REPORT OF THE
SIXTEENTH MEETING OF THE CHINA/WHO
JOINT COORDINATION COMMITTEE

Manila, Philippines
3-5 August 1994

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1. INTRODUCTION

The sixteenth meeting of the China/WHO Joint Coordination Committee was held in the WHO Regional Office for the Western Pacific, Manila, Philippines, on 3-5 August 1994. The agenda for the meeting is attached as Annex 1 and the list of participants as Annex 2.

The meeting opened with addresses by Dr Yin Da-kui, Vice Minister, Ministry of Public Health (MOPH), China, Chairman and Dr S.T. Han, Regional Director, World Health Organization Regional Office for the Western Pacific. These statements are attached as Annexes 3 and 4, respectively.

2. REVIEW OF 1994-1995 PROGRAMME BUDGET IMPLEMENTATION
   (DOCUMENT WPR/MPN/94.2)

This agenda item was introduced by Dr R.W.K. Gee, WHO Representative in China. Dr Gee noted that the prioritization exercise, which had been carried out early in 1994, had delayed implementation of the 1994-1995 programme budget. In particular, the target dates for most of the activities scheduled for the first half of 1994 had passed without the activities having been implemented. While MOPH had earlier provided some revised dates, there were still several projects which required rephasing of target dates.

Despite the delays caused by the prioritization exercise, Dr Gee noted that implementation was under way, and that requests had already been received for half of the supplies and equipment included in the 1994-1995 programme budget.

The Regional Director thanked the Ministry for its cooperation in the prioritization exercise, which had resulted in a reduction of nearly 20% in the country planning figure. He assured MOPH that he was aware of the problems this had caused, but noted that the overall implementation rate for China as at 30 June 1994 was only 4.17%. He encouraged MOPH to accelerate implementation in order to avoid any loss of funds.

The Regional Director also informed MOPH that the Director-General had agreed to return 4.2% of the budget which had earlier been withheld due to non-payment of assessed contributions by certain Member States to be released in three instalments, one in June 1994, one in November/December 1994 and the balance at some time in 1995. China's portion of this would come to approximately US$ 356 500. The first instalment of 26% had already been received from Headquarters, so the Regional Director was in a position to return US$ 85 000 to China. He suggested that MOPH may wish to use the funds for Priority X activities, or to implement other high priority activities. He also asked MOPH to consider whether they would like the funds to be returned in instalments, or to wait and use the entire amount at some point in the future, at least until the second instalment had been received.

Vice-Minister Yin Da-kui thanked the Regional Director for the good news concerning the additional funding. He further assured WHO that action would be taken to step up implementation. Dr Han Tieru noted that, in an effort to ensure timely implementation, MOPH had actually begun to implement activities before the final approval on the prioritized budget had been received from the Regional Office. He explained that revised target dates for many of the delayed activities were still being prepared by the responsible departments at the Ministry, and expected to be able to provide additional details in the near future.
Dr Liu Xirong noted that CHN/OCD/007 (AGFUND) was a long-standing problem. The original agreement went back more than five years, but little action had been taken to implement the project. Dr Okabe had been sent to China recently to accelerate implementation, but this had apparently had little effect. Mr Chandra, Director, Support Programme, reminded MOPH that WHO would not receive funds for phase 3 of the project until phase 2 had been completed.

The Ministry agreed to contact the departments concerned immediately after the JCC and would make the necessary preparations for the utilization of these funds. It was further agreed that the Ministry and the WHO Representative would hold a meeting in Manila with Dr Okabe to discuss this issue before the departure of the Ministry's delegation.

During the project-by-project review of implementation, Dr Gee called attention to numerous target dates which had passed. He also noted that the implementation of local fellowships would be discussed further by the subcommittee on fellowships. Otherwise, no significant problems were noted with the implementation of the 1994-1995 programme budget.

3. FINALIZATION OF THE 1996-1997 DETAILED PROGRAMME BUDGET

This agenda item was introduced by Dr Liu Xirong, Director of Programme Management. Dr Liu noted that the 1996-1997 programme budget was nearly complete, and that only a few issues remained outstanding. Rather than going through the budget project-by-project, he selected only some. A list of these outstanding issues is attached as Annex 5.

The Regional Director noted that some new proposals were still awaited. He pointed out that there was a total of US$ 131,900 still uncommitted for the 1996-1997 biennium. This figure included US$ 42,800 for which no proposals had been received, US$ 11,500 under CHN/LEP/001 as a result of revised proposals, and US$ 77,600 from activities which had been deleted (US$ 43,600 from activity 2 of CHN/CLT/001 and US$ 34,000 from the vehicle provision under CHN/CWS/003) and for which revised proposals were awaited. He indicated that any new and/or revised proposals should be supported from these funds. Mr Chandra drew attention to the 15% local costs ceiling and mentioned that prior to the meeting this ceiling had already been reached.

The Regional Director also mentioned that additional funds had been made available by the Director-General out of the 3% previously withheld for four priority areas, and that US$ 100,000 would be allocated to China. His understanding was that MOPH had submitted a proposal under CHN/OCH/001 for the use of these funds. Dr Han Tieru replied that the proposal was progressing smoothly but might need further revision. He suggested that this be discussed with the WHO Representative in Beijing after the meeting.

4. CONSIDERATION OF PROPOSALS FOR NEW ACTIVITIES IN 1994-1995

This item was introduced by Dr Liu Xirong, Director of Programme Management. He informed the Committee that the document provided was a combination of proposals from WPRO, WHO Headquarters, and MOPH.
A total of US$ 578,800 of new proposals had been received, including US$ 395,500 from WPRO, US$ 64,000 from Headquarters, and US$ 119,300 from MOPH. All the proposals submitted by WPRO and Headquarters had committed funding already.

The Regional Director agreed to support all the proposals with the exception of one proposal submitted by WHO Headquarters under the intercountry programme against blindness and deafness (US$ 5,000), which was withdrawn pending further clarification and the request by MOPH under CHN/RUD/001 (US$ 4,000) for a scanner. He reminded the Committee that funding, in addition to the country planning amount, would be made available to support approved new proposals.

The new proposals, including decisions made by the committee, are attached as Annex 6.

4.1 Comments on specific proposals

4.1.1 WHO proposals

ICP/IEH/005

Dr Han Tieru enquired whether WHO had already designated the implementing unit in China for this project; Dr Nair replied that WHO had not had any contact with institutions inside China regarding this proposal.

ICP/RPD/002

Dr Han Tieru asked whether WHO had already been in contact with the Western China Medical University (Huaxi) regarding this proposal. Dr Kean replied that, while WHO felt that Huaxi was the most appropriate institution to implement this project, WHO had not contacted them regarding the proposal.

Dr Gee pointed out that the timing of this project may conflict with the Fourth World Conference on Women, scheduled to be held in Beijing in late August - early September 1995. It was agreed to adjust the timing of the proposal to late September.

ICP/RUD/001

It was observed that this proposal was multisectoral and would require close coordination with the National Environmental Protection Agency (NEPA). Dr Kean said the proposal had been developed by WHO in cooperation with MOPH and NEPA. WHO was aware of the multisectoral nature of the project, and sought to encourage multisectoral cooperation.

ICP/EPI/001

It was pointed out that this proposal was supplementary to the activities of the three EPI staff currently assigned to Beijing.

ICP/TUB/001

Dr Han Tieru noted that the World Bank was currently funding a major project on tuberculosis in China, and asked if there was a link between this proposal and the World Bank project. Dr Kean replied that there was a very close link. The World Bank seeks technical advice from the tuberculosis programme in WHO Headquarters, and the components of this proposal were designed to complement the activities of the World Bank. The component on operational research will test the efficiency of case diagnosis, and the "assessment of programme" component will assess the impact of WHO short-course chemotherapy treatment in the World Bank project.
This proposal was withdrawn because it did not match the Government’s priorities.

4.1.2 MOPH Proposals

CHN/HRH/008

Dr Romualdez suggested that the details of implementation of this proposal should be discussed carefully with the WHO Representative and technical units in WPRO. Given the many social changes which had been occurring recently all over the world, he felt that the study tour could be of great benefit, not only to China, but also to the countries to be visited.

Dr Liu Xirong noted that more details and justification were needed on supplies and equipment. The Regional Director indicated that he could not support a television screen larger than 29 inches or a video projector larger than 33 inches.

CHN/RUD/001

Dr Kean indicated that the scanner and colour copier could not be supported. It was agreed to support one 9- or 10-seater passenger van only.

5. PRESENTATION BY MOPH ON DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH IN CHINA (DOCUMENT WPR/MPN/94.5)

This agenda item was introduced by Dr Wang Gao-tian, Chief, Division of Labour Services and Salary, Department of Personnel, MOPH. The text of the presentation is contained in document WPR/MPN/94.5, and is attached as Annex 7. After the presentation, Dr Wang invited comments and questions.

Dr Romualdez commented that, in addition to improving the technology available, the development of human resources should also incorporate training in other skills for health workers, such as health promotion and environmental health. In addition, he noted that the system of regulation for health professionals could be useful in introducing changes in medical education by using the content and methodology of certifying examinations and testing of the knowledge of health personnel.

Dr Gee noted the growing importance of family medicine and general practice in China, and enquired how training for this would be included in proposals for development of health personnel.

Dr Wang replied that the concept of the general practitioner (GP) was relatively new in China, but that training for the GP had already been established at an experimental stage. He believed that the development of general practitioners would take some time, but that this would be the future orientation of health training, especially in rural areas.

Dr Liu Xirong asked for clarification of the terminology used to describe different levels of medical education institutions. He also asked whether there was any policy to discourage rural doctors from migrating to urban areas in response to the recent economic changes.

Dr Wang replied that “126 medical schools and colleges” referred to colleges and universities of higher learning, while the other categories provided continuing adult education at various levels for other kinds of health workers. He also noted that measures had been taken
to retain doctors in rural areas. Students are recruited from rural areas and trained to work in rural areas after graduation. Training for rural doctors usually lasts only three years, has a different focus, and is of a slightly lower standard than regular medical training. Remuneration has also been increased for rural health workers, and housing and other benefits have been improved.

Dr Biumaiwai asked three questions: first, whether "barefoot doctors" still existed, and what kind of training was being carried out for them; second, he asked what MOPH considered to be an acceptable doctor/patient ratio, and how long it expected it to take to reach this level; and third, he asked whether some mention could be made of the nursing workforce in the development of human resources for health.

Dr Wang replied that the term "barefoot doctor" was no longer used. While some former barefoot doctors have stopped practising medicine or have obtained higher level qualifications and moved to higher level health facilities, most are now working in village health stations and are called "village doctors". In response to Dr Biumaiwai's second question, he felt that the quantity of health personnel had not been stressed. Although a ratio of 3.8 health workers per 1000 population was considered ideal, he argued that the government should concentrate on quality. To improve quality, he believed it was particularly important to upgrade the quality of training for health workers in rural areas. With regard to nurses, he noted that there were some problems. Nurses did not have a high social standing, and as a result, it was often difficult to recruit and retain them. Government policy was encouraging a higher status for nurses. Efforts were being made to increase salaries and to introduce seniority pay, and to upgrade nurses' training to a four-year college level education.

The Regional Director observed that the economic reforms would certainly result in the privatisation of many health institutions in China. He expected this development to result in better conditions for health workers and an improved quality of care. However, he cautioned that one danger of increased privatisation was that public health may be neglected to some extent. He hoped this would not happen in China, and urged the Government to consider carefully the best speed at which to proceed with the transformation of the health sector. He also observed that, while doctors were the backbone of the medical services, they had to be supported by other health personnel, particularly nurses. He was pleased at the way nurses in China were providing care and services. The Regional Director suggested that the status, not only of nurses, but of all health care personnel, should be elevated. He expressed his concern that elevating the status of nurses too quickly might result in a gap in the provision of nursing care. He exhorted the Government to plan carefully the implementation of new training curricula for nurses.

Dr Wang replied that he agreed with the Regional Director and outlined some measures which had recently been taken regarding the control of privatized health care services. He further assured the Regional Director that care would be taken to ensure adequate nursing care during the introduction of new nursing curricula.

6. REPORT OF THE SUBCOMMITTEE ON FELLOWSHIPS

This item was presented by Dr Romualdez, Director, Health Services Development and Planning. He reported that the subcommittee on fellowships had discussed the following issues of concern:

6.1 Local fellowships

China has recently introduced local fellowships into the collaborative programme with WHO, but there are no guidelines to deal with such activities in the country. Procedures in
countries such as Papua New Guinea, the Philippines and the Republic of Korea, which have local fellowship activities, were described. It was agreed that a set of procedures to cover such activities would be established. MOPH would therefore prepare a detailed proposal specifying the following:

1. areas of study;
2. institutions that would provide the training required;
3. criteria for selection of local fellows;
4. administrative and financial procedures patterned after the example of the other countries in the Western Pacific Region with local fellowships;
5. estimated costs including tuition, stipend, local travel and books.

This proposal would subsequently be reviewed and finalized, and a formal agreement between WHO and the institutions concerned would be effected before the beginning of the 1996-1997 biennium.

It was suggested that the budget provision for local fellowships under the 1994-1995 budget should be reprogrammed into "Agreement for the Performance of Work" (APW) component. These could be contracted to the institutions which would be involved in the local fellowship programme.

6.2 English tests

Passing the Michigan English Language Achievement Battery (MELAB) was one of the requirements for fellows going on non-degree programmes in the United States. MOPH advised WHO that 131 candidates for WHO fellowships under the 1992-1993 and 1994-1995 biennia took the MELAB at the designated centres in Xian and Hunan. Subsequently, test fees amounting to US$ 5240 were paid to Michigan University by the China International Examination Coordination Board (CIECB). However, the Regional Office for the Americas (AMRO) has not reimbursed the testing fees since it had not authorized the examination for this batch of candidates. It was agreed that WHO would discuss the matter with AMRO and Michigan University to clarify the issue. The results of this discussion would be communicated to MOPH.

WHO informed the Ministry that the MELAB would no longer be administered in China. However, WHO fellows under the 1994-1995 programme who took and passed the earlier examination would be admitted by AMRO. AMRO has proposed that in the future, candidates should take the Test of English as a Foreign Language (TOEFL) or Test of Spoken English (TSE) instead. This would affect a small number of fellows under the 1994-1995 programme who had not yet undergone language testing. It was agreed that WHO would obtain more information on the TOEFL and TSE schemes. In the meantime, those who have not yet taken the MELAB were advised to take the TOEFL test.

6.3 Preliminary report on the status of WHO fellowships in China

The Ministry briefed WHO on the new directions of the fellowship programme for China. More emphasis would now be placed on public health, management and preventive medicine. Training of senior staff members through study tours would receive increased priority. There would also be more emphasis on the use of institutions in Regional countries as training venues.

A detailed report on these plans would be submitted during the forthcoming National Fellowship Officers meeting to be held in Manila, 22-26 August 1994.
6.4 Comments

The Regional Director supported the development of local fellowships in China, but expressed concern over the communication received from AMRO concerning the MELAB tests. He indicated that WHO would try to solve this problem. He also observed that language requirements varied between academic and study tour programmes, and between short- and long-term fellowships, and hoped that this issue would be raised during the meeting of national fellowships officers.

7. REPORT OF THE SMALL GROUP ON SUPPLIES AND EQUIPMENT

This agenda item was introduced by Mr Wheeler, Budget and Finance Officer. He invited Mr Dy, Supply and Administrative Officer, to present the report. Mr Dy reported that the group had discussed the following issues of concern:

7.1 Slow implementation

MOPH expressed some concern over delays which sometimes occurred in the delivery of supplies and equipment. WHO responded that the normal delivery time for supplies and equipment was 3-6 months. When delays did occur, it was often the result of incomplete specifications. This was sometimes aggravated by time-consuming communication between the projects and WPRO.

The group agreed that it would be useful to conduct some training courses in China to explain the procedures of WHO procurement. This type of course had already been conducted in 1988.

The group was also informed that, to help monitor the delivery of supplies and equipment, the Informatics Services Officer was currently developing a simplified version of the regional Supply Management Information System, for use in selected WHO Representatives' offices. It was hoped that this would improve monitoring of delivering.

7.2 Local purchase

MOPH asked WHO to consider increasing the quantity of supplies and equipment which could be locally purchased. MOPH noted that importation often resulted in lengthy delivery times, that procedures for importing were complicated, and that it was often difficult to get after-sales service on imported items.

WHO replied that purchasing was normally done through WHO Headquarters in Geneva. As a matter of policy, sourcing was always done on a competitive basis, but some flexibility existed and would be exercised. MOPH was reminded that in such cases, requests for local purchase had to be evaluated against what was available on the international market.

7.3 Cost of inland transportation

WHO raised the issue of ports of entry for supplies and equipment destined for China. WHO encouraged MOPH to ensure that ports of entry were clearly indicated on the requisition forms to avoid delays and misdirected deliveries.

The Ministry replied that often the final destination of the goods was indicated on the requisition forms, but that there were only a few international ports of entry in China. It noted that the cost of transport from the port of entry to the final destination was very high, and enquired whether WHO could cover this expense.
WHO replied that the Organization normally covered transportation costs only up to the port of entry. No provision was made for internal transport.

7.4 Comments

Mr Chandra commented on the two matters concerning supplies and equipment. He observed that WHO was guided by the policy which is embodied in the Basic Agreement between WHO and China, dated 1982. He drew the attention of the Committee to Article 3.1.e, under the administrative and financial obligations of WHO, which states that "... the Organization shall defray, in full or in part, as may be mutually agreed upon, the costs necessary for the purchase and transport to and from the point of entry into the country of any supplies and equipment provided by the Organization". Under Article 4.1.d it says that the Ministry "... will be responsible for transportation of supplies and equipment, for official purposes, within the country". Thus WHO is responsible only for bringing the supplies and equipment to the port of entry, and it is the Government's responsibility to provide transport from the port of entry to the project.

Concerning local purchases, Mr Chandra referred to Article 4.1.c, which states that the Ministry "... will be responsible for supplies and equipment produced within the country". However, to provide some flexibility, the Regional Director has exercised a certain delegation of authority which allowed the WHO Representative to purchase locally.

Dr Han Tieru agreed that the purchase of supplies and equipment must be governed by the relevant WHO regulations. However, he noted that certain types of equipment, particularly computers, received much better after-sales service when locally purchased.

The Regional Director reiterated his intention to provide China with simplified versions of the WPRO Regional Information Systems. He gave his assurance that the ISO would discuss this with the Ministry during his forthcoming visit to China. Concerning local purchase, he reminded the Ministry that the procurement process in WHO was very centralized, and that he had very little flexibility. Nevertheless, he agreed to discuss the possibility of local purchase with the Ministry on a case-by-case basis.

8. OTHER BUSINESS

The attention of the committee was drawn to information documents on the Special Programme of Research, Development and Research Training in Human Reproduction (WPR/MPN/94/Inf.1), the Special Programme for Research and Training in Tropical Diseases (WPR/MPN/94/Inf.2), and the 1994-1995 Project Document for AIDS Prevention and Control (China) (WPR/MPN/94/Inf.3). These documents were not discussed.

9. CLOSURE

Vice-Minister Yin Da-kui thanked the Regional Director and his staff for their hospitality and for their meticulous preparation of the meeting.

He felt this meeting had been notable for its effectiveness and transparency. It had been conducted very smoothly, and all the expected goals had been met. He assured WHO that MOPH would make an effort to facilitate the speedy implementation of WHO projects for the rest of the biennium. He further observed that there had been serious flooding in some areas
of China in 1994, and he thanked WHO for its contributions in the emergency relief efforts. Finally, he said he was looking forward to welcoming his WHO colleagues to China for the seventeenth session of the Joint Coordination Committee in 1995.

Dr S.T. Han, Regional Director, remarked that the meeting had been very successful, despite the inclement weather. Agreement had been reached on several difficult issues, including the establishment of procedures for local fellowships in China and a clarification of matters relating to the provision of supplies and equipment. He hoped that by mid-August 1994, the Ministry would be able to send new target dates for implementation of the deferred 1994-1995 activities. He also hoped to receive from the Ministry a decision on the return of the 4.2% from the Director-General, as well as the outstanding details of the 1996-1997 programme budget.

The Regional Director further noted that, during the discussions, WHO had been able to identify additional funds for China for the 1994-1995 biennium totalling US$ 569 800. Together with staff newly assigned to China under the intercountry programme, this represented considerably greater support to China than was available solely from the country budget. He assured the Ministry that WHO would continue its efforts to mobilize extrabudgetary resources to enable China to achieve poliomyelitis eradication by 1995.

Finally, the Regional Director thanked the Vice-Minister and his colleagues for having participated in the meeting, and said he was looking forward to attending the Joint Coordination Committee meeting in China in 1995.
AGENDA

1. Opening session
   - Designation of Chairman
   - Opening statements:
     Statement by Dr S.T. Han, Regional Director, WHO/WPR
     Statement by Dr Yin Da-kui, Vice Minister of Public Health, China
   - Introduction of participants (WPR/MPN/94/IB/1)

2. Adoption of agenda (WPR/MPN/94.1)


4. Finalization of the 1996-1997 Detailed Programme Budget (WPR/MPN/94.3)
   Details of fellowships (HRH/099)

5. Consideration of proposals for new activities in 1994-1995 (WPR/MPN/94.4)

6. Development of human resources for health in China (WPR/MPN/94.5)

8. Other business

9. Closure
LIST OF PARTICIPANTS

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STATEMENT BY
DR YIN DA-KUI, VICE-MINISTER
OF PUBLIC HEALTH OF THE PEOPLE'S REPUBLIC OF CHINA
AT THE OPENING CEREMONY OF THE SIXTEENTH MEETING OF THE
CHINA/WHO JOINT COORDINATION COMMITTEE
MANILA, 3 AUGUST 1994

RESPECTED REGIONAL DIRECTOR, DR S.T. HAN

COLLEAGUES AND FRIENDS,

LADIES AND GENTLEMEN,

On the occasion of the Sixteenth meeting of the China/WHO Joint Coordination Committee, may I first of all convey the cordial greetings from Professor Chen Minzhang, Minister of Public Health to the Regional Director, Dr S.T. Han as well as to our colleagues and friends from WHO. I also would like to express, on behalf of the Chinese delegation, our heartfelt thanks to the Regional Director for inviting us to Manila. You also have my congratulations on the opening of the Meeting.

The cooperation between China and the World Health Organization has already enjoyed a long-standing history. Since the signing of the Memorandum governing technical cooperation between China and WHO in 1978, the mutual cooperation has witnessed rapid development in terms of scale and depth with gratifying results achieved. Cooperation as such has effectively improved the health management in China, introduced in considerable capital and appropriate technology, trained various kinds of urgently-needed qualified personnel, promoted information exchange between China and other countries in the world, accelerated the modernization of medical sciences and technology, enhanced the development of health services and improved the health of the Chinese people. Meanwhile we have also accumulated, through cooperation, valuable experiences in the field of international cooperation, trained some talented people and established, step by step, a rather sound mechanism for cooperation. The project director/coordinator system established recently has strengthened the management capability of the WHO cooperative programmes and promoted in a positive manner the important links in the cooperation, such as project formulation, implementation, management and review, thus improving and perfecting the management mechanisms.

As in the fifteenth JCC meeting held in Xinjiang last year, this meeting has fairly rich contents in the agenda. We will not only review the implementation of the 1994-1995 programme budget, finalize the 1996-1997 programme budget, discuss some new projects, but also listen to a presentation on health personnel development in China. This presentation will enable our colleagues in WHO to have a better knowledge of the present status of health manpower development in China, thus conducive to the strengthening of cooperation in this particular field. With regard to the cooperative programme covering 1994-1995, due to the temporary financial difficulties encountered by WHO, the present budget of cooperative programmes with China represents nearly 20% reduction of the previous one, affecting the implementation of some projects, with which we cannot be more concerned. At the same time, we have noticed with satisfaction that the project adjustment, with the concerted efforts from the two parties, is progressing smoothly. We would like to express our appreciation to the Regional Office headed by Dr S.T. Han for the efforts you have made in conducting full-range consultations with the Member States prior to taking reduction measures which have ensured that the priority projects would be under little or no impact arising therefrom. It is hoped that the World Health Organization could tide over this financial difficulty as soon as possible so as to ensure the implementation of the future cooperative programmes as scheduled.
Prior to this meeting, both of the two parties have done a lot of preparatory work in Manila and Beijing as well. Special meetings were convened, with excellent documents prepared. The 1994-1995 China/WHO cooperative programme review meeting was convened from 8 to 10 June 1994 in Beijing. As is indicated in the summary of the meeting, the participants reviewed the implementation of the 1994-1995 cooperative programme and discussed in an animated manner how to further strengthen cooperation with WHO, with many positive and reasonable ideas and recommendations proposed. WPRO has done a great deal of work for the convening of the JCC meeting and made very good arrangements for the Chinese delegation. All this has laid a sound and solid foundation for the smooth conduct of the meeting. At this juncture, I would like to express, on behalf of the Chinese delegation, our heartfelt gratitude to the WPRO staff, Dr Gee, WHO Representative, as well as other staff in the Beijing Office for their preparation which makes the meeting possible.

In closing, may I wish the meeting a great success.
ANNEX 4

STATEMENT BY
DR S.T. HAN, REGIONAL DIRECTOR
WORLD HEALTH ORGANIZATION WESTERN PACIFIC REGION
AT THE OPENING CEREMONY OF THE SIXTEENTH MEETING OF THE
CHINA/WHO JOINT COORDINATION COMMITTEE
MANILA, 3 AUGUST 1994

HONOURABLE VICE-MINISTER DR YIN DA-KUI,
OFFICIALS OF THE MINISTRY OF PUBLIC HEALTH,
LADIES AND GENTLEMEN,

I am pleased to welcome you all to the sixteenth meeting of the China/WHO Joint Coordination Committee. I am particularly happy to be able to welcome Vice-Minister Dr Yin Da-kui on his first visit to Manila and to the Regional Office.

The 1994-1995 biennium began with a reduction in the budget. I am very grateful to the Ministry of Public Health for its patience and understanding in this exercise.

In 1992-1993, we were compelled to make two sets of budget reductions. The budget reduction this year was made at the beginning of the biennium with the aim of reducing disruption of programme implementation to a minimum. Although the implementation of certain activities has been affected, I hope that all activities that were rescheduled have now been given new dates for implementation. I also hope that some of the funds withheld will be returned by Headquarters later in the biennium, enabling some activities identified in the budget prioritization exercise to be implemented in 1995.

The budget cuts have been unpleasant for you and other countries and for WHO. You can be certain that they have not been undertaken lightly. I have also ensured that significant savings have been identified from the intercountry and Regional Office allocations, and I have cut back on operating costs and office expenditure as far as possible.

However, not all our activities have been restricted by budget cuts and I am pleased that intercountry project resources have been used increasingly in China to support country programme budget activities. In May of this year, Dr S. Pieche was transferred to China to support the programmes on acute respiratory infections and control of diarrhoeal diseases, and Mr Alan Schnur will shortly take up an appointment in China to support the expanded programme on immunization activities and, in particular, poliomyelitis eradication.

This meeting will provide us with an opportunity to review the progress made during the 1994-1995 biennium, and to finalize our collaborative programme for 1996-1997. We also look forward to hearing more about the development of human resources for health in China.

China, with support of WHO and other agencies and organizations, has made great strides towards the goal of poliomyelitis eradication by the end of 1995. WHO has been able to mobilize donors and external support agencies to provide US$ 5.4 million extrabudgetary resources. This enabled the national immunization days in December 1993 and January 1994 to reach approximately 100 million children. This is a great achievement and something of which we can all justly be proud. China can eradicate poliomyelitis and WHO will continue strongly to support the Government of China in this endeavour.

Clearly, we do not have unlimited resources. We do, however, have a strong spirit of partnership with the Government of China. It is this that will ensure such rewarding cooperation continues.

I trust that you will all enjoy your stay in Manila.
OUTSTANDING ISSUES ON THE
1996-1997 DETAILED PROGRAMME BUDGET FOR CHINA

Original Country Planning Figure (CPF) US$ 6 709 000
Additional allocation from the DG's 3% 100 000
TOTAL CPF US$ 6 809 000

Less: Proposals received to date 6 688 600

Fellowship provisions under
HRH/099 still awaiting details 120 400

Outstanding proposals awaited:

PHC/001 - 12 m/m fellowship (awaiting details)
in lieu of vehicle already budgeted
under activity 3, US$ 40 000) No additional cost

CLT/001 - Revised proposal awaited (to replace
Activity 2, multivisceral transplantation
($43 600), which has been deleted
because it was not directly service-
related and not in line with WHO's
Regional priorities) No funds available

TRM/002 - Local fellowship on techniques to evaluate
training on clinical epidemiology To be costed

CWS/003 - Fellowship proposal (in lieu of vehicle,
which has been deleted, US$ 34 000) To be costed

Revised proposals received:

LEP/001 - Proposals for two workshops and an
STC (in lieu of S&E and vehicle
already budgeted, US$ 34 500) No additional cost

CAN/001 - Revised proposal received to set up
a cancer pain treatment research
group (to replace the earlier
already budgeted, US$ 60 000) No additional cost

NCD/003 - Additional information is required
from MOPH on the phototherapy
instrument. No additional cost
CONSIDERATION OF PROPOSALS FOR NEW ACTIVITIES IN 1994-1995
### Detailed Requirements for 1994-1995

<table>
<thead>
<tr>
<th>APPROACH/ACTIVITY</th>
<th>COMPONENT</th>
<th>MAN MONTHS</th>
<th>EST. COST (US$)</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>04.00 Organization of health systems based on primary health care</strong></td>
<td>ICP/PHC/014</td>
<td>1x 1</td>
<td>13 000</td>
<td>HPR/WPRO</td>
<td>Initiation of community actions for health</td>
<td>October 1994</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td>1. Develop, implement and monitor STC health promotion in selected urban communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ICP/PHC/014/VD/94.W</td>
<td></td>
</tr>
<tr>
<td>2. Video production</td>
<td>APW</td>
<td></td>
<td>15 000</td>
<td>HPR/WPRO</td>
<td>To record community efforts to improve their health and environment, and prepare consolidated tape</td>
<td>October 1994</td>
<td>ICP/PHC/014/VD/94.W</td>
</tr>
</tbody>
</table>

<p>| <strong>05.00 Development of human resources for health</strong> | CHN/HRH/008 | | | | | | |
| 1. Strengthening management of human resources for health programmes | Local costs | | 5 000 | MOPH | Workshop for provincial governors in charge of health and directors of provincial health bureaus from some provinces on health policy and management, Guangzhou (ten days for 25 participants) | 15-25 March 1995 | Agreed. |</p>
<table>
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<tr>
<th>APPROACH/ACTIVITY COMPONENT</th>
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</thead>
<tbody>
<tr>
<td>APW</td>
<td>5 000</td>
<td>MOPH</td>
<td>MOPH</td>
<td>Investigation of human resources for health in county and township in three economically developing areas in the country (distribution of human resources, existing policy in different areas, pattern and methods of human resources management in different areas)</td>
<td>Q1/95 RB</td>
<td>Agreed.</td>
</tr>
<tr>
<td>S&amp;E</td>
<td>19 200</td>
<td>MOPH</td>
<td>MOPH</td>
<td>Big screen audiovisual equipment (include 29-inch TV, video projector/recorder and video sound processor); computer 486 with printer; portable Chinese-English typewriter</td>
<td>Q1/95 RB</td>
<td>Agreed, but must not include TV of more than 29 inches or video projector 33 inches or larger.</td>
</tr>
<tr>
<td>Study tour</td>
<td>4x1</td>
<td>33 600</td>
<td>MOPH</td>
<td>To exchange experience and gain knowledge on management of human resources for health programme; quality and distribution of human resources; content and organization of training, Japan or Australia, Singapore or Republic of Korea</td>
<td>July-August 1995 RB</td>
<td>Agreed.</td>
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</table>
### APPROACH/ACTIVITY

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</thead>
<tbody>
<tr>
<td>2. Workshop on strategy of 21st century medical science and technology development</td>
<td>Local costs</td>
<td>5 000</td>
<td>MOPH</td>
<td>To discuss the current situation of medical science and technology in the country and abroad, to follow the tracks of advanced world levels, to put forward some strategic proposal for medical science and technology development and to provide a basis for policy-making department to work out the short-term programme and long-term development programme. The workshop will be held in Beijing with 40 experts of various specialties and administrators from MOPH and some bureaus of provincial health and medical universities.</td>
<td>17-22 October 1994</td>
<td>Agreed.</td>
<td></td>
</tr>
<tr>
<td>1. Local adaptation of press kit materials</td>
<td>APW</td>
<td>4 000</td>
<td>HPR/WPRO</td>
<td>Press kit materials will be translated and produced for a mass-media campaign</td>
<td>04/94</td>
<td>Agreed. However, MOPH should identify the implementing unit.</td>
<td></td>
</tr>
</tbody>
</table>

**06.00 Public information & education for health**

ICP/IEH/005
07.00 Research promotion & development, including research on health-promoting behaviour

ICP/RPO/002

1. National workshop on research design and methodology, Chengdu

<table>
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<tbody>
<tr>
<td>07.00 Research promotion &amp; development, including research on health-promoting behaviour</td>
<td>ICP/RPO/002</td>
<td>1x 1</td>
<td>13 000</td>
<td>RPD/WPRO</td>
<td>To collaborate in training activities</td>
<td>September 1995</td>
<td>Agreed for ICP funding. To be implemented late September 1995 in view of international meetings in Beijing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temporary Adviser</td>
<td>7 000</td>
<td>RPD/WPRO</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local costs</td>
<td>5 000</td>
<td>RPD/WPRO</td>
</tr>
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### DETAILED REQUIREMENTS FOR 1994-1995

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<tbody>
<tr>
<td>09.05 Health of the elderly</td>
<td>ICP/HEE/001</td>
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</tr>
<tr>
<td>1. Longitudinal study on health aspects of the elderly population in Beijing</td>
<td>Local costs</td>
<td>5 000</td>
<td>HEE/WPRO</td>
<td>To collect data on mental, behavioural and health status of the elderly population in Beijing</td>
<td>October 1994</td>
<td>ICP/HEE/001/ST/94 (JSIF)</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td></td>
<td>APW</td>
<td>5 000</td>
<td>HEE/WPRO</td>
<td>To analyze data on mental, behavioural and health status of the elderly population in Beijing and prepare a report</td>
<td>December 1994</td>
<td>ICP/HEE/001/ST/94 (JSIF)</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td></td>
<td>STC</td>
<td>1x 1</td>
<td>13 000</td>
<td>HEE</td>
<td>To support planning of the study and review progress of study</td>
<td>December 1994</td>
<td>ST/94 (JSIF)</td>
</tr>
<tr>
<td>11.02 Environmental health in rural and urban development and housing</td>
<td>CHN/RUD/001</td>
<td></td>
<td></td>
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<tr>
<td>1. Training on the maintenance of sanitary airports (Beijing Capital Airport)</td>
<td>Local costs</td>
<td>5 000</td>
<td>MOPH</td>
<td>Workshop on food and drinking water hygiene in the airport area, Beijing (For 50 administrators and health workers from the units concerned at the Capital Airport)</td>
<td>December 1994</td>
<td>RB</td>
<td>Agreed.</td>
</tr>
<tr>
<td>APPROACH/ACTIVITY</td>
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<tr>
<td>Local costs</td>
<td></td>
<td></td>
<td></td>
<td>MOPH</td>
<td>Workshop on sanitation and vector control in the airport area, Beijing (for 50 administrators and health workers from the units concerned at the Capital Airport)</td>
<td>May 1995 RB</td>
<td>Agreed.</td>
</tr>
<tr>
<td>S&amp;E</td>
<td></td>
<td></td>
<td></td>
<td>MOPH</td>
<td>Computer 486, copier</td>
<td>November 1994 RB</td>
<td>Agreed, but delete scanner.</td>
</tr>
<tr>
<td>Vehicle</td>
<td></td>
<td></td>
<td></td>
<td>MOPH</td>
<td>Van</td>
<td>04/94 RB</td>
<td>Agreed to a vehicle for inspection around the airport and for laboratory centre in Beijing with capacity of nine passengers.</td>
</tr>
</tbody>
</table>

**ICP/RUD/O01**

1. **National training course on environmental health impact assessment**
   - **STC**
     - 1x .50
     - 6 500
     - EHC
     - To collaborate in conducting the training course
     - 13-17 March 1995
     - ICP/RUD/O01/ RB/94
     - Agreed for ICP funding, but requires careful organization and multi-sectoral coordination.

   - **Local costs**
     - 5 000
     - EHC
     - To be used for travel costs of participants, rental of the course venue, local transport, reproduction of course notes, etc.
     - 13-17 March 1995
     - ICP/RUD/O01/ RB/94
     - - do -
<table>
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<tbody>
<tr>
<td>2. National workshop on health support for emergency management</td>
<td>STC</td>
<td>1x .50</td>
<td>6 500</td>
<td>EHC</td>
<td>To collaborate in conducting the workshop</td>
<td>6-9 March 1995</td>
<td>ICP/RUD/001/RB/94; Agreed for ICP funding, but requires careful organization and multi-sectoral coordination.</td>
</tr>
<tr>
<td></td>
<td>Local costs</td>
<td></td>
<td>4 000</td>
<td>EHC</td>
<td>To be used for travel costs of participants, rental of workshop venue, local transport, reproduction of workshop papers, etc.</td>
<td>6-9 March 1995</td>
<td>ICP/RUD/001/RB/94; do</td>
</tr>
<tr>
<td>3. National training course on control of schistosomiasis</td>
<td>STC</td>
<td>1x .50</td>
<td>6 500</td>
<td>EHC</td>
<td>To collaborate in conducting the training course</td>
<td>Mid-1995</td>
<td>ICP/RUD/001/RB/94; Agreed for ICP funding, but requires careful organization and multi-sectoral coordination.</td>
</tr>
<tr>
<td></td>
<td>Local costs</td>
<td></td>
<td>4 000</td>
<td>EHC</td>
<td>To be used for travel costs of participants, rental of course venue, local transport, reproduction of course materials, etc.</td>
<td>Mid-1995</td>
<td>ICP/RUD/001/RB/94; do</td>
</tr>
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<tbody>
<tr>
<td>1. Formulation of healthy urban plans</td>
<td>APW</td>
<td>15 000</td>
<td>EHE(T)/WPR</td>
<td>To carry out Phase 1 of the activities of the project</td>
<td>September 1994</td>
<td>ICP/RUD/002/RF/94</td>
<td>Agreed for ICP funding.</td>
</tr>
<tr>
<td>2. Implementation of the essential drugs concept</td>
<td>STC</td>
<td>1x1</td>
<td>13 000</td>
<td>DAP/HQ</td>
<td>Collaborate with the government in the revision of the essential drugs list to adapt to the changing health needs of the population and to rationalize drug use</td>
<td>August 1994</td>
<td>DAP/HQ extrabudgetary funds</td>
</tr>
<tr>
<td>3. Introduction of quality assurance</td>
<td>STC</td>
<td>1x1</td>
<td>13 000</td>
<td>DAP/HQ</td>
<td>Review the quality assurance systems in the country with a view to strengthening the system to assure the quality, safety and efficacy of drugs and vaccines</td>
<td>December 1994</td>
<td>DAP/HQ extrabudgetary funds</td>
</tr>
<tr>
<td>APPROACH/ACTIVITY</td>
<td>COMPONENT</td>
<td>MAN MONTHS</td>
<td>EST. COST</td>
<td>PROPOSED FUNDS</td>
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<tr>
<td>3. Support in the area of essential drugs</td>
<td>STC</td>
<td>2x 1</td>
<td>26 000</td>
<td>DAP/HQ</td>
<td>Improve prescribing practices through standardization of therapeutic schedules on the basis of selection of essential drugs</td>
<td>1995</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td></td>
<td>Local costs</td>
<td></td>
<td>4 000</td>
<td>DAP/HQ</td>
<td>Workshop to discuss standardization of therapeutic schedules</td>
<td>1995</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td>12.04 Traditional medicine</td>
<td>ICP/TRM/002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Strengthening research capabilities</td>
<td>Local costs</td>
<td></td>
<td>5 000</td>
<td>TRM/WPRO</td>
<td>Workshop on clinical research methodology for acupuncture with 30 participants from research and teaching institutions related to research on acupuncture</td>
<td>Q2/95</td>
<td>Agreed.</td>
</tr>
</tbody>
</table>

DECISION MADE AT THE 16TH JCC MEETING:

Agreed, subject to availability of extrabudgetary funds.
### Detailed Requirements for 1994-1995

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<tr>
<td>13.01 Immunization</td>
<td>ICP/EPI/OOI</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Surveillance system development</td>
<td>STC</td>
<td>1x 1</td>
<td>13 000</td>
<td>EPI/APRO</td>
<td>Visit provincial and lower levels as part of review of activities</td>
<td>April 1995</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td></td>
<td>Local costs</td>
<td></td>
<td>10 000</td>
<td>EPI/APRO</td>
<td>AFP surveillance reviews in selected provinces</td>
<td>June 1995</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td>2. Laboratory network support</td>
<td>STC</td>
<td>1x 1</td>
<td>13 000</td>
<td>EPI/APRO</td>
<td>To enhance national laboratory capabilities in:</td>
<td>December 1994</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td></td>
<td>TSA</td>
<td>2x 1</td>
<td>10 000</td>
<td>EPI/APRO</td>
<td>To review/promote National Immunization Days</td>
<td>November 1994</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td>3. Supplementary immunization</td>
<td>STC</td>
<td>2x 1</td>
<td>26 000</td>
<td>EPI/APRO</td>
<td>To support laboratory diagnosis at the national laboratory</td>
<td>December 1994</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
</tbody>
</table>
### Detailed Requirements for 1994-1995

<table>
<thead>
<tr>
<th>APPROACH/ACTIVITY</th>
<th>COMPONENT</th>
<th>MAN MONTHS</th>
<th>EST. COST (US$)</th>
<th>PROPOSED BY:</th>
<th>ACTIVITY COMPONENT DESCRIPTION</th>
<th>TARGET DATE OF IMPLEMENTATION</th>
<th>DECISION MADE AT THE 16TH JCC MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.07 Acute respiratory infections</td>
<td>Local costs</td>
<td>5 000</td>
<td>EPI/WPRO</td>
<td>Local expenses for poliomyelitis review/promotion of national immunization days in selected provinces</td>
<td>December 1994</td>
<td>ICP/EPI/102/VI/94 (JVC)</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td>1. National ARI review and planning workshop</td>
<td>Local costs</td>
<td>5 000</td>
<td>ARI/WPRO</td>
<td>Workshop for provincial ARI programme managers</td>
<td>November 1994</td>
<td>ICP/ARI/001/VD/94 (ARI/HQ)</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td>2. Training on standard ARI case management</td>
<td>Local costs</td>
<td>40 000</td>
<td>ARI/WPRO</td>
<td>Various workshops to train physicians in standard ARI case management of severe pneumonia (national level)</td>
<td>October 1994</td>
<td>ICP/ARI/001/VD/94 (ARI/HQ)</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
<tr>
<td></td>
<td>Local costs</td>
<td>30 000</td>
<td>ARI/WPRO</td>
<td>Various workshops to train physicians in standard ARI case management of severe pneumonia (provincial level)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Monitoring and evaluation (health facility survey, household communication, etc.)</td>
<td>Local costs</td>
<td>20 000</td>
<td>ARI/WPRO</td>
<td>Conducting health facility surveys to monitor and evaluate ARI activities</td>
<td>October 1994</td>
<td>ICP/ARI/001/VD/94 (ARI/HQ)</td>
<td>Agreed, subject to availability of extrabudgetary funds.</td>
</tr>
</tbody>
</table>
### DETAILED REQUIREMENTS FOR 1994-1995

<table>
<thead>
<tr>
<th>APPROACH/ACTIVITY</th>
<th>COMPONENT</th>
<th>MAN MONTHS</th>
<th>EST. COST (US$)</th>
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<th>PROPOSED FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local costs</td>
<td>20 000</td>
<td>20 000</td>
<td>ARI/WPRO</td>
<td>Conducting household surveys to monitor and evaluate ARI activities</td>
<td>October 1994</td>
<td>ICP/ARI/001/VD/94 (ARI/HO)</td>
</tr>
<tr>
<td></td>
<td>Local costs</td>
<td>10 000</td>
<td>10 000</td>
<td>ARI/WPRO</td>
<td>Follow-ups on communication study</td>
<td>October 1994</td>
<td>ICP/ARI/001/VD/94 (ARI/HQ)</td>
</tr>
<tr>
<td>4. Translation and printing of ARI training materials</td>
<td>S&amp;E</td>
<td>10 000</td>
<td>10 000</td>
<td>ARI/WPRO</td>
<td>Printing of ARI materials for training courses at provincial and county level</td>
<td>October 1994</td>
<td>ICP/ARI/001/VD/94 (ARI/HQ)</td>
</tr>
</tbody>
</table>

#### 13.08 Tuberculosis

**ICP/TUB/001**

1. Monitoring of ongoing operational research activities
   - STC
   - 2x .75
   - 19 500
   - CHD; TUB/HQ
   - To review, together with one HQ staff, the ongoing operational research activities with the Joint Research Management Committee
   - June 1995; Nov. 1995
   - GL/GLO/TUB/101/VD/94
   - Agreed for HQ funding.

2. Assessment of programme
   - STC
   - 2x .75
   - 19 500
   - CHD; TUB/HQ
   - To assess the situation of short-course chemotherapy implementation in the WB/WHO/Government of China project
   - June 1995; Nov. 1995
   - GL/GLO/TUB/101/VD/94
   - Agreed for HQ funding.

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**Decision made at the 16th JCC meeting**

- **1. Monitoring of ongoing operational research activities**
  - Agreed, subject to availability of extrabudgetary funds.

- **2. Assessment of programme**
  - Agreed for HQ funding.
## APPROACH/ACTIVITY

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>MAN MONTHS</th>
<th>EST. COST (US$)</th>
<th>PROPOSED BY:</th>
<th>ACTIVITY COMPONENT DESCRIPTION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Production of training materials Local costs</td>
<td>12 000</td>
<td>CHD; TUB/HQ</td>
<td>Translation and printing of the training modules for tuberculosis</td>
<td>September 1994</td>
<td>GL/GLO/TUB/101/VD/94</td>
<td>Approved for HQ funding.</td>
</tr>
<tr>
<td>13.14 Other communicable disease prevention and control activities ICP/OCD/008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Technical collaboration RSG</td>
<td>3 000</td>
<td>CDS/HQ</td>
<td>WHO collaborative studies to determine the origin of pandemic human influenza strains</td>
<td>1994-1995</td>
<td></td>
<td>Approved for HQ funding.</td>
</tr>
<tr>
<td>13.18 Other noncommunicable disease prevention &amp; control activities CHN/NCD/003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Training Local costs</td>
<td>5 000</td>
<td>MOPH</td>
<td>Training course on prevention and treatment of diabetes, Beijing (for 100 participants responsible for the prevention and treatment of diabetes in 18 provinces)</td>
<td>April 1995</td>
<td></td>
<td>Agreed.</td>
</tr>
</tbody>
</table>

**GRAND TOTAL**

**US$ 569,800**
COLLEAGUES AND FRIENDS,

I would like to take the opportunity offered by the China/WHO Joint Coordination Committee Meeting to give you a brief introduction on the development of health personnel in China.

1. Current Situation of Health Personnel

In recent years, the number of people working in the health sector in our country has grown rapidly. This, together with the establishment of specialized areas of health categories, has made a positive contribution to the development of health services and the improvement in the health of our people. In 1949, there were only 505,000 health workers, while by 1993 their number had risen to 5,215,400, a more than ten-fold increase. The previous shortage of medical and health care services has been resolved as a consequence. The number of health workers per thousand of the population now stands at 3.5 - 6.7 in urban areas and 2.1 in the countryside. The corresponding figure for doctors is 1.18 - 2.5 in urban areas, and 0.6 in the countryside.

Our country currently has 4,117,000 health technicians, including 2,258,000 senior medical professionals (at or above doctor level), 1,316,300 middle-level health staff, 541,800 primary-level health staff, 113,100 other technicians, and 432,900 managerial staff. Great efforts are now being made in the fields of health personnel planning, training and management, to help us achieve the goal of health for all by the year 2000.

Health personnel planning. A systematic programme for the demand, education, training and allocation of health personnel has been carried out in our country. Provinces, autonomous regions and municipalities have established coordinating mechanisms with the Departments of Education, Health and Planning to estimate demand for health personnel and to study the strategy for health service development. There are now 126 medical schools of higher education and colleges with 224,900 students. To meet the needs of health service development, the country has made changes to the specialties taught in medical and pharmaceutical schools. Some narrow specialties have been removed from the curriculum, while those in areas where personnel needs are greatest have been added. The medical schools have nine categories of specialty over 47 subjects (in addition to ten experimental subjects, which makes 57 subjects altogether). These changes will help to ensure that the programme takes account of demands for health service personnel.

Health personnel training. Our country has a well-developed postgraduate medical educational system. Emphasis is given to the postgraduate specialty training system, while a professional degree for postgraduate training is under consideration. Some provinces and municipalities have already established a residential training system for doctors, and based on the results of this experiment, a unified, national internship training system is to be created.

Major efforts are being made to develop adult and continuing medical education. In the last decade, adult and continuing education was conducted mainly by medical schools and colleges, preventive medicine centres at different levels, advanced-training medical schools, correspondence schools and various seminars. In addition to the 126 medical schools and colleges that run specialty and advanced courses, there are also 54 medical colleges for advanced training, 202 teaching facilities offering correspondence courses, 96 medical colleges
for adults, 356 secondary medical schools for adults, and 17 training centres for managerial health staff. The annual enrolment at secondary medical schools for adults is 39,000. A total of 8,000 advanced courses are given each year, and 295,000 in-service health workers trained.

Health personnel management. Nationally, the management of health personnel operates at central, provincial, city, county and township levels, and forms a vertical and horizontal management matrix. Policy is made by central government, and implemented by local government. Health personnel are recruited, assigned, promoted and evaluated by the health departments. This rational management system helps to keep morale high, thereby ensuring the most effective use of the available human resources.

2. Development of Health Personnel

The general goals of health development in the 1990s include the improvement of health services in rural areas, the strengthening of prevention and care, and continuing development of traditional Chinese medicine and pharmacy. On these basic principles, in 1990, the Ministry of Public Health produced its "Plan for the Health Services for the Eighth Five-Year Plan and Proposed Programme for the Year 2000". One of its objectives is that by the year 2000, the public should have access to primary health care services, which should be of a standard to help achieve the goal of health for all. By the year 2000, it is anticipated that health facilities at different levels will be staffed with long-term, qualified health personnel who can serve the development of the health services.

The proposed programme also outlines the objectives, priorities, policy and strategy for the development of health personnel. In the year 2000, the number of health workers per thousand population should be 3.8 (including a figure of 1.3 for doctors). In urban areas, the number should be 2.6 and in rural areas, 0.8.

Effective personnel are the foundation of the development of health services. In the 1990s, the focus will be on medical education generally. To help in this, the educational system should be reformed and the structure of medical education modified with an emphasis on the training of health personnel in the countryside. Consequently, the training and allocation of personnel from senior and middle levels, of graduates, of those from high and secondary schools, from certificate programmes, from adult education facilities, and from correspondence courses, should be rationalized. (An element of this is to ensure that the three-years of higher education, in terms of enrolling, training and assigning students, is carried out effectively.) Appropriate numbers of postgraduates should receive an education in doctoral and masters degrees in specialized areas. Priority, however, should be given to strengthening secondary medical education and health professional education for rural doctors, whose training should gradually be systemized and standardized. By the year 2000, county hospitals in rural areas should be staffed with university graduates and township health centres with college graduates. Ninety-five per cent of administrative villages should have clinics; health personnel in rural areas will need to be skilled in appropriate technology; while those working in urban areas should be encouraged to support countryside activities in various ways.

The management of health personnel should be strengthened and a system of confirmation of professional health workers' qualifications should be established. Through appropriate legislation, the management of health professionals at different levels should be improved, while non-health professionals must be kept out of the pool of health personnel. Finally, managerial health staff should receive training in modern techniques of management enabling them to upgrade their management skills.

Development of health personnel is a key link in expanding and improving health services. We should therefore like to convey our wish that WHO and other multilateral, bilateral and nongovernmental organizations will cooperate with us in the development of health personnel for the greater benefit of the Chinese people.