New China Executive Director propels collaborative partnership with Shanghai Jiao Tong University

The George Institute for Global Health, China welcomed world-renowned epidemiologist and medical researcher, Professor Zhi-Jie Zheng, as Executive Director in September, 2015.

Along with his new role at The George Institute, China, Professor Zheng will continue as University Distinguished Professor of Public Health and Medicine, as well as Dean of the School of Public Health at Shanghai Jiao Tong University.

Following by Professor Zheng’s appointment to the board, a Memorandum of Understanding (MOU) was signed between The George Institute for Global Health (TGI) and Shanghai Jiao Tong University (SJTU) School of Medicine.

Principal Directors Professor Stephen MacMahon and Professor Robyn Norton, participated in the signing ceremony, along with senior staff and academics from The George Institute and Shanghai Jiao Tong University.

A seminar on infrastructure development for multi-center clinical research was also successfully held after the signing. Delegates from TGI delivered speeches to introduce TGI’s research themes and scientific capacity, operations and management of clinical research, and the success story of the collaboration in China. Researchers and managerial staff from affiliated SJTU hospitals and organizations attended the seminar and exchanged ideas with the experts from TGI on the barriers and problems emerging from current clinical research.

The delegation from TGI also visited Shanghai Municipal Center for Disease Control and Prevention and SJTU affiliated Xinhua Hospital and reached a series of agreements on collaborations in population health research, clinical research, big data analysis, and capacity building.

Professor Stephen MacMahon said the new collaborative partnership will help “propel global-level research on clinical, population and healthcare services between the two parties.”
RESEARCH

CCmHI released landscaping report on mHealth in China

The China Center for mHealth Innovation (CCmHI) has released a landscaping report on mobile health (mHealth) in China as an early step in helping Chinese policy makers navigate the mHealth space.

The research team, together with six panelists from government, academia, industry, medical services and media, as well as attendees from different fields discussed and exchanged thoughts on the report and the future development of mHealth in China.

Professor Anushka Patel, Chief Scientist of The George Institute for Global Health said “The goal is to provide an overview of how mHealth is deployed and contributing to the Chinese health system, particularly from an academic point of view.”

CCmHI, established at the end of 2014, is a joint collaboration between The George Institute for Global Health and Qualcomm® Wireless Reach™. It was designed and created to support the development of community healthcare and contribute to mHealth innovation in China.

As the first study conducted by CCmHI, researchers examined and reviewed the scientific literature in China in relation to mHealth, as well as government and industry sector involvement, and the legal and regulatory framework. This broad overview would be annually updated.

Understanding the burden of fractures in low-and-middle-income countries

A global multi-centre study, the largest of its kind, will investigate the burden of fractures in low- and-middle-income countries (LMICs) and aim to describe the current treatment practices in these settings for the first time.

This international study in fracture care, known as the INORMUS study, will be carried out in 40 hospitals and across 18 countries in Asia, Africa and South America. In total 40,000 adult patients admitted to hospital for treatment of a musculoskeletal injury will be recruited. The study is a collaboration by The George Institute for Global Health and McMaster University in Canada, led by Professor Mohit Bhandari. The study will lead to better, more affordable care for people across Asia and in other low-income countries worldwide.

In China, 13 hospitals from 11 provinces and municipalities will participate in this study with 10,000 patients expected to be recruited.

At the first investigator meeting in Beijing, China, on September 10th, Professor Rebecca Ivers, Director of the Injury Division at The George Institute, Australia, and Principal Investigator of the study, pointed out that despite the magnitude of this problem, the burden of musculoskeletal injuries remains unknown in LMICs. “Poor people worldwide are more likely to be injured, and to receive either sub-standard care or no care at all. Health care costs for injury can plunge disadvantaged families deeper into poverty.”

“China, like many other developing countries across Asia, is facing a big challenge. Factors such as the dramatically growing number of motorcycles and electric bikes increase the risks of trauma which will significantly impact on the population’s health.”

“We hope that this milestone study, which is in line with the Decade of Action for Road Safety 2011-2020 by World Health Organization, will help inform policy makers and healthcare practitioners about ways to better treat injury, thereby helping to improve outcomes following injury for millions of people reducing the strain on medical resources in poor countries.”

Hip fracture management in Beijing not consistent with best practice in the UK

A study published in Osteoporosis International has found significant gaps in the management of hip fractures in older people in Beijing hospital, compared with the evidence-based guidelines and best practice in the UK.

“In the UK, prevention of hip fractures among older people and how to improve their care are very important health priorities,” said “The UK Blue Book, which summarizes current evidence and best practice consensus, is used to audit management for individuals hospitalized with hip fractures and has led to similar improvements in patient outcomes.”

According to a national survey conducted in 2003-2006, there were more than 69.4 million Chinese over 50 years old with osteoporosis, and 687,000 of them were likely to get hip fractures every year. The status, care, and patient outcome of hip fractures in China, however, remains unknown.

These findings resulted in a retrospective audit study, carried out by TGI in partnership with Ji Shui Tan Hospital (JSTH) in Beijing, TGI UK office and Australia office took place in China and the UK independently. In total, 780 e-medical records of patients over 60 years old with hip fractures admitted to JSTH, one of the largest and most influential orthopaedic facilities in Beijing, from 1 Dec 2009 to 31 Dec 2011, were reviewed; in the UK, 59,365 hip fractures from 180 hospitals were included in the audit.

The key findings of the audit were:

- Admission to an orthopedics ward within 24 hours of fracture: 66% in China vs 100% in the UK;
- Admission to surgery within 48 hours: 8% in China vs 83% in the UK;
- Assessment by orthogeriatrician: 27% in China vs 70% in the UK
- Osteoporosis treatment assessment: 0.3% in China vs 94% in the UK;
- Falls assessment: 3.8% in China vs 92% in the UK.

Professor Jie Wei, Director of the Orthopedics Department at JSTH, said the result implied that in China there was no actual and acknowledged pathway for hip fracture treatment. The results also implied that people don’t pay enough attention to osteoporosis and its regular care, and suggested an urgent need to better understand the reasons for these gaps and the barriers to changing practice.

For the next steps, the study team hoped to carry out qualitative research to find out what are the causes of these gaps, and then develop approaches and strategies to improve the performance of the whole system.
Innovative model could mean better primary care in resource-limited areas

Researchers from China and India have discovered cost-effective ways to improve the quality of primary care and clinical outcomes in resource-limited settings. The study result, which was recently published in Circulation with an invited editorial, could have major benefits for the general population.

The simplified cardiovascular management program, also known as the SimCard Study, was a one-year cluster-randomized controlled trial carried out in 2011. In total, the study was conducted in 47 villages in Tibet, China and Haryana, India where access to basic cardiovascular disease (CVD) management and appropriate medications were extremely limited.

The study enrolled 2086 (1,036 in China, 1,050 in India) individuals with high CVD risks, defined as over 40 years old with a self-reported history of CVD and a measured systolic blood pressure over 160mmHg.

A smartphone-based simplified ‘2+2’ intervention model, which consisted of two medications (blood pressure lowering agents and aspirin) and two lifestyle modifications (smoking cessation and salt reduction), was developed and tailored to the local cultures with strong support from local governments. Community health workers (CHWs) were deployed and trained to manage those individuals with the assistance of an Android smartphone app.

The combined results found in the study strongly demonstrated the effectiveness of this program in increasing the use of the anti-hypertensive medications, with the primary outcome being a net-difference of 25.5%. In China, a significant decrease in systolic blood pressure (-4.1mmHg) and increase in the proportion of taking aspirin (24.5%) were also observed. No actual lifestyle changes were found in both countries.

Professor Lijing Yan, Principal Investigator of the study and Honorary Professorial Fellow at The George Institute China said this study added to evidence demonstrating the potential effectiveness of CHWs in shifting and sharing the tasks of healthcare professionals, which can help reduce the cost of healthcare for individuals.

The study was the first dual-country trial of its kind and presented a good example for other collaborations between the developing countries in view of the huge synergy recognized and its inexpensiveness and sustainability.

What score can we get in fighting chronic diseases?

An international study involving China and 22 other countries about their performance in reducing the burden of non-communicable diseases (NCDs) has been published in The Lancet. The new method shows that although China, like other upper- and middle-income countries (UMICs), has an even stronger government leadership in combating NCD, the control of major risk factors and the health system reform in the response to NCDs are relatively weak, indicating that there is still a long way to go.

The NCD Scorecard Study measured performance across governance, risk factors, surveillance/research, and health system response. Scores were gathered in each of the 23 countries, mostly low- and middle-income countries, for 51 indicators from representatives of government, private sector, non-governmental and academic institutions.

In terms of the progress in prevention and control of NCDs, the report shows that compared with other UMICs, China performed well in governance and development of national plans, as well as having a fairly good system for the surveillance of NCD mortality and major risk factors, with a score of 67% and 64% respectively.

On health system response, China was graded 63%, which was 8% less than other UMICs. Like other UMICs, China had the worst score on control of risk factors with a score of only 33%.

Professor Yangfeng Wu from The George Institute China, coordinator of the study in China, said that the low score on risk factors control was expected and called for effective and sufficient actions from the national level.

“However, as many responders might not really understand the questions and health system level issues, China received a lower score than expected on health system responses,” said Professor Wu.

“For example, China received a score of zero on the item ‘Number of health workers/10,000 of population’. That may just reflect the strong desire of Chinese responders to increase the number of health workers in China, rather than the actual degree of fulfilling the health needs.”

“It requires us to continuously strengthen the primary health system, invest more in the national NCD action plan, implement more national programs on control of major risk factors, improve the NCD surveillance system and develop more cost-effective and scalable interventions suitable to Chinese society.”
GLOBAL SNAPSHOTs

China can drive global advancement in healthcare, says Asia Society President

China’s past progress in healthcare and future opportunities can help not only the Chinese people live better and longer lives, but can also drive global advancements in healthcare delivery, said Josette Sheeran, President and CEO of the Asia Society, in a major speech in Beijing hosted by The George Institute for Global Health.

Sheeran delivered the John Yu Oration before an audience of business leaders, diplomats, academics and policymakers, where she was awarded the John Yu Medal for her leadership and commitment to improving people’s health.

“We’re proud we can honour a global leader like Josette Sheeran who has done so much to combat famine and malnutrition,” said Professor Robyn Norton, Principal Director of The George Institute. “As the former head of the World Food Programme, Josette literally helped feed and keep alive hundreds of millions of people around the world.”

“I am deeply honoured to be the recipient of this year’s John Yu Award,” Sheeran said after the Oration. “The health challenges before us require wisdom and innovation only achievable through partnership across sectors and nations. I count myself privileged to have had the opportunity to serve on the frontline of hunger and malnutrition, which are unequivocally winnable battles of our time.”

During the oration, Sheeran invited the audience to take a moment and appreciate the enormity of the fact that “since the 1970s, China has lifted 600 million of its citizens out of poverty—one tenth of humanity—and more than all of human history combined.”

Given the rise of chronic and non-communicable diseases such as obesity and cardiovascular diseases, Sheeran remarked that, “We must also shift the discussion from health as a ‘cost’ to governments, to society, to families and individuals — to an ‘investment’ with a powerful return on investment … We need to move the hearts and minds of presidents, prime ministers and finance ministers as much as the health ministers. We need to find the champions and pace setters in provincial governors and mayors of large cities around the world.”

Recognising China’s remarkable experience in reducing hunger through steadfast political will, reform of the economic system, substantial investment in both human and technical capacity, Sheeran said in closing that, “We could be standing in no more exciting place for this vision of a world without abject poverty, hunger and wracked with disease than in China.”

Following the Oration, Jason Yat-Sen Li, a board member of The George Institute and Chairman of Vantage Asia Holdings, moderated a panel discussion involving Sheeran; Ninie Wang, Founder and CEO of Pinetree Care Group; and Professor Stephen MacMahon, Principal Director of The George Institute.

The John Yu Oration is an annual flagship event in The George Institute’s ongoing engagement with key stakeholders, government and non-government organisations to improve the lives of millions of people worldwide.

Healthcare the next boom industry for China-Australia business

The University of Sydney’s China Studies Centre, National Australian Bank and the George Institute for Global Health collaborated on a report identifying the healthcare sector as one of the key beneficiaries from the China-Australia Free Trade Agreement (ChAFTA), which has been ratified on 22, Dec, 2015.

The report titled ‘Australia-China healthcare opportunities’ has identified areas where Australian businesses can capitalise on China’s increasing demand for quality healthcare. It identified the major health challenges China will face over the coming decades and identified key business opportunities for Australian healthcare companies.

For the full text of the report, please visit www.georgeinstitute.org.cn

SOCIAL EVENTS:

The George Institute, China always cares for those who really need help in the society via different ways. This year, The George Institute collaborated with Beijing Chunmiao Children’s Aid Foundation (BCCAF) to deliver our love to the kids who have severe heart diseases but couldn’t afford the cost of healthcare.

On 2015 mid-autumn festival, instead of buying mooncakes for our stakeholders, we donated the money to Chunmiao and, apart from the donation, our staff visited the children who had just received operations at Fuwai Hospital, bringing them festival gifts and hoping they will recover very soon.

On Christmas Eve when people were preparing for the holiday, we joined Chunmiao to visit the hospitalized kids and their families. Our staff dressed as Santa, delivering the gifts and holiday greetings, and more importantly, encouraging the kids to create a nice art piece as a thank-you gift to the nurses and doctors who looked after them.
INTERNATIONAL COLLABORATION AND EXCHANGE

High-level roundtable to explore Australia-China Partnerships in Healthcare

The George Institute contributed to and presented at the Australia-China Partnerships in Healthcare Roundtable. The roundtable was first of its kind to explore health policy and practice in both countries and to encourage further collaboration and exchange between Chinese and Australian institutions in order to generate innovation in healthcare delivery.

The roundtable, hosted by the Australian Studies Centre at Peking University in collaboration with Peking University Health Science Centre was intended to provide a high-level forum where leading public health practitioners, policy makers, academics and business people from Australia and China could explore healthcare policy and practice to promote collaboration and create ground-breaking innovations.

Professor Zhi-Jie Zheng, Executive Director of The George Institute, China and Dean of the School of Public Health at Shanghai Jiao Tong University, delivered the keynote speech and gave an overview of China’s healthcare system to the audience.

Professor Zheng said the Roundtable was helpful to further develop areas of mutual interests and expertise in healthcare policy, system and technology, and service delivery.

Professor Clara Chow, Director of the Cardiovascular Division of The George Institute, Australia, Associate Professor Puhong Zhang, Head of Diabetes Research Program at The George Institute, China, and Acting Director of China Center for mHealth Innovation (CCmHI), were invited to participate in the mHealth session and presented the practices and best examples involving mobile technology and devices at The George Institute.

2015 GW-ICC

Two professors from The George Institute, China - Professor Zhi-Jie Zheng, Executive Director, and Professor Yangfeng Wu attended and contributed to the 26th Great Wall International Congress of Cardiology. The two professors played as guest speakers, hosts or comment on studies in several different sessions.

Recent Publications


INTERVIEW WITH RESEARCHERS

Interview with Associate Professor Puhong Zhang

Associate Professor Puhong Zhang joined The George Institute, China in May 2011. He serves as Senior Research Fellow, Head of the Diabetes Research Program, as well as the Acting Director of the newly established China Center for Mobile Health Innovation (CCmHi).

What attracted you to working at The George Institute?

The George Institute is famous for its great impact and expertise in the field of non-communicable diseases (NCD) research. If you have the dream of improving people’s health, this is the place to help you make it come true. I feel lucky to have joined The George Institute. I love to compare it to a high-speed train that is carrying heavy scientific research and helping the whole population.

What does your work focus on?

My research focus is on methodologies in NCD management, especially in diabetes management, salt and cooking oil reduction, and healthy diet.

What is a recent highlight?

One of the most important highlights is definitely working at CCmHi. Since its establishment late last year, we’ve been putting our efforts in the following projects:

• The smartphone-based app called FoodSwitch has been localized to the China market with China CDC and is now available for iOS and Android users in China. It is CCmHi’s pilot study with the aim to investigate and standardize the coordination of packaged food information in China, and empower people with access to this information via mobile technology to make their own decisions about what to buy and what to eat.

• In addition, CCmHi recently received a grant of about AUD $1.4 million to enact a study called SMARTHealth Diabetes to support the development and evaluation of a digital health intervention which is based on the best practice clinical guidelines to help type 2 diabetes (T2DM) patients better manage their condition and prevent complications.

• We just started a new project called ‘1000 days’, aims to improve efficiency management, which will cover the pivotal 1000-day period from pre-pregnancy to two-year-old childhood, and also serving different users including pregnant women, family planning workers, community and hospital medical staff, disease control and management bodies with various need at various stages.

What difference will this make to healthcare and why?

Healthcare in China is facing many challenges now. To better control and prevent disease, as well as help people improve health, scientific methods and high efficiency are both necessary. On the other hand, the lack of resources brings a lot of pressure to the fragile system.

But mHealth has huge potential. As the number of mobile phone users is booming and the Chinese government has shown strong support in this field, I’m very positive about the future of it in bringing better healthcare to patients as well as improving the healthcare delivery. By enacting more and closer international collaborations, mHealth will be a key component in the routine policy and practice for chronic disease management. I’m looking forward to witnessing another healthcare reform brought by mHealth, not only in China but worldwide.

To explain to people what I do I say….

My job is to develop both scientific and efficient solutions and strategies to tackle NCD. The research results will provide the government, health sectors and individuals with evidence-based disease management and healthcare services.

My first job was….

I started my career as teacher and researcher in Hebei Medical University where I graduated.

For detailed information on our fellowship and internship opportunities, please visit www.georgeinstitute.org.cn or contact xli@georgeinstitute.org.cn

Puhong Zhang

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