

China–Eritrea Health Cooperation: Evolution, Dynamics, and Drivers

[1]Fikresus Amahazion*

Affiliations:
[1] Eritrean Center for Strategic Studies, Eritrea
*Correspondence: fikrejesus87@gmail.com

ABSTRACT

Over the past three decades, health cooperation has emerged as one of the most significant and enduring dimensions of China–Eritrea bilateral relations. Yet despite the expansion of this engagement, it remains largely absent from the scholarly literature on both China–Africa health cooperation and Eritrea's external partnerships. Drawing on a range of primary and secondary sources, this paper examines the history, evolution, and drivers of China–Eritrea health cooperation since Eritrea's independence in 1993. It traces how cooperation has developed across several key domains and explores the factors that have shaped and sustained the partnership over time. In doing so, the paper provides the first systematic analysis of China–Eritrea health cooperation, contributes new empirical insight into China's health engagement in Africa at the country level, and highlights the value of moving beyond continental-level analyses to better understand the diversity and complexity of China–Africa relations.

Keywords
China
Eritrea
Foreign Aid
Medical Cooperation
South-South Cooperation

Article history
Received 28 June 2026
Revised 1 August 2026
Revised 12 August 2026
Accepted 15 August 2026

journal.iistr.org/index.php/JSCD
DOI: 10.56741/IISTR.jscd.002461

JSCD
Journal of Social and Community Development

VOL. 3, No. 02, pp. 90-111

Copyright: © 2025 by the authors. Licensee IISTR, Yogyakarta, Indonesia. This article is an open-access article distributed under the terms and conditions of the Creative Common Attribution-ShareAlike 4.0 International (CC BY-SA) license.

Introduction

The People's Republic of China (PRC, henceforth referred to as China) and Africa share a rich and longstanding history of exchange that spans centuries, encompassing ancient dynasties, trade networks, cultural interactions, and diplomatic ties [1]-[4]. However, over the past several decades, China's engagement with African countries has intensified and expanded dramatically, becoming "arguably the most momentous development on the continent since the end of the Cold War" [5]. China has emerged as Africa's largest single bilateral trading partner, while Chinese investment in and lending to African countries have also expanded rapidly. Across trade, investment, infrastructure financing, and aid, no other individual country has such depth and breadth of engagement across the continent [6]-[12]. Increasingly, this engagement has extended into an array of other sectors, including agriculture, education, culture, digital infrastructure and technology, and security [9],[10],[13]-[16].

Another prominent area of cooperation has been health. China's health engagement with African countries has deep historical roots and has grown substantially in both scale and scope over recent decades [17]. It has made significant contributions to the continent's health development through the construction of public health facilities and systems, strengthening basic medical service capacity, and improving human resources for medical services [18]. Alongside investing in African pharmaceutical and vaccine production, China has also funded the Africa Centres for Disease Control and Prevention. Inaugurated in January 2023 in Addis Ababa and widely recognized as the continent's leading public health institution, the facility will strengthen the continent's disease surveillance and reporting system [19],[20].

Within this broader context, health cooperation has also become an important component of bilateral relations between China and Eritrea, located in the Horn of Africa. Over the years, the two countries have maintained robust political, economic, and development ties, within which health has emerged as a growing area of engagement [21],[22]. Yet, despite the expansion of bilateral cooperation, comparatively little scholarly attention has been devoted to China and Eritrea's health engagement. To date, relatively little is known about this dimension of the relationship. What has been the history of China–Eritrea health cooperation, and what has this engagement looked like in practice? Moreover, what factors have underpinned its evolution and continuity over time? Accordingly, this paper examines these questions, helping address an important gap in the existing literature. It highlights the evolution, forms, and drivers of China–Eritrea health cooperation, demonstrating that it has developed into a broad and sustained component of the broader bilateral relationship.

This paper is significant in several respects. First, although there is a substantial body of literature on China–Africa relations, much of it has focused on areas such as trade, investment, and natural resources, while comparatively less scholarship has examined the domain of health [23], despite its longstanding importance within the relationship. Recent studies have further emphasized the need for more empirically grounded and locally informed research on China's health engagement in Africa to better understand its long-term impacts and dynamics across diverse national contexts [24]. Second, by focusing on Eritrea, the paper provides the first systematic analysis of China–Eritrea health cooperation. It offers new empirical insight into how such engagements unfold at the country level and helps move beyond treating Africa as a single, undifferentiated analytical unit, a common framing that tends to obscure variation across regions, histories, and outcomes [25].

Additionally, while China's engagement across Africa has expanded significantly in recent decades, it has not unfolded without controversy or criticism. Concerns have frequently been raised regarding an impending debt crisis and China's alleged use of "debt trap diplomacy," whereby unsustainable loans are extended to secure strategic leverage. More broadly, China's growing presence on the continent has been criticized as exploitative or neocolonial, and faulted for an alleged lack of transparency, limited support for good governance or human rights, and weak labour and environmental standards [6],[22],[26]-[32]. At the same time, dominant narratives surrounding China–Africa relations have often relied upon highly polarized, quite narrow, or overly simplified interpretations that leave limited room for examining the diversity and complexity of interactions across the continent, including the perspectives and experiences of the stakeholders directly involved [17],[22],[33]-[35]. Against this backdrop, the present paper contributes a more empirically grounded and case-specific account by examining China–Eritrea health cooperation as a domain through which the practical dimensions of engagement can be more clearly understood.

Moreover, amid an evolving international landscape and a broader global retrenchment in development and health assistance that carries profound consequences for Africa and threatens to undo decades of hard-won developmental and public health progress [36]-[41], understanding China's health cooperation is increasingly important, as it highlights the potential of South–South cooperation as a viable alternative model for long-term health and development support outside traditional donor frameworks and aid structures.

This paper draws on a range of primary and secondary sources to examine the history, evolution, and drivers of China–Eritrea health cooperation. Primary sources include official government documents, policy statements, diplomatic communiqués, and press releases from Chinese and Eritrean authorities, as well as reports and publications from relevant international

organizations. These are complemented by secondary sources, including peer-reviewed academic literature, policy analyses, and media reports. Given the limited availability of comprehensive and disaggregated data on Chinese assistance – a challenge well documented in the broader China–Africa literature [17],[42],[43] – the paper is necessarily exploratory in orientation and does not seek to provide a definitive quantitative assessment of cooperation. Instead, it offers a systematic qualitative analysis of the evolution, forms, and drivers of China–Eritrea health cooperation.

The remainder of this paper is structured as follows. Section Two briefly reviews China's health engagement across Africa, while the third section examines broader China–Eritrea relations and the evolution of bilateral health cooperation. Section Four identifies the key pillars underpinning China–Eritrea health cooperation. The final section concludes and highlights several avenues for future research.

Discussion

A. China-Africa Health Cooperation

China's engagement with Africa is not a new or recent development, with historical ties stretching back centuries through dynastic contacts, trade networks, cultural exchange, and diplomatic relations [1]-[4]. Modern relations, however, are more commonly traced to the period of African decolonization in the 1950s and 1960s, when political and ideological solidarities between China and emerging African states began to take shape.

In the decades following World War II, as many African nations intensified struggles against colonialism and minority rule, China, newly established following its 1949 revolution, provided varying forms of support to liberation movements across the continent, including material assistance, ideological backing, and military training in countries such as Algeria, Mozambique, Tanzania, Zimbabwe, and South Africa, among others [22],[44]-[47]. In addition, many newly independent African states received humanitarian assistance and early development aid from Beijing [48]-[50].

This engagement was shaped in part by commitments to Third World solidarity, efforts to combat Western imperialism, attempts to present a viable socialist alternative amid Cold War competition with the Soviet Union, and the desire to shore up international support for the PRC, particularly in its contest with Taiwan for global diplomatic recognition [48],[49],[51],[52]. The multifaceted support that China funnelled to various African liberation movements was valuable in helping advance the goal of freedom and emancipation [53], while Beijing's assistance had a direct and "palpable" effect on improving the lives and livelihoods of people within recipient countries [50],[54].

African states, in turn, played a significant role in China's reintegration into the international system. During the 26th United Nations General Assembly in 1971, 26 of the 76 votes supporting the PRC's admission came from African countries, helping secure its recognition and UN seat [12],[50],[55],[56]. This period of mutual political support laid a durable foundation for long-term diplomatic relations, with symbolic expressions of solidarity underscoring the depth of early China–Africa ties.

In the contemporary era, China has become Africa's largest single bilateral trading partner for nearly two decades, with trade reaching approximately $US348 billion in 2025, an all-time high, alongside rapidly expanding investment, lending, and infrastructure financing [6]-[8],[10]-[12],[58]. Its engagement now spans a wide range of sectors beyond trade and infrastructure, including agriculture, education, culture, digital infrastructure, technology, and security cooperation [9],[10],[13]-[16].

Among these expanding domains, health has emerged as an increasingly important and institutionalized area of cooperation between China and African countries. Across several decades China has directed substantial resources to the continent for a range of health-related projects, facilities, essential medicines and drugs, critical equipment, and technical programs [10],[59],[60]. As Guillon and Mathonnat note,

> "[While] African countries remain in great needs [sic] of external health financing…China has become a major actor of health aid to Africa" [61].

Similarly, Daly et al. emphasize that,

> "Health aid has been an important and long-term component of China's engagement with Africa. It has grown substantially and reflects China's efforts to improve the accessibility of health services, strengthen public health systems, and build the capacity of health workers in African countries" [33].

Between 2000 and 2017 alone, AidData estimates that China financed at least 1,026 healthcare interventions and projects in 51 African countries worth approximately $US1.6 billion [62]. A more recent estimate indicates that China has conducted more than 2,000 health-related projects across the continent in the past two decades [63]. Together, these figures highlight the sheer scale and institutionalization of China's health engagement on the continent. At the same time, a notable feature of China–Africa health cooperation, and their general engagement more broadly, is that comprehensive and disaggregated data remains limited, reflecting the relatively low transparency that has generally characterized Chinese aid and financing architectures [17],[64].

China's expanding health engagement in Africa has been shaped by a combination of humanitarian, political, diplomatic, and economic considerations, including efforts to strengthen

South–South solidarity, deepen bilateral ties, and enhance international influence [18],[24],[60]. Furthermore, amid broader global upheaval and shifts in international political and development frameworks, such engagement also serves to reinforce China's image as a responsible and reliable global actor [17],[65].

Broadly, China's health cooperation in Africa has developed along several main modalities: the deployment of volunteer medical teams, provision of medical supplies and equipment, investment in health infrastructure such as clinics and hospitals, and support for public health programs including malaria and Ebola responses, alongside training, research, education, and capacity-building initiatives [42],[66].

Among the most prominent institutional initiatives is the China-funded Africa Centres for Disease Control and Prevention, inaugurated in Addis Ababa in 2023 and expected to help strengthen continental disease surveillance and public health coordination [20]. Beyond this, one of the longest-standing – and perhaps best known – components of cooperation has been the deployment of Chinese medical teams. With a history of service that extends across several decades, these teams have served in countries across the continent in multi-year tours, providing important, indeed often life-saving, care and services for millions of Africans, helping to train local personnel, collaborating with African health personnel on innovative research, and contributing to building capacity and strengthening local health systems [24],[67],[68]. It is estimated that at least 40 Chinese medical teams are active on the African continent in any given year, with the average annual cost for sustaining teams typically running into the tens of millions of dollars [59],[70].

Chinese medical teams have invariably been skilled in an array of medical specialties, in addition to possessing substantive experience with traditional medicines and alternative practices (such as acupuncture). Notably, they have often served in rural areas of Africa, which have historically tended to be marginalized or underserved, thus promoting equitable access and helping plug long-existent gaps [17],[24],[71]. According to China's State Council Information Office,

> "The first [Chinese medical team], which was sent to Algeria in 1963, marked the first chapter in the story of China's medical aid to Africa. Over the past 58 years, China has sent a total of 23,000 medical team members to Africa, who have treated 230 million patients. At present, there are nearly 1,000 Chinese medical workers in 45 African countries, working at 98 medical centers" [10].

Studies suggest that these teams have contributed meaningfully to service delivery, particularly in underserved rural areas, while also supporting knowledge transfer and exchange, as well as institutional capacity-building [24],[60],[68],[71]. China's health assistance in this context has also often been characterized in the literature as relatively non-conditional, with

limited explicit policy "strings attached" compared to some other external development actors [24],[33]. At the same time, survey-based research indicates that local populations have generally viewed Chinese health assistance positively, particularly in contexts where access to care is otherwise limited [33]. As well,

> "[d]espite the smaller scale of the health sector relative to other sectors, its impact on human lives is more significant per dollar spent because it represents a quintessential public service to citizens" [42].

China's health engagement has also been visible during major public health crises. During the 2014 Ebola outbreak in West Africa, for instance, China significantly increased infectious disease spending and rapidly deployed personnel, equipment, and infrastructure support, including ambulances, protective equipment, and disease control facilities [42],[73].

Similarly, during the COVID-19 pandemic, China provided substantial medical assistance to African nations, including personal protective equipment, testing kits, medical supplies, and vaccines. It also supported African Union institutions, deployed medical teams, and facilitated technical exchanges and training with African health authorities [10],[78],[79]. In June 2020, China convened the "Extraordinary China-Africa Summit on Solidarity against COVID-19," the only major power to host a summit with African states during that period [80].

After a vaccine for COVID-19 was eventually developed and fast-tracked for distribution, China began supplying vaccines to dozens of African countries (through both donations and sales), while declaring its commitment to the local production of vaccines on the continent and supporting calls for waiving intellectual property rights. Collectively, Africa was the second largest recipient of Chinese COVID-19 vaccine donations worldwide, after only the Asia Pacific region [81]. Subsequently, as part of the 2021 Forum on China–Africa Cooperation (FOCAC) meeting, which convened in Senegal, Chinese President Xi Jinping also pledged to ramp up support by providing another billion doses of vaccines to African countries, stating that,

> "[w]e need to put people and their lives first, [...] and truly ensure the accessibility and affordability of vaccines in Africa to bridge the immunization gap" [82].

Overall, these measures were consequential and of far-reaching significance for the people and countries of the continent, as they had mightily struggled to increase their extremely low national vaccination rates.

Recent commitments also suggest that China–Africa health cooperation is continuing to expand and institutionalize. At the 2024 FOCAC meeting, China pledged to continue dispatching medical teams and supporting health training programs, while also promoting cooperation in hospital alliances, traditional medicine, health policy research, and public health surveillance. Additional commitments focused on supporting local pharmaceutical and medical equipment

production through joint industrial ventures and regulatory cooperation [83]. Collectively, these initiatives indicate an increasing emphasis on long-term capacity-building, institutional partnerships, and health system development across the continent.

Even as scholarship on China–Africa cooperation has grown in recent years, the field of health cooperation has received comparatively less attention and remains uneven in scope, with much of the literature focusing on continental-level analyses and larger or more frequently studied partner countries [23],[24]. By contrast, health-related engagement with smaller and less frequently examined cases such as Eritrea has received limited coverage. Exploring the Eritrean case therefore offers a valuable opportunity to better understand how China's health cooperation operates within specific national and institutional contexts, and how it is shaped by domestic political, administrative, and other conditions.

B. China-Eritrea Health Cooperation

1. National health context in Eritrea

One of the world's youngest nations, Eritrea is located in the Horn of Africa, at a strategic crossroads connecting Africa, the Arabian Peninsula, and the Red Sea. The country gained independence in 1991, following one of the longest armed liberation struggles on the African continent. Today, Eritrea has a population of approximately 3.6 million people and is marked by significant diversity [84]. The population is divided among nine ethnolinguistic groups and is roughly evenly split between Christianity and Islam, with each accounting for roughly half the population. As in many sub-Saharan African and broader Global South contexts, about two-thirds of Eritreans continue to live in rural areas, though rates of urbanization are rising steadily [85]. As a low-income country Eritrea's gross national income per capita, adjusted for purchasing power parity, is estimated at approximately $US 2,029 [86].

Eritrea's health sector has been shaped by a complex historical trajectory marked by colonial neglect, protracted armed conflict, and post-independence reconstruction. Traditional medicine and healing practices long played an important role in Eritrean society before the introduction of modern biomedical services during the colonial period, when healthcare infrastructure remained concentrated in urban areas and largely inaccessible to most Eritreans [87]-[89]. During the liberation struggle, extending from 1961 to 1991, much of the country's limited health infrastructure was damaged or destroyed, while shortages of personnel and medical supplies became widespread. In response, the Eritrean People's Liberation Front, which supplanted other movements to become the leading independence force in the 1970s, developed a decentralized and community-oriented health system emphasizing primary care, prevention, rural outreach, and the training of local health workers under extremely difficult wartime conditions [87]-[93]. These experiences

significantly shaped Eritrea's post-independence health philosophy and institutional priorities.

Since independence, Eritrea has prioritized healthcare as a central component of national development policy. Government efforts have focused on expanding access to primary healthcare, strengthening rural service provision, subsidizing treatment costs, and investing in health infrastructure and personnel training. Health services are organized through a three-tier referral structure comprising primary, secondary, and tertiary levels of care, designed to extend access across both urban and rural areas. As a result, the number of health facilities and trained professionals has increased considerably, while access to healthcare services has improved across much of the country [87],[95]-[98]. Over time, Eritrea has made notable progress in several major health indicators, including reductions in maternal and child mortality, declines in traditional harmful practices (such as child marriage and female genital mutilation), improvements in life expectancy, expanded immunization coverage, and progress in combating communicable diseases such as HIV/AIDS, tuberculosis, and malaria, among others [86],[87],[95],[98]-[100].

Nevertheless, Eritrea continues to face substantial challenges, including shortages of specialized personnel, medical technologies, medicines, and financing capacity, as well as rising prevalence of major non-communicable diseases (such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases), unmet needs for essential sexual and reproductive health services, climate change, and broader resource constraints associated with its low-income status [87],[95],[96],[98],[100],[101]. These conditions have reinforced the importance of international partnerships and external cooperation in supporting national health sector development.

2. Evolution of China-Eritrea relations

China–Eritrea relations have deep historical roots. Contacts between the territories of present-day Eritrea and China can be traced back centuries through maritime trade networks linking the Red Sea and Asia, including exchanges associated with the ancient port of Adulis, which was a major trading hub on the western Red Sea near what is now Massawa [1],[2],[102],[103]. In the modern era, interactions emerged during Eritrea's long armed struggle for independence. During the 1960s, China provided limited assistance to Eritrean liberation movements, including small quantities of arms and military and ideological training for several Eritrean fighters, some of whom later became prominent political leaders [104]-[107]. Although Beijing's support sharply declined after it established formal diplomatic relations with Ethiopia in 1970 and secured broader international recognition

during the early 1970s [104],[105],[107]-[113], these early contacts nevertheless provided an initial foundation for later engagement between China and an independent Eritrea.

Bilateral relations entered a new phase following Eritrea's achievement of independence in 1993. Shortly after the independence referendum, China established diplomatic relations with Eritrea in May 1993 and soon opened an embassy. With Eritrea then in the midst of rehabilitation and recovery, China also extended modest humanitarian assistance. Subsequently, during the 1990s, high-level exchanges, development assistance, concessional financing, and agreements on trade, economic, and technical cooperation helped consolidate the relationship [22],[114].

Since then, engagement has expanded steadily across a broad range of sectors, reflecting the growing depth and institutionalization of bilateral ties. Within agriculture, for example, China has supported efforts to modernize the sector and increase productivity, complemented by the regular deployment of Chinese technical expert teams that provide training, technology transfer, and on-the-ground assistance to agricultural development initiatives [115]. Similarly, in education, China has helped Eritrea build several educational institutions, including schools, colleges, and specialized training facilities, and has provided scholarship opportunities for thousands of Eritrean students. As well, China has offered a wide range of short-term training programs, professional exchanges, and skills-development and capacity-building initiatives for individuals and government ministries. Between 1993 and 2024, more than 2,000 Eritreans travelled to China to participate in Chinese-sponsored training programs. Overall, this cooperation has contributed to the development of human capital in Eritrea and supported a broad range of significant developmental outcomes [22].

Cooperation has also branched out into infrastructure and the economic sector. After decades of war destroyed much of Eritrea's infrastructure, Chinese assistance and financing have supported the construction and renovation of buildings, roads, and other essential structures, helping address critical deficits. Economically, China has become Eritrea's foremost economic partner, serving as both the country's leading source of foreign investment and its largest bilateral trading partner. Chinese companies are also among the leading foreign contractors for implementing major infrastructure and development projects in the country [22],[116].

3. Health cooperation between China and Eritrea

Among the various areas of China–Eritrea cooperation, health has emerged as one of the most significant and enduring dimensions of the bilateral relationship. Over the past three decades, engagement in the health sector has encompassed the construction and upgrading of health infrastructure, the deployment of medical teams, the provision of equipment and

medicines, professional training, and institutional capacity-building initiatives. Reflecting on these efforts, Eritrea's Minister of Health, Amina Nurhussein, observed that China's "support for [Eritrea] is very great" [117]. One of the clearest manifestations of this support is China's role in the construction and subsequent expansion of Orotta Hospital, Eritrea's largest medical facility, located in Asmara. Financed through a $US10 million interest-free loan from the Chinese government, Orotta opened in May 2003 following more than three years of planning and construction work [118].

With multiple specialized wings and several hundred beds for patients, Orotta stretches across an area well over 10,000 sq. meters. It is distinguished as the country's first fully-equipped, modern hospital and, as a central pillar of the national health system, it provides a broad range of services to patients from across the country.

Importantly, in the years since Orotta's establishment, China has extended regular support for an array of different expansions to the facility, as well as dispatched teams of technical experts to support upgrades and renovations. For instance, in 2009, Eritrea's Ministry of Health and the Chinese International Trade Engineering Design and Research Institute inked a cooperation agreement to construct a heart surgery room, physiotherapy area, and oxygen production facilities at the hospital, as well as to develop an underground pond with a capacity of 500 cubic meters of water, and repair water pipelines and other facilities. New cardiac and neurology facilities, worth a total of approximately $US5 million, were added half a decade later [119]. China has also regularly donated an assortment of critical medical equipment, lifesaving medicines, and other items that are used in health facilities nationwide, while a Chinese company was contracted to build a pharmaceutical plant in Keren, the capital of the Anseba region, in 2003. These investments have helped strengthen Eritrea's referral-care capacity while expanding access to specialized diagnostic and treatment services that were previously limited or unavailable within the country.

One of the flagships of health-related cooperation between China and Eritrea has been the former's regular dispatch of medical teams to Eritrea. Since the bilateral program was first launched in 1997, a total of 18 separate Chinese medical teams, comprising more than 300 doctors and health professionals, have worked in Eritrea. During deployments that have lasted between one and two years, these multidisciplinary teams, generally dispatched from Henan Province in China, have served closely alongside Eritrean health professionals to provide high-quality medical services and support general health-related improvements in the country. Based on their individual training, experience, and particular areas of expertise, as well as the prevailing local needs and general circumstances, members of the visiting medical teams have been stationed in any one of the following health facilities: Orotta

Hospital, Halibet Hospital, the Asmara Physiotherapy Center, or Berhan Aini Ophthalmic Hospital. The medical teams can receive up to nearly 40,000 patients and perform several thousand surgeries per year. As an integral component of their work, they have also conducted extended service trips to other regions of the country, including to distant and rural areas, to deliver vital health services, donate medical supplies, or conduct short health-related campaigns or free clinics [22],[120].

Chinese medical teams have generally been well received by patients, local communities, and Eritrean health professionals, who frequently emphasize their professionalism, commitment, and willingness to work under demanding conditions [121]. However, as with medical assistance programs elsewhere, questions remain regarding how best to measure long-term impacts on local capacity, skills transfer, and institutional sustainability beyond the duration of individual deployments [59],[60].

On several occasions, members of the medical teams, working side-by-side with Eritrean health professionals, have delivered health services that, due to their great complexity or local gaps and existing deficiencies, would be otherwise unavailable. For instance, Dr. Zhang Jinyue and other members of the sixth Chinese Medical Team, with the close backing of local health professionals, successfully completed a historic operation to safely separate local craniopagus twins. Also, in December 2022, a small group of Eritrean and Chinese doctors performed a series of complex spinal surgeries on patients at the Halibet Hospital, representing the first time that such operations had been conducted in Eritrea. As well, in March 2024, members of the Chinese medical team, in close collaboration with Eritrean doctors, successfully completed a tracheoscopy at Orotta Hospital, the first time that such a procedure had been conducted in Eritrea [122],[123].

Notably, the transfer of skills and critical knowledge, along with the sharing of best practices and experiences, have been a significant element of the long running bilateral cooperative framework – a fact attested to by local doctors and health professionals. Speaking in 2022, Dr. Solomon Tsegay, an Eritrean bone and muscle surgeon, underscored that,

> "…the Chinese medical team in addition to extending the medical support are transferring their knowledge to their Eritrean counterparts" [123].

Such observations highlight the extent to which knowledge transfer has become an integral component of bilateral health cooperation, complementing direct service provision with longer-term investments in local human-resource development.

Through formal training and mentoring, demonstration, and observation, as well as the introduction or reinforcement of new techniques or approaches, such as traditional Chinese medical practices (including acupuncture) and alternative medicines, the visiting medical

teams have helped to raise and buttress Eritrea's national health capacity, while also expanding, diversifying, and strengthening the skills of local health personnel.

Beyond clinical service delivery and training, bilateral cooperation has increasingly incorporated institutional and research-oriented dimensions. One notable example is the establishment of the China–Eritrea Medical Imaging New Technology Research Center, which was created to promote collaboration in medical imaging technologies, professional training, technical exchange, and applied research. The center reflects a broader emphasis within China–Eritrea health cooperation on knowledge sharing, technological innovation, and long-term capacity-building within Eritrea's health sector.

The cooperation has also generated benefits for participating Chinese medical personnel, who have had the opportunity to learn and gather valuable insights from their Eritrean colleagues, as well as substantively grow and develop professionally from the exposure to cases and a wider contextual environment that may be entirely unique or completely different from what they are familiar with [122],[124]. Several team members have subsequently described Eritrea as their "second home," reflecting the people-to-people dimensions of the partnership [22].

Collectively, these initiatives illustrate how China–Eritrea health cooperation has evolved into a many-sided partnership encompassing infrastructure development, clinical service provision, human resource development, technology transfer, and institutional collaboration. While many interventions have generated immediate benefits for patients and health facilities, the broader orientation of the partnership has increasingly focused on strengthening local capacity and supporting the long-term development of Eritrea's national health system. Through these various forms of assistance, China has played a supportive role in Eritrea's health sector development, contributing to expanded healthcare access, strengthened institutional capacity, and improved service delivery.

C. Drivers of China–Eritrea Health Cooperation

The development of China–Eritrea health cooperation cannot be attributed to a single factor. Instead, it reflects the interaction of a range of considerations that have encouraged and sustained collaboration between the two countries over time.

A key factor underlying the development and durability of health-related cooperation has been the two countries' firm commitment to the principles of mutual understanding, trust, and respect. More broadly, bilateral relations have been characterized by an emphasis on mutual benefit and a shared commitment to sovereignty, non-intervention, and non-interference in domestic affairs. They have also expressed broadly similar views on a range of international issues, including support for multilateralism, South–South cooperation, a greater role for

developing countries in global affairs, and the centrality of the United Nations in international governance, which has further reinforced diplomatic compatibility [22],[125].

The two countries' approaches to international assistance and development also closely align, providing a strong foundation for sustained health cooperation. The Eritrean government has historically insisted on establishing genuine partnerships and cooperation, while retaining firm control of its development agenda and local implementation. It encourages assistance that addresses locally identified gaps that cannot readily be met through domestic resources alone, is designed to minimize continued external support, and complements and strengthens, instead of substitutes, the country's own institutional capacity to implement projects. This approach is rooted in a great desire to avoid crippling dependence, strengthen local agency and empowerment, and foster a strong sense of national ownership over development processes [126]-[128].

For its part, China's approach to assistance shares considerably close similarities. For instance, Article IV of China's principles of foreign aid states that aid, "is not intended to result in the recipient countries' dependence on China, but to help recipient countries gradually become self-reliant and economically independent" [129]. Furthermore, China's assistance, both to Eritrea and other partners, has historically been anchored in equality and mutual benefit with no strings attached, while the country has generally refrained from imposing ideology, values, or development models on other countries. Visiting Tanzania in 2013, Chinese President Xi Jinping articulated China's approach directly, stating that, "China will continue to offer, as always, necessary assistance to Africa with no political strings attached" [130].

Beyond these shared principles and approaches, Eritrea's health-sector needs have also created a strong basis for cooperation. Although the country has made important progress in the decades since independence, it continues to face a number of challenges, including shortages of specialized personnel, medical technologies, medicines, and financing capacity, as well as rising prevalence of major non-communicable diseases (such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases), unmet needs for essential sexual and reproductive health services, and broader resource constraints associated with its low-income status [86],[87],[95],[96],[98]-[101]. Chinese assistance has sought to address a number of these constraints through investments in health infrastructure, the deployment of medical teams, equipment and medicine donations, technical support, and professional training initiatives. Consequently, health cooperation between the countries has been driven not only by political compatibility and shared development philosophies, but also by a practical convergence between Eritrea's health-sector priorities and China's capacity to provide targeted forms of assistance.

The combination of shared political principles, broadly compatible approaches to development, and a practical alignment between Eritrea's health-sector needs and China's capacity to provide targeted assistance has created a favourable environment for sustained cooperation. These complementarities have been further reinforced by Eritrea's broader international circumstances. As the country was confronted by extended periods of sanctions and strained relations with many Western governments and institutions, it sought partnerships that would respect its policy autonomy and national priorities. In this context, China's emphasis on non-interference, sovereignty, and unconditional cooperation made it a particularly pragmatic choice.

Another important driver is the depth and breadth of the bilateral relationship itself. Both prior to and following Eritrea's independence, the two countries accumulated a long history of interactions and collaboration across multiple domains. This helped consolidate mutual trust and build institutional familiarity, making health cooperation a logical and natural extension of an already well-established relationship rather than an entirely new or exceptional development. Health cooperation therefore emerged within a broader ecosystem of bilateral engagement that had already generated trust, communication channels, and mechanisms for cooperation. Scholars have long noted the phenomenon of "spillover," whereby integration or cooperation in one functional area creates momentum and conditions conducive to further cooperation in adjacent areas [131],[132]. In this regard, China and Eritrea's continuing engagement across diplomacy, economics, infrastructure, agriculture, and education has helped generate the relational capital and institutional foundations upon which health cooperation could develop and deepen over time.

Overall, health cooperation between China and Eritrea has been sustained and strengthened by a combination of factors. Shared principles, compatible approaches to development and international affairs, a practical convergence between Eritrea's health-sector needs and China's capacity to provide assistance, and the strong foundations of a longstanding bilateral relationship have together fostered a conducive environment for collaboration and help explain its longevity and resilience.

Conclusion

While relations between China and Eritrea have expanded considerably since Eritrea's independence in 1993, health cooperation has emerged as one of the most significant and enduring dimensions of the bilateral partnership. Over the past three decades, cooperation between the two countries has evolved beyond isolated projects and small-scale initiatives into a multifaceted and institutionalized framework encompassing infrastructure development, clinical

service provision, medical training, technology transfer, and broader human-resource and institutional development initiatives.

The evidence examined in this paper demonstrates that Chinese assistance has contributed to the expansion of healthcare access, the strengthening of institutional capacity, and the improvement of service delivery within Eritrea's health sector. From the construction and upgrading of Orotta Hospital to the deployment of successive medical teams, professional training programs, and research collaborations, cooperation has increasingly emphasized long-term capacity development alongside the provision of immediate services.

Importantly, the development and durability of China–Eritrea health cooperation cannot be attributed to any single factor. Rather, it has been sustained by the interaction of shared political principles, compatible approaches to development and international engagement, a practical convergence between Eritrea's continued health-sector priorities and China's capacity to provide targeted assistance, and the foundations of a longstanding bilateral relationship. Together, these factors have fostered an environment conducive to sustained cooperation and help explain the longevity, resilience, and continuity of the partnership over time.

Although this paper has strengthened understanding of China–Eritrea health cooperation, several important areas remain open for further study. For one, future research could seek to better detail the scale and extent of China's contribution to Eritrea's health-sector development. While the evidence examined here suggests that Chinese assistance has supported important improvements in healthcare access, institutional capacity, and service delivery, assessing the precise impact of individual interventions remains challenging, as publicly available data on project outcomes, financing arrangements, and long-term health effects are limited. Quantitative research designs could therefore help identify longitudinal trends in Chinese assistance and more systematically evaluate its effectiveness, sustainability, and broader developmental impacts.

Additionally, future work should place greater emphasis on Chinese and Eritrean voices and locally grounded perspectives in assessing China–Eritrea health cooperation. Much of the existing discourse on China–Africa relations has been shaped by external narratives that can oversimplify the complexity and diversity of engagement across the continent, while Chinese and African actors are often spoken for rather than heard directly. Qualitative, ethnographic, and locally embedded research could therefore provide richer insight into how Eritreans, ranging from patients and health professionals to administrators and policymakers, as well as Chinese actors involved in health cooperation, such as members of Chinese medical teams, perceive and experience these partnerships in practice. Such work would complement existing policy- and institution-focused analyses while helping to challenge persistent myths, broad generalizations, and overly simplistic assumptions about China–Africa engagement.

Finally, future research could build on this analysis through comparative studies of China's health engagement across different African countries. Such approaches would provide greater contextual depth and nuance, illuminate variations in implementation, outcomes, and partnership dynamics, and help identify the political, institutional, and developmental factors that shape cooperation in different national settings. Given the considerable diversity that exists across the African continent, comparative research would contribute to a more differentiated understanding of China–Africa health cooperation, revealing both common patterns and important country-specific experiences while further highlighting the agency of African states in shaping the character and direction of these partnerships.

References

[1] S. Fuwei, *Zhongguoyu Feizhou: Zhong Fei Guanxi Er Qian Nian (China and Africa: Relations of 2000 Years)*. Beijing, China: Zhonghua Press, 1990.

[2] G. Jinyuan, "China and Africa: The Development of Relations over Many Centuries," *African Affairs*, vol. 83, no. 331, pp. 241–250, 1984.

[3] A. Li, "African Studies in China in the Twentieth Century: A Historiographical Survey," *African Studies Review*, vol. 48, no. 1, pp. 59–87, 2005.

[4] B. B. Peterson, "The Ming Voyages of Cheng Ho (Zheng He), 1371–1433," *The Great Circle*, vol. 16, no. 1, pp. 43–51, 1994.

[5] I. Taylor, *China's New Role in Africa*. Boulder, CO, USA: Lynne Rienner Publishers, 2009.

[6] D. Dollar, *China's Engagement with Africa: From Natural Resources to Human Resources*. Washington, DC, USA: Brookings Institution Press, 2016.

[7] O. Moses, J. Hwang, L. Engel, and V. Y. Bien-Aimé, *A New State of Lending: Chinese Loans to Africa*. Boston, MA, USA: Boston University Global Development Policy Center, 2023.

[8] O. Moses, D. Ngui, L. Engel, and A. Kedir, *China–Africa Economic Bulletin, 2024 Edition*. Boston, MA, USA: Boston University Global Development Policy Center and African Economic Research Consortium, 2024.

[9] O. Sotubo and C. A. Cooper, *Chinese Engagement with Africa: A Research Primer*. Santa Monica, CA, USA: RAND Corporation, 2025.

[10] State Council Information Office of the People's Republic of China, "China and Africa in the New Era: A Partnership of Equals." Accessed: Jan. 26, 2026. [Online]. Available: http://www.news.cn/english/2021-11/26/c_1310333813.htm.

[11] P. Stein and E. Uddhammar, *China in Africa: The Role of Trade, Investments, and Loans Amidst Shifting Geopolitical Ambitions*. New Delhi, India: Observer Research Foundation, 2021.

[12] I. Y. Sun, K. Jayaram, and O. Kassiri, *Dance of the Lions and Dragons: How Are Africa and China Engaging, and How Will the Partnership Evolve?* Washington, DC, USA: McKinsey & Company, 2017.

[13] L. Benabdallah, "China's Peace and Security Strategies in Africa: Building Capacity Is Building Peace?," *African Studies Quarterly*, vol. 16, nos. 3–4, pp. 17–34, 2016.

[14] China Foresight, *FOCAC at 21: Future Trajectories of China–Africa Relations*. London, U.K.: London School of Economics and Political Science, 2021.

[15] K. King, "China–Africa Education Cooperation: From FOCAC to Belt and Road," *ECNU Review of Education*, vol. 3, no. 2, pp. 221–234, 2020.

[16] H. Tugendhat and J. Voo, *China's Digital Silk Road in Africa and the Future of Internet Governance*. Washington, DC, USA: China Africa Research Initiative, Johns Hopkins University School of Advanced International Studies, 2021.

[17] J. Bouey, C. Dolan, A. X. Wang, and R. Pandey, *China's Global Health Activities in Africa*. Santa Monica, CA, USA: RAND Corporation, 2025.

[18] T. Zhou and T. Ma, "Enhancing China–Africa Health Cooperation for a Healthier and Safer World: A Multilateral Perspective," *China Quarterly of International Strategic Studies*, vol. 8, no. 1, pp. 39–59, 2022.

[19] S. Wild, "The Pros and Cons of China's Health Role in Africa," *Nature*, vol. 651, pp. S12–S15, 2026.

[20] Xinhua, "African Leaders Emphasize Africa CDC's Role in Strengthening Health Security." Accessed: Feb. 23, 2026. [Online]. Available: https://english.news.cn/africa/20250924/33c48dcc61e7483ca131ef4802ea588f/c.html.
[21] F. Amahazion, "Dragon Meets Camel: An Exploration of China's Engagement with Eritrea," *Journal of Social and Development Sciences*, vol. 12, no. 4, pp. 59–85, 2022.
[22] F. Amahazion, *Exploration of Multifaceted Cooperation and Engagement Between Eritrea and China: Camel and Dragon*. Newcastle upon Tyne, U.K.: Cambridge Scholars Publishing, 2025.
[23] E. Tambo, C. E. Ugwu, Y. Guan, D. Wei, X. Ning, and Z. X. Nong, "China–Africa Health Development Initiatives: Benefits and Implications for Shaping Innovative and Evidence-Informed National Health Policies and Programs in Sub-Saharan African Countries," *International Journal of Maternal and Child Health and AIDS*, vol. 5, no. 2, pp. 119–133, 2016.
[24] E. K. Afriyie, S. E. Ankomah, D. Li, Y. Guo, H. Liang, D. Wu, and D. Xu, "The Role of Chinese Medical Teams in Bridging Healthcare Gaps in Africa: A Scoping Review," *Global Health Research and Policy*, vol. 10, Art. no. 23, 2025.
[25] M. Basedau, "Rethinking African Studies: Four Challenges and the Case for Comparative African Studies," *Africa Spectrum*, vol. 55, no. 2, pp. 194–206, 2020.
[26] C. Alden, *China in Africa*. London, U.K.: Zed Books, 2007.
[27] F. Al-Fadhat and H. Prasetio, "Debt-Trap Diplomacy: How China's Capital Expansion Transforms into Debt Trouble for African Countries," *Jurnal Ilmiah Hubungan Internasional*, vol. 18, no. 2, pp. 150–176, 2022.
[28] D. Bräutigam, X. Diao, M. McMillan, and J. Silver, "Chinese Investment in Africa: How Much Do We Know?," *PEDL Synthesis Paper Series*, no. 2, pp. 1–42, 2017.
[29] B. Chellaney, "China's Creditor Imperialism." Accessed: Mar. 25, 2026. [Online]. Available: https://www.project-syndicate.org/commentary/china-sri-lanka-hambantota-port-debt-by-brahma-chellaney-2017-12.
[30] B. Chellaney, "China's Debt-Trap Diplomacy." Accessed: Mar. 25, 2026. [Online]. Available: https://www.project-syndicate.org/commentary/china-one-belt-one-road-loans-debt-by-brahma-chellaney-2017-01.
[31] A. Kinyondo, "Is China Recolonizing Africa?," *World Affairs*, vol. 182, no. 2, pp. 128–164, 2019.
[32] S. Raine, *China's African Challenges*. London, U.K.: Routledge, 2009.
[33] G. Daly, J. Kaufman, S. Lin, L. Gao, M. Reyes, S. Matemu, and W. El-Sadr, "Challenges and Opportunities in China's Health Aid to Africa: Findings from Qualitative Interviews in Tanzania and Malawi," *Globalization and Health*, vol. 16, Art. no. 71, 2020.
[34] G. Mohan, "Beyond the Enclave: Towards a Critical Political Economy of China and Africa," *Development and Change*, vol. 44, no. 6, pp. 1255–1271, 2013.
[35] Z. Usman, "What Do We Know About Chinese Lending in Africa?" Accessed: Jun. 1, 2026. [Online]. Available: https://carnegieendowment.org/2021/06/02/what-do-we-know-about-chinese-lending-in-africa-pub-84648.
[36] C. Goko, "Wealthy Nations Slashed Development Aid in 2025 for Second Year in Row, Debt Group Says." Accessed: May 22, 2026. [Online]. Available: https://www.reuters.com/world/wealthy-nations-slashed-development-aid-2025-second-year-row-debt-group-says-2026-04-08/.
[37] I. Kickbusch, "US Exit from WHO: It Is About Much More Than WHO," *The Lancet*, vol. 405, no. 10477, pp. 444–446, 2025.
[38] P. MacPherson, M. Nliwasa, and A. T. Choko, "Reductions in Development Assistance for Health Funding Threaten Decades of Progress in Africa," *PLoS Medicine*, vol. 22, no. 8, Art. no. e1004695, 2025.
[39] Organisation for Economic Co-operation and Development (OECD), *Cuts in Official Development Assistance: OECD Projections for 2025 and the Near Term*. Paris, France: OECD Publishing, 2025.
[40] Organisation for Economic Co-operation and Development (OECD), "A Historic Decline in Foreign Aid: Preliminary 2025 ODA Data." Accessed: Mar. 2, 2026. [Online]. Available: https://www.oecd.org/en/data/insights/data-explainers/2026/04/a-historic-decline-in-foreign-aid-preliminary-2025-oda-data.html.
[41] M. W. Wilson, *US Foreign Policy Retrenchment in Africa: Implications for Gulf Engagement and Strategy*. Jeddah, Saudi Arabia: Gulf Research Center, 2025.
[42] C. B. Dolan, A. A. Malik, S. Zhang, W. Mao, K. K. McDade, E. Svoboda, and J. N. Odhiambo, "Chinese Health Funding in Africa: The Untold Story," *PLoS Global Public Health*, vol. 3, no. 6, 2023.

[43] S. Grimm, R. Rank, E. Schickerling, and M. McDonald, *Transparency of Chinese Aid: An Analysis of the Published Information on Chinese External Financial Flows*. Stellenbosch, South Africa: Centre for Chinese Studies, Stellenbosch University, 2011.
[44] C. Alden and A. C. Alves, "History and Identity in the Construction of China's Africa Policy," *Review of African Political Economy*, vol. 35, no. 115, pp. 43–58, 2008.
[45] O. Hodzi, *The End of China's Non-Intervention Policy in Africa*. Cham, Switzerland: Springer International Publishing, 2018.
[46] D. H. Shinn, "China–Africa Ties in Historical Context," in *China, Africa and an Economic Transformation*, A. Oqubay and J. Y. Lin, Eds. Oxford, U.K.: Oxford University Press, 2019, pp. 61–83.
[47] D. H. Shinn and J. Eisenman, *China and Africa: A Century of Engagement*. Philadelphia, PA, USA: University of Pennsylvania Press, 2012.
[48] D. J. Muekalia, "Africa and China's Strategic Partnership," *African Security Review*, vol. 13, no. 1, pp. 5–11, 2004.
[49] D. H. Shinn, "Military and Security Relations: China, Africa, and the Rest of the World," in *China into Africa: Trade, Aid, and Influence*, R. I. Rotberg, Ed. Washington, DC, USA: Brookings Institution Press, 2009, pp. 155–196.
[50] P. Snow, *The Star Raft: China's Encounter with Africa*. Ithaca, NY, USA: Cornell University Press, 1988.
[51] G. Rawnsley, *Taiwan's Informal Diplomacy and Propaganda*. Basingstoke, U.K.: Macmillan, 2000.
[52] I. Taylor, "Taiwan's Foreign Policy in Africa: The Limitations of Dollar Diplomacy," *Journal of Contemporary China*, vol. 11, no. 30, pp. 125–140, 2002.
[53] O. Abegunrin and C. Manyeruke, *China's Power in Africa: A New Global Order*. New York, NY, USA: Springer, 2019.
[54] J. Monson, *Africa's Freedom Railway: How a Chinese Development Project Changed Lives and Livelihoods in Tanzania*. Bloomington, IN, USA: Indiana University Press, 2009.
[55] Foreign Ministry of the People's Republic of China, "Relations Between China and Africa." Accessed: May 4, 2026. [Online]. Available: https://www.fmprc.gov.cn/ce/ceza/eng/zghfz/zfgx/t165329.htm.
[56] I. Taylor, "China's Foreign Policy Towards Africa in the 1990s," *The Journal of Modern African Studies*, vol. 36, no. 3, pp. 443–460, 1998.
[57] A. Li, "China and Africa: Policy and Challenges," *China Security*, vol. 3, no. 3, pp. 69–93, 2007.
[58] W. Xiaodong, "China, Africa Pledge Stronger Relationship." Accessed: Jun. 1, 2026. [Online]. Available: https://www.chinadaily.com.cn/a/202604/22/WS69e82d76a310d6866eb44d21.html.
[59] S. Chen, M. Pender, N. Jin, M. Merson, S. Tang, and S. Gloyd, "Chinese Medical Teams in Africa: A Flagship Program Facing Formidable Challenges," *Journal of Global Health*, vol. 9, no. 1, Art. no. 010311, 2019.
[60] S. Lin, L. Gao, M. Reyes, F. Cheng, J. Kaufman, and W. M. El-Sadr, "China's Health Assistance to Africa: Opportunism or Altruism?," *Globalization and Health*, vol. 12, Art. no. 83, 2016.
[61] M. Guillon and J. Mathonnat, "Is There a Strategy in China's Health Official Development Assistance to African Countries?," *Revue d'Économie Politique*, vol. 129, no. 4, pp. 619–660, 2019.
[62] S. Custer, A. Dreher, T. B. Elston, A. Fuchs, S. Ghose, J. J. Lin, A. A. Malik, B. C. Parks, B. Russell, K. Solomon, A. Strange, M. J. Tierney, K. Walsh, L. Zaleski, and S. Zhang, *Tracking Chinese Development Finance: An Application of AidData's TUFF 2.0 Methodology*. Williamsburg, VA, USA: AidData at William & Mary, 2021.
[63] J. Bouey, R. Pandey, and A. X. Wang, "Mapping China's Health Assistance Projects Overseas." Accessed: Feb. 15, 2026. [Online]. Available: https://www.rand.org/pubs/tools/TLA3336-1.html.
[64] D. Bräutigam and M. Rithmire, "The Chinese 'Debt Trap' Is a Myth." Accessed: Jan. 4, 2026. [Online]. Available: https://www.theatlantic.com/international/archive/2021/02/china-debt-trap-diplomacy/617953/.
[65] G. Jones, Z. Shang, and R. Wang, "China's Evolving Global Health Leadership." Accessed: Jan. 8, 2026. [Online]. Available: https://www.thinkglobalhealth.org/article/chinas-evolving-global-health-leadership.
[66] A. Grande, S. Fischer, and J. Sayre, *Chinese Medical Teams: Knowledge Transfer in Ethiopia and Malawi*. Washington, DC, USA: China Africa Research Initiative, Johns Hopkins University School of Advanced International Studies, 2020.
[67] A. Li, "Chinese Medical Teams Abroad: A History of Medical Cooperation," *Foreign Affairs Review*, vol. 26, no. 1, pp. 25–45, 2009.
[68] X. Wang and T. Sun, "China's Engagement in Global Health Governance: A Critical Analysis of China's Assistance to the Health Sector of Africa," *Journal of Global Health*, vol. 4, no. 1, Art. no. 010301, 2014.

[69] A. Li, *Chinese Medical Cooperation in Africa, With Special Emphasis on the Medical Teams and Anti-Malaria Campaign*. Uppsala, Sweden: Nordiska Afrikainstitutet, 2011.
[70] D. Bräutigam, *The Dragon's Gift: The Real Story of China in Africa*. Oxford, U.K.: Oxford University Press, 2009.
[71] D. H. Shinn, "Africa, China and Health Care," *Inside AISA*, nos. 3–4, pp. 14–16, Oct./Dec. 2006.
[72] J. Bouey and F. Cheng, *U.S.-China Dialogue on Global Health: Background Report*. Washington, DC, USA: Initiative for U.S.-China Dialogue on Global Issues, Georgetown University, 2017.
[73] S. Cui, "China in the Fight Against the Ebola Crisis: Human Security Perspectives," in *Human Security and Cross-Border Cooperation in East Asia*, C. Hernandez, E. Kim, Y. Mine, and R. Xiao, Eds. Cham, Switzerland: Palgrave Macmillan, 2018, pp. 155–180.
[74] Z. Wanshi and L. Meng, "China Medical Expert Team Arrives in DR Congo to Aid Battle Against Ebola, Leveraging Expertise and China's Experience in Epidemic Control: Team Members." Accessed: Jun. 14, 2026. [Online]. Available: https://www.globaltimes.cn/page/202606/1362584.shtml.
[75] World Health Organization (WHO), "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19." Accessed: Dec. 24, 2025. [Online]. Available: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.
[76] World Health Organization (WHO), "Coronavirus Disease (COVID-19)." Accessed: Dec. 25, 2026. [Online]. Available: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19.
[77] Africa Centres for Disease Control and Prevention, "Africa Identifies First Case of Coronavirus Disease: Statement by the Director of Africa CDC." Accessed: Feb. 15, 2026. [Online]. Available: https://africacdc.org/news-item/africa-identifies-first-case-of-coronavirus-disease-statement-by-the-director-of-africa-cdc/.
[78] P. Nantulya, "China's Role in COVID-19 in Africa: *Tuánjié* (Solidarity) or *Zhànlüè* (Strategy)?" Accessed: Dec. 30, 2025. [Online]. Available: https://www.accord.org.za/analysis/chinas-role-in-covid-19-in-africa-tuanjie-solidarity-or-zhanlue-strategy/.
[79] M. Shurkin, A. Noyes, and M. K. Adgie, *The COVID-19 Pandemic in Sub-Saharan Africa: An Opportunity to Rethink Strategic Competition on the Continent*. Santa Monica, CA, USA: RAND Corporation, 2021.
[80] Xinhua, "Full Text: Keynote Speech by President Xi Jinping at Extraordinary China–Africa Summit on Solidarity Against COVID-19." Accessed: Nov. 24, 2025. [Online]. Available: http://www.xinhuanet.com/english/2020-06/18/c_139147084.htm.
[81] M. Procopio and G. Sciorati, "The Long Trail of China–Africa Health Cooperation: Aid, Trade and High Politics." Accessed: Apr. 30, 2026. [Online]. Available: https://www.ispionline.it/en/publication/long-trail-china-africa-health-cooperation-aid-trade-and-high-politics-31275.
[82] Forum on China–Africa Cooperation (FOCAC), "Uphold the Tradition of Always Standing Together and Jointly Build a China–Africa Community with a Shared Future in the New Era: Keynote Speech by Chinese President Xi Jinping at the Opening Ceremony of the 8th FOCAC Ministerial Conference." Accessed: Nov. 29, 2026. [Online]. Available: http://www.focac.org/eng/ttxxsy/202112/t20211202_10461079.htm.
[83] Forum on China–Africa Cooperation (FOCAC), "Joining Hands to Advance Modernization and Build a Community with a Shared Future: Keynote Address by H.E. Xi Jinping at the Opening Ceremony of the Beijing Summit of the Forum on China–Africa Cooperation." Accessed: Nov. 21, 2025. [Online]. Available: http://www.focac.org/eng/gdtp/202501/t20250115_11534944.htm.
[84] United Nations Population Fund (UNFPA), *State of the World Population 2025: The Real Fertility Crisis—The Pursuit of Reproductive Agency in a Changing World*. New York, NY, USA: United Nations Population Fund, 2025.
[85] Ministry of Finance and National Development (MFND), *Eritrea: Second Voluntary National Review of Progress Towards the Sustainable Development Goals*. Asmara, Eritrea: Ministry of Finance and National Development, 2024.
[86] United Nations Development Programme (UNDP), *Human Development Report 2025: A Matter of Choice—People and Possibilities in the Age of AI*. New York, NY, USA: United Nations Development Programme, 2025.
[87] F. Amahazion, *Child Mortality in Eritrea: An Overview of History and Progress*. Hauppauge, NY, USA: Nova Science Publishers, 2022.

[88] J. Firebrace and S. Holland, *Never Kneel Down: Drought, Development and Liberation in Eritrea*. Nottingham, U.K.: Russell Press Ltd., 1987.
[89] L. E. Sabo and J. S. Kibirige, "Political Violence and Eritrean Health Care," *Social Science & Medicine*, vol. 28, no. 7, pp. 677–684, 1989.
[90] U. C. Dirar, "Curing Bodies to Rescue Souls: Health in Capuchin Missionary Strategy in Eritrea (1894–1941)," in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, D. Hardiman, Ed. Amsterdam, The Netherlands: Rodopi, 2006, pp. 251–280.
[91] D. Burgess, J. Pierce, J. Rossiter, and T. Silkin, *Eritrean Journey*. London, U.K.: War on Want, 1985.
[92] T. Fekadu, *The Roads to Asmara, 1984–1991*. Asmara, Eritrea: Hidri Publishers, 2015.
[93] R. Pateman, "Liberté, Egalité, Fraternité: Aspects of the Eritrean Revolution," *The Journal of Modern African Studies*, vol. 28, no. 3, pp. 457–472, 1990.
[94] M. Findlay, "Eritrea: Just a Question of Time." Accessed: Oct. 31, 2025. [Online]. Available: https://merrillfindlay.com/non-fiction-2/eritrea-just-a-question-of-time.
[95] F. Amahazion, "Renal Replacement Therapy in Eritrea," *Transplantation*, vol. 102, no. 5, pp. 707–710, 2018.
[96] F. Amahazion, "Mental Health in Eritrea: A Brief Overview and Possible Steps Forward," *Journal of Global Health*, vol. 11, Art. no. 03018, 2021.
[97] L. Kahsay, "Thirty Years on the Road of HRH Development," *Eritrea Profile*, vol. 28, no. 6, p. 5, 2021.
[98] Ministry of Finance and National Development (MFND), *Eritrea and the 2030 Agenda: Voluntary National Review of Progress Towards the Sustainable Development Goals*. Asmara, Eritrea: Ministry of Finance and National Development, 2022.
[99] United Nations Children's Fund (UNICEF) and United Nations Inter-agency Group for Child Mortality Estimation (UN-IGME), *Levels and Trends in Child Mortality: Report 2025*. New York, NY, USA: UNICEF and UN-IGME, 2026.
[100] World Health Organization (WHO), *Country Cooperation Strategy 2023–2027: Eritrea*. Asmara, Eritrea: World Health Organization, 2023.
[101] United Nations Population Fund (UNFPA), "UNFPA Eritrea: Results in Eritrea." Accessed: Mar. 2, 2026. [Online]. Available: https://www.unfpa.org/data/transparency-portal/unfpa-eritrea.
[102] Z. Bing and Q. Dashu, "Links with China," in *The Swahili World*, S. Wynne-Jones and A. LaViolette, Eds. New York, NY, USA: Routledge, 2018, pp. 294–308.
[103] A. Li, *A History of Overseas Chinese in Africa to 1911*. New York, NY, USA: Diasporic Africa Press, 2012.
[104] F. Halliday and M. Molyneux, *The Ethiopian Revolution*. London, U.K.: Verso, 1981.
[105] A. Hutchison, *China's African Revolution*. London, U.K.: Hutchinson of London, 1975.
[106] R. Iyob, *The Eritrean Struggle for Independence: Domination, Resistance, Nationalism, 1941–1993*. Cambridge, U.K.: Cambridge University Press, 1995.
[107] J. Markakis, "The Nationalist Revolution in Eritrea," *The Journal of Modern African Studies*, vol. 26, no. 1, pp. 51–70, 1988.
[108] B. D. Larkin, *China and Africa, 1949–1970: The Foreign Policy of the People's Republic of China*. Berkeley, CA, USA: University of California Press, 1971.
[109] W. Liang-Tsai, *Peking versus Taipei in Africa, 1960–1978*. Taipei, Taiwan: The Asia and World Institute, 1982.
[110] R. Lyons, "The USSR, China and the Horn of Africa," *Review of African Political Economy*, vol. 5, no. 12, pp. 5–30, 1978.
[111] A. Z. Rubenstein, *Moscow's Third World Strategy*. Princeton, NJ, USA: Princeton University Press, 1990.
[112] P. Snow, "China and Africa: Consensus and Camouflage," in *Chinese Foreign Policy: Theory and Practice*, D. L. Shambaugh and T. W. Robinson, Eds. Oxford, U.K.: Clarendon Press, 1995, pp. 283–321.
[113] T. M. Vestal, "The Lost Opportunity for Ethiopia: The Failure to Move Toward Democratic Governance," *International Journal of African Development*, vol. 1, no. 1, pp. 40–56, 2013.
[114] Foreign Ministry of the People's Republic of China, "Joint Communiqué Between the People's Republic of China and Eritrea on the Establishment of Diplomatic Relations, May 24, 1993." Accessed: Jan. 2, 2026. [Online]. Available: https://www.mfa.gov.cn/eng/wjdt_665385/2649_665393/200204/t20020425_679062.html.
[115] Xinhua, "China Sends Groups of Experts to Provide Eritrea with Agricultural Technical Assistance." Accessed: Nov. 23, 2026. [Online]. Available: https://english.news.cn/africa/20230930/c0267850a22640ddb622df6c84cbe1fa/c.html.

[116] Observatory of Economic Complexity (OEC), "Eritrea." Accessed: Jun. 2, 2026. [Online]. Available: https://oec.world/en/profile/country/eri.
[117] Xinhua, "Xiplomacy: How Close People-to-People Bond Consolidates Cooperation Between China and Eritrea." Accessed: Oct. 2, 2025. [Online]. Available: https://english.news.cn/20230525/ca69229e541a44a4868ee8fa886d7c70/c.html.
[118] People's Daily, "Chinese-Built Hospital Handed Over to Eritrea." Accessed: Nov. 1, 2025. [Online]. Available: https://en.people.cn/200306/01/eng20030601_117508.shtml.
[119] Shabait, "Additional Building Complexes and Modern Equipment in Orotta Referral Hospital Inaugurated." Accessed: Oct. 4, 2025. [Online]. Available: https://shabait.com/2014/10/14/additional-building-complexes-and-modern-equipments-in-orotta-referral-hospital-inaugurated/.
[120] Embassy of the People's Republic of China in Eritrea, "Fulfilling Duties and Sowing Love in Africa: Dedicated Work by the Ninth Chinese Medical Team in Eritrea." Accessed: Dec. 4, 2025. [Online]. Available: https://er.china-embassy.gov.cn/eng/dshdyjh/202412/t20241221_11513326.htm.
[121] Eri-TV, "Open Mic—Chinese Medical Team on Its 18th Annual Mission in Eritrea." Accessed: Mar. 2, 2026. [Online]. Available: https://www.youtube.com/watch?v=S6pbx5h8sB4.
[122] F. Amahazion, "Eritrea–China Medical Cooperation: A Quarter Century of Progress," *Eritrea Profile*, vol. 29, no. 74, pp. 3–4, 2022.
[123] Shabait, "Chinese Medical Team Performs Spinal Surgeries." Accessed: Dec. 11, 2025. [Online]. Available: https://shabait.com/2022/12/11/chinese-medical-team-performs-spinal-surgeries/.
[124] F. Amahazion, "Building a Healthy Future: Robust Health Cooperation Has Strengthened China–Eritrea Friendship," *ChinAfrica*, vol. 15, Feb. 2023, pp. 34–35.
[125] F. Amahazion, "Dragon and Camel: China and Eritrea Sign MoU on BRI." Accessed: Nov. 27, 2025. [Online]. Available: https://news.cgtn.com/news/2021-11-27/Dragon-and-Camel-China-and-Eritrea-sign-MoU-on-BRI-15wOLMPEq7S/index.html.
[126] I. Afwerki, "Foreign Aid Works Best When It Is Self-Limiting," *Forum for Applied Research and Public Policy*, vol. 12, no. 4, pp. 68–70, 1997.
[127] *New African*, "Afwerki: Self-Reliance Does Not Mean Isolation." Accessed: Nov. 14, 2025. [Online]. Available: https://newafricanmagazine.com/interview/afwerki-self-reliance-does-not-mean-isolation/.
[128] People's Front for Democracy and Justice (PFDJ), *National Charter of Eritrea*. Nakfa, Eritrea: People's Front for Democracy and Justice, 1994.
[129] Foreign Ministry of the People's Republic of China, "Premier Zhou Enlai's Three Tours of Asian and African Countries." Accessed: Oct. 5, 2025. [Online]. Available: https://www.fmprc.gov.cn/eng/ziliao_665539/3602_665543/3604_665547/200011/t20001117_697814.html.
[130] F. Ng'wanakilala and G. Obulutsa, "China's Xi Tells Africa He Seeks Relationship of Equals." Accessed: May 6, 2026. [Online]. Available: https://www.reuters.com/article/world/chinas-xi-tells-africa-he-seeks-relationship-of-equals-idUSDEE92O083/.
[131] M. B. Dolan, "The Study of Regional Integration: A Quantitative Analysis of Functionalist and Systemic Approaches," *International Studies Quarterly*, vol. 19, no. 3, pp. 285–315, 1975.
[132] E. B. Haas, *The Uniting of Europe: Political, Social, and Economical Forces, 1950–1957*. Notre Dame, IN, USA: University of Notre Dame Press, 1958.

Authors



Prof. Fikresus Amahazion is a leading educator, researcher, and policy analyst at the Eritrean Center for Strategic Studies. He earned his BA from Saint Bonaventure University, and later completed his MA and PhD at Emory University, where he specialized in globalization, political economy, and development. He also holds a Graduate Certificate in Human Rights from the Institute of Human Rights, Emory University. His work spans political economy, human rights, development, and gender studies. Widely published and internationally recognized, he contributes to academic and policy debates on African development, global inequality, and rights advocacy. (email: fikrejesus87@gmail.com).