



# CHINA-WHO

## Country Cooperation Strategy 2016–2020



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## ABBREVIATIONS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>CCS</b>	country cooperation strategy
<b>CFDA</b>	China Food and Drug Administration
<b>GDP</b>	gross domestic product
<b>HIV</b>	human immunodeficiency virus
<b>IHR</b>	International Health Regulations (2005)
<b>MDGs</b>	Millennium Development Goals
<b>MDR-TB</b>	multidrug-resistant tuberculosis
<b>MERS</b>	Middle East respiratory syndrome
<b>NCD</b>	noncommunicable disease
<b>NHFPC</b>	National Health and Family Planning Commission
<b>SARS</b>	severe acute respiratory syndrome
<b>SDGs</b>	Sustainable Development Goals
<b>TB</b>	tuberculosis
<b>TCM</b>	traditional Chinese medicine
<b>THE</b>	total health expenditure
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization
<b>WHO FCTC</b>	WHO Framework Convention on Tobacco Control

## FOREWORD

**The National Health and Family Planning Commission (NHFPC) of the People's Republic of China and the World Health Organization (WHO) are pleased to present the *China-WHO Country Cooperation Strategy 2016–2020*, which provides a basis for collaboration on health between China and WHO over the next five years.**

This country cooperation strategy (CCS) is the result of a consultative process involving the Government of China, WHO and major stakeholders. The strategy identifies priorities and approaches that will enable WHO to support China to strengthen the national health-care system and ensure that equitable, quality health services are delivered to the people. The strategy also aims to enrich China's contribution to global health.

On behalf of the Government of China and WHO, we express our gratitude to the many national counterparts, staff members and other stakeholders who contributed to the CCS. In the spirit of partnership and solidarity, we look forward to working together to implement this strategy over the next five years to benefit the health of the people of China and the world.



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# EXECUTIVE SUMMARY

**Following 35 years of rapid economic growth that helped lift 500 million people out of poverty, China is now an upper-middle-income country. The country has entered a more complex stage of development, focused on more equitable distribution of national prosperity and an increased emphasis on human development with health as a prerequisite.**

The China of today looks little like the China of 50 years ago, physically, technologically and demographically. With average life expectancy increasing (76.3) (1), unparalleled progress on the Millennium Development Goals (MDGs), almost full coverage of basic health insurance (95% population coverage) and total health expenditure (THE) increasing almost 40-fold over the past 20 years to 5.6% (2), Chinese people are living longer and healthier lives than they were 50 years ago.

Despite these achievements, there are disparities in health indices and per capita health expenditure between urban and rural areas, population groups, and geographic areas. High out-of-pocket expenditures are a major impediment to equitable access to health care. Seventy million people still live below the poverty line (2) and 40% of this poverty is linked to health.

Rapid progress has also brought new challenges. In 2053, China will have 487 million senior citizens or 35% of the population (3) (up from 13.7% in 2011) (4). Over 70% of the population will be living in cities (up from 54% in 2014) (5). Mass urbanization and greater wealth have brought about a lifestyle shift. This combined with an ageing population and environmental degradation due to industry-reliant economic growth has resulted in a shift towards noncommunicable diseases (NCDs), now responsible for 85% of total deaths in China (6). Communicable diseases now comprise a lower proportion of the total disease burden. However, critical public health issues remain such as drug resistance, including multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant TB, epidemics such as viral hepatitis B and C, and the unfinished agenda of the MDGs including universal access to HIV treatment and reproductive health. In addition, the recently established Sustainable Development Goals (SDGs) set out ambitious 2030 targets for health and non-health sectors that require early intersectoral planning.

Health reform is underway but providing better quality of and access to health services for 1.3 billion people remains an enormously complex task. Active and liberalized markets have brought new players into food, drug and health industries, which will fill public sector gaps but will require strengthened regulation and enforcement of standards.

The Chinese population is highly Internet savvy, with 649 million Internet users in 2014, a penetration rate of 47.9% (7). Of these users, 90% have a social media account.

Mobile text, voice messaging and micro-blogging services are transforming the way real-time information is shared. The population has become more concerned about health issues and a more discerning consumer of health goods and services, creating an opportunity to improve public health literacy.

China is no longer primarily a beneficiary of development aid. China now draws upon its own technical expertise and finances and serves as a development partner to other developing countries. China is an engaged Member State of WHO and the United Nations, active in multilateral platforms and a founder of new regional and global institutions and initiatives.

China's changing role requires a new response from WHO to guide cooperation in the coming five years.

This strategic document is underpinned by an analysis of the health context in China and lessons learnt from the implementation of the previous CCS. Priorities set out in the *13th Five-Year Plan for Health Sector Development (2016–2020)*, the *United Nations Development Assistance Framework: China (2016–2020)*, WHO's *Twelfth General Programme of Work (2014–2019)* and the SDGs provide context. The priorities also consider China's commitments as a WHO Member State and ongoing agreements that have been negotiated between WHO and China.

The six strategic priorities for WHO collaboration with China in the coming five years are described below. These priorities are based on a commitment to address inequities in health determinants and outcomes and provide accessible high-quality health care to all people.

#### **Strategic priorities for WHO collaboration with China 2016–2020:**

- 1.** Strengthen health systems towards universal health coverage.
- 2.** Reduce morbidity and mortality from major diseases and risks of public health importance.
- 3.** Strengthen regulatory capacity in health services, food safety and health products and technologies.<sup>1</sup>
- 4.** Promote the Healthy Cities movement and the attainment of health in all policies.
- 5.** Address the impact of the environment and climate change on health.
- 6.** Enhance China's contribution to global health.

WHO can best leverage its comparative advantages and maximize its value by providing policy and legal development support, assisting in developing the evidence base for policy shifts, convening high-level dialogues on key health topics, and using the Organization's visibility and reputation to guide health communications, particularly by taking advantage of Internet and social media penetration and changing attitudes towards health consumerism.

<sup>1</sup> Health products and technologies are medicines, vaccines and other biological products, traditional medicines and medical devices including in vitro diagnostics.



# 1. Introduction

**Country cooperation strategies (CCSs) provide a medium-term strategic vision for World Health Organization (WHO) cooperation with a given Member State in support of the country's national health policies, strategies and plans.**

In 2015, WHO and Government counterparts met to review the implementation of *China-WHO Country Cooperation Strategy 2013–2015: bridging the past towards a new era of collaboration* and discuss the strategic direction for 2016–2020 in the context of the 2030 agenda for sustainable development, the *13th Five-Year Plan for Health Sector Development* and the *United Nations Development Assistance Framework China 2016–2020*.

This *China-WHO CCS 2016–2020* is informed by the review, which identified WHO's strengths and weaknesses. Specific recommendations for revision included: shifting towards more strategic support and gradually reducing the number of small projects funded under assessed contribution funds; introducing stronger performance assessments linked to resources, including external evaluation capacity; improving the communications capacity of the WHO Representative Office in China; and increasing the efficiency of WHO's internal procedures. The importance of periodic reprioritization was highlighted to reflect the changing needs of the country and ensure that WHO's collaboration, including global and regional programmes, is appropriately positioned to provide optimal support.

In 2014 a reprioritization process was undertaken. This process is to take place in advance of each biennium. The reprioritization of work areas was conducted jointly with government counterparts. Criteria for prioritization considered the health needs of the country, the interests and capacity of both China and WHO, and the availability of resources and contributions by other health partners.



## 2. Health and development situation

### 2.1 Health and development achievements

Over the past 35 years, China has transformed from a highly planned and centralized economy to a dynamic market economy. In 2010, China became the second-largest global economy in terms of gross domestic product (GDP) and in the same year joined the upper-middle-income country group. The human development index increased from 0.423 in 1980 to 0.719 in 2013 (8), a change of 70%, placing China in the high human development category at 91 out of 187 countries and territories. Within impressive national growth lies considerable variation. GDP per capita was US\$ 17 126 in Tianjin, in 2014 but US\$ 4297 in Guizhou province in 2013. The Government of China is well aware of the challenges borne of “unbalanced, uncoordinated and unsustainable development” (9) and has set out a path of reform to address these challenges.

The health of the Chinese population has improved significantly with life expectancy at birth rising from 67.0 years to 76.3 years from 1990 to 2015 (1). This has largely been a result of: 1) well-targeted public health campaigns that reduced infant and child mortality and communicable disease; and 2) improved economic conditions impacting nutrition, education and distribution of health services.

The maternal mortality ratio decreased from 80.0 per 100 000 live births in 1990 to 23.2 per 100 000 live births in 2013 (1), with hospital births becoming standard. From 1996 to 2014, China reduced its under-5 mortality by 75%. In many parts of China, under-5 mortality is now lower than in Canada or the United States of America (10). As nutrition improved from 1990 to 2010, the number of underweight children under 5 years reduced by 74%.

China has carried out three five-year action plans for HIV/AIDS prevention and control. National prevalence remains low. By the end of 2015, antiretroviral therapy had been provided to 368 000 HIV/AIDS patients and the HIV/AIDS mortality rate among notified

cases had dropped to 5.6% (68.7% lower than about a decade ago) (11). During the same period, China implemented two 10-year plans for the prevention and treatment of tuberculosis (TB) and realized full coverage of the WHO-recommended TB strategy. The TB prevalence rate also decreased by 65%. Based on WHO, United Nations Children's Fund (UNICEF) and International Council for Control of Iodine Deficiency Disorders global indicators, China has reached the national target of sustained elimination of iodine deficiency disorders (12).

In 2012 China eliminated maternal and neonatal tetanus. Indigenous poliomyelitis was eliminated from the Western Pacific Region in 2000. Having experienced an outbreak of imported wild poliovirus type 1 from Pakistan in 2011, China remains especially vigilant in efforts to maintain polio-free status. China used timely vaccination of newborns and infants to reduce chronic hepatitis B infection by over 95%, from 9.7% in 1992 to 0.32% in 2014 (13,14). China is no longer an endemic country for blinding trachoma and is on the way to eliminating malaria, measles and some neglected tropical diseases, such as schistosomiasis.

Deepening of the health reform, which began in 2009, is well underway, with almost universal coverage of basic health insurance. China made great progress on the health-related MDGs from 2000 to 2015. The country has also actively promoted implementation of the International Health Regulations (2005) (IHR) and ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2005.

## 2.2 Remaining challenges

Along with progress come new challenges. China's most important health challenges are described below.

### **Equity**

Health disparities and inequities will be a key challenge for China in the coming years. Social determinants such as living conditions, lifestyles, choice of occupation, consumer behaviour and individual values are undergoing profound changes. There are large variations in health-care access and health outcomes between urban and rural areas, population groups (e.g. migrants, residents and ethnic groups) and geographic areas (e.g. east and west).

### **Women, children and adolescents**

In Beijing, Shanghai, Tianjin and Zhejiang, life expectancy and other health indicators surpass many high-income countries like the Republic of Korea and the United States of America. However, in Guangxi, Guizhou, Qinghai, Tibet and Xinjiang, health indicators

reflect those of a low-income country (15). Women and children in rural and remote areas are particularly affected by limited access to quality health care. Rates of under-5 mortality, maternal mortality, communicable disease, undernutrition and anaemia are much higher among rural residents compared with their urban counterparts. Rates of birth by caesarean are very high and believed to be increasing (16,17,18,19). A WHO survey in 2007–2008 suggests the caesarean rate may be approximately 46.2% but with regional variation (20). The rate of adolescent fertility has risen since 2000.

### ***Unfinished MDG health agenda***

National HIV prevalence is low at 0.06%, but concentrated in specific areas and populations. Transmission is mainly sexual, with increases in male-to-male sexual transmission. In China, about 30% of the estimated people living with HIV are not aware of their HIV status (21) making it difficult to provide effective prevention and treatment services and increasing the risk of further transmission of the virus. China has the second-highest burden of MDR-TB in the world. Treatment is both long and costly and the current medical insurance policy provides only limited coverage, increasing the financial burden on TB patients (22).

### ***Hepatitis burden***

China has made remarkable progress in vaccination for hepatitis B among children, prevention of blood-borne viral hepatitis and prevention of hepatitis A and E transmitted through faecal-oral routes, however the burden of chronic hepatitis is still enormous. Experts estimate that there are 90 million people with hepatitis B virus chronic infection, including approximately 28 million people estimated to be in need of treatment. Of priority are about seven million people in need of urgent treatment due advanced stage fibrosis and at high risk of developing hepatocellular carcinoma. There are also an estimated 7.6 million patients infected with hepatitis C virus (23), including 2.5 million in urgent need of treatment.

Chronic infections are estimated to be among the main risk factors for cancer in China. In particular, the role of infectious agents, such as hepatitis B and C and *Helicobacter pylori* in causing cancers (including hepatocellular carcinoma) is estimated to be high (24). Additional prevention and treatment efforts will reduce the burden of hepatitis infection and may significantly reduce morbidity, mortality and associated cancers.

### ***Noncommunicable diseases and an ageing society***

China is experiencing a rapid epidemiological transition. The incidence of NCDs has risen sharply and is estimated to cause 85% of all deaths in China (6). Cardiovascular diseases, cancers and chronic respiratory diseases are the major causes of death in China, both in urban and rural areas (25). Ageing societies have become a modern

global issue and China is one of the first to enter this era. China's population of older people comprises one fifth of the global total. By 2020 China is expected to have 250 million senior citizens, accounting for 17.6% of its population and by 2053, China's population of older people will soar to 487 million or 35% of the population (3, 26). An ageing population that is rapidly urbanizing further hastens the transition towards a high burden of NCDs.

Behavioural risk factors for NCDs such as tobacco use, harmful use of alcohol, a diet high in salt, sugar and fat, and physical inactivity are prevalent as lifestyles change due to socioeconomic development. The national smoking rate among people over 15 years is 27.7% (27), with a huge gender gap in smoking rates. There are more than 315 million smokers in China, and 740 million people are exposed to second-hand smoke, resulting in more than one million tobacco-related deaths annually. Smoking is the number one cause of preventable death in China (28). The NHFPC's *2015 Chinese Citizens Nutrition and Chronic Disease Report* showed that the rate of harmful alcohol consumption among drinkers over 18 years of age was 9.3% in 2012. The average daily salt intake of Chinese residents over 18 years of age was 10.5 grams per person while the WHO recommendation is less than 5.0 grams (29). Only 18.7% of people aged between 20 and 69 years regularly exercise. The adult obesity rate reached 5.2% in 2012, 2.3% more than that in 2002. In 2013, obesity among children under 6 years in China was 3.1%, up by 1.9% from 2002. Of China's population aged over 18 years in 2012, 9.7% had diabetes (30).

### **Mental health**

Mental health has become a major public health issue in China (31). There is a shortage of trained mental health professionals, with only 20 000 psychiatrists in the country. In 2015, the Government released a *National Mental Health Work Plan (2015–2020)*. Prevention and treatment of depression, autism and dementia were defined as key targets for the plan, as well as the management of over 80% of registered patients with severe mental illness and treatment of at least 80% of people with schizophrenia. The plan also proposes financial support for those severely affected by mental illness and facing economic difficulties. The plan aims to increase the number of registered psychiatrists to 40 000 by 2020 (32).

### **Injuries and road safety**

Injury is one of the chief causes of death among children, youth and the labor force with mortality rates of 37.8 per 100 000 for urban residents and 55 per 100 000 for rural residents in 2014 (2). The top five injuries and accidents leading to death were traffic crashes, suicides, falls, drowning and poisoning (33). Road injuries have become one of the top 10 causes of death in all provinces in China (15).

### ***The impact of environment and climate change on human health***

WHO estimates that more than seven million deaths worldwide each year may be attributed to air pollution, in addition to tens of thousands of deaths from other reasons caused by climate change (34,35).

The 2015 Paris Climate Conference presented opportunities to save our planet from irreversible damage and protect human health (35). Similarly the SDGs acknowledge the critical importance of the environment on human health, livelihoods and planetary survival.

In China, the physical and psychological impacts of air, water and soil pollution, and water contamination and shortages, have been recognized as having a negative impact on people's acute and chronic health status including respiratory diseases, cancers, neurological disorders, cardiovascular disease and diarrhoeal diseases.

China is confronted with severe air pollution, including high levels of PM2.5 (fine particles in the air). The State Council issued the *Action Plan for the Prevention and Control of Air Pollution* in 2013 aiming to reduce air pollution by over 10% from 2012 to 2017, primarily through reducing coal consumption by closing polluting mills, factories and smelters and switching to other eco-friendly energy sources. Among the 74 cities that first launched PM2.5 monitoring networks as part of the action plan, 71 cities did not reach the secondary air quality standard (36). The Government will earmark US\$ 2.57 billion to improve air quality in 2016 (37). The Government has also issued an action plan to tackle water pollution and improve the quality of the water environment (38) around China by 2030. The Government has also developed an aggressive renewable energy policy, pushing to increase renewable energy production to 15% of the total energy mix by 2020.

Implementation will require long-term coordination of many sectors at local and central levels and concerted support for enforcement of new regulations. Critical actions for success include updating the evidence base of relationships between environmental pollutants and health, monitoring the effects, exploring successful interventions and continually assessing implementation of policies.

### ***Health security and food and drug safety***

China's large population, high urban population densities and the growing international exchange of goods, services and people may increase risks for and challenges to transmission of major public health threats from infectious diseases. Experience from severe acute respiratory syndrome (SARS), avian influenza A(H5N1) virus, pandemic A(H1N1) 2009 virus, Middle East respiratory syndrome (MERS) and Ebola virus disease provide important lessons. China is among the top 10 countries prone to natural disasters, primarily a result of geographic and environmental factors, which are exacerbated by climate change.

In recent years the fraudulent addition or misuse of chemical substances in food and medicinal products has gained public attention and is believed to contribute substantially



to morbidity and mortality in China. This alteration has contributed to widespread public doubt about the safety of food and pharmaceuticals in China. Food and drug quality is a domestic and international issue as exports of both are expected to continue to increase.

### ***Health-care delivery and financing***

Within the Government, the NHFPC has overall responsibility for health. Over the past 20 years, China's total health expenditure (THE) has increased from ¥ 74.7 billion in 1990 to ¥ 3531.2 billion in 2013 (about US\$ 539.9 billion at current exchange rates) (2). THE accounted for 5.6% of GDP in 2013. The proportion of private health expenditure as a percentage of THE was approximately 34% in 2014. Per capita health expenditure in 2013 was ¥ 2327 (about US\$ 358). There are wide differences in per capita health expenditure between urban (¥ 3234 or about US\$ 497) and rural (¥ 1274 or about US\$ 195) China (2).

In terms of service provision China has a largely hospital-based delivery system managed through the NHFPC and local governments. Spending on inpatient services represents the largest category of provision, approximately 61.6% in 2010 (39). By the end of 2013, China had 974 400 medical and health institutions, employing 9.79 million health personnel, providing 6.18 million beds. On average there were 4.55 beds, 2.04 practising (assistant) physicians and 2.04 registered nurses in medical and health institutions per 1000 permanent residents. There are marked disparities in hospital bed and patient-provider ratios between urban and rural areas and across the country (40).

Traditional Chinese medicine (TCM) is an integral part of the national health-care system. The Government aims to develop modern and traditional medicines in a coordinated and complementary way to enhance public health in China. The TCM industry has a comprehensive structure composed of services, health care, research, education, industry, culture and international exchange and cooperation.

The Urban Employee Basic Medical Insurance, Urban Residents Basic Medical Insurance and the New Rural Cooperative Medical System are the three basic medical insurance schemes in China. By 2015, approximately 95% of the population had joined one of the schemes. The majority of the migrant population does not have portable health insurance.

China has built a national communicable disease direct online reporting system with almost 100% coverage. The system can detect and respond to outbreaks and public health emergencies and manage and monitor major communicable diseases. There is national commitment to improve integrated health informatics and e-health. However, the development of a regional health information system platform has been slow.

### ***Health-care reform***

China faces the challenge of providing affordable quality care to a 1.3 billion people in the midst of rapid disease and demographic transition. The health-care system is

oriented towards disease treatment and hospital-based care, with limited cooperation between institutions of different levels. The system has yet to fully integrate services across the continuum of care, in particular health promotion and preventive services including health education.

For these reasons, in 2009, the Government launched an ambitious health-care reform initiative (40, 41). The reform aims to significantly raise Government health spending to provide affordable, equitable and effective health care for all by 2020. After nearly six years of implementation, China has achieved universal health insurance coverage, reduced out-of-pocket spending from 59% in 2000 to about 34% in 2013 through government subsidies to insurance schemes (2), and gradually expanded benefits. Since 2009, China has been advancing the essential drug system and has issued two versions of a national essential drug catalogue. In 2011, the essential drug system covered all public grassroots medical and health institutions ahead of schedule. Most village clinics and some private grassroots medical and health institutions are covered, thereby improving the supply and reducing the prices of many essential medicines.

In 2014 at the Sixty-seventh World Health Assembly, China proposed and promoted the adoption of resolution WHA67.22 on access to essential medicines. The Government has made huge investments to expand and upgrade infrastructure and equipment at all levels and increase the size and skill level of the health workforce, particularly at local levels. WHO is assisting China with the development of the first national health law to provide a legal framework to better enact health reform and related policies.

Ongoing challenges in the reform effort include hospital-centric and fragmented service delivery, weak primary care and lack of orientation towards preventive services, including public health.

The broader policy and institutional environment also requires changes to promote optimal functioning of the system. Clear guidance on private sector engagement is required as are policies to address health-reform financing that shift away from cost-inducing fee-by-item provider-payment mechanisms. Improved capacity of government agencies to purchase and monitor health services, implementation of prevention-centred work guidelines, strengthened health education, and integrated planning for health-care delivery will create efficiencies and contribute to better people-centred care.

The Government is using domestic and international support, including WHO, to plan solutions to these health systems challenges. The *13th Five-Year Plan for Health Sector Development (2016–2020)* and the *13th Five-Year Plan on Deepening the Medical System Reform* will provide guidance on the strategic direction and implementation.

### ***Food and health product regulation***

Ensuring the quality of the food and drug production chain through a well-functioning food and drug agency is essential to the optimal functioning of a health system. The Chinese Food and Drug Administration (CFDA) was reorganized in 2013 to provide better oversight and streamline regulation processes for food and health products

and technologies. CFDA oversees the quality, safety and efficacy of food and medicine supply chains, including TCM. NHFPC develops national food safety standards together with CFDA, develops and jointly implements plans for food safety risk monitoring with CFDA and the Administration of Quality Supervision, Inspection and Quarantine, and organizes food safety assessments.

Through assessments in 2011 and 2014, CFDA is recognized by WHO as a functional national regulatory agency for vaccine regulation. In 2014, CFDA signed a letter of intent on cooperation between CFDA and WHO. In 2015, CFDA signed a cooperation framework document for drug regulation and food safety with the WHO Representative Office in China.

### ***Development landscape***

As China's economy has reached upper-middle income status, its position as a beneficiary of development assistance has changed. Development assistance received by China has consistently decreased over the past 20 years. In health, many development partners have recently reduced or withdrawn bilateral support. Meanwhile, China's support to other low- and middle-income countries has increased, improving the accessibility and capacity of medical and health services by dispatching medical teams, building health facilities including hospitals, donating medical equipment and drugs, jointly developing human resources for health, providing emergency humanitarian assistance and setting examples for South-South medical cooperation.

### ***United Nations presence in China***

Twenty-three United Nations (UN) agencies are represented in China, including WHO. They work together as part of the UN Country Team to support China in its development. The UN system in China and the Government jointly launched *United Nations Development Assistance Framework: China 2016–2020*, focusing on three priority areas:

- 1. Poverty reduction and equitable development**
- 2. Improved and sustainable environment**
- 3. Enhanced global engagement.**

*There is one outcome under each priority:*

- 1.** More people, particularly the vulnerable and disadvantaged, enjoy improved living conditions and increased opportunities for economic, social and cultural development.
- 2.** More people enjoy a cleaner, healthier and safer environment as a result of improved environmental protection and sustainable green growth.
- 3.** The effectiveness of China's engagement in international cooperation is enhanced for the mutual benefit of China and the world.

WHO actively participated in the United Nations Development Assistance Framework (UNDAF) development process. The Organization has aligned its work with the three UNDAF outcomes and is committed to take an active role in achieving these outcomes. Joint work across UN agencies is coordinated through theme groups. WHO is the chair of the Theme Group on Health and the co-chair of the Theme Group on HIV/ AIDS.

### ***WHO in China***

The WHO Representative Office in China was established in 1981. Over the past 35 years, the nature of WHO cooperation with China has adapted to the changing social and economic context to address pertinent health needs. In 2004, the Ministry of Health (superseded by the NHFPC in 2013) and WHO had signed one memorandum of understanding to identify key areas of cooperation as a basis for two subsequent country cooperation strategies. The 2013–2015 CCS was developed to bridge two years and align the CCS with China's five-year development plans.

WHO in China is at a turning point. As China has entered upper-middle-income country status, financial and human resources at the WHO Representative Office have decreased. WHO in China is constrained by limited flexible funding, which requires a sharpened focus on strategic priorities for WHO's work and staffing in the country. WHO maintains clear roles as a leading health partner with a distinct comparative advantage in providing a global platform, an impartial convener of stakeholders, a trusted source of health information, a steward of international standards, frameworks and conventions and as a repository of global technical and policy expertise.

### ***China's role in global health***

China's population represents almost 20% of the world's total population. By improving the health outcomes of its citizens, China has made significant contributions to global health.

China has a high level of participation in global health and development platforms contributing US\$ 285 million to multilateral institutions from 2010 to 2012. China is on the Executive Board of WHO and is a board member of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Joint United Nations Programme on HIV/AIDS (UNAIDS). China has also been actively engaged in development of the SDGs. In 2015 China hosted the fifth China–Africa round table, to engage in substantive discussions on health issues and explore new avenues for China-Africa collaboration. China also demonstrates commitment to health through the fulfillment of international commitments, such as the IHR (2005), the UN Convention on the Rights of Persons with Disabilities and the WHO FCTC, which China signed in 2005 and has partially implemented.

Successful aspects of China's national experience are informing the policies of other countries through South–South cooperation. The Government of China has steadily increased technical and financial assistance, especially to least-developed countries,

by dispatching medical teams, donating medical equipment and drugs, building health facilities and training health workers. In recent years, this cooperation has been extended to disease prevention and control programmes, such as malaria control. China exercised strong global leadership in response to the Ebola virus disease outbreak in West Africa, committing more than US\$ 120 million to the three West African countries. China also sent 1200 medical workers to affected regions. Chinese medical experts trained more than 13 000 local medical workers to treat Ebola patients in nine countries in Africa.

China plays an important role in global health security with its 1.3 billion strong, increasingly mobile population. The Government actively promotes implementation of IHR (2005), for example, ensuring timely notification of human cases of avian influenza A(H7N9) virus in 2013 and in 2014, ensuring that a national Ebola preparedness plan was in place, and coordinating 22 government agencies to reach 259 of 285 points of entry to attain IHR standard requirements. China is continually reviewing and strengthening preparedness in response to new and emerging threats of communicable diseases.

China also contributes to global health and security through its 65 WHO collaborating centres, of which 59 are in mainland China. The country is also an increasingly important contributor to the global supply of affordable, essential medicines and vaccines.



### 3. The Sustainable Development Goals and implications for China

**The Sustainable Development Goals (SDGs) are a set of 17 goals with 169 associated targets to be reached by 2030. The SDGs succeeded the MDGs and set out an ambitious vision to end poverty and improve health, education, food security and nutrition. The goals include a range of economic, social and environmental objectives, promising more peaceful and inclusive societies. The means of implementation are defined in the SDGs, reflecting an integrated approach and recognizing connections across the goals.**

Goal 3 of the SDGs is to ensure healthy lives and promote well-being for all at all ages. Health in itself is viewed as a necessary goal. However, there are many interrelated areas that require the support of non-health sectors to achieve ambitious health outcomes and vice versa. Health is also a reliable indicator to measure the progress of the SDGs. Success will require a paradigm shift in global health to ensure leadership for intersectoral coordination on the structural drivers of health, enhance public engagement and ensure accountability. Shifting towards prevention and health promotion will contribute to addressing the environmental effects of health.

Implications for China begin with full realization of the MDGs. This includes achieving the partially fulfilled MDGs (universal access to reproductive health and HIV treatment delivery in particular) and supporting the achievement of MDG health targets subnationally and within specific disadvantaged populations. The SDGs call for an end to the epidemics of TB, AIDS and malaria, as well as combating hepatitis and other communicable diseases. China has made enormous progress in addressing TB, HIV and malaria. However, hepatitis, TB drug resistance and controlling sexual transmission of HIV will be challenging. Enhancing vigilance in monitoring and addressing emerging infectious diseases will also be critical.

Several targets aim to substantially reduce premature mortality resulting from NCDs and their underlying causes. NCDs now comprise a growing majority of the national

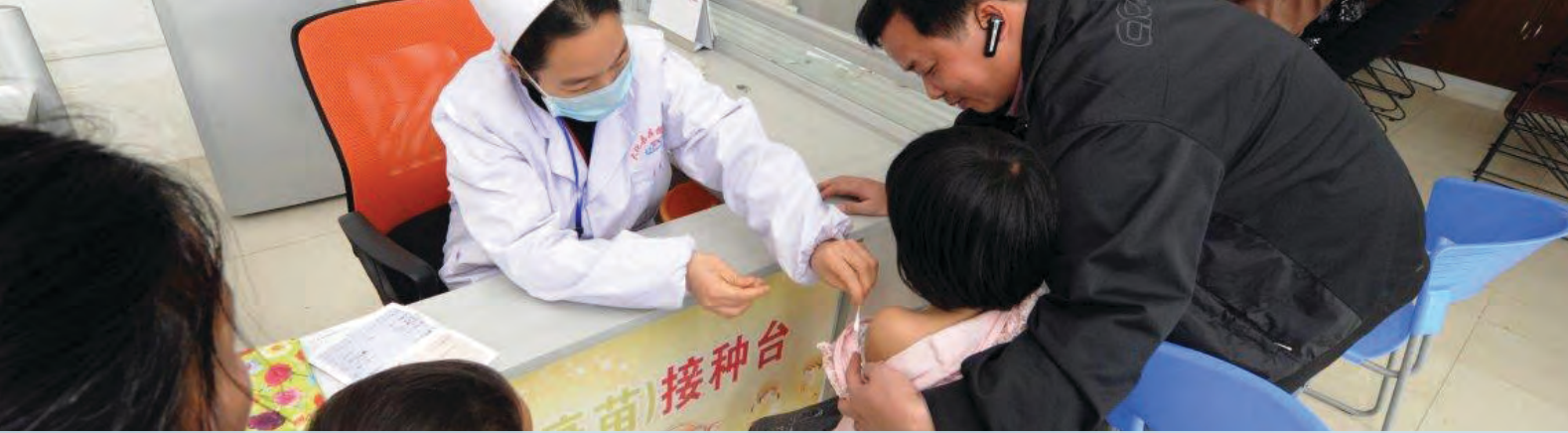
disease burden. Achieving the NCD targets will require strengthening legal frameworks to promote and protect environments conducive to healthy choices and behaviours. This will include full implementation of the WHO FCTC, strengthening prevention and treatment of substance abuse (such as harmful use of alcohol), and improving the prevention, treatment and care of NCDs such as cancers, chronic respiratory disease, diabetes and heart disease.

The targets to substantially reduce the number of deaths and illnesses from hazardous chemicals and from air, water and soil pollution and contamination by 2030, as well as targets to reduce deaths and injuries from road traffic crashes by 2020, will be particularly challenging. Many important decisions fall across government sectors and require considerable coordination, legislation and development of baseline data.

Efforts to achieve universal health coverage by improving access, affordability and financial protection are underway but will require thorough integration into the poverty alleviation agenda. Ongoing initiatives to support the research and development of vaccines, medicines and health products for diseases that primarily affect developing countries are also in progress in China and stand to substantially benefit national and global health. In 2016, China and WHO will co-host the 9th Global Conference on Health Promotion to exchange views on using health-promoting strategies and methods to achieve the objectives of “sustainable development” and “health for all and all for health”.

China’s national health goals are well aligned with the health-related SDGs. A renewed momentum to achieve the partially fulfilled MDGs and targets at a subnational level and within specific populations is required. The goal of poverty alleviation must remain at the heart of health-care reform to achieve universal access. NCDs, road safety and environmental health will require high-level commitment to integrate efforts across sectors and government agencies to achieve the ambitious health targets set within the SDGs.

As with the MDGs, WHO will support China’s implementation of the SDGs and regular monitoring of progress. Monitoring progress will help determine where additional political support and budget allocation are required.



## 4. The strategic agenda for China–WHO cooperation

### 4.1 Development of the strategic agenda

The strategic agenda for China–WHO cooperation 2016–2020 considers many facets of the global and national health agenda. Beyond the burden of disease, considerations include WHO’s comparative advantages and China’s commitments as a Member State, described in resolutions of the World Health Assembly and the WHO Regional Committee for the Western Pacific.

#### **Strategic priorities were decided based on three criteria:**

1. Identification by the Government of China and WHO of a specific priority area of intervention.
2. WHO’s comparative advantage or added value in providing support.
3. Identification of adequate human and financial resources to ensure WHO’s productive involvement.

The strategic priorities focus on a manageable number of initiatives and programme areas. This will mitigate the risk of responding to numerous interests and strengthen impact for the highest priorities.

### 4.2 Overarching aim and six strategic priorities

#### ***Overarching aim: reducing health inequity***

China’s economic and social development has been rapid. However, as in the development of most countries, China has seen uneven progress across the country and per capita



expenditure on health varies across regions and between urban and rural areas. There remain significant disparities in health outcomes between men and women, ethnic groups, age groups, and urban and rural populations. Cities like Shanghai have a GDP per capita of US\$ 15 847 and world-class medical institutions (42). By contrast, far western provinces have some of the lowest health-worker-to-patient ratios in the world. Inequity results from financing, discrimination or disadvantage because of gender, age, ethnicity, sexual orientation, employment or household registration status, physical or mental impairment, disease, poor socioeconomic status or physical location. Diseases like TB are declining but have become almost exclusively the burden of the rural poor. Migrant workers in many places are not eligible for health and other social benefits in the cities where they work. The majority of those who suffer from tobacco-related illnesses are those least able to pay for care. Stigma from HIV and other diseases still delay diagnosis and treatment. Across the six strategic priorities and through the four modes of delivery, equity will be placed at the top of the design chain in all WHO initiatives.

## STRATEGIC PRIORITY 1

### Strengthen health systems towards universal health coverage

WHO will support the Government to strengthen health systems towards universal health coverage to ensure that all people have access to high quality promotive, preventive, curative and rehabilitative health services, while also ensuring that people do not suffer financial hardship when paying for these services. WHO will support the Government's ongoing implementation of health reform, which began in 2009 and will be guided by the *13th Five-Year Plan for Health Sector Development (2016–2020)*. WHO's collaboration with the Government of China will include:

- strengthening the health system by analysing and addressing barriers to effective implementation of health reform including adequately paid human resources and an integrated payment system that serves the health needs of the population;
- strengthening multisectoral coordination and cooperation to improve people-centred, comprehensive and integrated health-care services;
- supporting efforts to continuously improve the quality of the health system and its services;
- ensuring reorientation towards health promotion and disease prevention;
- ensuring that the health system is tiered for optimal functioning and that resources are allocated appropriately to ensure equity especially for disadvantaged people;
- supporting the development of and improved access to safe and quality-assured essential drugs and diagnostics, in particular for children and older people; and

- strengthening international exchange and cooperation to support strengthening of the health workforce in particular of general practitioners.

## STRATEGIC PRIORITY 2

### Reduce morbidity and mortality from major diseases and risks of public health importance

China's capacity for managing communicable diseases has advanced considerably over the past 20 years. The epidemiological transition towards a heavier burden of NCDs requires a stronger emphasis on addressing the behavioural and environmental factors that cause NCDs as well as emphasizing health promotion and improving management and care for NCDs. Non-disease public health risks such as road traffic injuries, violence and disasters are also important causes of morbidity and mortality in China. WHO will collaborate with the Government on targeted approaches to diseases and risks of public health importance including:

- implementing specific approaches to address communicable diseases that have not yet been eliminated/eradicated, including TB, hepatitis and HIV;
- strengthening prevention and vaccination efforts including full engagement in the *Polio Eradication and Endgame Strategic Plan 2013–2018*;
- enhancing national capacity and strengthening legal frameworks to reduce the premature burden of NCDs and address their risk factors through life-course and multisectoral approaches;
- promoting progress on addressing non-disease public health risks such as disasters, violence and road traffic injuries;
- supporting the development and implementation of a healthy ageing strategy and action plan;
- strengthening health promotion by addressing risk factors for disease including physical inactivity, unhealthy diet and tobacco use;
- taking effective measures to tighten the prevention and control of emergent, acute infectious diseases, including SARS, new subtypes of influenza, Middle East respiratory syndrome (MERS) and Ebola and reduce their harm to society; and
- strengthening mental health services and improving the identification and treatment for common mental illnesses.

## STRATEGIC PRIORITY 3

### **Strengthen regulatory capacity in health services, food safety and health products and technologies**

WHO will support CFDA, NHFPC and other ministries as required to strengthen the national regulatory system to achieve an advanced international level of regulatory capacity and leadership in the regulation of health services, food safety, and health products and technologies, including TCM products, to better protect population health. This will be done through systematic and comprehensive assessment and capacity-building and will address policies, laws, standards, and supervision and enforcement in services, food safety management and medicines followed by other medical products. WHO's collaboration will include:

- promoting harmonization of Chinese standards and approaches with international standards and norms and participation in internationally recognized bodies and networks;
- improving implementation and enforcement of health services and food and drug safety laws;
- promoting good regulatory practices for strategic products, including TCM products, to benefit the global supply of high-quality and affordable health products and technologies; and
- strengthening governance and legal frameworks for health within and outside the health sector, supporting the development of the national health law and regulations and enforcement of laws and policies.

## STRATEGIC PRIORITY 4

### **Promote the healthy cities movement and the attainment of health in all policies**

Cities are drivers of population health. By 2030 it is estimated that one billion Chinese citizens will live in cities. The China Healthy Cities movement, supported by the National Policy on Healthy Cities, aims to develop a healthy city management system that incorporates political commitment, intersectoral policy development, institutional change, capacity-building, and community-based planning and participation. The policy will be supported by strong indicators and an evaluation system, which uses health as a measure of good governance. The goal is to continuously improve the health of the population.

Recognizing that health is impacted by many sectors, a health-in-all-policies approach will be implemented to ensure that health is considered from all angles that affect

health. For example, a critical component of urban health is promoting physical activity. This is only possible if there are safe spaces for physical activity. Health in all policies will draw from all of WHO's strategic areas and use multisectoral approaches to tackle inequity in underserved areas and populations, particularly in western provinces.

WHO will support China to promote and evaluate this movement including:

- supporting China to monitor the health effects of policies in health and non-health sectors and supporting development of tools for monitoring, evaluation and continuous improvement;
- supporting China to institutionalize intersectoral planning and governance for health and promote pro-health public policies across sectors;
- strengthening international exchange and promoting Chinese and foreign cities to summarize and promote experiences in building healthy cities;
- enhancing leadership in health across sectors, in particular the roles of mayors and community leaders; and
- improving the health status of the floating population, including monitoring and assessment.

## STRATEGIC PRIORITY 5

### Address the impact of the environment and climate change on health

WHO will support the Government in its efforts to mitigate the impact of environmental pollution and climate change on health by supporting the development and use of sound scientific studies and improving monitoring capacity. WHO will support the intersectoral dialogue and policy development required to address environmental pollution and provide support for communication to the public. WHO's collaboration with the Government of China will include:

- supporting China to enhance research on the effects of climate change and environmental pollution on health;
- supporting the development of intersectoral public laws and policies in response to climate change and environmental pollution; and
- strengthening international communication and promoting international sharing of experience in addressing climate change and environmental pollution.

## STRATEGIC PRIORITY 6

### Enhance China's contribution to global health

Recognizing that health and non-health sectors and their policies often have huge impacts on global health, China's role in raising the profile of governance for health in all sectors will be critical in achieving the SDGs.

China will support other developing countries to address their health needs by sharing national experiences and lessons in health reform. China will also provide technical and financial assistance to build disease prevention and control systems and support in health emergencies (such as Ebola). China will also contribute to global frameworks such as the IHR (2005) to protect global health security, participate in setting the global health agenda and develop capacity in the production of affordable health products for domestic and international benefit. WHO's collaboration will include:

- supporting China to implement the IHR (2005), the WHO FCTC and other internationally agreed frameworks and conventions to benefit global health;
- facilitating greater participation by China in the global health agenda and policy setting through active engagement in platforms and the creation of new ones;
- supporting China to make available affordable and high-quality health products to contribute to global health;
- supporting China to share its experience and lessons in public health with other developing countries and to provide related technical support, including South-South cooperation;
- supporting China to promote internationally, the importance of leadership and governance for health in both health and non-health sectors; and
- supporting China to build a global health team.



## 5. Implementing the strategic agenda

### 5.1 Means of delivery

China has a range of technical resources and the financial ability to address the population's health needs. This has implications for the kind of services WHO provides to the country. WHO's comparative strength is its global platform, its reputation as an impartial convener of a wide range of partners, its stewardship of global standards, frameworks and conventions, and its role as a trusted source of health information and technical and policy expertise at several levels. WHO aims to link cooperation at the national and subnational levels, across sectors and between a wide range of government and non-state actors.

**WHO intends to deliver on the six CCS strategic priorities through the following support mechanisms:**

#### ***Policy shaping***

Public health policy-making is dynamic, complex and interactive, often requiring different policy actions (such as regulations, subsidies, quotas and laws) at the local, national or international level. Verification and evaluation are essential to the functioning of this system.

WHO will provide a platform for stakeholders to engage and discuss topics of public health policy importance and global best practice. Discussions will then be summarized as policy briefs. WHO will also support the Government in developing an evidence base, or critical analysis, to make the case for key policy directions or changes and provide direct support for policy drafting and implementation as required.

### ***Communications***

The role of strategic communications in public health is of growing importance in a world increasingly connected through media and the Internet. In China, the combination of purchasing power, Internet connectivity, and growing awareness of the environment and health risks has helped usher in a new era of health consumerism. This provides an enormous opportunity to reach Chinese citizens and decision-makers to make a public health impact. WHO will use a range of communications mediums:

- to disseminate public health messages to inform the population of health risks or influence population health behaviour; and
- to reach decision-makers and advocate public health to build support for key policy outcomes.

### ***Leadership***

Leadership is indispensable to success. Health is not an isolated entity and health leaders cannot achieve major gains on their own. Most will agree that public health is a prerequisite for development. However, decisions that benefit public health may be complex and require tough choices or may appear to run up against short-term economic gains and there are frequently many players involved. For these reasons, strong leadership can often be the decisive factor in making the choices that will benefit population health.

WHO will use its influence to foster health within the health sector and across platforms, industries and ministries to ensure that health is on the agenda of all leaders.

### ***Technical assistance***

The technical expertise of Chinese health professionals is well developed and there is a vast national and international network that Chinese health authorities can draw upon. The WHO Representative Office contributes by mobilizing specific input either from WHO's network or other networks as required.

### ***Partnership***

WHO collaborates with a range of health and non-health partners in China and internationally to maximize synergies. WHO works closely with UN agencies within and outside the country such as UNAIDS, UNICEF, United Nations Development Programme, and United Nations Population Fund. WHO will use its convening power to promote the coordination of partners with the Government so as to create an enabling environment in which partners can better play to their individual strengths. WHO will actively seek new partnerships to leverage the health agenda and will work with civil society to ensure public participation.

## 5.2 Implications for WHO Secretariat

The refocus of priorities and means of delivery has implications for the staffing structure of the WHO Representative Office, the support required by other levels of WHO and the allocation of resources. The core staffing of the WHO Representative Office is expected to consist of a limited number of experienced senior international staff with broad skill sets, including technical, managerial, analytical and communications skills, working closely with senior national professional officers. The areas of responsibility of these staff members will correspond to the strategic priorities and means of delivery outlined in this CCS. The WHO Representative will draw upon WHO Regional Office for the Western Pacific and WHO headquarters for specific expertise.

## 5.3 Monitoring and evaluation of the CCS strategic agenda

The CCS will be implemented through biennial work plans, which will include objectives, activities and deliverables in line with the CCS framework. WHO will continually monitor work plan implementation and complementarity with partner contributions. WHO and the Government of China will review the CCS near the end of the CCS cycle.



# ANNEX 1

## Health data sources

The National Bureau of Statistics of China publishes health statistics on a range of health indicators at: <http://www.stats.gov.cn/english/>

The National Health and Family Planning Commission publishes health statistics at: <http://en.nhfpc.gov.cn/statistics.html>

The WHO Global Health Observatory updates health statistics for every Member State annually. Health statistics and estimates for China are available at: [http://www.who.int/gho/countries/chn/country\\_profiles/en/](http://www.who.int/gho/countries/chn/country_profiles/en/)

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