



Chinese Strategy to Achieve the SDGs

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Health in the 2030 Agenda for
Sustainable Development

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OUTLINE

- **From MDG to SDG**
- **SDG targets vs Healthy China 2030**
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- **Strategy to achieve SDGs through engaging in global health**



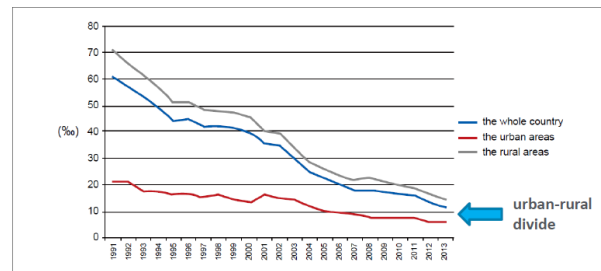
The 8 Millennium Development Goals



China Made Tremendous Progress on MDGs



The mortality rate of Chinese children under five from 1991 to 2013

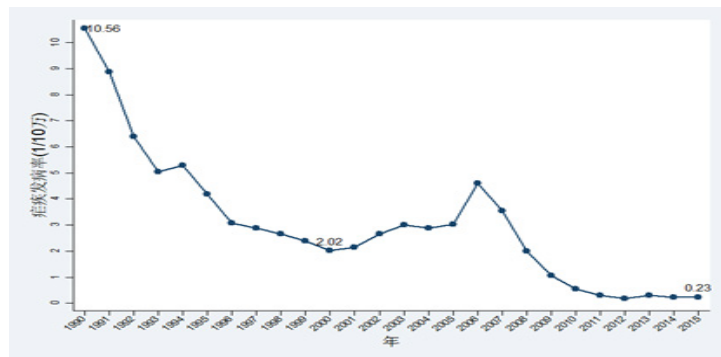


Ministry of Foreign Affairs, People's Republic of China and UN System in China. Report on China's Implementation of the Millennium Development Goals (2000-2015). July 2015.

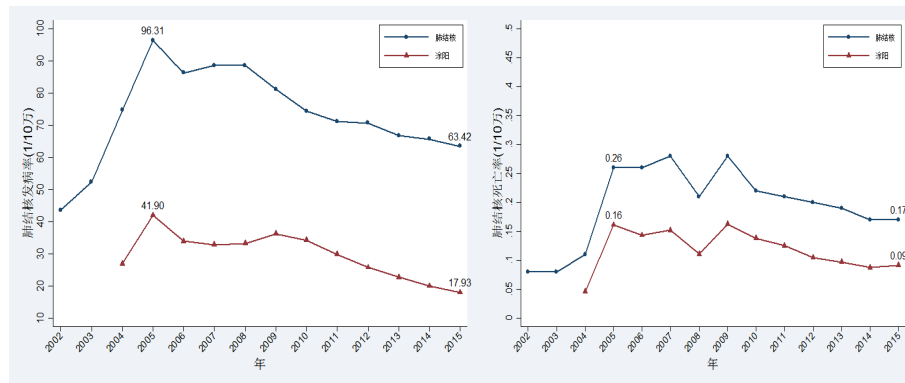
17 Sustainable Development Goals



Have initiated the malaria elimination programme



Have controlled the prevalence of tuberculosis



Report on China's Implementation of the Millennium Development Goals (2000-2015)

中国实施千年发展目标报告（2000-2015年）



| Goals and targets | Status to meet the targets |
|---|----------------------------------|
| Goal 1: Eradicate extreme poverty and hunger | |
| Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1.25 a day | <i>Already met</i> |
| Target 1B: Achieve full and productive employment and decent work for all, including women and young people | <i>Basically met^①</i> |
| Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger | <i>Already met</i> |
| Goal 2: Achieve universal primary education | |
| Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling | <i>Already met</i> |
| Goal 3: Promote gender equality and empower women | |
| Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 | <i>Already met</i> |
| Goal 4: Reduce child mortality | |
| Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate | <i>Already met</i> |
| Goal 5: Improve maternal health | |
| Target 5A: Reduce by three quarters the maternal mortality ratio | <i>Already met</i> |
| Target 5: Achieve universal access to reproductive health | <i>Basically met^②</i> |
| Goal 6: Combat HIV/AIDS, malaria and other diseases | |
| Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS | <i>Basically met^③</i> |
| Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it | <i>Basically met^④</i> |
| Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases | <i>Basically met^⑤</i> |



Challenges to achieve SDGs

High rates of avertable infectious, child, and maternal deaths

Unfinished agenda

Demographic change and shift in GBD towards NCDs and injuries

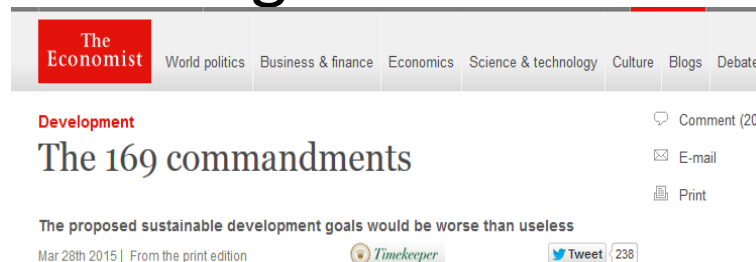
Emerging agenda

Impoverishing medical expenses, unproductive cost increases

Cost agenda



169 Targets



The SDGs: An Expansive Agenda

**Numeric targets****Zero targets**

- ➡ **3.1** Reduce **global maternal mortality ratio** to under 70 per 100,000 live births
- ➡ **3.2** End preventable deaths of **newborns and under-five children**
- ➡ **3.3** End the epidemics of **AIDS, tuberculosis, malaria, and neglected tropical diseases** and combat **hepatitis, water-borne diseases, and other communicable diseases**
- ➡ **3.4** Reduce by **one-third** pre-mature mortality from **NCDs**
- 3.5** Strengthen prevention and treatment of **substance abuse**, including narcotic drug abuse and harmful use of alcohol
- ➡ **3.6** Halve global deaths and injuries from **road traffic accidents**
- 3.7** Ensure universal access to **sexual and reproductive health care services**
- 3.8** Achieve **universal health coverage**, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
- 3.9** Substantially reduce number of deaths and illnesses from **hazardous chemicals and air, water, and soil pollution and contamination**

9 TARGETS**SDG 3: The Nine 2030 Targets****4 MEANS OF IMPLEMENTATION**



People's health is the priority component in the strategy development plan of the country:
health involved in all policies

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“Health China 2030” is the key performance for China’s engaging in global health governance, and China’s commitment to achieve UN SDGs targets

Approved by State Council on 26 October, 2016

Targets in the prevention and control of infectious diseases

| SDGs Targets | Healthy China 2030 |
|--|--|
| 3.3By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | <ul style="list-style-type: none"> Strengthen AIDS testing, antiviral treatment and follow-up management, fully implement clinical use of blood nucleic acid testing and prevention of mother-to-child transmission of HIV, and the prevalence remains at a low level. Establish a comprehensive service model for TB prevention and control, strengthen MDRTB screening and surveillance, standardize the management of TB diagnosis and treatment. Eliminate malaria across the country |
| | <ul style="list-style-type: none"> All of counties in schistosomiasis endemic areas achieved the criteria of schistosomiasis elimination Effectively control epidemic of echinococcosis and other parasitic diseases in all endemic regions |



UN Sustainable Development Goals (SDGs)



WHO The End TB Strategy

| | 2020 | 2025 | 2030 |
|---|------|------|------|
| Compared to 2015, TB deaths decrease | 35% | 75% | 90% |
| Compared to 2015, TB incidence decrease | 20% | 50% | 80% |
| No catastrophic payment caused by TB care! | | | |



China's National Plan on Implementation of the 2030 Agenda for Sustainable Development

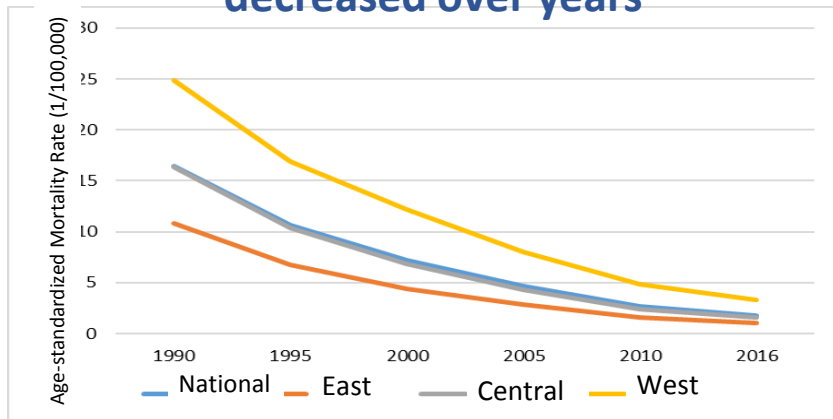
“By 2020, the pulmonary tuberculosis incidence will drop to **58 per 100,000.**”

The Plan of Healthy China 2030

“The plan is to establish **comprehensive model for tuberculosis (TB) prevention and control**, and strengthen multi-drug resistant TB screening and monitoring and regular TB treatment and management, aiming to reduce TB prevalence continually.”



Mortality of drug-susceptible TB decreased over years

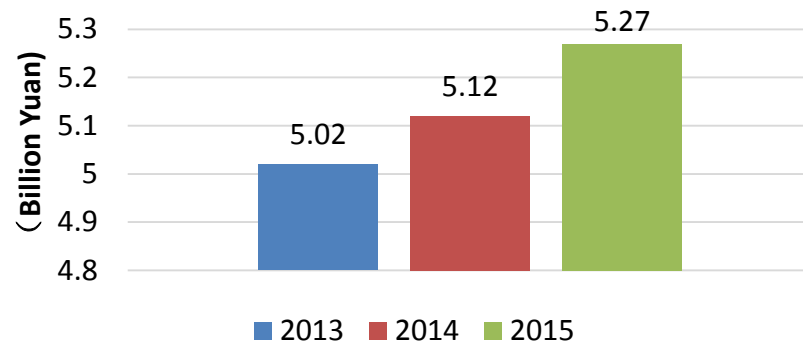


Low DR-TB cure rate, high mortality rate

- Cure rate of DR-TB: 54%
- Mortality rate of DR-TB: 16%

Data source: WHO TB report 2017-138 countries and territories reported treatment outcomes of patients who have been receiving treatment from 2014

High socio-economic burden of TB care



TB diagnosis and treatment cost estimation

Data source: Li et al., The estimation of required funds for diagnosis and treatment of pulmonary tuberculosis patients. 2013

Conclusion :

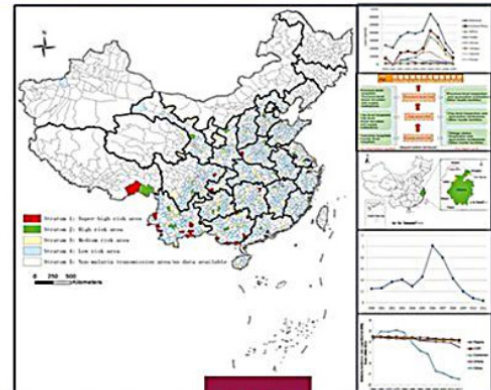
Gap of achieving TB SDG goal

WHO Global Technical Strategy for Malaria (2016-2030)

| Vision | A world free of malaria | | |
|---|----------------------------|----------------------------|----------------------------|
| Goals | Milestones | | Targets |
| | 2020 | 2025 | 2030 |
| 1. Reduce malaria mortality rates globally compared with 2015 | $\geq 40\%$ | $\geq 75\%$ | $\geq 90\%$ |
| 2. Reduce malaria case incidence globally compared with 2015 | $\geq 40\%$ | $\geq 75\%$ | $\geq 90\%$ |
| 3. Eliminate malaria from countries in which malaria was transmitted in 2015 | ≥ 10 countries | ≥ 20 countries | ≥ 35 countries |
| 4. Prevent re-establishment of malaria in all countries that are malaria-free | Re-establishment prevented | Re-establishment prevented | Re-establishment prevented |


ADVANCES IN PARASITOLOGY

Malaria Control and Elimination Programme in the People's Republic of China



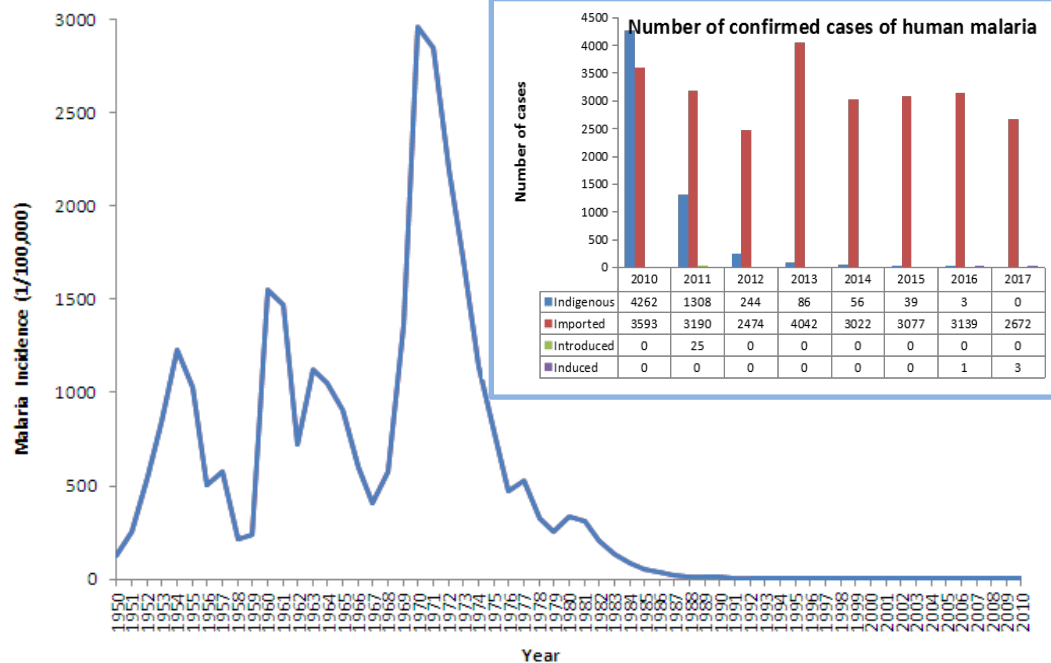
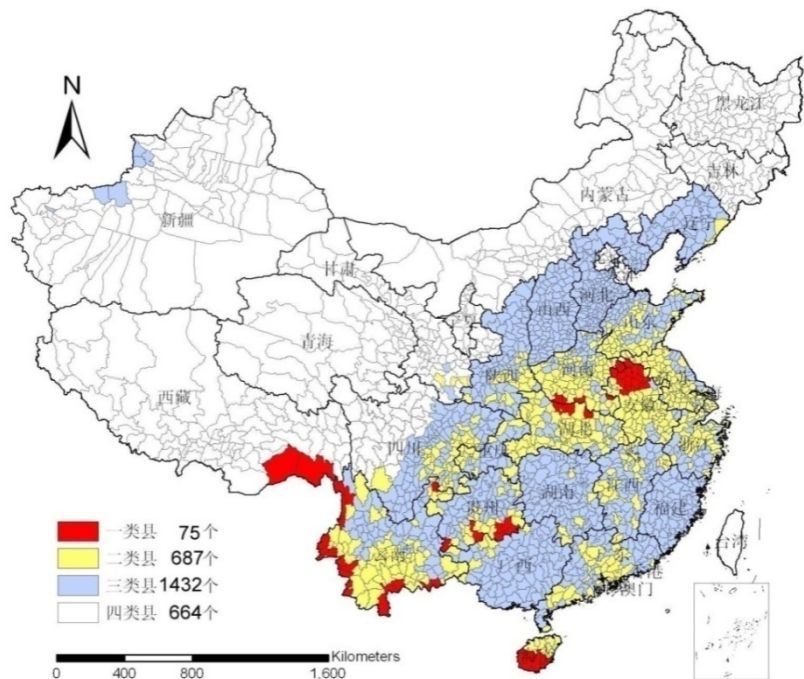
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Edited by
X.-N. ZHOU, R. KRAMER AND W.-Z. YANG

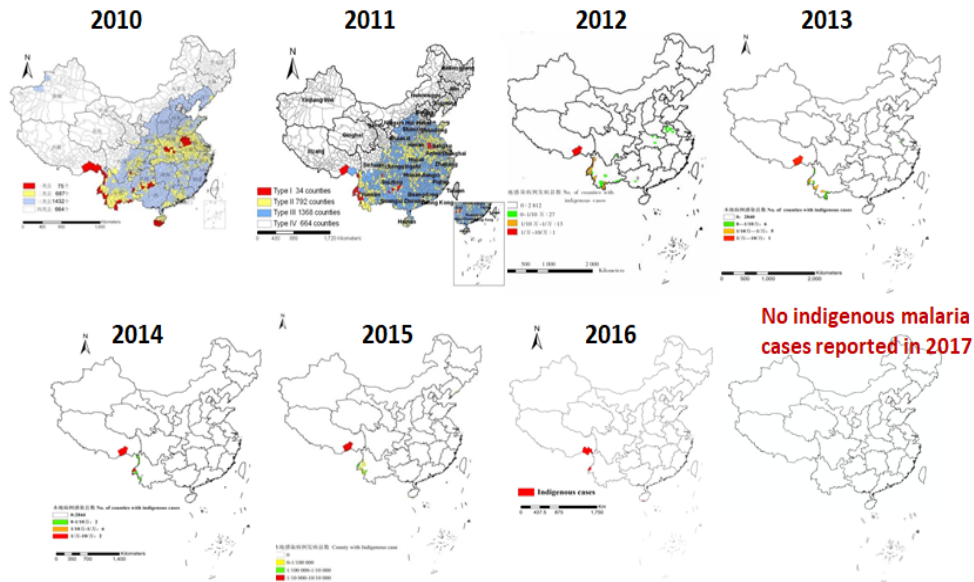




Malaria in China

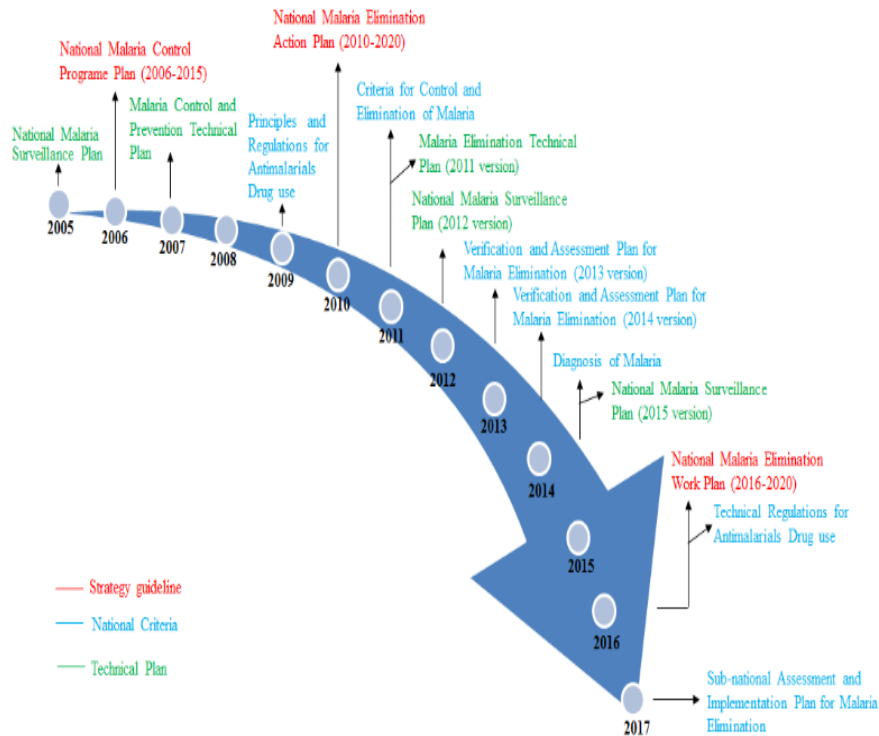


- In 1970, about 24 115 000 malaria cases were reported in China, with its incidence of 296.11 per 10 000;
- In 2010, about 1 0000 cases reported, its incidence was less than 1 per 10 000 in more than 95% of counties in the country
- In 2017, it was the first time without indigenous case reported in China



Reduction pattern of malaria cases after implementation of NMEP

Documents developed to guide the national malaria control and elimination programme, 2005–2017



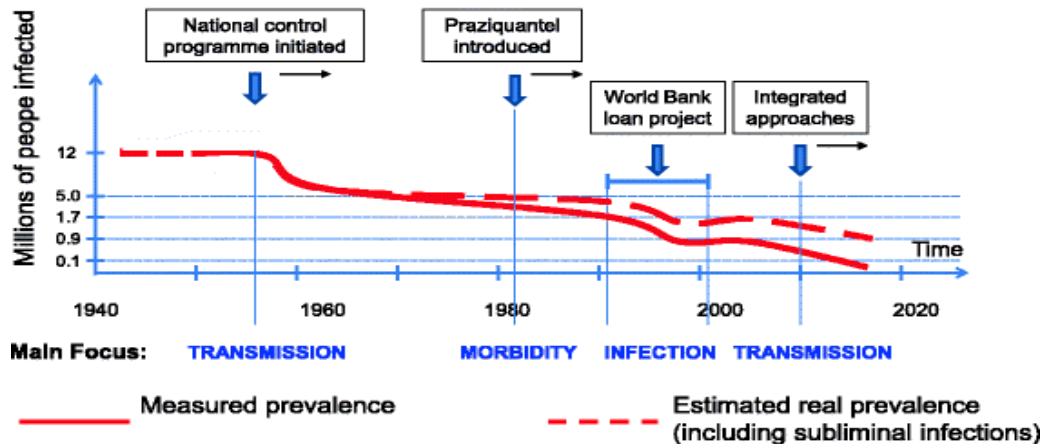


- ◆ Schistosomiasis japonica has been epidemic in P.R. China more than 2100 years
- ◆ It was estimated 11.6 million people were infected with *S. japonicum* in 1950s



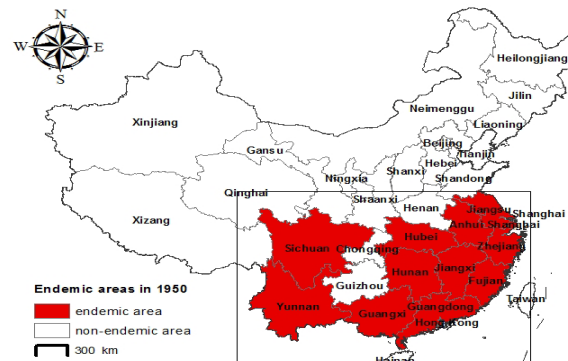


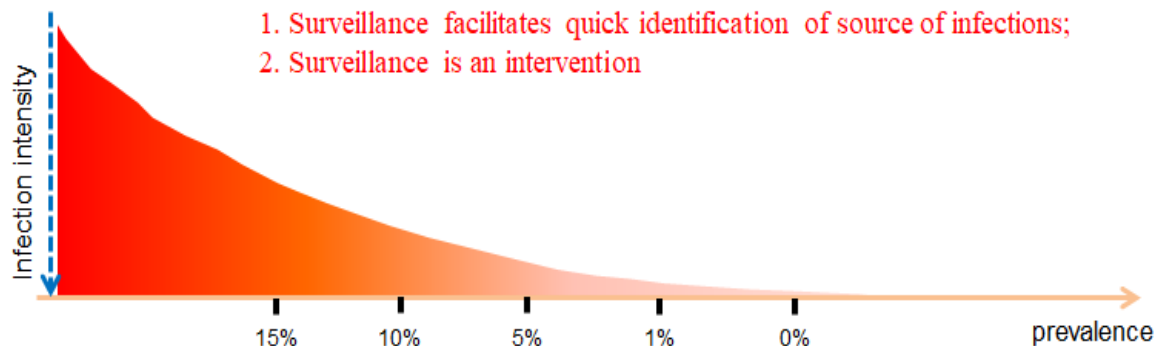
Schistosomiasis control in China: a changing strategy



Mile Stones (By end of 2014)

- ✦ The number of cases was decreased from 843 000 cases in 2004 to 115 000 in 2014, with its 86.4% of reduction rate;
- ✦ The infection rate of animals is reduced from 4.49% in 2004 to the 0.25% in 2015, with its reduction rate of 94.4%;
- ✦ Among 454 endemic counties, 98.9% of endemic counties has achieved the goal of transmission control or transmission interruption.





| Goals | Morbidity control | | Infection control | Transmission controlled | Transmission interrupted | Elimination |
|--------------|--------------------------|------------------------|-------------------|------------------------------|--------------------------|-------------|
| Chemotherapy | MDA | Selective chemotherapy | | Individual treatment | Stop treatment | |
| Diagnostics | Simple, cheap, sensitive | Super-sensitive | | Super-sensitive and specific | | |

In 2015, 24.28%(110/453) endemic counties controlled transmission
75.72%(340/453) counties interrupted transmission

Lessons from China

Panel: Lessons from 50 years of schistosomiasis control in China

Governmental policy

- Recognition of the public-health significance of schistosomiasis
- Political will and commitment to control schistosomiasis

Control strategy

- Use of multiple interventions in integrated way
- Adapt control interventions for specific eco-epidemiological settings and over time as the challenge of control changes

Implementation, monitoring, and surveillance

- Rigorous surveillance and monitoring of human and bovine prevalence and snail-infested areas

Updated control strategy



The NEW ENGLAND
JOURNAL of MEDICINE

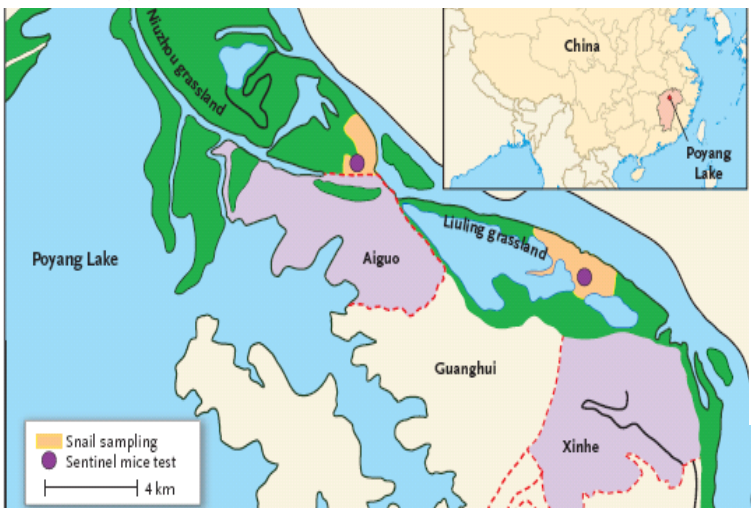


Figure 1. Location of Study Area in Jinxian and Xingzhi Counties, Jiangxi Province.

In China's Jiangxi Province, the grassland areas surrounding Poyang Lake are largely covered by water during the flooding season near the two control villages, Ximiao and Zhuxi (not shown), and the two intervention villages, Aiguo and Xinhé. Investigators sampled snail populations and studied the level of water infectivity (with the use of sentinel mice) in grassland areas in which *Schistosoma japonicum* infection is endemic.

The NEW ENGLAND JOURNAL of MEDICINE

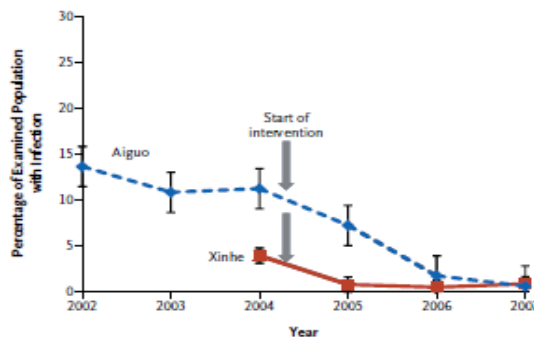
ORIGINAL ARTICLE

A Strategy to Control Transmission of *Schistosoma japonicum* in China

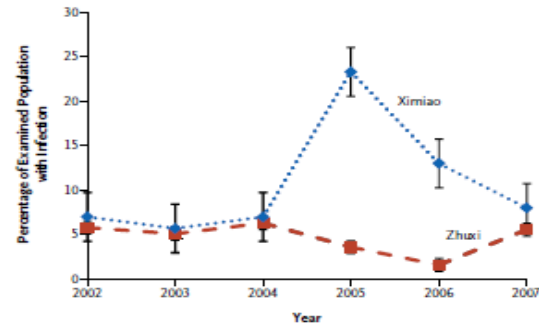
Long-De Wang, M.D., Hong-Gen Chen, Ph.D., Jia-Gang Guo, Ph.D., Xiao-Jun Zeng, M.D., Xian-Lin Hong, Ji-Jie Xiong, Xiao-Hua Wu, M.Sc., Xian-Hong Wang, Ph.D., Li-Ying Wang, Gang Xia, M.Sc., Yang Hao, M.Sc., Daniel P. Chin, M.D., and Xiao-Nong Zhou, Ph.D.

ABSTRACT

B Intervention Villages



A Control Villages





A



B



C



D



E

- A. Mechanization of agriculture.
- B. Fencing of pastures.
- C. Supplying tap water at home.
- D. Improving sanitation.
- E. Provision of acceptable on-board collection containers

Wang et al. TM&IH, 2009

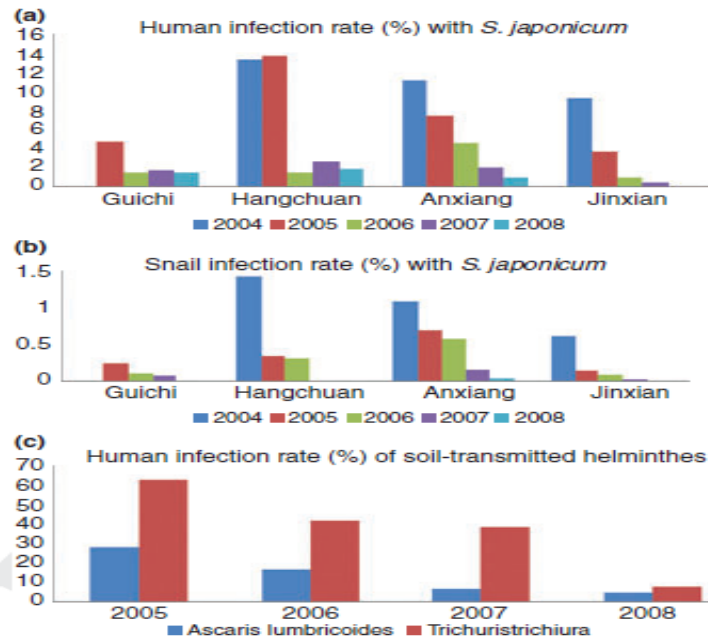
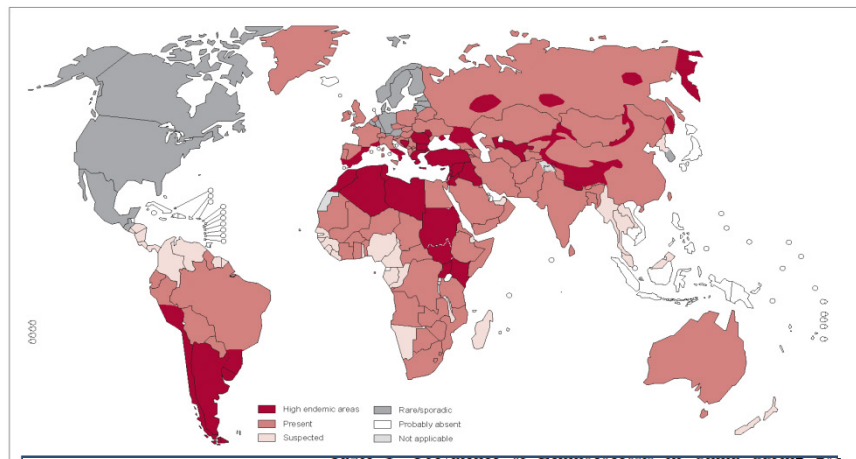


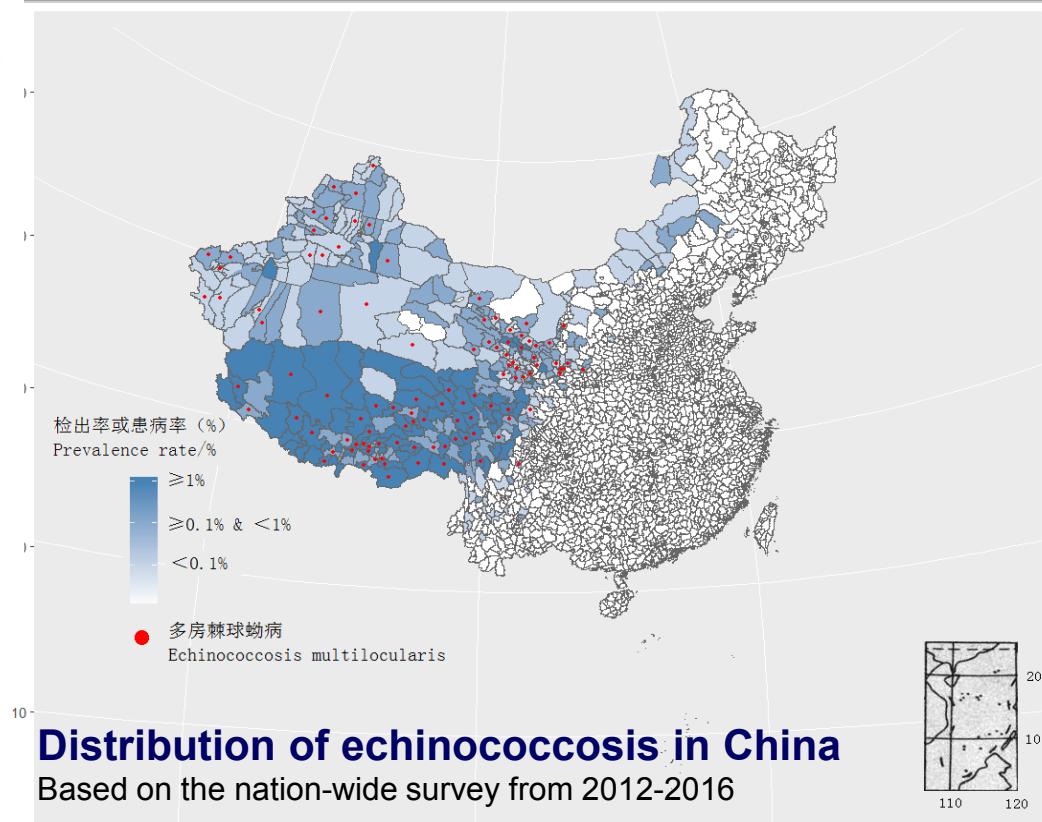
Figure 4 Effect of the revised integrated schistosomiasis control strategy in China on the prevalence of *Schistosoma japonicum* in humans (a), *S. japonicum* in intermediate host snails (b) and the soil-transmitted helminths *Ascaris lumbricoides* and *Trichuris trichiura* in humans (c).



Distribution of *Echinococcus granulosus* and cystic echinococcosis (hydatidosis), worldwide, 2011



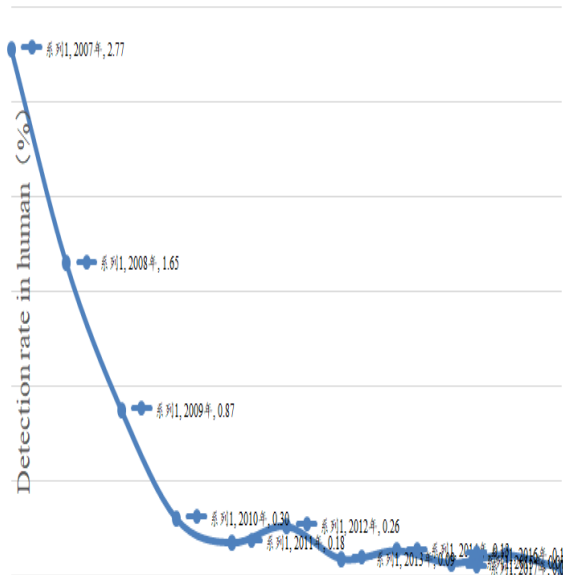
| 省 (自治区) Province (Autonomous Region) | 总县数 No. counties | 调查县数 No. counties surveyed | 确定流行县数 No. endemic counties | 多房棘球蚴病流行县数 No. AE endemic counties |
|---|---------------------|----------------------------------|-----------------------------------|--|
| 内蒙古 Inner Mongolia | 101 | 28 | 21 ^a | 0 |
| 四川 Sichuan | 180 | 39 | 35 | 10 |
| 云南 Yunnan | 129 | 28 | 24 | 0 |
| 西藏 Tibet | 74 | 74 | 74 | 47 |
| 陕西 Shaanxi | 108 | 2 | 2 | 0 |
| 甘肃 Gansu | 86 | 72 | 56 | 10 |
| 青海 Qinghai | 43 | 43 | 39 | 14 |
| 宁夏 Ningxia | 22 | 22 | 19 | 3 |
| 新疆 Xinjiang ^b | 108 | 105 | 94 | 31 |
| 合计 Total | 851 | 413 | 364 | 115 |



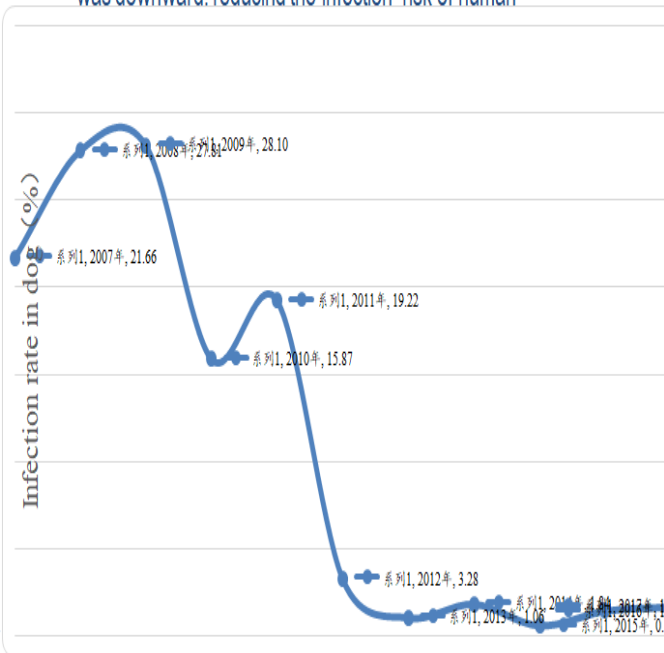
- The detection positive rate from the survey in Qing-Tibet plateau population is the highest (1.28%), while other regions is only 0.13%
- The detection positive rate is about 1.16%~1.71% in the three most serious provinces including Tibet, Qinghai and Sichuan



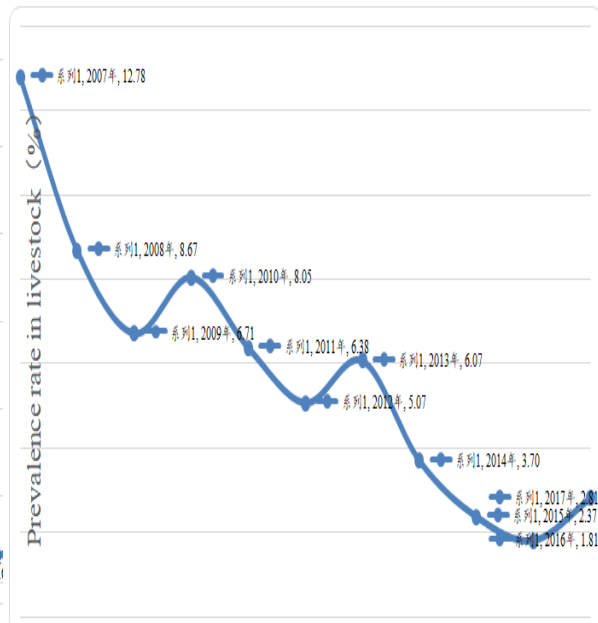
The detection rate of echinococcosis decreased year by year and patients received effective treatment

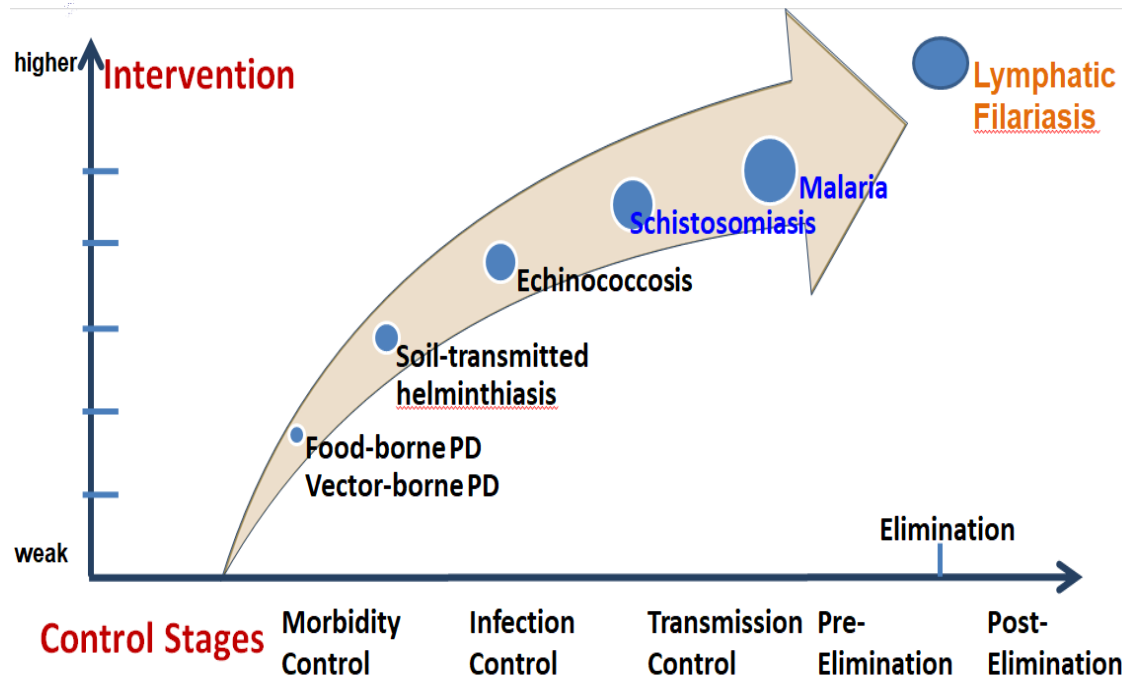


The dog infection rate occasionally rebounded, but the overall trend was downward, reducing the infection risk of human



The prevalence of intermediate host animals has shown a general downward trend, and the infection pressure for the end of host has gradually decreased.





- Malaria is going to be eliminated by 2020
- Schistosomiasis is going to be eliminated by 2025

Conclusion : Challenges on reestablishment of malaria cases in post-elimination due to imported malaria cases, difficulty to stop the schistosomiasis transmission in lake region affected mainly by flooding, difficulty to control echinococcosis transmission in Tibet region due to culture issue, and more hard work on other neglected tropic diseases

Targets in NTD, NCDs, mental health and behavioral interventions

| SDGs Targets | Healthy China 2030 |
|---|---|
| 3.4 By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being | <ul style="list-style-type: none"> • By 2020, premature mortality from NCDs reduced by 10% and 30% by 2030. By 2030, the health management of chronic diseases cover the entire population and the entire life cycle. • Increase the five-year survival rate for cancer victims by 15%. • Improve prevention and treatment of common mental disorders. |
| 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of Alcohol | <ul style="list-style-type: none"> • Strengthen health education for alcohol restriction, control excessive alcohol use and reduce alcohol abuse. • Strengthen harmful use of alcohol monitoring. |
| 3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate | <ul style="list-style-type: none"> • Comprehensively promote tobacco control and compliance, increase tobacco control efforts, and use price, taxation, and legal methods to improve the effectiveness of tobacco control. • By 2030, the smoking rate of people over the age of 15 will be reduced to 20%. |



Prevalence Trend

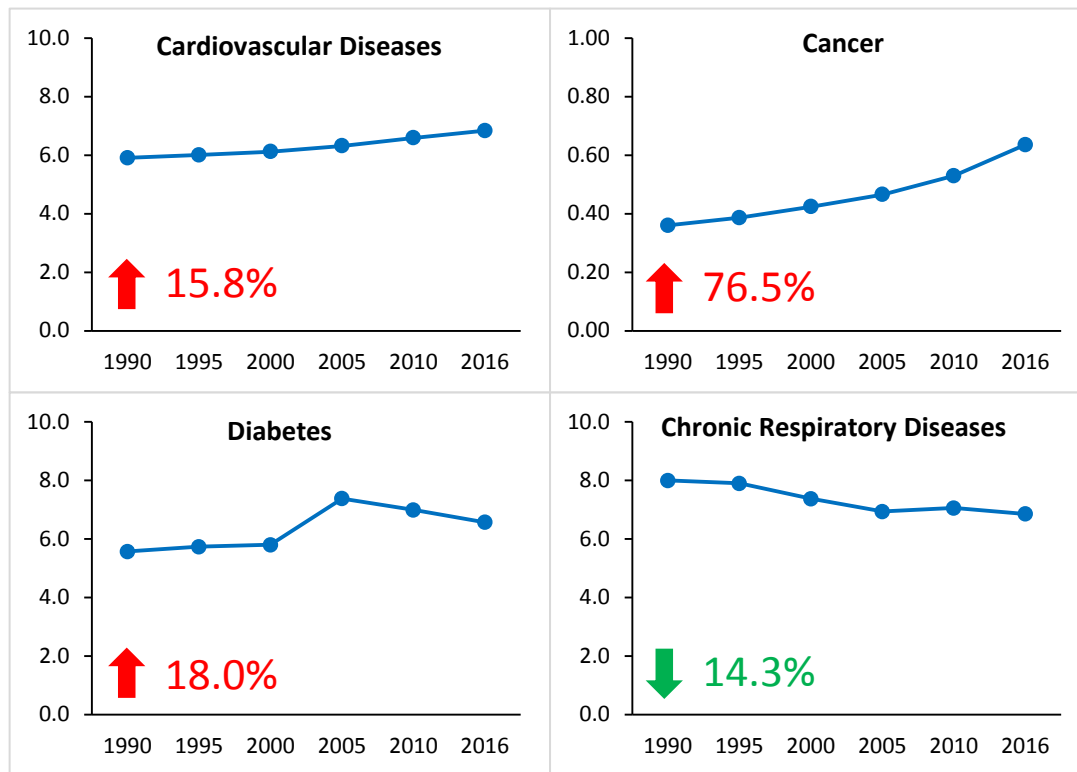
Cardiovascular Diseases: 290 million persons had cardiovascular disease (including hypertension) in 2017

Cancer: the incidence of malignant tumor was 278.1/100,000 in 2014

Diabetes: the prevalence was 9.7% in 2012 among persons 18 years old and above

Chronic respiratory diseases: the prevalence of COPD in 2015 was 8.6% among persons 20 years old and above

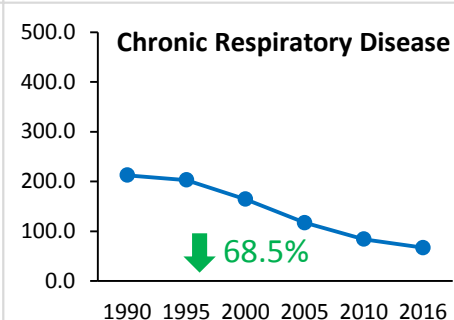
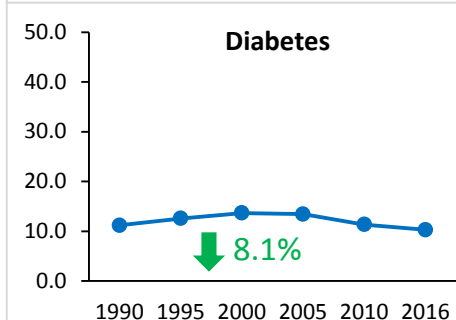
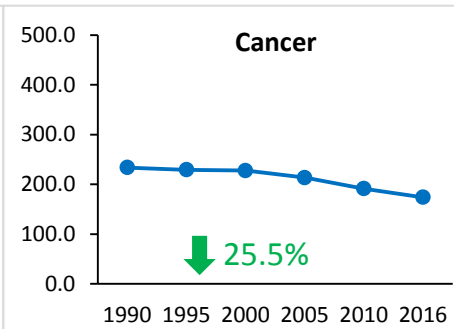
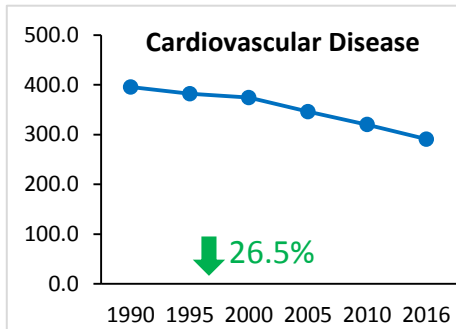
Age-standardized prevalence of four NCDs in China, 1990-2016





Mortality Trend

Age-standardized mortality of four NCDs in China, 1990-2016 (1/100,000)



Deaths due to NCDs

1973-1975

53.0%

2012

86.6%

Data source: China Nutrition and Non-Communicable Disease Report 2015

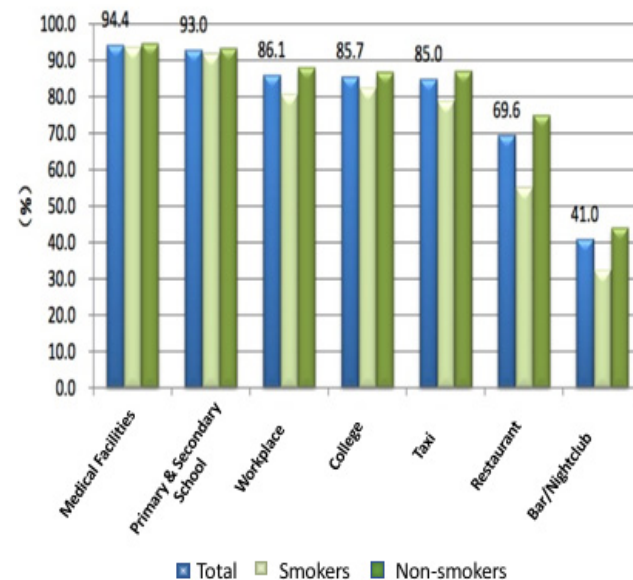
Data source: GBD 2016

Conclusion: the prevalence of four major NCDs has increased, mortality has been largely decreased, and burden of NCDs has increased rapidly.

Smoking

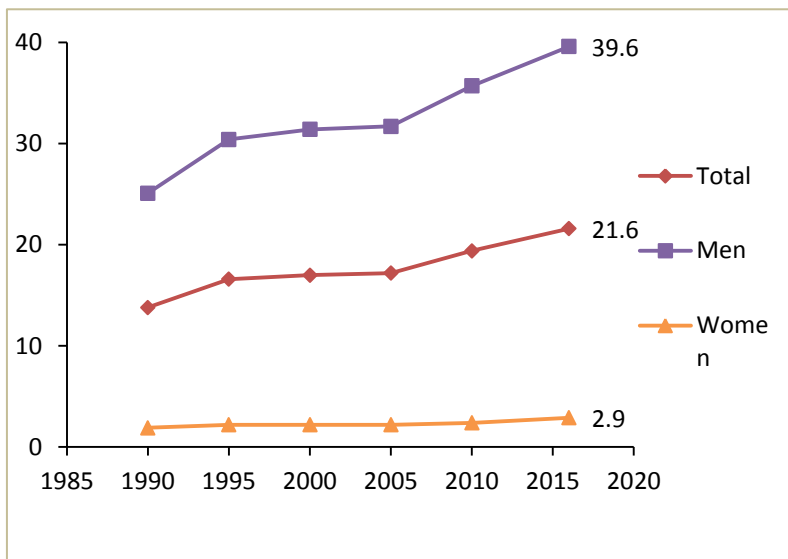
- Current smoking prevalence is 27.7% for persons aged 15 years (2.7% for women; 52.1% for men)
- Number of smokers increased from 3.01 million in 2010 to 3.16 million
- Average daily cigarette consumption increased by 1 cigarette from 2010
- Rate of observing smoking in public places dropped since 2010

Percentage of public places support smoking ban



Drinking

Average daily alcohol intake among drinkers aged ≥ 15 years, 1990-2016 (g)



Data source: GBD 2016

Prevalence of harmful drinking among current drinkers aged ≥ 18 years in China, 2007-2013

| 18 years | 2007 | 2013 |
|----------|------|--|
| Total | 3.3% | ↑ 8.8% |
| Women | 0.5% | ↑ 1.8% |
| Men | 6.1% | ↑ 10.7% |

Average daily alcohol consumption at least 41g for women and 61g for men

Data source: China's Chronic Disease and Risk Factor Surveillance Survey (2007, 2013)

Overweight/Obesity and Unhealthy Diets

Overweight and obesity rates in China, 2002-2012

| | Overweight | Obesity |
|------|-------------------|---------|
| | 18 years | |
| 2002 | 22.4% | 7.1% |
| 2012 | 30.1% | 11.9% |
| | 6-17 years | |
| 2002 | 4.5% | 2.1% |
| 2012 | 9.6% | 6.4% |

Data source: China Nutrition and Non-Communicable Disease Report (2015)

Salt and cooking oil intake in China, 2012

| 18 years | Salt | Cooking Oil |
|------------------------------|-------|-------------|
| Average daily intake in 2012 | 10.5g | 42.1g |
| Recommended level | 6g | 25-30g |

Recommended by the Dietary Guidelines for Chinese Residents (2016)
Data source: China Nutrition and Non-Communicable Disease Report (2015)

Hypertension

Prevalence of hypertension among persons aged ≥ 18 years in China, 2015

| 18 years | Total | Women | Men |
|------------|-------|-------|-------|
| Prevalence | 23.0% | 21.6% | 24.3% |

Data source: "Twelve Five-Year" Hypertension Survey

Prevalence of hypertension and awareness, control, and treatment of hypertension among persons aged ≥ 18 years in China, 2002-2015

| 18 years | Prevalence | Awareness | Control | Treatment |
|----------|------------|-----------|---------|-----------|
| 2002 | 18.8% | 30.2% | 24.6% | 6.1% |
| 2015 | 23.0% | 42.7% | 38.3% | 14.5% |

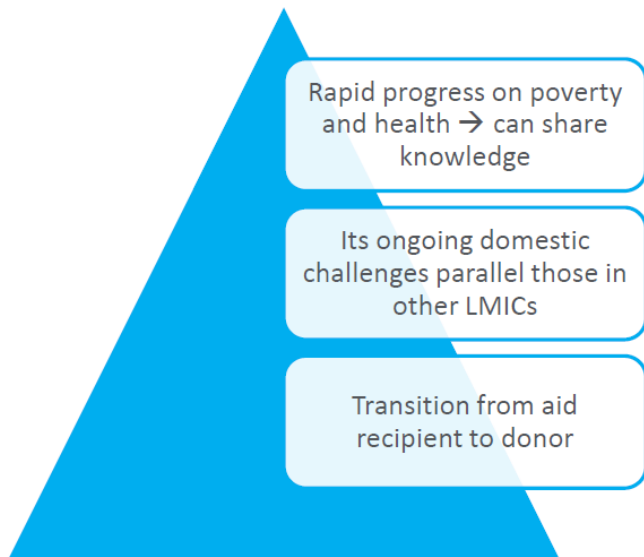
Data source: 2002 National Nutrition and Health Survey; "Twelve Five-Year" Hypertension Survey

Conclusion : NCD-related risk factors, such as smoking, harmful drinking, overweight and obesity, hypertension, and physical inactivity, are still prevalence among Chinese residents (especially men).



Strategy to achieve SDGs through Healthy China 2030

China's Unique Position in Global Health



Main drivers

- + Five principles of peaceful co-existence
- + Identity as developing country
- + MDG achievements
- + Domestic and global governance priorities

Convergence with UN reports

- + Poverty focus
- + Sustainable development
- + Shared responsibilities

Divergence from UN reports

- + No merger of MDGs and SDGs
- + Exclude political aspects
- + Exclude peace and security

◆ Becoming more and more flexible and ambitious



Target and pathway for health in China

核心目标 Key target

促进健康公平，提升国民整体健康水平

promote health equity, improve overall health status

基本思路

实施国民健康战略，完善卫生筹资和服务体系，调整服务模式，加快人力、技术基础能力提升，提高卫生系统宏观绩效

Implement national health strategy, improve health financial and provide system, adjust service delivery model, strengthen workforce and capacity, improve macro performance of the health system



Strategy to achieve SDGs from Healthy China 2030

□ 尽快制定并实施全面的健康中国战略

Implementing Health China Strategy

□ 深化医药卫生体制改革，重构卫生服务模式

Propel the health reform, restructure the health delivery model

□ 完善卫生筹资体系，提高筹资公平性和资金使用效率

Improve financial scheme, promote equity and improve efficiency

□ 全面加强卫生人才队伍及能力建设

Strengthen health workforce and enhance capacity building

□ 加快推进信息化建设，充分利用现代科技为健康服务

Expedite health informatization, promote hi-tech health services

Implementing Health China Strategy

即人人享有健康，一切为了健康
health for all, all for health

➤ 修订完善有关法律法规

Amendment of laws and regulations accordingly

➤ 将健康指标作为约束性指标纳入国民经济和社会发展规划

Integrate health index into the National Economic and Social Development Plans

➤ 各部门联合行动，将健康融入所有经济、社会政策中

Integrate health into all economic and social policies

➤ 全面评估各项重大政策措施对健康及健康公平性的影响

Assessment on health affects for all policies



Propel the health reform, restructure the health delivery model

- 尽快全面提升基层医疗机构服务能力，提高居民对基层服务的利用率

Enhance the capacity of grass root facilities and increase the utilization

- 全面加强专业公共卫生机构能力建设，加快推进公共卫生系统和医疗服务系统之间的协调配合

Enhance the capacity of public health institutions, improve the collaboration of public health institutions and hospitals

- 完善激励机制，鼓励医疗机构改变服务模式和工作重点

Right incentives to the hospitals for improving delivery models and intervention points

Improve financial scheme, promote equity and improve efficiency

- 公共卫生服务：要切实落实政府投入责任

Public health: enforce the government responsibility

- 医疗服务：要逐步实现“按能力缴费、按需要享受”的目标，确保健康公平

Medical services: promote health equity

- 完善制度设计，提升管理能力，提高公共资金使用效率

Improve the administration, optimizing the use of public funding

Strengthen health workforce and enhance capacity building

- 全面加强基层医疗人才队伍建设

Capacity building in grass root facilities

- 改革医学教育制度，培养标准化、均质化的医疗人才

Reform health education system, provide standardized high quality health professionals

- 全面培养卫生及相关学科人才

Strengthen health and related disciplines

Expedite health informatization, promote hi-tech health services

- 加强各部门间的协作、协调，加快实现信息互联互通

Strengthen collaborations and cooperation, improve information sharing

- 尽快提升对健康数据深入分析和综合利用的能力

Improve the capacity of data analysis and utilization

- 充分利用现代科技提升服务能力，增进健康和福祉

Advance the health technologies and innovations



Universal Health Coverage

- Control of Infectious Diseases
- Improving the management and services for whole life of population
- Promoting the equity in basic services of the public health

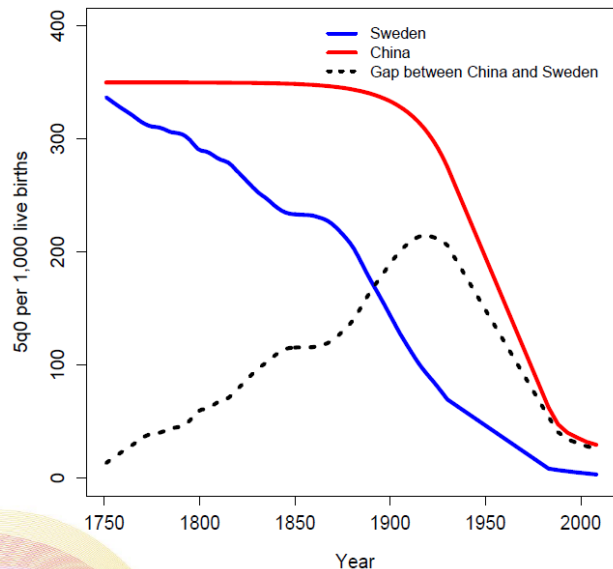


How to deliver at the national level?

1. Strengthening capacities and building effective institutions
2. Localizing Agenda
3. Participatory Monitoring and Accountability
4. Partnerships with civil society
5. Engaging with private sector
6. Culture and development

Two Centuries of Divergence; '4C Countries' Then Converged

Under-five mortality, China and Sweden, 1751-2008

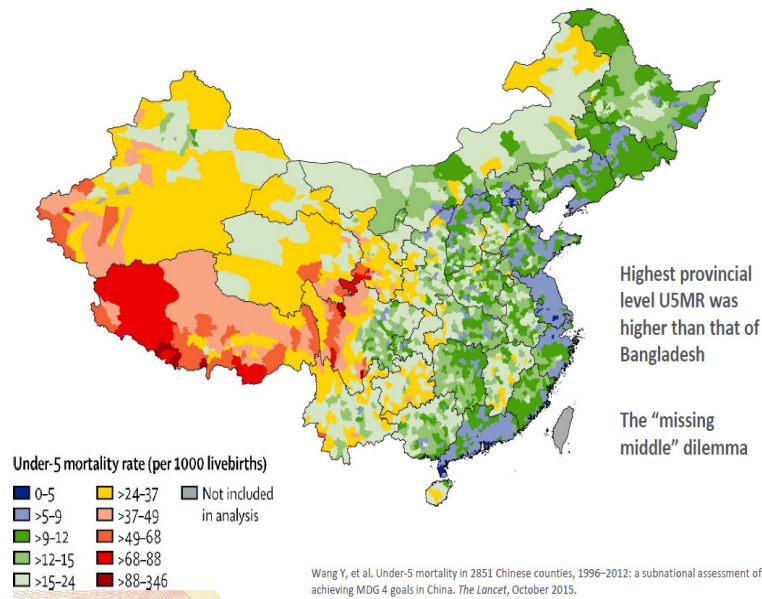




China Could Reach a “Second Convergence”

- **First convergence:** China's *national* child mortality rate [13 per 1000 live births in 2013] has converged with other high-performing nations; already below the SDG3 target
- **BUT:** national rate masks large variations between provinces
- **Second convergence could be reached:** Maternal and child mortality in *all provinces* converging with other high-performing nations

Under-5 Mortality Rate by County in China, 2012



Ways in Which China can Support Other Countries in Reaching Convergence

| GLOBAL FUNCTIONS | |
|--|---|
| Supplying global public goods (GPGs) | <ul style="list-style-type: none"> R&D of tools for diseases of poverty Implementation science Sharing of knowledge & intellectual property |
| Managing cross-border externalities | <ul style="list-style-type: none"> Outbreak preparedness & response Responses to antimicrobial resistance |
| Supporting global leadership & stewardship | <ul style="list-style-type: none"> Global health advocacy & priority setting |
| COUNTRY-SPECIFIC FUNCTIONS | |
| Providing direct support to LICs & MICs | <ul style="list-style-type: none"> ¥ to LICs to fund health tools/services (infections, RMNCH), including HSS Technical assistance on scale-up Support to selected MICs to eliminate malaria & combat drug-resistant TB & artemisinin resistance |

Chapter 26 in Healthy China 2030

Implementing the strategy for global health of China, promoting the international cooperation in the field of health.

Based on the current bi- and multi-lateral cooperation mechanism, innovate the cooperation means, strengthen the people to people's communication, promote the health cooperation along the "B&R" countries.

Strengthen south-south cooperation, including the China-Africa health cooperation, continually dispatch the medical teams to the developing countries, especially providing aid on the maternal and child health. Strengthen CTM cooperation and communication internationally.

With the advantages of strategic dialogue mechanism, put health into diplomatic agenda among big countries. Actively engage the global health governance, further improve our influences on formulation of the international norms, standards, guidelines, action plans, etc., in order to improve the influence on health and impact on the regulation formulation.

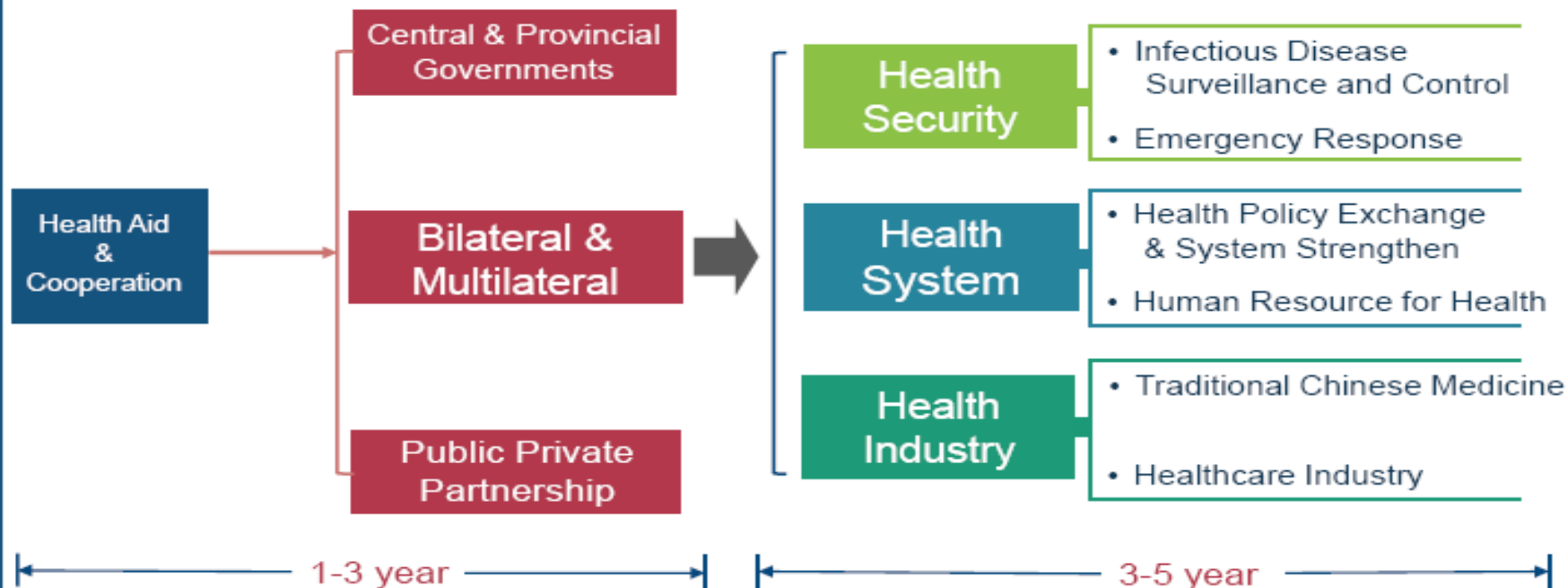
B & R Initiative and Global Health

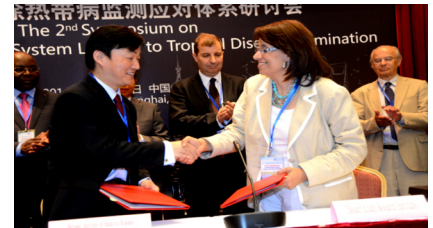
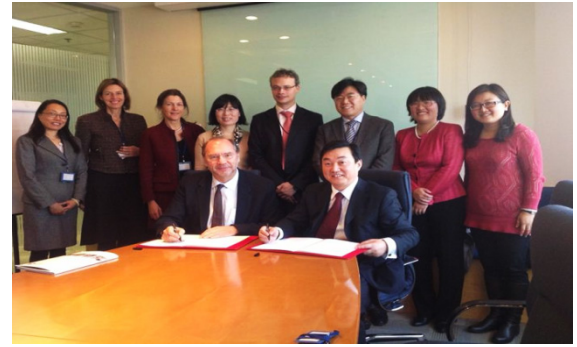


Global Health on the Silk Road-Belt

A **3-year (2015-2017) strategic plan** to promote health development and safeguard health security on the Silk Road-Belt.

by China's National Health and Family Planning Commission (NHFPC)

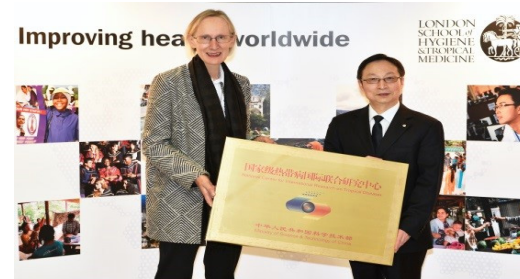
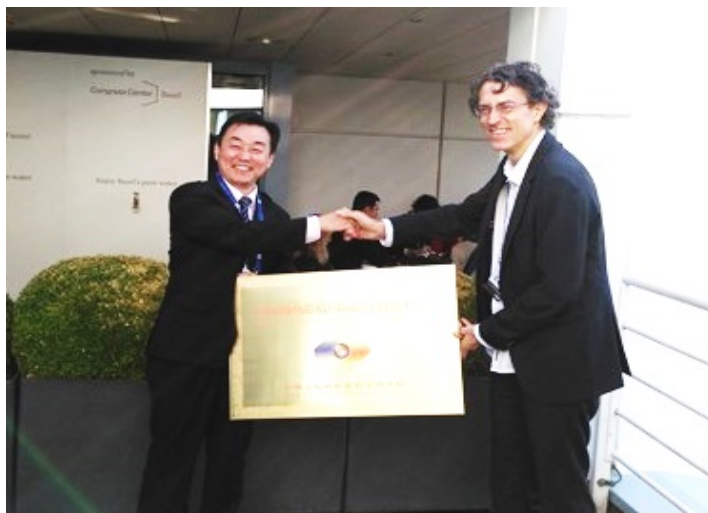
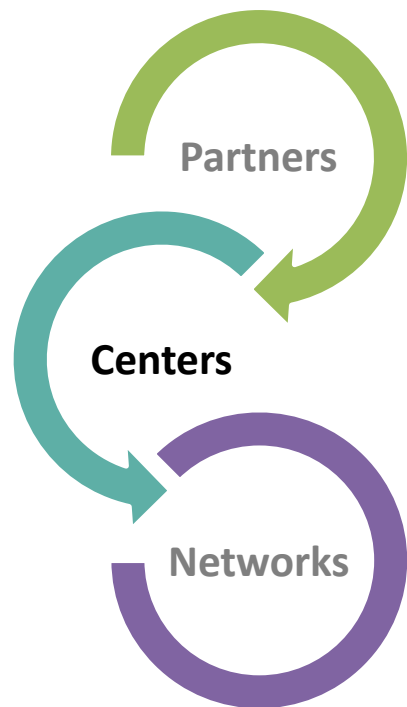






2 Centers:

- ❑ WHO Collaborating Centre for Tropical Diseases
- ❑ National Center for International Research on Tropical Diseases, Chinese Ministry of Science & Technology





Strategic Plan for Future Collaboration

Long-term goals: *In the context of the Belt and Road initiative,*

- To scale up the **demonstration area** on malaria & schistosomiasis control or elimination in **South-east Asia, Africa** and **Asian-Pacific region** to exchange the lesson learned in China.
- To explore more cooperation on echinococcosis & leishmaniasis control with partners from **Euro-Asia countries**
- To enhance the **information sharing, capacity building** based on the current cooperation network, to support regional and global malaria, schistosomiasis and other NTDs control or elimination programmes.

Four T priorities

- *Tailor Chinese experiences into local settings (Piloting)*
- *Transferring technology/tools into practices (R&D cooperation)*
- *Training local staff (Learning by doing)*
- *Treatment drugs/compounds applied in the field (Field trials)*



Three dimensions of GH engagement

Mechanism established



Methods applied



Technology Transformed





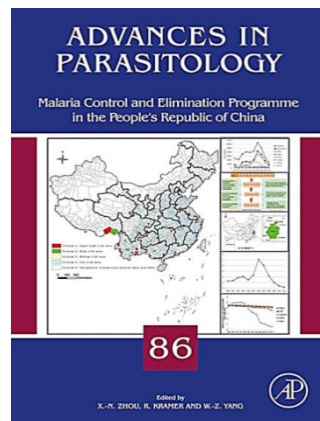
Acknowledgement

Thanks for your attention !



同一世界，共享健康

CCP 五周年专题专辑
为研究人类遗传和疾病相关的科学和医学平台，发展可以改善贫困人口健康水平的研究
和科学家的研究成果。
(请从二条均可直接搜索相关信息)



The Commission on Investing in Health

THE LANCET 

柳叶刀中文版

全球健康2035：
用一代人的时间实现全球趋同

Global health 2035:
a world converging within a generation

Some of data on NCD provided by Dr. Shenglan Tang, Duke Global Health Institute/Duke Kunshan University