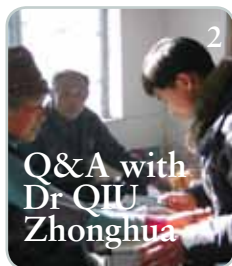


CHINA HEALTH FOCUS

News from the China International Center for Chronic Disease Prevention

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Q&A with
Dr QIU
Zhonghua



CPACS-3
launched in
China



NCD
Forum and
Health Policy
Roundtable

"MY FIRST INKING THAT THIS WASN'T GOING TO BE A ROUTINE VILLAGE VISIT WAS WHEN I NOTICED THAT OUR COACH HAD A POLICE ESCORT. BUT IT WAS THE DRUMMERS THAT MADE ME REALISE THAT THIS WAS SOMETHING VERY SPECIAL", SAID DR RICHARD SMITH IN HIS ONLINE BLOG AFTER RETURNING FROM HIS SIX-DAY STAY IN CHANGZHI.



LIFESEEDS TAKE ROOT IN RURAL CHINA

On 2 June, 2011, the Salt Reduction and Health Education Campaign of The China Rural Health Initiative (LifeSeeds) officially kicked off in Lianghu village. A group of 25 health and medical experts (including six foreign experts and experts from industry and other sectors) involved in LifeSeeds, visited Lianghu and witnessed the village's groundbreaking event. Everyone in the group was impressed by the hospitality of the villagers. On arrival of the coach, some 50 female drummers dressed in gold costumes lined both sides of the road leading into the village. The sound of the drums peaked as the group

marched forward and entered the village. Lianghu's 400 villagers gathered around with their warm welcome for those people who sponsor and work for the LifeSeeds project.

Among the festive decorations of the ceremony, posters educating villagers on salt reduction could be seen everywhere. A dance by a group of young girls officially launched the ceremony, and was followed by a speech from the village leader explaining LifeSeeds. The Lianghu Community Health Educator explained how everyone's health is harmed by high salt intake, he outlined the common foods that contain high salt levels and explained how they plan to reduce their salt consumption. Lianghu is a small village in the Shanxi province of Northern China. Like many other villages and towns in Northern China, it is common to use a significant amount of salt in everyday cooking. Unfortunately, this high salt diet is beginning to show a steady rise of hypertension and other cardiovascular diseases in these small communities.

The salt reduction campaign is the starting line in a marathon of pursuit of good health. LifeSeeds has planted the seed of good health in rural China, which will grow into longer, healthier lives for all.





Q&A WITH DR QIU ZHONGHUA: “I AM PROUD TO PARTICIPATE IN THE LIFESEEDS PROJECT”

Q: Dr Qiu, as a village doctor, what are the main obstacles of prevention and management of cardiovascular diseases?

A: I work in the clinic of Ping'an Village of Zhangwu County in Liaoning province. Zhangwu is one of the poorest counties in Liaoning. Due to many factors, such as the lack of medical resources and poor lifestyles, the prevalence of hypertension here is three times higher on average than the national level. I know quite well about the harm of high blood pressure and other cardiovascular diseases. High blood pressure is not only a health threat, but also an economic burden. Once people are attacked by a stroke or myocardial infarction, they need to be treated in a big hospital, which is often very costly. Therefore, many people choose to give up the treatment. I really want to help people and have tried in many different ways, but the results are unsatisfactory. The number of high blood pressure patients is increasing, which makes me feel very frustrated. Many people are not aware of the danger of high blood pressure. Prevention methods are often unknown or ignored, and people only take action when high blood pressure develops into severe cardiovascular diseases.

Q: What training have you received since joining the project?

A: I have attended four training sessions so far. The training sessions cover broad areas,

including protocol of the study, use of aspirin during recovery from coronary heart disease and stroke, pharmaceutical and non-pharmaceutical treatment for hypertension, and other aspects of managing chronic cardiovascular conditions. My work has improved by the training I have received. Clinical experts from county hospitals also provided guidance on the prevention and control of cardiovascular diseases. I think the training is very helpful and easy to master. Although it's very tiring to do the work well, I feel worthy when I see people change their lifestyles and improve their health. Subsequently, their blood pressure usually reduces by taking medicine with my instructions. I owe all these results to the training sessions that I have received in the project.

Q: How else do you benefit from the project?

A: I have improved my professional skills and developed a good relationship with many patients through follow-up visits. The villagers also trust me more now that I have had extended contact with them. On 6 December 2010, I was invited to give a speech representing more than 100 village doctors from five participating provinces at the project's official launch ceremony in Beijing. I was very motivated by this and I am determined to do my work well and report satisfactory results to the project's working group in Beijing, once the project has concluded in two years' time.

THE HISTORIC FIRST UN SUMMIT ON NCDs

THE WORLD HEALTH ORGANIZATION (WHO) ESTIMATES THAT NON-COMMUNICABLE DISEASES (NCD) WILL CLAIM 52 MILLION LIVES BY 2030 IF NO ACTION IS TAKEN. THE POTENTIAL FOR SIGNIFICANT ECONOMIC LOSSES IS GREAT, BOTH TO THE GOVERNMENT AND TO THE MILLIONS OF PEOPLE WHO WOULD BE IMPOVERISHED DUE TO THE EXPENSE OF TREATING CHRONIC DISEASES.

For the first time ever, the United Nations General Assembly will hold a non-communicable disease (NCD) summit on 19 - 20 September to address the threat posed by NCDs to low and middle-income countries.

Margaret Chan, Director General of the World Health Organization, said: "Without global goals or targets, this is not going to fly – what gets measured gets done." The China International Center for Chronic Disease Prevention, as part of the network of National Heart, Lung, and Blood Institute, UnitedHealth Group Global Health Initiative, has been working with researchers from within the network to outline what is needed for NCDs prevention and control.

The analysis article *Global Response to Non-Communicable Disease*, published in BMJ on June 30 2011, pointed out some of the reasons for the inadequate response to NCDs, the expected outcomes of UN summit and what still needs to be done. "The UN meeting will mark the 'end of the beginning, not the beginning of the end'," the authors state in the article.

CHINA LAUNCHES THE THIRD PHASE OF CLINICAL PATHWAY FOR ACUTE CORONARY SYNDROME PROJECT (CPACS-3)



With a goal of improving the ability of county-level care centers to diagnose and manage acute coronary syndrome, optimise patient treatment, and use evidence-based research in clinical practice, the Clinical Pathway for Acute Coronary Syndrome Phase 3 (CPACS-3) was officially launched on 28 July in Beijing. CPACS is a joint project of the Chinese Society of Cardiology and The George Institute for Global Health, China with the guidance and support of the Ministry of Health.

Acute coronary syndrome refers to a range of heart-related medical conditions following acute myocardial ischemia, or heart attacks. Characterised by the speed at which a person feels the heart attack and its high mortality rate, acute coronary syndrome as a form of heart disease has been recognised as the world's biggest killer by World Health Organization.

CPACS will use the world's most advanced techniques to analyse and evaluate clinical treatment for acute coronary syndrome and the balance between the costs and benefits of these treatments. The study is designed to inform the national health system guidelines by looking for ways to improve the quality of care, and to

understand its cost-effectiveness.

"In view of the recent promotion and application of clinical pathways in foreign countries, the Ministry of Health launched a pilot project in 2009 to draw on international experience to advance the quality of care in China's hospitals at all levels to save lives, relieve pain, and make our hospitals publicly trustworthy", said Director Jiao Yahui of Medical Administration of the Ministry of Health at the launching ceremony in Beijing. The Ministry of Health will continue to carry out this pilot project to further improve clinical treatment, care quality and ensure medical safety.

The Principal Investigator of the project, Dr Gao Runlin from the Chinese Society of Cardiology, also spoke highly of CPACS. "Professional training and stronger management are more in demand in remote, county-level hospitals with limited medical resources. This project will serve as a standard to help increase the physicians' capability of diagnosis and treatment, and thus benefit people in areas with scarce medical resources. This is also consistent with the strategic decision of 'strengthening grassroots capabilities' in the current healthcare

reform. The Society of Cardiology will provide a full-range of technical support for the CPACS project", said Dr Runlin.

At the meeting, the project's Co-Principal Investigator, Peking University Professor and The George Institute for Global Health, China, Executive Director Yangfeng Wu introduced the design and work plan of CPACS. "Although clinical pathways are being promoted at home and abroad, there is no adequate data on how well they work for our country at the moment. Controversies exist in other countries as well. To this end, the Ministry of Health has invited renowned experts from the United States, United Kingdom, Australia and other countries to comprehensively evaluate the performance of this project using the world's most advanced and rigorous tools. I believe this well-designed, properly implemented, and carefully evaluated project will play a critical role in regulating healthcare practice, improving care quality, and ensuring medical safety in regard to acute coronary syndrome in China", said Professor Wu.

The Clinical Pathway for Acute Coronary Syndrome (CPACS-3) project will be implemented in 96 low-resource county hospitals in 15 provinces.

THE THIRD ANNUAL FORUM AND THE HEALTH POLICY ROUNDTABLE 2011 HELD IN CHANGZHI

THE THIRD ANNUAL FORUM ON THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES AND THE HEALTH POLICY ROUNDTABLE 2011 WAS HELD IN CHANGZHI CITY, SHANXI PROVINCE ON 2-3 JUNE 2011 WITH THE FOCUS OF 'STRATEGIES FOR THE PREVENTION AND CONTROL OF CHRONIC DISEASES IN TRANSITIONAL SOCIETIES'.

China has entered a phase of rapid social and economic transition. Profound changes have taken place in economic, social and cultural structures of the society.

The George Institute for Global Health, China, with support from the Ministry of Health, Shanxi Provincial Bureau of Health and Changzhi Medical College, hosted the 3rd Annual Forum on the Prevention and Management of Chronic Disease and the Health Policy Roundtable in Changzhi City, Shanxi Province on 2-3 June, 2011.

Themed 'Strategies for the Prevention and Control of Chronic Diseases in Transitional Societies', the events aimed to better understand the opportunities and challenges brought by social transition to the development of health care, especially to chronic disease prevention and control. Chronic disease has become a leading health threat contributing to over 80 percent of deaths in China. The burden of chronic disease is projected to rise considerably over the coming decades.

The Forum was open to the public and media, with eminent Chinese and international experts invited to speak on the challenges and opportunities of chronic disease prevention and control in their countries. The speakers included: Professor Robyn Norton, the Principal Director of The George Institute for Global Health; Dr Richard Smith, the Program Director of UnitedHealth Chronic Disease Initiative and Dr Zhenglong Lei, the Vice

Director-General of Disease Control and Prevention, Ministry of Health.

The Roundtable was by invitation only. Around 30 participants including policy makers, academic experts, industry experts and opinion leaders contributed to the discussion. They shared views on the characteristics of the Chinese socioeconomic transition, the impact and opportunities on chronic disease prevention and control, major strategies for chronic disease prevention and control, and creative response to the challenges on the strength of domestic and international experiences. The discussions provided instructive suggestions and policy recommendations.

Over two days participants had the opportunity to meet key decision makers involved in the LifeSeeds project, as well as colleagues from the Ministry of Health, National Heart, Lung, and Blood Institute, UnitedHealth Group, Chinese Center for Disease Control and Prevention (China CDC), US Center for Disease Control,

Peking University, Duke University, Shanxi Provincial Bureau of Health, Changzhi City Government, and Changzhi Medical College.

Prior to the Forum and Health Policy Roundtable, the Center together with Changzhi Medical College held two days' training on proposal writing (by Ms Kelly Deal from Duke University), biomedical manuscript writing (by Dr Richard Smith, former editor in chief of *British Medical Journal* and Ms Jian Zhang who teaches courses in English biomedical writing in Peking University Health Science Center), and ethics (by Professors John Falletta and Jody Power from Duke University).

A highlight of the program was to visit participating villages in LifeSeeds program (www.georgeinstitute.org.cn) to see first-hand how it is being implemented at the village level.

To read more about these events and have access to the event presentations, please visit www.georgeinstitute.org.cn



THE CENTER'S FELLOWSHIP PROGRAM

THE CHINA INTERNATIONAL CENTER FOR CHRONIC DISEASE PREVENTION COLLABORATES WITH OTHER ORGANISATIONS IN VARIOUS WAYS, INCLUDING HOSTING VISITING FELLOWS. IN MAY-AUGUST 2011, THE CENTER HOSTED CHRISTOPHER LAM (RIGHT), A MASTER'S STUDENT MAJORING IN GLOBAL HEALTH FROM DUKE UNIVERSITY AS A VISITING FELLOW FOR THREE MONTHS.

During the fellowship program, Chris's primary focus was the China Salt Substitute Study – Tibet project and his major role was to assist and confirm statistical analyses for the different manuscripts. He was also devoted to writing and revising the project manuscripts for their final submissions. Later on, he became involved with a new pilot project called the SimCard Study which will include Tibet.

"This is my first experience living abroad for an extended period of time. I was excited of the challenges and new adventures that my internship at The George Institute would bring. Shortly after arriving, I had a chance to visit Shanxi province and participate in some really amazing capacity building and academic / policy forums, and still had a chance for sightseeing. I think these past three months have really whetted my appetite for a career in global health and I am looking forward to continuing to research in this area for my doctoral studies. I love the time in China and will start Mandarin lessons when I return to the United States, hoping to be more proficient in communication when coming back one day", said Chris.

Chris thought the largest challenge was adjusting to the hustle and bustle of a big city. He was astonished by the sheer size and population density in Beijing in the beginning, but after getting used to the urban setting, he quite enjoyed exploring Beijing using the great public transport system and his bike. The food in China is a big attraction to him as it's difficult to find freshly made noodles in the US. He said his weekends were quite occupied as there was a multitude of places to go and things to do in Beijing.

When asked what suggestions he would give to others who want to be a visiting fellow like him, Chris suggested: "Before coming make sure you have a GSM smart phone. I wish I had one, as without my Chinese mobile number I would be pretty lost in China, and having built in GPS and the ability to look up things would have been very helpful. I highly recommend finding a place near a subway station or bus stop and getting a subway pass (yi ka tong) as it makes beating the rush hour a lot easier."



FELLOWSHIP AND INTERNSHIP OPPORTUNITIES

Visiting Fellows, Scholars and Student Interns

Location: Beijing, China

As an international organisation with a strong local base, The George Institute for Global Health, China is well positioned to serve as host organisation to provide solid training for visiting fellows, visiting scholars and student interns interested in clinical, population, health system, and translational research. Our 3Ps (people, projects, and provisions) will ensure a satisfying and enriching training experience for our visiting scholars, fellows and student interns. For detailed information, please visit www.georgeinstitute.org.cn or contact CD-Center@georgeinstitute.org.cn.

FUNDING NEWS IN BRIEF

The China International Center for Chronic Disease Prevention, in collaboration with Tibet University and India New Delhi Centre of Excellence was awarded National Heart, Lung, and Blood Institute supplementary fund on 12 July 2011 to conduct the SIMPLIFIED CARDIOVASCULAR MANAGEMENT (SimCard) STUDY: A Cluster-Randomised Trial to Evaluate the Effects of a Simplified Cardiovascular Management Program in China and India.

The LifeSeeds received funding from US CDC for salt reduction arm, and also received funding from Medtronic Foundation to support the economic evaluation and from Bayer China for village doctor training.

THE FRIENDSHIP GAME

IN AUGUST, THE DUKE UNIVERSITY MEN'S BASKETBALL TEAM EMBARKED ON A TOUR OF FOUR EXHIBITION GAMES IN A 'FRIENDSHIP GAMES' SERIES WHICH INCLUDES THE CITIES OF SHANGHAI, KUNSHAN, BEIJING AND DUBAI.

On 21 August, the Duke University men's basketball team and the Chinese Olympic Team had a practice session inside the MasterCard Center where The Duke Global Health Institute, The George Institute for Global Health, China and some media outlets jointly organised a program to raise public awareness about adolescent obesity issues in China. More than 30 adolescent children came to the practice session to meet the players, get autographs, and take part in fun and informative activities with both teams.

The Duke University basketball team, coached by Mike Krzyzewski, also known as Coach K and coach of the 2008 USA Olympic champion basketball team, played an exhibition game on August 22 against the Chinese Olympic team at the MasterCard Center in Beijing. Prior to the game, The Duke Global Health Institute and The George Institute for Global Health, China jointly hosted a pre-game reception for local health and academic leaders and other stakeholders to promote and introduce the collaboration between the two Institutes. The collaboration between The George Institute for Global Health, China and Duke University is tackling a range of health issues throughout China, such as cardiovascular diseases in rural areas.



HOST ORGANISATION:

The George Institute for Global Health, China

INTERNATIONAL PARTNER INSTITUTIONS:

Duke University, USA

The George Institute for Global Health, Australia

The University of Sydney, Australia

The University of Queensland, Australia

Imperial College London, United Kingdom

CHINESE PARTNER INSTITUTIONS (listed alphabetically by location):

Peking University Health Science Center, Beijing

Hebei Provincial Center for Disease Control and Prevention, Hebei

The China Medical University, Liaoning

Ningxia Medical University, Ningxia

Xi'an Jiaotong University, Shaanxi

Changzhi Medical College, Shanxi

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