

Third Annual Reports: Web Updates

GTF130 UCL Centre for International Health and Development (CIHD)

Nine counties with a total population of 3.4 million participated in the programme. Chinese health system reforms instigated in April 2009 have greatly facilitated progress in the programme, which has exceeded its original objectives.

Community participation in health policy and health sector accountability

One hundred and four Community Health Committees have been established. They are enabling community participation in decision-making, influencing health policy and ensuring accountability of health authorities and providers. This is the first model of its type in China and has been recognized as a model of local democracy.

Evidence based medicine producing quality, affordable health care

All project counties have implemented evidence-based medicine for common conditions creating a model in rural areas for consistent cost-effective high quality care, which prevents the exploitation of service users. Adherence to evidence-based protocols is now being used as a performance indicator for evaluation and for a performance-related bonus system, which serves to improve and maintain quality of care.

Changes in management

In a traditionally top down management culture the programme has focused on participative approaches for health managers and has explicitly addressed issues of corruption. Styles of management have become more participative with more interaction between levels, and overall improved dialogue.

Sustainability

While DFID funding for this programme ended on 31st March 2011, the programme remains sustainable beyond the funding period. In a very short timeframe the programme has been integrated into policy in the nine counties. Zhejiang Health Bureau plan to expand the programme to all its counties, with interest from other provinces, suggesting the influence will expand beyond Zhejiang.

To find out more about CIHD, please visit <http://www.ucl.ac.uk/cihd/>