot Project on Malaria Control. It was the first pilot project of its kind for the Chinese government in Africa. It was supported by the China-UK Global Health Support Program and funded by the UK Department for International Development (DFID), implemented from April 2015 to June 2018.

The pilot project was an operational research project with two communities receiving the proposed interventions and two comparable communities serving as control sites. The goal of the project was to explore an appropriate model and mechanism on how Chinese models and strategies could be used effectively to reduce the disease burden of malaria based on the existing local system, which could then be scaled up and applied in other similar settings of Africa. The results of this pilot project were encouraging, it demonstrated that the malaria burden could be reduced by 81% when China's experience with malaria control was shared in Tanzania through interactions between health officials from these two countries.

Foreign aid is a topic with a long history. However, after so many years of practice, the effect of foreign aid is still controversial. Although the impact of the China-UK-Tanzania Pilot Project on Malaria Control still needs further evaluation, the effectiveness of this project in the short term has been verified. Based on the previous study on the effects of foreign aid, this paper will analyze the possible reasons for the success of this project. It is hoped that through analysis, we can better understand under what condition aid works. In this way lessons and experience can be drawn to provide useful insights for future foreign aid projects.

Literature review

Due to the mixed empirical evidence on foreign aid's benefits, there has been a longstanding academic and policy debate regarding the effectiveness of foreign aid among leading experts on economic development around the world (Toseef et al., 2019). Debates about aid effectiveness over the past two decades have been characterized by three schools of thought, which we characterize as "more aid," "problem aid," and "conditional aid." (Tierney et al., 2011) For instance, Sachs (2005)

argued that through carefully planned development aid, extreme poverty—defined by the World Bank as incomes of less than one dollar per day—can be eliminated globally by the year 2025.

Collier and Dehn (2001) introduce export shocks into the growth-aid regression to find that controlling for GDP levels, foreign aid can help mitigate the adverse effects of negative export shocks for a panel of 113 developing countries during 1957-1997.

However, there are many critics who argue that aid does very little impact. One academic review of the evidence of aid's impact over the course of a few months in 2005 maintained that aid has neither increased welfare nor enhanced growth in poor countries, and thus it should be reduced rather than increased (Erixon 2005).

Some even find that aid does harm to recipient countries. Djankov et al (2008) study ODA from OECD countries using a panel of 108 countries during 1960-1999 and institutional quality data from the Polity IV database. The authors measure foreign aid with variables such as the initial level of income of the population and find that aid reduces democracy for the top quartile of recipients.

There are also those in the "middle ground" who believe that aid works under some conditions. For example, Dollar and Burnside (2000) provide a case study and cross country evidence from 56 countries during 1970-1993 that multilateral aid can promote growth if given to countries with good economic policies, which they measure as a function of the budget surplus, inflation, and trade openness.

Regarding under which conditions foreign aid can work, Qian (2015) argued several reasons contribute to the different results of different studies. Whether aid works depends on the type of aid and the outcome under consideration. One key difficulty comes from the fact that much of the existing literature examines aggregate ODA, which is a bundle of many different types of aid. She argued that the effectiveness of aid depends on whether the donor is a country or a multilateral agency, designated as humanitarian or non-humanitarian, transferred as cash or in-kind, or spent in the donor or the recipient country. Each aspect can influence how aid affects the recipient country.

Mawdsley (2012) argued that development effectiveness is influenced by various factors, beginning with the quality of project design and ending with the relevance and sustainability of desired results. Sumner and Glennie (2015) argued that there is a set of broad areas where the evidence reviewed shows signs of convergence that have direct relevance for policy decisions on aid and aid-effectiveness discussions. These areas are aid levels (meaning if the level of aid is too low or too high); domestic political institutions (including political stability and the extent of decentralization); the composition of aid (including sectors, modalities, objectives, and time horizons); and the volatility and fragmentation of aid.

Compared to foreign aid overall impact, there is less research on whether foreign aid improves population health in recipient countries. Increasingly, research has examined whether foreign aid has been effective in improving human development or the health of citizens in recipient nations since the establishment of the Millennium Development Goals (MDGs) in 2000.

With regard to the effectiveness of health aid, current research has focused on the following topics: what factors influence the impact of foreign aid on health, and under what conditions foreign aid is effective.

Concerning the effectiveness of health aid, current research has focused on the following topics: what factors influence the impact of foreign aid on health, and under what conditions foreign aid is effective. The main topics covered in the current study are: relationship between health aid and main health indicators (e.g. infant mortality), the impact of health aid on a certain group of people (e.g. Maternal health, women, children under 5), the relationship between certain sector (e.g. Water and sanitation) aid and health etc. Most studies use published data and mainly focus on the long-term impact of health aid to many countries.

For instance, Mishra and Newhouse (2009) examines the relationship between health aid and infant mortality, using data from 118 countries between 1973 and 2004; Pickbourn and Ndikumana (2019) examines the impact of foreign aid to the

health sector on diarrhea mortality in children under five in 47 sub-Saharan African countries, using panel data on the sectoral allocation of official development assistance in conjunction with country-level data on health outcomes. Bandhani and Swiss (2019) used data from the Organization for Economic Cooperation and Development, the World Development Indicators, and the Institute of Health Metrics and Evaluation, this study analyzes the effects of aid on maternal health in a sample of 130 LMICs from 1996 through 2015. The most commonly used approach is the Difference–Differences approach.

Case study

As mentioned above, this paper will focus on the China-UK-Tanzania malaria control pilot project as a way to discuss the impact of foreign aid. While the long-term impact of this project is still under debate and still needs to be observed and evaluated. According to the independent evaluation body, there is a high degree of certainty about the short-term impact.

The intervention approach in the pilot areas significantly reduced the malaria burden in rural high transmission areas in southern Tanzania. This locally tailored approach can accelerate malaria control and elimination efforts. These results provide an impetus for further evaluation of the effectiveness of this approach and its replication in other high malaria burden states in Africa, including Tanzania (Mlacha et al., 2020).

“Randomized control trials” adopted

China provides at least nine kinds of aid to Africa (Brautigam, 2011). Of these, medical assistance began earlier, mainly in the form of medical teams. China deployed its first medical team in 1964 at the invitation of the Algerian government, since then it has cumulatively sent over 15,000 doctors to more than 47 African countries and treated approximately 180 million African patients. (Xinhua, December 16, 2004). Chinese doctors that are part of the medical teams, known as yiliaodui, normally spend up to two years in-country (Thompson, 2005).

After more than half a century of implementation, the organizational and operational flaws of the medical team program have become increasingly apparent and are in dire need of reform (Chen et al., 2019). Besides, the Chinese government has accelerated the training component of its foreign aid, focusing in part on transferring information about China’s own experience with urbanization, economic growth, and poverty alleviation since 2000 (Brautigam, 2011). It is therefore worth considering how to reform the form of China’s medical aid to Africa and whether China’s experience in eradicating certain diseases can be adopted by Africa.

Malaria, a disease almost eradicated in China but still rampant in Africa, raises concerns in this context. Over the last 60 years, Chinese national malaria elimination program implemented a set of control strategies and measures in different local settings successfully with a low cost of investment. It is expected that Chinese experience may benefit malaria control in Africa (Xia et al., 2014).

In Tanzania as it is the case with the rest of sub-Saharan Africa, malaria is a major cause of morbidity and mortality especially among children less than five years and pregnant women (WHO: World malaria report 2013. Geneva: World Health Organization; 2013). The elimination of malaria is Tanzania’s long-term goal and mission. However, there are many challenges to reaching and sustaining the universal coverage policy by effective curative and preventive services, the health system in Tanzania is still weak, effective treatment is undermined by the capacity of the health system to deliver appropriate care, shortages of essential medical products for malaria and other diseases are prominent. (Wang et al., 2019).

Against this background, China implemented this project in Tanzania, the first of its kind in continental Africa. As an intervention study and operational research, this project adopted “randomized control trials (RCTs)”, it chose two separate representative pilot communities receiving the proposed interventions and two comparable communities serving as control sites.

The use of experimental methodologies has emerged as a central means of evaluating international aid interventions in recent years. It has become a crucial epistemic practice today, and has been adopted throughout academia and by NGOs, the World Bank, and governments (Donovan, 2018).

As pioneers in the use of RCTs within international development, the MIT economists Banerjee and Duflo (2011) argued that a radical rethinking of the way to fight global poverty is premised on the use of experimentation to assess the effectiveness of international aid programs. They argued that the use of RCTs may help devise effective and specific aid programs in the war against poverty and underdevelopment.

Indeed, we can see from this project that the adoption of RCTs have many advantages. Previous Chinese medical teams have undergone little internal or external evaluation since their inception more than fifty years ago (Chen et al., 2019). By using RCTs, this project can test the effectiveness of new and existing interventions and variations thereof, and therefore can learn what is working and what is not and to adopt policies so that they steadily improve and evolve both in terms of quality and effectiveness (Haynes et al., 2012).

As many critics argued, RCTs also has many problems. The most common example of this problem is that of participation rates. Many interventions suffer from low participation rates, that is, intended beneficiaries are not terribly interested in the intervention (White, 2013).

To avoid this problem, during the implementation of this project, onsite staff tried different ways to encourage all participants to seek treatment at a dedicated health facility for any febrile illness followed the national guidelines for malaria treatment. Any participant in the home diagnosed with malaria or anemia during the screening was treated accordingly (Wang et al., 2019).

Although the RCTs have improved the pertinence and flexibility of foreign aid, its limitations cannot be ignored. As Glennie and Sumner (2014) argued, compared to other types of aid, “program” aid and project aid given for real sector investments are likely to be more effective for growth, but aid in sectors like health and education may only affect growth after a long period of time and thus may be difficult to detect rather than be non-existent.

This argument applies to this project, which has reduced the incidence of malaria in the short term, but the long-term impact on the Tanzanian economy and society remains to be observed and evaluated over time.

Participatory development theory applied

Participatory methodologies have now been used in a diverse range of projects and programs, by NGOs, international agencies, and multilateral organizations. Though the results of participatory methodologies have been mixed, they generally support the contention that participation in terms of structures for beneficiary involvement can enhance project effectiveness (Manikutty, 1997).

However, not all foreign aid projects that adopt participatory theory end up improving efficiency. There is little doubt that aid has become more participative, and has been geared towards smaller projects and programs (Edwards, 2015). Besides this, to improve efficiency, appropriate strategies must be adopted. For example, during the course of this project, the implementers developed rigorous strategies that increased the effectiveness of the project and were key to its success.

First, as a project that required a high degree of public participation, the project team members realized the importance of seeking permission from community leaders and motivating community members.

While aid may contribute to positive development outcomes, it may also contribute to rights violations committed by Donor governments (Dasandi and Erez, 2019). Therefore, firstly, this project tried to make collaborative efforts to gain community consent.

Before the study began, the project team held community meetings at the district level and at specific ward level where the study was conducted to inform the community leaders, key informants, and District Medical Officer's (DMO's) office staff of the purpose, design, objectives, and methods of the study (Wang et al., 2019).

The next step is community mobilization. To maximize project acceptance after a village had been identified as a hotspot, weekly social mobilizations were initiated, i.e., the field supervisor and village community leaders held meetings to discuss the logistics. Upon deciding on the locations, village leaders and CHCWs informed the rest of the community members about the presence of cases, emphasizing that testing and treatment were free (Mlacha et al., 2020).

In addition to community involvement, finding the right local partners at the project implementation sites to cooperate with is also very important. The most important local partner for this project is the Ifakara Health Institute (IHI). IHI is an independent non-profit organization, also one of Africa's most eminent health research organizations, with a history of more than 50 years. It has done a lot of research on the malaria situation in Tanzania and has participated in many foreign aid projects before. During the implementation of the project, onsite Chinese staff for technical support was paired with local staff from IHI to do work plan designing, local staff training, field implementation, and supervision (Mlacha et al., 2020).

The participation of local people and local institutions made a big difference. Problems with aid arise because of poor decision-making, often as a result of insufficient understanding of what is needed, and how aid may help (Riddell, 2008). Therefore, by listening to local people and letting them know that their ideas and judgments are valued, the relationship between aid providers and aid recipients has been fundamentally shifted (Anderson et al., 2012).

Besides, by offering a place for beneficiaries in some aspects of project implementation and design, community involvement reduced costs for donors, contributing to the effectiveness of cost "sharing" and recovery, and longer-term sustainability (Oakley, 1991). Involving civil society and local NGOs also affected accountability and has helped reduced—although not eliminate—corruption and malfeasance (Edwards, 2015).

Foreign aid form localized

During the past six decades, remarkable success in malaria control has been made in China. This experience could be shared with other malaria-endemic countries including Tanzania with high malaria burden. Especially, China's "1-3-7 model" for malaria elimination is one of the most important sources of experience after many years' in practice and key innovation measures for malaria elimination in China. "1-3-7 model" stands for reporting of malaria cases within 1 day, their confirmation and investigation within 3 days, and the appropriate public health response to prevent further transmission within 7 days (Zhou et al., 2015).

While 1-3-7 is best suited for very low transmission areas with a relatively very low number of cases, the pilot project was to be implemented in a moderate transmission site with a huge burden of malaria. Given this reality, Chinese and Tanzanian teams have developed a locally-tailored malaria control approach screening for febrile cases in endemic villages on Day 1 followed by focal treatment of holoendemic villages within 7 days to stop transmission at the same phase of the plasmodium life-cycle.

This 1,7-Reactive Community-based Testing and Response (1,7-mRCT) model ensures the smooth progress of the project. It utilized existing health facility data and locally trained community-based health workers to conduct community-level testing and treatment (Mlacha et al., 2020).

Community-based health workers are important participants in the project and are also the result of localization of Chinese experience. Village doctors have made great contributions to malaria control by providing primary health care to malaria patients in rural areas at relatively low costs in a door-to-door manner. Here, China's village-doctor model was localized according to local conditions.

In Tanzania, many people do not go to health facilities due to a lack of awareness of malaria illness, and a lack of accessible health services. Therefore, this project recruited and did capacity building for community health workers (CHWs). It cultivated a local team of 35 CHWs, who were trained and supervised and ensured the success of the implementation process. The training included case management, vector control, and health education.

As a result, by sharing China's village-doctor model in such a way that CHWs could provide basic malaria diagnosis, drug treatment, and primary health education to members of the community, even reaching previously under-served patients. Their door-to-door healthcare services helped ensure the primary health of community members and served as an extension of the services provided by local health facilities. (Ma et al., 2020).

Just as Sauri, 2005 argued, by using the original mechanism that existed in the projects, aid can be well used. Projects that empower village-based community organizations can be highly successful (Sachs, 2005).

In conclusion, what we learn from this project is: development interventions should aim to solve particular problems in local contexts, involving active, ongoing, and experiential learning and the iterative feedback of lessons into new solutions, and engaging broad sets of agents to ensure that reforms are viable, legitimate, and relevant—i.e., politically supportable and practically implementable (Andrews et al., 2013).

Multi-cooperation for “public goods”

In addition to the features mentioned above, this project has another great feature, that is, it is a multi-cooperation project. It represents a new trend in the field of international development: cooperation is expected to increase the effectiveness of foreign aid.

The old aid architecture is being replaced by a more complex and diverse landscape of development cooperation in which there are new actors, new approaches, and attempts to create an overarching architecture which, by embracing all, is expected to be more developmentally effective (Gore, 2013).

Over the past decade and in particular, since 2008, there has been an intensification and diversification in the ways that Northern donors engage with South-South cooperation (Abdenur and Da Fonseca, 2013). China and the UK are pioneers of so-called “trilateral development cooperation”, which involves OECD donors like the UK working together with Southern donors such as China on development initiatives in third countries.

Chinese government agencies and international philanthropic organizations/ communities have recognized that the best practices and lessons learned from China's health development over the past six decades could be relevant and very useful in supporting the achievement of health-related Millennium Development Goals and post-2015 Sustainable Development Goals in the low and middle-income countries.

Against this background, the Ministry of Commerce of China, in collaboration with the Department for International Development (DFID) of the UK, has launched the “Global Health Support Programme (GHSP)” in 2011, which is a China-UK partnership contributing to improved global health policy and outcomes. This pilot program aimed at promoting China's experiences, and exploring the new model of tripartite cooperation through conducting a malaria control pilot project in Tanzania, financially supported by DFID. Multi-cooperation can ensure the complementary strengths of all sides, and bring a win-win-win situation.

For China, providing affordable experience/technologies that are suited to the needs of Tanzania created chances for commercial investment. Also, In 2017, for the first time, zero indigenous cases were reported in China, with only 7 imported cases (Feng et al., 2018). If there are fewer imported cases from Africa, it will consolidate the achievement of the elimination of malaria in China.

To the UK, which brings relatively deep pockets and experienced project management, the success of this project will create new opportunities for long-term global health aid. To the aid recipient Tanzania, the successful implementation of this

project can reduce the burden of disease in the country, thereby improving productivity and indirectly promoting economic and social development.

From a longer-term perspective, China and the UK have established a good model for North-South Cooperation in the GHSP, and the program facilitated the 2030 Agenda for Sustainable Development by building a new type of bilateral partnership and carrying out trilateral cooperation practices. This model has demonstrated huge potential for cooperation through partnership and can also be referred to by other countries developing bilateral partnerships (Wang et al., 2020).

With faster and cheaper transportation and communication, health innovations in one country have almost instantaneous implications for health in the rest of the world (Deaton, 2013). Growing amounts of aid have been channeled through international institutions and used to expand international “public goods”, such as controlling the spread of infectious diseases worldwide or reducing environmental degradation ((Lancaster, 2008)).

Conclusion

While the impact of foreign aid on health is still debated, the China-UK-Tanzania Pilot Project on Malaria Control does show that foreign aid that aims at tackling a certain disease in a certain area is relatively easily monitored and evaluated in regards to the short-term impact.

As analyzed above, several possible reasons contributed to the success of the project. The foreign aid project discussed in this paper adopted RCTs, it successfully validated in a short period of time that the Chinese experience in treating malaria is feasible in Africa; moreover, the project's success in engaging the local community was due to the adoption of appropriate strategies, including mobilizing community leadership, motivating community members and cooperating with local institutions that have experience in malaria research. Furthermore, this approach allows for the adjustment of responses to local conditions and the localizing the Chinese experience as the project progresses. Finally, the project is a model for multilateral cooperation in which developed and developing countries play to their respective strengths, creating a synergistic effect that maximizes the efficiency of the project. The Sino-British cooperation in the fight against malaria in Tanzania also represents a new trend in global development cooperation, namely, North-South cooperation to address global public health issues of common concern.

Of course, as some critics have pointed out, there are many limitations to randomized controlled experimental projects. For example, it is still controversial how variables can be effectively controlled during the course of the project and how the long-term validity of the project can be evaluated. The extent to which the Chinese experience is localized also needs to be further explored. Besides, as a multi-stakeholder project, how to solve the communication problems during the collaboration process and how to form an effective cooperation mechanism is a topic that needs continuous attention in the future.

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