



CHINA-WHO

Country Cooperation Strategy 2022–2026

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ABBREVIATIONS

APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
BRICS	Brazil, Russia, India, China and South Africa
CCS	country cooperation strategy
CELAC	Community of Latin American and Caribbean States
CPSM	Center for Project Supervision and Management
EUL	Emergency Use Listing
FOCAC	Forum on China-African Cooperation
GDP	gross domestic product
GPW 13	Thirteenth General Programme of Work
NCD	noncommunicable disease
NHC	National Health Commission
PM_{2.5}	fine particulate matter
SDG	Sustainable Development Goal
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

EXECUTIVE SUMMARY

The World Health Organization (WHO) country cooperation strategy (CCS) is a strategic framework to guide the Organization's work in and with a given Member State. It includes an analysis of the country's health situation, a review of the current collaboration between the country and WHO, and an overview of strategic objectives for future cooperation. It reflects the country's national health and development agenda and identifies a set of agreed joint priorities for WHO collaboration.

In 2021, WHO and the National Health Commission (NHC) jointly reviewed the implementation of the *China-WHO Country Cooperation Strategy 2016–2020* as the foundation to prepare for a new CCS for cooperation between 2022 and 2026.

In the coming years, cooperation between China and WHO will have a vital influence on the health and well-being of 1.4 billion Chinese people and beyond. The *China-WHO Country Cooperation Strategy 2022–2026* has two distinctive and interlinked dimensions – domestic and global – that reflect where China stands in its national development and global roles. These dimensions are used in this document as the basis for analysing the context, presenting achievements and challenges, and defining future priorities. Domestically, China has embarked on an ambitious national development journey. Globally, China is committed to the international development agendas set forth by the United Nations and WHO.

The CCS 2022–2026 is being adopted at a time when China is undergoing three major transitions – economic transition, health system transition and global health transition. Those transitions press for a transformation in the cooperation between WHO and China in the coming years.

This CCS aims to strengthen and guide cooperation between the Government of China and WHO on mutually agreed strategic objectives to achieve health in China and contribute to health improvement for all people in the Western Pacific Region and beyond.

Strategic objectives

STRATEGIC OBJECTIVE 1: Promote the implementation of Healthy China 2030 and the achievement of universal health coverage

- **Priority area 1.1** Promoting the development of a resilient and equitable health service delivery system and sustainable health financing mechanism
- **Priority area 1.2** Promoting and realizing programmes on noncommunicable diseases (NCDs) and healthy ageing
- **Priority area 1.3** Strengthening the public health system and improving health security
- **Priority area 1.4** Promoting health beyond the health sector and improving health equity

STRATEGIC OBJECTIVE 2: Work together to promote global health and build a global community of health for all

- **Priority area 2.1** Strengthening global health partnerships and contributing to achieving the SDGs
- **Priority area 2.2** Providing global public goods for health and enhancing the capacity for global health cooperation and governance

The partnership between China and WHO will undoubtedly evolve in the coming years to fit the changing global, regional and domestic contexts for a healthier and safer world. This CCS envisages new ways of working and collaboration at operational and strategic levels to be explored that ultimately benefit global common goods.

Regular monitoring of CCS implementation will be carried out to ensure full alignment with the strategic objectives. Evaluation of CCS implementation will be conducted to examine the extent to which the strategic objectives are achieved. The progress and lessons learnt from the monitoring and evaluation of the CCS may be shared with Member States and partners.



1. Introduction

The World Health Organization (WHO) country cooperation strategy (CCS) is a strategic framework to guide the Organization's work in and with a given Member State. It reflects the country's national health and development agenda and identifies a set of agreed joint priorities for WHO collaboration, focused on those areas where the Organization has a comparative advantage to ensure public health impact.

In 2021, WHO and the National Health Commission (NHC) jointly reviewed the implementation of the *China-WHO Country Cooperation Strategy 2016–2020* and began work to create a new CCS for cooperation between 2022 and 2026. This new strategy includes an overview of the socioeconomic development context, an analysis of the country's health situation, a review of the current collaboration between the country and WHO, and an overview of strategic objectives for future cooperation.

1.1 Goal

This document aims to strengthen and guide cooperation between the Government of China and WHO. It lays down mutually agreed strategic objectives and priority areas to achieve health in China and contribute to health improvement for all people in the Western Pacific Region and beyond.

In the coming years, cooperation between China and WHO will have a vital influence on the health and well-being of 1.4 billion Chinese people, thus directly moving the needle on global health indicators. Through sheer numbers alone, the health achievements in China have the potential to make or break the Sustainable Development Goals (SDGs) globally.

This same period will witness China's growing involvement in global development. While still a developing country, China has a strong South-South cooperation foundation

and an ever-increasing presence in global health cooperation. Thus, the *China-WHO Country Cooperation Strategy 2022–2026* has two dimensions: domestic and global. These dimensions are used in this document as the basis for analysing the context, for describing achievements and challenges, and for defining future priorities.

The CCS 2022–2026 is being adopted at a time when China is undergoing three major transitions, which will continue at an accelerated pace.

- **Economic transition** – China is transitioning from an economic model that prioritizes rapid growth to a more balanced, higher-quality development model that is innovative, coordinated, green, open and equitable for all.
- **Health system transition** – China is moving towards universal health coverage (UHC) and attainment of the *Healthy China 2030* objectives, building a people-centred integrated care service model with primary health care as the foundation and prevention as the principle.
- **Global health transition** – China is highly committed to strengthening its partnership with WHO, moving from a partnership centred on technical support to one focused more on different levels of policy dialogue, global exchange and systems design and reform.

1.2 A shared vision of health and well-being for all

The CCS 2022–2026 is being adopted in the context of converging visions:

- On the one hand, China has embarked on an ambitious national development journey with a long-term vision of common prosperity and a shared future for all people.
- On the other hand, China is committed to the international development agendas set forth by the United Nations (UN) and WHO at the global and regional levels.

National vision

China's long-term vision is encoded in the *Outline of the Healthy China 2030 Plan* (October 2016), the *Healthy China Action Plan (2019–2030)*, the *Outline of the 14th Five-Year Plan for National Economic and Social Development and the Long-Range Objectives through the Year 2035*, and the *14th Five-Year National Health Plan*. Furthermore, China is developing international development strategies under the Belt and Road Initiative (2013) and the Global Development Initiative (2021). WHO and China have signed a memorandum of understanding for cooperation on the Health Silk Road and a letter of intent on China–Africa health cooperation.

Global vision

The *2030 Agenda for Sustainable Development* and its 17 SDGs lay down a vision for universal development and well-being. In China, the *United Nations Sustainable Development Cooperation Framework (2021–2025)*, with its strategic priorities of people and prosperity, planet and partnerships, translates the 2030 Agenda into a broad framework encompassing all UN agencies based in China. This CCS complements the UN Framework by delving deeper into the specific implications of the 2030 Agenda for China-WHO cooperation, centred on SDG 3, “ensuring healthy lives and promoting well-being for all at all ages”, but also considering the health impacts of cooperation across all the other goals.

The *Thirteenth General Programme of Work* (GPW 13) defines WHO’s five-year strategy for 2019–2023 (extended to 2025). It focuses on the Triple Billion targets of one billion more people benefiting from universal health coverage (UHC), one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being. GPW 13 has five organizational priorities:

- Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.
- Support a radical reorientation of health systems towards primary health care as the foundation of UHC.
- Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels.
- Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities.
- Urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.

Regional vision: *For the Future*

In pursuit of China’s health and development goals, the SDGs and the Triple Billion targets, WHO and China share the *For the Future* vision of making the Western Pacific the world’s healthiest and safest region. This regional vision is founded on four thematic priorities and seven operational shifts, as illustrated in Fig. 1.

Fig. 1. Thematic priorities and operational shifts

Source: *For the Future: Towards the Healthiest and Safest Region*. Manila: WHO Regional Office for the Western Pacific; 2020.

1.3 Process

The process of renewing the China-WHO CCS included a systematic review of achievements made during the time frame of the previous CCS (2016–2020); a desk review of available documents and literature; consultations with relevant departments of the NHC, national health-related stakeholders, development sectors and technical institutions; and interviews with key sources. The CCS has also been informed by consultations with the three levels of WHO and with UN partners in the country.

The situation analysis was done by consultants in coordination with the Center for Project Supervision and Management, National Health Commission (CPSM) and with support from WHO and NHC. Materials collected and used included a review of CCS 2016–2020, GPW 13, *For the Future* and other related WHO publications, Chinese Government documents on health reform, the Healthy China 2030 Outline and Action Plan, health-related strategic priorities and the 13th and 14th Five-Year Plans, technical reports of health and relevant non-health sectors, and the UN Sustainable Development Cooperation Framework. A wide search of published literature on health status, disease burden and risk factors, health reform, insurance, financing and health system development was also conducted.

Consultations were held with key departments and the attached technical institutions of the NHC, the Ministry of Foreign Affairs, the Ministry of Finance, the China International Development Cooperation Agency, the National Healthcare Security Administration, the National Medical Products Administration, the National Bureau of Disease Control and Prevention, and key sources from academic institutes, non-health sectors, health associations and experts in related fields.



2. Context

2.1 The pandemic

The COVID-19 pandemic has shaken some of the standard assumptions that a country's wealth will secure its health. Leadership and competence have counted more than cash in pandemic responses. Many of the best examples of decisive leadership have come from governments and communities in more resource-constrained settings. There is a clear opportunity to build a future beyond the pandemic that draws on the wellsprings of wisdom from every part of the world. (1)

This CCS was developed during the COVID-19 pandemic, a global emergency with substantial impacts on social and economic development in all countries, posing significant challenges to health systems and health security in the world.

The pandemic has put the world's population in grave danger and exposed deep inequalities. Divisions and inequalities within and between countries have been exacerbated. The impact has been severe for vulnerable and disadvantaged populations. By the end of March 2022, more than 480 million confirmed COVID-19 cases and more than 6 million deaths had been reported globally. The pandemic has been "the worst combined health and socioeconomic crisis in living memory, and a catastrophe at every level" (1).

In China, globally minimal rates of incidence and mortality from COVID-19 have been observed. This came about from a combination of strong political leadership; stringent, evolving and coordinated public health measures; the adoption of whole-of-government and whole-of-society approaches; and research, development and innovation. These achievements entailed major social and economic sacrifices made in the interest of preserving life and health. The lessons identified from the pandemic have triggered further reforms to strengthen the public health system and promoted a greater understanding of the role of health in national development and security.

They also shed new light on China's role in global health. In the fight against COVID-19, China provided materials to support pandemic responses to more than 160 countries and international agencies and supplied more than 2 billion doses of COVID-19 vaccines to more than 120 countries and international agencies by 2021 (2).

2.2 Social and economic transition

After more than four decades of development since China began reforming and opening up, the country has delivered against its historical goal of building a moderately prosperous society in all respects. China's gross domestic product (GDP) expanded to US\$ 14.7 trillion in 2020, making it one of the few major economies to achieve growth in that year (3). By 2020, 63.9% of the country's population were living in urban areas, up from 49.7% in 2010 (4). Over the past eight years, China lifted nearly 100 million rural residents out of extreme poverty (5). Basic social insurance provided protection to nearly 1 billion people, and the basic health insurance schemes in China covered more than 1.3 billion people by 2020 (6).

However, China still faces a complex and difficult macroeconomic environment. The demographic dividend has gradually vanished in the face of accelerated population ageing and a high burden of noncommunicable diseases (NCDs). As it embarks on its goal to build a modern country by the mid-21st century, China's current development vision calls for a shift from the pursuit of rapid growth to high-quality and sustainable development, including bridging internal development gaps between urban and rural areas and regional disparities, as well as increasing people's individual well-being, as highlighted in the 14th Five-Year Plan and Vision 2035. Going forward, China must effectively manage this transition if it is to reach its own ambitious development goals, an achievement crucial for China's well-being as well as that of the rest of the world.

2.3 Health in transition

2.3.1. Major health achievements

China's performance in terms of health outcomes has been impressive. There has been a sustained increase in life expectancy at birth, from 71.4 years (69.6 for males and 73.3 for females) in 2000 to 78.2 years in 2021 (7). The maternal mortality rate, infant mortality rate and under-5 mortality rate were all further reduced during 2016–2020 (8,9). Due to China's national immunization programme, targeted infectious

diseases are under control. With decades of joint efforts, China successfully eliminated malaria and was certified by WHO as malaria-free in 2021 (10).

Major health policy development to set out clear priorities and targets has been observed in this period. The Government of China launched the *Outline of the Healthy China 2030 Plan* in October 2016 (11). In 2019, the State Council issued the *Healthy China Action Plan (2019–2030)* (12), and in May 2022, the State Council issued a *Circular on the 14th Five-Year National Health Plan* (13). The Law on Basic Medical Care and Health Promotion came into force on 1 June 2020. These documents reaffirmed the Government's commitment to health as a public good and investment and set the targets and road map for further improvements to health and well-being in line with SDG 3.

2.3.2. Health equity in China

Through bold policy efforts, targeted programmes and substantial public investment, gaps in health status among population groups have been substantially narrowed. These policies and programmes include the *Western Development Strategy*, poverty reduction programmes, the basic package of public health services, and tax-free policies and fiscal transfer from the central Government to resource-poor counties and provinces.

However, health disparities remain, particularly between urban and rural areas and among provinces. For example, in 2018 the maternal mortality rate was 15.5 per 100 000 live births in urban areas and 19.9 per 100 000 live births in rural areas (14). The infant mortality rate and under-5 mortality rate show the same differential results.

Gender equity in health remains a touchpoint for all social and economic policy-making. Women suffer more ill health than men. Although on average they live longer lives than men, they suffer more from chronic and long-term conditions, bear the brunt of sexual and reproductive health issues, domestic violence and mental health issues, and disproportionately shoulder the formal and informal care burden. Population policy changes, including the Three Child Policy, put more demands on families, particularly women. There is also a life expectancy differential between women and men, with men enjoying fewer healthy life years because of preventable conditions and behaviours such as tobacco and alcohol use.

2.3.3. Changing health landscape

Along with rapid urbanization, China faces an ever-increasing burden of NCDs and population ageing. By 2035, 20.7% of the Chinese population will be aged 65 years or older (ranking 44th globally); by 2050, this rate will reach 26.1% (ranking 33rd globally), equivalent to the average level of developed countries (26.9%) (15). Meanwhile, the natural population increase rate fell by nearly 50% between 2000 and 2018, from 7.58% to 3.81% (16). This ageing trend has profound and far-reaching social and economic implications and poses new challenges for the delivery of effective health care.

Changes in health behaviours, an ageing population and environmental degradation have resulted in a shift towards greater prevalence of NCDs, which accounted for 89% of the total deaths and 85% of the burden of disease in China (17,18).

In China, an estimated 270 million people have hypertension, and only a small fraction, 40 million, have their condition under control (19). The estimated number of people with diabetes is about 120 million, and of these, only 12.5 million have their glycaemia under control (20). Every year, more than 2 million NCD-related deaths in China are attributable to hypertension and diabetes (21). Each year 4.06 million people are newly diagnosed with cancer, and 2.61 million people die from the disease (22). Smoking-related diseases kill 1.77 million people prematurely every year in China, mostly men (23).

Behavioural risk factors for NCDs remain prevalent, and some are on the rise. A closer look at just a few of these factors provides insights into the challenges the health system faces in delivering high-quality prevention and treatment services to address these health burdens in China:

- A survey in 2018 showed that 307.6 million Chinese smoke. Smoking prevalence among people 15 years and older was 26.6%, with a marginal decline between 2010 and 2015 and a striking gender gap in smoking rates (24).
- Current estimates put the global mean intake of salt around nine to 12 grams per day, compared to the WHO-recommended level of less than 5 grams per day, “to reduce blood pressure and the risk of coronary heart disease and stroke” (25).
- National surveillance results in 2018 revealed a rate of harmful alcohol use of 8.6% among people over 18 years of age (18). The WHO *Global Status Report on Alcohol and Health 2018* indicated that alcohol per capita consumption in China increased from 4.1 litres in 2005 to 7.2 litres in 2016 (26).

- About 78% of Chinese residents over the age of 18 never exercise (18). The adult overweight and obesity rate reached 50.7% in 2018 and has been rising for the past decade. Nearly 20% of Chinese children and adolescents aged 6–17 years were overweight and obese (22).
- Road traffic injuries are the second leading cause of death in China for people aged 1–14 years and the leading cause of death for people aged 15–44 (27). Among WHO’s legislative recommendations to protect the most vulnerable road users towards achieving SDG 3.6, China has yet to mandate the use of child restraints and e-bike helmets.

As a result of strong political commitment and policy measures, China has made progress in the control of environmental pollution. The annual average concentration of fine particulate matter (PM_{2.5}) in Chinese cities declined by 34.8% between 2015 and 2021 (28). But China has a long way to go considering air pollution will cause about 2 million premature deaths each year, according to WHO estimates (29).

There is mounting evidence that climate change has directly and indirectly affected human health in China. China’s recent commitments on climate change drive progress towards achieving the goals of the Paris Agreement, but much remains to be done to address the long-term and transnational effects of climate change.

At the same time, while communicable diseases now comprise a lower proportion of the total disease burden, critical public health issues remain, such as viral hepatitis B and C, tuberculosis (TB), HIV/AIDS and outbreaks of emerging infectious diseases.

China is also the biggest producer and consumer of antimicrobial agents (30). Antimicrobial resistance is an increasingly serious threat to global public health.

The changing health landscape is consistent with trends in other upper-middle-income countries, but China’s sheer size adds a very distinct characteristic or challenge. Improving health by a few percentage points in China can make all the difference to the attainment of SDG 3, among others.

2.4 Health system in transition

In 2009, China launched ambitious health system reform that has led to remarkable achievements, including increased use of health services and reduced out-of-pocket spending on health. Remarkably, out-of-pocket payments as a percentage of total health expenditure fell from 55.9% in 2003 (31) to 27.7% in 2021 (32). Furthermore, China has strengthened the national public health programme, ensuring a basic public health services package that includes population-wide preventive interventions and targeted services for women, children and older people, and it has achieved near-universal health insurance coverage with a gradually expanded benefits package. These achievements are advancing UHC and have contributed to the elimination of extreme poverty in China.

Despite improvements in access and financial protection, the health system faces continuing challenges with respect to efficiency, quality, equity and accountability. The development of a people-centred health system based on primary health care remains a work in progress. While there have been significant increases in human and financial resources for primary health care, resource allocation for hospitals continues to outstrip that for primary care. In recent years, the overall utilization of hospital services has grown rapidly, while the usage of primary-level facilities has remained relatively flat. There is a continuing perception that public health and community health services are of low quality. Notably, resource allocation for public health institutions has declined as a share of the total health expenditure.

How to move from fee-for-service payment to strategic purchasing that will encourage more of an emphasis on preventive medicine and integrated care remains a question for both individual clinical services and population health. Integrated models for addressing NCDs and care for elderly and ageing adults, especially on a large scale, have yet to fully emerge. Rising expectations have become a fundamental driver of care-seeking behaviour as well as responses by the Government and health-care practitioners.

Several health reforms are being piloted or expanded at the provincial level. In 2017, China introduced a reformed model of people-centred integrated care nationwide to accelerate progress toward China's vision of health service delivery reform and to improve value for money.

COVID-19 has demonstrated that UHC and health security are two sides of the same coin. Building on lessons identified from the pandemic, there is an urgent need for China's health system to shift from response to prevention, and to place emphasis on high-performing and resilient public health systems, including at the primary health-

care level. COVID-19 has also confirmed the importance of a strengthened One Health approach to addressing human, animal and environmental health as a continuum. This includes strong surveillance for emerging and re-emerging pathogens, pandemic preparedness and response.

2.5 China in the world

While China's development has transformed the country into an important player on the global platform, it has also laid the foundation for China's growing engagement in the global community, enabling it to contribute solutions to global development challenges and global public goods supply, including for health. China's domestic achievements have global significance, most notably because of the country's sheer size but also because the lessons and experiences gained can enrich global thinking and technical know-how. For example, in 2021, China announced its elimination of extreme poverty, which marked an achievement for the country and a contribution to the 2030 Agenda for Sustainable Development.

As the second largest global economy, China's rapidly changing global engagement will be a fundamental factor in global governance and global public goods supply. China's health cooperation and assistance have historically been through bilateral channels. In the 2010s, this picture started to change, with China showing an increased commitment to supporting global health, for example, providing health assistance in response to the 2014 Ebola virus disease outbreak in West Africa. During the COVID-19 pandemic, China reiterated its support to the multilateral system to overcome global challenges. At the Seventy-third World Health Assembly in 2020, China committed to funding, debt suspension and vaccine development and deployment as a global public good *(33)*. At the Global Health Summit in 2021, China announced further support for global solidarity against COVID-19, including additional aid over the following three years for pandemic response and economic and social recovery in other developing countries, providing more vaccines to the best of its ability, supporting its vaccine companies in transferring vaccine technologies to other developing countries and carrying out joint production with them, and waiving intellectual property rights on COVID-19 vaccines *(34)*.

In 2017, WHO and China signed a memorandum of understanding on health sector cooperation under the Belt and Road Initiative, marking a new era of cooperation and expanding and deepening collaboration between WHO and China. The Health Silk Road is in the direct interest of both parties and has the potential to achieve global gains.

As the pandemic evolved, China emerged as an important player in global health and substantially expanded its partnerships with the United Nations, development banks,

global and regional collaboration platforms, as well as a wide range of bilateral and multilateral parties and forums. Examples of China's evolving global health engagement include partnerships and events such as:

- Cooperation with the **UN agencies** in country, including **WHO** as the leading partner in health towards the fulfilment of the overall UN Sustainable Development Cooperation Framework objectives in the coming years;
- Commitment to play a role in global development in the form of the Global Development Initiative, proposed at the 76th session of the United Nations General Assembly in 2021, recognizing the global 2030 Agenda as the core mission of international development cooperation;
- Cooperation with the **Association of Southeast Asian Nations (ASEAN)**, which China initiated as a dialogue in 1991 and upgraded to a comprehensive strategic partnership in 2021, with the scope of cooperation expanded, especially in vaccine and medicine development and provision, public health system strengthening and health workforce development;
- Exchange and support with the **Pacific island countries and areas**, which China expanded in 2021 to strengthen the collaboration in economic growth, social development and climate change to achieve the SDGs;
- Collaboration with the **Community of Latin American and Caribbean States (CELAC)** and its 33 member states, which covers health system strengthening, medical care, disease control, health emergency responses, rational use of psychoactive substances, research and development of medicine, natural disaster management and information-sharing;
- Establishment of the **Forum on China-African Cooperation (FOCAC)** in 2000 as a platform for dialogue and cooperation between China and 53 African countries, as well as the Commission of the African Union, and in 2021, the Dakar Action Plan (2022-2024), which outlined further cooperation in the areas of poverty reduction, food security, anti-pandemic and vaccine, climate change and green development, digital economy, industrialization, and communication technology for achieving the 2030 Agenda and the African Union Agenda 2063; and
- Others including: the **Asia-Pacific Economic Cooperation (APEC)** forum; the **Group of Twenty (G20)**; **Brazil, Russia, India, China and South Africa (BRICS)**; and bilateral partners and foundations.

Going forward, this CCS represents an opportunity for the global health community, through cooperation between WHO and China, to tap into China's resources and expertise to put into effect a parallel transformation of domestic and global health.



3. Achievements of the past five years

The previous China-WHO Country Cooperation Strategy (2016–2020) was adopted following a period of rapid development and reform of China’s health system and remarkable improvements in health indicators. It covered the first five years of the 2030 Agenda for Sustainable Development, and although it was adopted prior to the release of the WHO global GPW 13, the regional *For the Future* vision and the Healthy China 2030 initiative, the CCS 2016–2020 was consistent with the direction of those strategic goals.

Working across six mutually agreed strategic priorities, WHO and China collaborated during this period to address policy gaps, build multisectoral coalitions and test innovations to ensure health reforms benefited the whole population, including the most vulnerable. Given the increasingly strong technical capacity and continuing downward pressures on available funding, the 2016–2020 CCS shifted the focus of the WHO Representative Office in China from active technical service provider to more targeted and strategic roles as convener, enabler and policy advocate (35). China-WHO cooperation also shifted to support greater participation by China as a partner in global health.

Although a more detailed evaluation (36) of the joint WHO-China activities undertaken during 2016–2020 has been undertaken, highlights of core achievements during that period include the following.

3.1 Health system reform 10-year review: contributing to national policy-setting

In 2016, WHO worked in collaboration with the World Bank Group and Chinese ministries to develop policy recommendations (37) for deepening health reforms. The report advocated a transition from access to services to people-centred integrated care; from hospital-centric care to primary health care, placing prevention first; and from empowering providers to empowering patients and communities. In 2019 and at the

invitation of the Chinese Government, WHO and the Secretariat of the State Council Leading Group on Deepening Health Reform jointly carried out a 10-year review of China's reform efforts. The resulting report (38) made three key recommendations to further accelerate progress: consolidate and advance effective governance; build a more equitable health financing system; and build a primary health care-based integrated service delivery system. The report contributed to the direction of the health reform agenda outlined in China's 14th Five-Year Plan. In particular, the report reflected on the reform experience in terms of China's COVID-19 response, highlighting the need to strengthen initiatives from a health security and emergency response perspective. Looking beyond China, the report's findings are helpful for other countries as they undertake reforms towards UHC.

3.2 People-centred integrated care: driving local interventions

Building on the recommendations put forth in the 10-year reform review (38), in 2020, WHO and the NHC agreed to use programme funding to support the establishment of an innovative local pilot project to explore high-quality, value-based integrated care service system models, as required by the 14th Five-Year Plan. The goal of the pilot project was to drive progress towards expanding UHC through people-centred integrated care for the prevention and treatment of communicable and noncommunicable diseases. The project selected one province each in the eastern, central and western regions of China, with two counties in each province as the project area. The experience gained from the implementation of the pilot project will be used to test and expand domestic reform models and will be shared with other similar, large and upper-middle-income countries, contributing to the health agenda of the Western Pacific Region.

3.3 Hepatitis: making effective treatment accessible

In line with the global agenda, China aims to eliminate viral hepatitis as a public health threat by 2030. During the period 2016–2020, WHO and its partners worked through multiple channels to advocate for expanded access to affordable hepatitis B and C medicines. This included building a coalition of partners, effective strategic communication and developing an investment case for expanded access to hepatitis B and C treatment in China. These efforts drove a policy dialogue on scaled-up hepatitis B and C case finding and treatment. Collaborative efforts led to the inclusion of entecavir and tenofovir disoproxil in the national medical insurance catalogue in 2009 and 2017, respectively, and in the national essential drug list in 2018. In 2019, medical insurance

access negotiations for the price of direct-acting antiviral medicines for hepatitis C resulted in an 85% drop in the retail price of a three-month course of treatment. As a result of these efforts, the cost of hepatitis B antiviral medicines for individual patients is no longer a barrier to treatment.

3.4 Malaria elimination: achieving certification

In 2021, following a 70-year effort and close collaboration with WHO and its partners, China was certified as malaria-free by WHO in 2021. This was a notable feat for a country that reported 30 million cases of the disease annually before 1949. The key to China's success is its "1-3-7" strategy: the "1" signifies the one-day deadline for health facilities to report malaria diagnoses online; the "3" means that by the end of the third day (after reporting) health authorities are required to confirm a case and determine the risk of spread; and the "7" means that within seven days (after reporting) appropriate measures must be taken to prevent further spread of the disease. The "1-3-7" working model has been formally included in WHO technical guidance (39), a contribution to effective models for global malaria eradication.

3.5 Smoke-free public places: a growing national movement

Tobacco control in China addresses one of the country's major public health challenges. WHO is committed to assisting China in implementing the provisions of the *WHO Framework Convention on Tobacco Control* (WHO FCTC) through the adoption of the MPOWER tobacco control strategy. During the 2016–2020 period, WHO played a vital role through high-level advocacy, technical assistance and capacity-building. The WHO Representative Office in China set up meetings with policy-makers, such as mayors and governors in several cities and provinces, and partnered with the Beijing Winter Olympics Organizing Committee to successfully advocate to make Zhangjiakou – one of the Olympic venues – smoke-free in 2019. To meet the WHO FCTC standards, WHO assisted cities with communication strategies and public outreach. To maintain political support and build capacity, WHO organized leadership training programmes for health officials working at the national, provincial and city levels, as well as members of the country's public health and tobacco control community. The national movement continues to gain momentum, and efforts continue on the other commitments under the WHO FCTC, including those related to price, accessibility and marketing.

3.6 COVID-19: reducing vaccine inequity

To accelerate the response to COVID-19, WHO launched the R&D Blueprint to facilitate a global effort to develop a vaccine, research potential pharmaceutical treatments and strengthen channels for information-sharing between countries *(40)*.

In the process, the WHO Representative Office in China functioned as a technology coordination centre, including collecting data, facilitating discussions between different levels of WHO about Emergency Use Listing (EUL) procedures and sharing information about candidate vaccine development in China. WHO also conducted on-site inspections of COVID-19 vaccine candidates in China. As of June 2022, a total of three vaccines from China had been granted WHO EUL, and additional Chinese vaccine candidates were in the process. Beyond the critical role played by these vaccines as a global public good, the role of the WHO Representative Office served to further strengthen domestic understanding of global regulatory processes and standards, and deepened China's role as a global health contributor.



4. Challenges and prospects

China still faces many health challenges, shaped by rapid demographic transition, accelerated urbanization, changes in disease patterns and the impact of environmental factors on health. It is also worth noting the increasing expectation from its vast population for better health and health care, as well as the pressures for its health system to manage a rapidly ageing society with potential fiscal constraints. The impact of the COVID-19 pandemic on the economy, as well as the challenges of balancing social and economic development, could have a big impact on health investment.

In China's health development, the major challenges include:

- accelerated population ageing and demand for better services and innovative health service delivery models for older people;
- an ever-increasing burden of NCDs and their behavioural and environmental risk factors, existing communicable diseases including TB, viral hepatitis and HIV/AIDS, and emerging infectious diseases;
- a hospital-centric health system with further expansion of urban hospitals in number and size in contrast to a relatively weak primary health-care system and escalation of total health expenditure, which pose challenges to financial sustainability and system efficiency;
- a One Health approach that needs strengthening to ensure health security and planetary health;
- health inequity among different population groups, geographical locations and genders; and
- drug and vaccine development and regulatory functions and systems need to be further strengthened.

Health reform and development in China is in a new phase of **innovation** as it transitions to a more mature health system. Innovation will be a major feature in the health sector, with several examples in the application of artificial intelligence, digital medicine and telemedicine, and new developments in life science, biomedicine, genetics and biotechnology and clinical medicine. Innovation in the health sector could potentially transform the health system in the future but may also pose risks, including penetration of private data-driven commercial interests over public goods. Strengthening regulation, legislation, policy development, monitoring and research are urgently needed to ensure public and patients' benefits are prioritized over commercial interests.

As stated above, China's **engagement in global health** has steadily increased over time. The country is playing a more important role in global health governance, including supporting the WHO's leadership role and cooperation with partners in health at global and regional levels. A sea change in China's role in global health, with an increasingly clear vision and stronger commitment since 2020, has been observed. However, China is still in the process of learning and shaping its strategy and roles in global development including in health. Its international development cooperation is also in transition. It is still in the early stages of building the institutional and professional capacity that can effectively play a role in the global arena, an arena made more complex by unilateralism, politicization of health matters and geopolitics.

China has strengthened the coordination and execution of its international cooperation in health, but there is room for improvement in bilateral and multilateral aid, policy coherence and coordination of actions among different sectors. More importantly, China still needs to articulate a clearly defined global health strategy that fits its own vision and responds to global expectations.

In the context of China's transitions in domestic and global health, it is a perfect time for WHO to define its roles and cooperation strategy with China, especially improving coordination among the three levels of WHO for the partnership with China in global health. The role of the WHO Representative Office is no longer only for coordinating WHO's policy and technical support to China for domestic health development. Now, it is also responsible for bridging China with other Member States and the rest of WHO to share experiences and best practices in implementing the WHO global GPW 13, the regional *For the Future* vision, and WHO norms and standards, and for acting as the first level of contact with China to facilitate its engagement in global and regional health governance, provision of global public goods and international development cooperation, including tripartite partnerships with WHO and recipient countries.



5. China-WHO strategic agenda for cooperation

China has decided to further strengthen its own public health security networks and to improve risk warning and emergency response capabilities; to advance its own research on the social determinants of health in the new context; and to further improve health equity to fully achieve the health-related SDGs. To accomplish its goals in health in the coming years, China will learn from international experience and adopt innovative strategies to cope with changing health profiles, rapid population ageing and the accompanying trends in medical and health services.

China's transitions require a parallel transition in the form of cooperation with WHO in the coming years:

- The **economic transition** in China requires a re-imagination of the role of WHO and a country that is simultaneously a developing country as well as the world's second-largest economy by GDP.
- The **health systems transition** calls on WHO to become a provider of technical support at a high level of excellence, a convener of international cooperation and a collaborator in the innovation that is so prevalent in China.
- The **global health transition** calls for direct articulation between China's own work in global health and development and the three levels of WHO.

Specifically, WHO-China cooperation will take two forms:

- First, **domestically**, in the coming years, WHO will play an important role in supporting China's health development and achieving UHC and the health-related SDGs. WHO can play an important role through policy dialogue to help strengthen health systems that are fit for the future, provide strategic support to improve system performance, and provide technical assistance to strengthen the capacity of national health institutions and innovation mechanisms.

In terms of global health, WHO can support China to achieve the objectives of *Healthy China 2030* and the 14th Five-Year Plan, as well as promote UHC, which in itself could be a major contribution to WHO’s efforts to achieve the Triple Billion global targets of GPW 13 and the four thematic priorities of *For the Future* in the Western Pacific Region.

- Second, there is broad space and tremendous opportunity for China and WHO to work together to promote better health outcomes **globally and regionally** in line with the SDGs. The cooperation should follow the new development concept of innovative, coordinated, green, open and shared development; should implement the Global Development Initiative in the field of health; and should aim to achieve the health goals of the 2030 Agenda for Sustainable Development.

On this basis, China and WHO jointly commit to the following strategic objectives and priority areas of cooperation, as summarized in Fig. 2. Annexed is a detailed expansion of what these priority areas could look like in practice; the focus here is on the strategic directions of cooperation in the coming years.

Fig. 2. Strategic objectives and priorities of the China-WHO Country Cooperation Strategy (2022–2026)



5.1 Strategic Objective 1: Promote the implementation of *Healthy China 2030* and the achievement of universal health coverage

- **Priority area 1.1** Promoting the development of a resilient and equitable health service delivery system and sustainable health financing mechanism
- **Priority area 1.2** Promoting and realizing programmes on NCDs and healthy ageing
- **Priority area 1.3** Strengthening the public health system and improving health security
- **Priority area 1.4** Promoting health beyond the health sector and improving health equity

5.2 Strategic Objective 2: Work together to promote global health and build a global community of health for all

- **Priority area 2.1** Strengthening global health partnerships and contributing to achieving the SDGs
- **Priority area 2.2** Providing global public goods for health and enhancing the capacity for global health cooperation and governance



6. Modes of cooperation

The evolving relationship between China and WHO in the coming years will develop along new dimensions, operational shifts and roles. This CCS envisages new forms of working together that specifically tie into China's economic, health system, and global health transitions.

Three operational shifts

WHO will work with Chinese authorities and partners as a policy advocate, convener and enabler (35) across both strategic objectives and all the priority areas of work. Three operational shifts from *For the Future* are seen to be especially relevant in this new phase of collaboration.

- **Finding new approaches to meet future challenges (innovation):** Social, economic, financial and innovation policies can no longer be considered separately from health. A healthy population must be the goal of economic development. In the coming years, therefore, the cooperation between China and WHO will be characterized by a systematic effort to apply a mission-oriented approach to rethinking economics, putting up front the vision of Health for All, including human and planetary health (41). Indeed, collaboration on innovation may be seen as the ultimate role that WHO has to play, in and with China, in the coming years.
- **Taking a systems approach with UHC as the foundation:** At the same time, the health system in China has entered a new era of high-quality development. Much progress has been made towards attaining UHC and reducing impoverishment due to catastrophic out-of-pocket payments. Still, the coming years will see major challenges with reorienting the health system from hospitals to primary health care, making the system more sustainable, making better use of health insurance for health, and governing and embracing innovation in ways that benefit population health.

- **Championing health beyond the health sector:** Many of the health challenges in today's world require action within and beyond the health sector. This applies to the thematic priorities of *For the Future* (NCDs and ageing, climate change, the environment and health, health security including antimicrobial resistance, and reaching the unreached, especially populations in positions of vulnerability or disadvantage). It especially applies in the context of preparedness for future pandemics, as well as responding to the current one, calling for a comprehensive One Health approach.

Three modes of collaboration

- **Population health sciences:** A range of population health sciences will be brought to bear on the domestic and global health problems that China and WHO will focus on in the period of this CCS. Epidemiology, social sciences and communication for health will be needed as China and WHO conduct high-level strategic policy dialogue with all sectors within and beyond health, model the impact of economic and environmental policies such as pricing strategies to lower the risk of NCDs, and apply behavioural insights and interventions effectively to provide the population with behavioural nudges and trusted sources of information, among other applications.
- **Systems:** Many of the challenges to public health today have been called “wicked problems”, arising from a complex network of causes, with multiple potential points of intervention and unpredictable outcomes. The process of development of national and provincial health policies, strategies and plans will thus need a high level of expertise and a willingness to engage in iterative and incremental processes together. WHO and China will further collaborate on strengthening regulatory capacity at the institutional level, on promoting public sector capacity for innovation, and on incorporating evidence-based practices into population and personal health, with a focus on primary health care and people-centred integrated care.
- **Diplomacy:** This includes jointly promoting global health governance reform and institutional innovation, providing global health public goods, formulating and implementing health norms and standards, disseminating global health best practices and evidence, facilitating the sharing of health development experience of various countries, and jointly addressing current and future global health challenges.



7. Monitoring and evaluation

Monitoring and evaluation is necessary to assess the achievements as a result of CCS implementation, to ensure that the strategic priorities fully align with national health policy and WHO's priorities and to confirm that partnership approaches continue to fit with global, regional and domestic contexts.

Monitoring

Regular monitoring of CCS implementation, including its biennial workplan and budget allocation, will be carried out to ensure full alignment with the strategic priorities in this CCS and how the strategies are being implemented. CCS implementation may be reviewed annually. The progress and highlights of CCS implementation may be shared with Member States and partners, such as through the annual session of the WHO Regional Committee for the Western Pacific.

Evaluation

An evaluation of CCS implementation will be conducted to examine the extent to which the strategic objectives in this CCS are being achieved and identify successes and lessons to inform future collaboration between WHO and China, as well as contribute to the best practices for country collaboration.

This CCS has been developed amid the overwhelming impact of the COVID-19 pandemic globally. It is therefore essential to factor in its impact during the planning, implementation, and monitoring and evaluation phases of the CCS cycle.

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Annex: Strategic objectives and priority areas of the China-WHO Country Cooperation Strategy 2022–2026

Strategic Objective 1:

Promote the implementation of Healthy China 2030 and the achievement of universal health coverage

PRIORITY AREA 1.1 Promoting the development of a resilient and equitable health service delivery system and sustainable health financing mechanism

- Support the strategic design, pilot and evaluation of health reform, and promote the integration, optimization and quality improvement of health systems; establish a health system performance evaluation mechanism that is people-centred, life-course oriented and focused on health outcomes, aiming for gender and health equity and high-quality healthy life expectancy; and support strengthening the health regulation and supervision system.
- Promote stable and sustainable health financing through innovation; improve the efficiency of resource use and the management and performance of the medical security system; improve the quality and fairness of medical services through incentive mechanisms and strategic purchasing; and improve equity among medical insurance groups.
- Support the governance, regulation and utilization of innovation for health for all, ranging from digital health to novel forms of primary health-care delivery. Define a national health innovation vision with governance and value creation, financing, implementation at scale, and metrics and accountability.
- Support the establishment of population-wide chronic disease (including mental health) and disability prevention and management model, and promote the development of prevention, care, management and rehabilitation models at the grassroots level.

PRIORITY AREA 1.2 Promoting and realizing programmes on NCDs and healthy ageing

- Promote multisectoral collaboration and build age-friendly societies, including safe living environments and accessible community services.
- Facilitate international collaboration and experience sharing to explore a people-oriented healthy ageing system and model suitable for China's economic and social development level and improve technologies for health monitoring and management of the elderly, including lifelong management of chronic conditions such as hypertension, diabetes and mental health issues. Promote social participation for older people.
- Support the development of innovative service models tailored to different regions, and facilitate the transformation of health services to meet the needs of elderly people (including home services, long-term care, rehabilitation services, hospice care, and others). Optimize access to life-saving acute care for conditions such as stroke and myocardial infarction.
- Develop policy and introduce health-related age-appropriate technologies and products to prevent ageism and exclusion of older persons from new technologies and the negative impact of the digital divide.

PRIORITY AREA 1.3 Strengthening the public health system and improving health security

- Strengthen capacity for health security monitoring, early warning, assessment and emergency response to public health emergencies; comprehensively improve epidemic prevention and control capabilities and mechanisms; and coordinate regular and targeted epidemic prevention and control and emergency response domestically and internationally (including strengthening leadership and coordination, sharing information in the first place, pathogen detection, controlling transmission chains, reducing mortality, vaccination and effective management of all infected cases).
- Strengthen the community-level public health network, fulfil the public health responsibilities of medical institutions and innovate the medical and prevention synergy mechanism.

- Support multisectoral and international cooperation to establish One Health mechanisms to promote human, animal and environmental health; develop One Health programmes; and conduct pilots to provide policy advice for the prevention and control of emerging infectious diseases. Promote multisectoral, regional and global cooperation in addressing antimicrobial resistance.
- Strengthen the prevention and control of infectious, endemic and occupational diseases, such as HIV/AIDS, tuberculosis and hepatitis; monitor epidemic trends and risk factors; and promote the use of innovative technologies to combat infectious diseases.

PRIORITY AREA 1.4 Promoting health beyond the health sector and improving health equity

- Support policy development, legislation and multisectoral collaboration in health and advocate for health beyond the health sector to maximize population health benefits; strengthen NCD prevention including addressing major risk factors (especially tobacco, alcohol, physical inactivity, unhealthy diets, poor air quality); and promote building a healthy China. Reduce mortality from road traffic injuries.
- Share international experience in health promotion, and support research, assessment and policy development on social determinants of health, environmental health, planetary health and climate change.
- Facilitate and coordinate UN support for research on population and development strategy, and provide policy advice and technical support on health issues and reproductive health needs related to changes in demography and family structure.
- Support monitoring and addressing health issues of priority groups (elderly people, children, women) and priority areas (rural, central and western regions) to reach the unreached and improve health equity.

Strategic Objective 2:

Work together to promote global health and build a global community of health for all

PRIORITY AREA 2.1 Strengthening global health partnerships and contributing to achieving the SDGs

- Implement the Global Development Initiative on health to contribute to stronger, green and healthy global development and achieve health-related SDGs; monitor implementation progress and share practical experience; and jointly organize health policy dialogue at different levels.
- Promote South-South cooperation and tripartite collaboration in developing countries (bilateral with WHO) to improve health cooperation efficiency and synergy.
- Strengthen international cooperation with neighbouring countries to support regional and global efforts to prevent and control major infectious diseases, achieve UHC, and minimize the risk of cross-border spread of epidemics.
- Enhance the capacity of WHO collaborating centres, leverage their role in the implementation of GPW 13 and the Western Pacific thematic priorities, and promote their collaboration with other developing countries and partners.

PRIORITY AREA 2.2 Providing global public goods for health and enhancing the capacity for global health cooperation and governance

- Support the provision and localization of global public health goods (vaccines, medicines, medical and health commodities, and supplies).
- Strengthen regulatory systems for drug and vaccine production, support supply chain safety supervision and pharmacovigilance, and support international cooperation and exchanges in the field of capacity-building for pharmaceutical and biological products inspection and testing.

- Share health experiences and technical cooperation at regional and global platforms, particularly experiences in the areas of UHC with primary health care as a foundation, maternal and child health, malaria elimination, schistosomiasis control, and traditional medicine.
- Strengthen human resources development and cooperation in global health, take effective actions to improve China's contribution to global health by addressing the under representation of Chinese staff in WHO, and improve the capacity of China and other developing countries by cultivating capable officials and institutions to participate in global health governance and normative work.

