



CMB

CMB (China Medical Board) seeks to improve the health of the peoples of China and Asia. As a private and independent American foundation, CMB works to strengthen human resources and institutional capacities in education, research, and policy-making in health and related fields.

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**BUILDING HUMAN CAPACITIES
IS CRITICALLY IMPORTANT
BECAUSE HEALTH ULTIMATELY
IS KNOWLEDGE-BASED AND
SOCIALLY DRIVEN.**

FROM THE BOARD CHAIR



How do we remain relevant, effective, and cutting-edge in an increasingly affluent China? How do we continue to work with the region's leading medical institutions but also differentiate our programs in ways that address the health-challenged rural regions of western China and neighboring Southeast Asian countries?

In June 2010 the trustees of the China Medical Board traveled to western China and Southeast Asia to observe CMB work in the lesser privileged regions of Asia. We also met with the presidents of Chinese medical universities, learning of the new CMB programs being undertaken in health policy, nursing education, rural education, and tobacco control. This visit confirmed that CMB's strategic shift to programs more directly related to population health is well underway. Under the leadership of President Lincoln Chen, CMB is engaging its longstanding institutional partners in an expanded, and more public, health agenda which includes a wider array of medical and policy institutions.

President Chen's report understates the extraordinary range of activities which he and his small but very able Beijing and Cambridge staff have undertaken. In addition to moving the CMB office from New York City to Cambridge, Massachusetts and opening a new office in Beijing, these have included the launch of an ambitious tobacco control project, the creation of a new network of rural health institutions, the initiation of both a new institutional grant program and a new CMB fellowship program in health policy and systems science, and the revitalization of a network of leading nursing schools in China.

Of equal importance has been a range of CMB efforts designed to bring Asian health conditions and medical accomplishments to a global audience. Two special issues of *The Lancet* have focused on China,

and forthcoming issues will highlight Southeast Asia and Japan. Each of these publications is the result of many workshops and peer-reviewed co-authored papers engaging scores of Asian and international health professionals. Each provides a widely respected benchmark on issues ranging from emerging diseases to health system reform. Each received high level political and media attention. This collaborative project, which links CMB with the highest quality science engaging diverse scholars and policy makers, is a good example of CMB's new directions and a hallmark of Lincoln Chen's leadership.

The ongoing challenges facing CMB are ones shared by all American philanthropies and non-government organizations working in Asia: How do we remain relevant, effective, and cutting-edge in an increasingly affluent China? How do we continue to work with the region's leading medical institutions but also differentiate our programs in ways that address the health-challenged rural regions of western China and neighboring Southeast Asian countries?

One successful program provides a partial answer. The CMB trustee visit to Tibet Medical College this past summer coincided with a CMB-funded conference on innovative practices in rural medical education jointly organized by Tibet Medical College and China Medical University in Shenyang. Participants included medical leaders from nearly two dozen provincial Chinese medical schools. The decades-long CMB support for innovative medical

education in both Tibet and Shenyang is now being spread to a much wider array of Chinese medical institutions.

CMB's historic roots in Asia and its decades-long institutional partnerships provide a platform and rich resources that far transcend traditional funding sources. As its approaches its one hundredth an-

niversary, CMB looks forward to continued engagement with the health challenges, scientists, and institutions of Asia.

Mary Brown Bullock

Mary Brown Bullock



FROM THE PRESIDENT



CMB has embarked on addressing frontier challenges of national importance in China through four focused capacity-building programs in health policy and systems sciences; rural health in Western China; education in medicine, nursing, and public health; and controlling tobacco, China's number one preventable health problem.

China is very much in the news. Its spectacular economic advances have pushed it beyond Japan as the second-largest world economy, and some predict that it may pass the United States in another 20 years. But interest in Chinese developments, the world's most populous country, goes well beyond economics, as reflected by reports on topics ranging from the Shanghai Expo, to devastating disasters, to its rich archaeology, to explosive internet usage, and even traffic jams. As China's imprint continues to expand, our engagement as an American foundation committed to advancing the health of the Chinese people is profoundly challenged.

Keeping up or staying ahead of dramatic and rapid change has been the major motif of my CMB China work. CMB trustees had been farsighted in anticipating and preparing for China's transformation and committed to keeping CMB focused on the capacity strengthening of its universities to continue at the frontlines of health development in China. Despite our modest size, CMB's programs, like a ship, have trimmed the sails to chart fresh ways for us to pursue our mission. Our programs have completed three decades of general support to a dozen major medical universities, which are now operating with enhanced financial resources.

CMB has embarked on addressing frontier challenges of national importance in China through four focused capacity-building programs in health policy and systems sciences; rural health in Western China; education in medicine, nursing, and public health; and controlling tobacco, China's

number one preventable health problem. Steadfast has been our aim in strengthening China's health professionals and educational institutions. In so doing, we are attempting to position ourselves increasingly to work at the creative interface between highly structured departments and institutions, by crafting multi-disciplinary educational and research initiatives that extensively deploy networking in China and scientific interactions internationally.

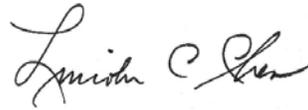
Our Asia work beyond China has also acquired clearer strategic directions. Through partnership with allies, we have supported a *Lancet* Southeast Asia series bringing leading regional scientists together to landscape major health challenges. We are continuing our support for capacity building in nursing, public health, and medicine in about a dozen partnership medical universities in the five Mekong-linked countries of Southeast Asia. Following field visits by CMB Trustees in June 2010, we are embarking on a strategic review to fine-tune our work in this vibrant world region.

We feel proud that recognition of CMB's work is stronger than ever. Even as Chinese and Asian resources dramatically increase, CMB hopes to add value, productivity, and visibility through strategic partnership with our Chinese and Asian colleagues. Many of these programs would not be possible without our Beijing office and talented, bilingual staff members, who are creating a new type of resource for CMB and for China. And we are developing similar part-time residential advisory capacity in Southeast Asia as well. Importantly, CMB contributions in

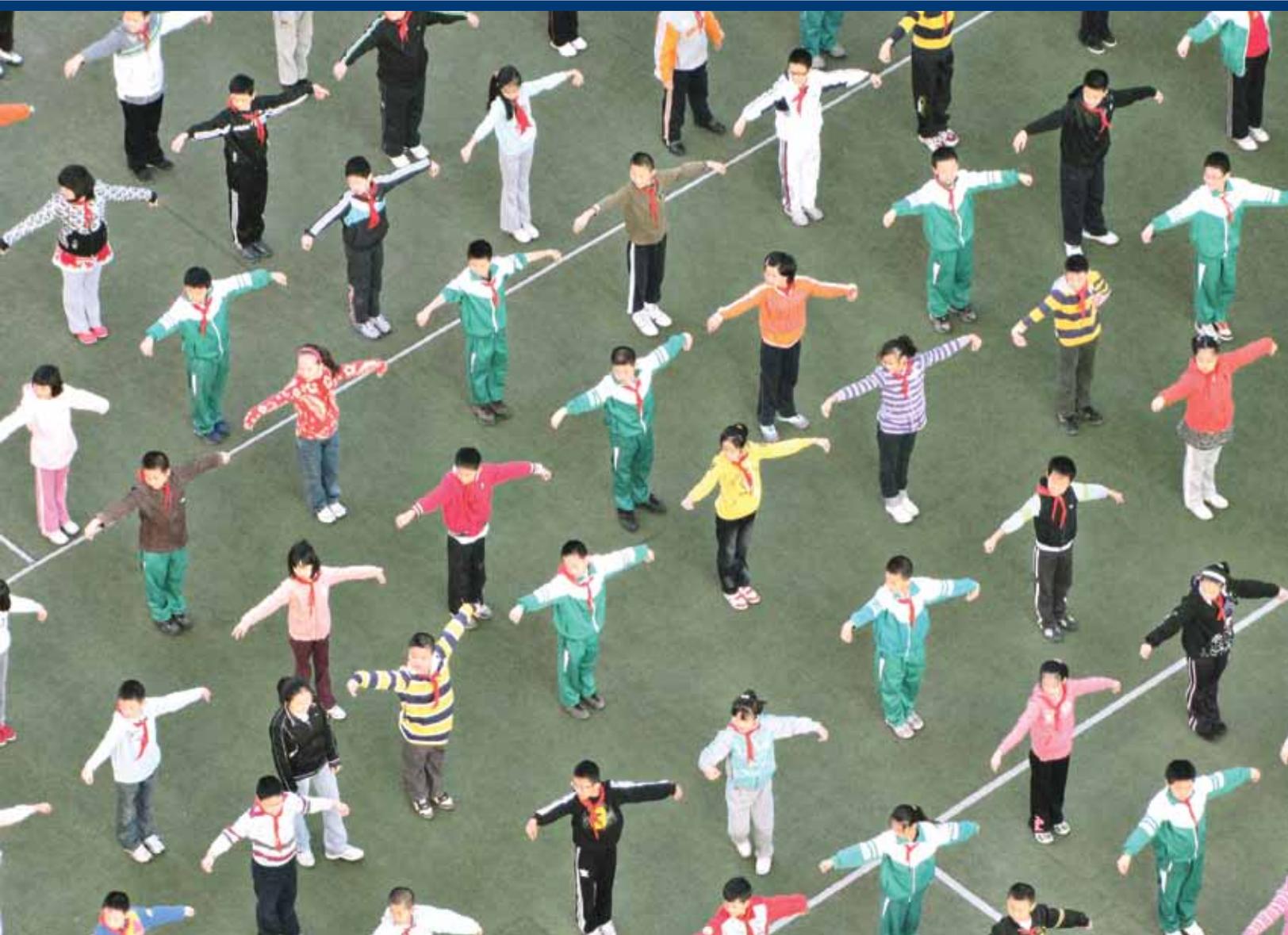
China and Asia are also influenced by our engagement globally, because Asia in its ascendancy seeks world-class quality which is valued often even more than funding.

We look forward to an exciting future of collaboration with Chinese and Asian

colleagues that has been the hallmark of CMB's work since our founding in 1914.



Lincoln Chen



OVERVIEW



Our Mission

CMB seeks to improve the health of the peoples of China and Asia. As a private and independent American foundation, CMB works to strengthen human resources and institutional capacities in education, research, and policy-making in health and development.

Our History

Started in 1914 as the second major program of the Rockefeller Foundation, CMB was endowed in 1928 as an independent foundation incorporated in New York. The charge to CMB was to advance health in China and the Far East beginning with establishing and operating the Peking Union Medical College, which it carried out from 1914 through 1951. After withdrawal from China in 1951, CMB extended its capacity-building work across many Asian countries — Japan, Korea, Hong Kong, the Philippines, Thailand, Indone-

sia, Malaysia, Singapore, and Taiwan. In 1980 it accepted an invitation to return to China, where it expanded its support for medical education and research to a dozen Chinese medical universities.

Our Focus

Reflecting the changing dynamics within China and across Asia, CMB's current programs focus on ensuring equitable access to health care services in the increasingly market-driven economies of the region. CMB's strategy attempts to complement and balance national investments in China and Asian countries through programs in:

- health policy and systems sciences in China;
- rural health in Western China;
- medical education including nursing and public health in China;
- tobacco control in China; and
- regional health in Southeast Asia.



Our Partners

CMB works in partnership with medical universities in China and Southeast Asia, reflecting both its own historical roots and the pivotal role these institutions play in linking health knowledge production, reproduction, and translation into effective practices for good health. Building the capacity of Chinese and Asian medical universities is the primary driver of our partnerships. Through our partnerships with medical universities in China and Southeast Asia, CMB works to:

- catalyze new, evidence-based policies and practices that will lead to improved health outcomes;
- strengthen the development of professional programs that produce competent graduates to meet the needs of the health sector;
- reduce disparities in access to health services between rural and urban populations;
- develop innovative approaches to major public health challenges, such as tobacco control; and
- expand channels that enable health professionals in China and Asia to more deeply engage in global health exchange and development.

CMB also pursues international partnerships with the aim of mobilizing resources — financial, academic, and technical — to support mutually identified and agreed upon activities that strengthen Chinese and Asian academic capacities. Philanthropic partnerships have been crafted with:

- Rockefeller Foundation, Bill & Melinda Gates Foundation, and the Atlantic Philanthropies;
- academic journals such as *The Lancet*;
- academies and other scientific bodies, such as the U.S. Institute of Medicine of the National Academy of Sciences and the Fogarty International Center of the U.S. National Institutes of Health;
- universities around the world in such countries as Japan, India, the United States, United Kingdom, Canada, and Australia.



In nearly a century of philanthropy, CMB has gifted hundreds of millions of dollars in grants to dozens of Asian grantee universities. Under the guidance of its distinguished Board of Trustees, CMB's professional staff seeks opportunities to be responsive to frontier challenges in advancing health in China and Asia. CMB bases its work from its headquarter office in Cambridge, Massachusetts, USA and for its China work in its CMB office in Beijing.



HIGHLIGHTS: 2008–2010

CMB President's Council Meeting in Beijing sets the foundation for new CMB strategy of health policy and system sciences. *May 2008*

Rural Medical Strategy and Innovation Symposium in Ningxia examines medical college education, research, and innovation to advance health, especially for disadvantaged communities in Western provinces. *October 2008*

CMB strengthens its commitment and engagement in China by opening its **Beijing office**. *January 2009*

Second West Lake Forum for Chinese medical university leaders on *Healthy China 2020: Policy and Action*. *February 2009*

First ten **CMB Distinguished Professorships** are awarded at the Second West Lake Forum. *February 2009*

Forty regional health leaders meet in Bangkok to begin work on **The Lancet special series on Southeast Asia**, in partnership with CMB, Rockefeller Foundation, and Atlantic Philanthropies. *May 2009*

CMB launches the **China Medical Tobacco Initiative**, a five-year project to promote medical leadership in tobacco control, with the support of the Bill & Melinda Gates Foundation. *July 2009*

At **Guiyang Workshop on Western Rural Medical Education**, CMB launches rural health network to review populations in nine western provinces and autonomous regions of China. *September 2009*

Shenyang **Conference on Priorities in China Medical Education** provides a platform for four CMB-supported medical education centers to review priorities and collaboration. *January 2010*

Peking University Health Sciences Center inaugurates its new **China Center on Health Development** to advance health policy and health systems research. *April 2010*

The Lancet's second special China series is launched in Beijing, with a focus on evolving health challenges and China's responses and reforms. *April 2010*

Global Independent Commission: Education of Health Professionals for the 21st Century continued its work on learning for health and justice with a full meeting at Peking University. *April 2010*

CMB President's Council Meeting at Sun Yat-sen University convenes to discuss frontier challenges in medical education and research in China. *June 2010*



1. Tree planting at Qinghai Medical College by Trustee Jeffrey Koplan, President Lincoln Chen, and Gates Foundation Kathy Cahill
2. CMB Trustees hosted by PUMC President Liu Depei at the statue commemorating John D. Rockefeller
3. Trustee Harvey Fineberg with Vice President Ba Denian of Zhejiang Medical University
4. Trustee Thomas Inui visiting a rural clinic in Guiyang
5. CMB delegation led by President Lincoln Chen hosted by President of Mongolia University of Health Sciences
6. CMB Fellow Qian (Sissi) Li with faculty of Dornogobi Medical College in Mongolia
7. Trustee delegation at the Potala in Tibet
8. CMB Beijing staff Fellow Tao Jin, Administrative Assistant Linda Zhou, and Tobacco Project Director Shaojun Ma
9. Trustee Anthony Saich and Beijing office Director Roman Xu calling on senior official in Guiyang
10. Roman Xu with a village doctor in Qinghai
11. Trustee delegation to Myanmar received by medical university rectors in Yangon
12. Trustee Thomas Kessinger with faculty of Hanoi School of Public Health
13. President Lincoln Chen opening the Guiyang workshop on rural medical education



**CMB FOCUSES ON BUILDING
CAPACITY IN HEALTH POLICY,
HEALTH SYSTEMS, AND THE
POPULATION-BASED HEALTH
SCIENCES — ACADEMIC FIELDS
THAT WILL HELP CHINA ACHIEVE
ITS NATIONAL HEALTH GOALS.**

STRATEGY AND PROGRAMS

Although China has enjoyed significant health achievements, it is facing daunting challenges in the reform of its health system, especially in educating its professional health workforce and in research to guide health interventions. As in all complex modern economies, China is calling upon its intellectual assets and mobilizing evidence-based knowledge to formulate strategies for crafting an equitable, effective, and efficient health system. And as China's health policies expand beyond the immediate needs of medical care, its medical universities can lead the multidisciplinary engagement needed to integrate lifestyle, behavioral, environmental, and other factors into disease prevention and health promotion. At the same time, these universities can redefine their pedagogy, so that schools of medicine, nursing, and public health produce the skill sets required to tackle the

country's health challenges.

CMB has long-standing relationships with many of China's leading medical universities, and the strength of these partnerships sets the foundation for CMB's program strategy. CMB's programs aim to build essential capacities in population-based health policy and system sciences by strengthening the next generation of academic leaders working in centers of excellence. It gives particular attention to advancing the field of health policy systems and sciences, building capacity in medical education, directing resources to rural health, and controlling one of the country's most preventable public health threats, tobacco consumption.

The grant actions described below reflect CMB's intention to apply its limited resources in ways that can catalyze actions that can contribute to advancing the health of Chinese people.



CMB takes a realistic view of the challenges that China faces in ensuring equitable access to health care for all its citizens, but also recognizes the country's reserves of knowledge, talent, and creativity that can be applied to define new strategies. The knowledge and experience gained at these academic centers will have relevance not only for China, but for many other countries that seek new policy tools to achieve better health for their citizens.

Southeast Asia remains a priority focus of CMB's work, and grants to institutions in that region follow the same integrated themes of health policy systems and sciences, medical education, and rural health.

Health Policy and Systems Sciences

China, like all nations, faces a daunting array of traditional and emerging health

problems. Meeting these challenges requires a well-coordinated, highly functioning health system: a set of interlocking components such as health planning and governance, disease prevention and health promotion, health care service delivery, health workforce, medical technologies, and health information.

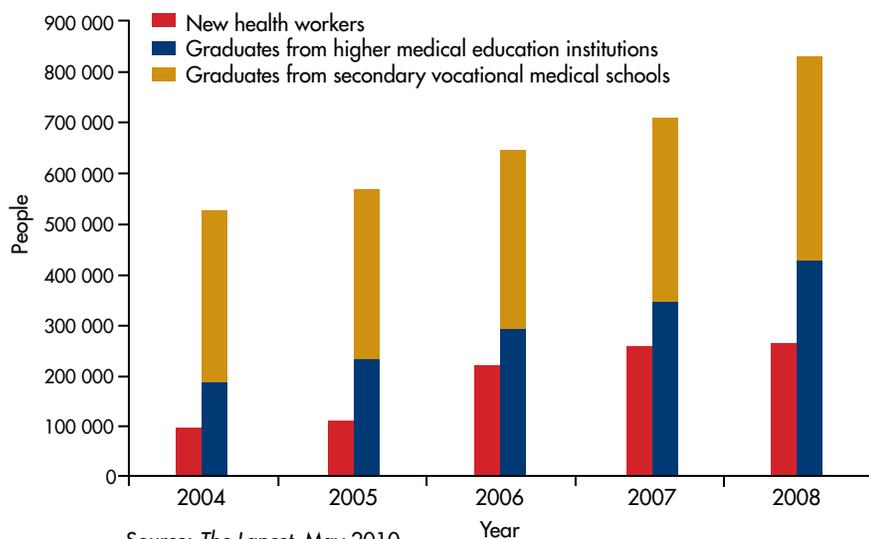
How can China put these components into effective, efficient, and equitable practice? One approach is through a better understanding of health policy and systems sciences, which integrate interdisciplinary knowledge from fields such as clinical medicine and public health, ethics and politics, economics and political science, and evaluation methods combined with modeling and organizational theory.

This is new territory for many of China's health professionals. To build capacity in this field, CMB is supporting projects that will generate knowledge, advance education, and/or lead to innovative applications in four areas: changing health problems and disease burdens; health policies in finance, human resources, information, or technologies; innovations in health systems operations and management; and China's connections to global health. Through grants in these areas, CMB aims to enhance the knowledge, methods, and tools to improve health policies and systems performance in China.

Medical Education

There has been dramatic growth in enrollment in China's medical universities over the last decade. In 1998, there were 53,000 medical students; ten years later, in

Figure 1: Number of medical graduates and new health workers in China, 2004–08



2007, there were 174,000. But quantity does not translate directly into qualified medical professionals to match the human resource needs of the rapidly changing health sector. Graduates of China's medical universities often have sound medical knowledge and a high level of professionalism, but lack skills in population health, communications, and willingness for rural service. Underlying problems in medical education include too few experienced teachers, stagnant curricula, and limited available funding.

CMB's involvement in medical education in China goes back to its earliest days, when it supported the establishment of Peking Union Medical College. It has started four major centers on medical education, located at Central South University, China Medical University, Sichuan University, and Peking Union Medical College. It continues to support efforts in medical education including nursing and public health education. Current grant-making is designed to help universities match professional competencies in medicine, nursing, and public health with the country's changing health landscape (*see Figure 1*).

Rural Health in Western China

Health equity is a priority for China's policy-makers, but rural areas lag far behind urban centers in ensuring equitable access to basic health services. This reflects a larger trend of disparity between urban and rural areas.

What options are available to help close the gap between urban and rural areas? The Chinese government is experimenting with policies to strengthen rural insurance,

medical services, practitioner training, and drug distribution. The focus of CMB grant-making is on strengthening China's rural health workforce. It aims to increase demand for and support of rural health workers, particularly in Western China.

Medical universities in Western China, though fewer in number than in other parts of the country, offer a base to build upon. CMB grants are directed to support the formation of a Western China rural health network. The goal of the network is the sharing and exchange of experiences, achieving synergy and economies of scale of individual activities, and disseminating innovations in improving rural human resources. By creating bridges among faculty within the network, CMB support can raise the quality of medical education in the western region and facilitate policies and innovation that can make further progress in correcting health inequities.

Tobacco Control

Global tobacco control is impossible without success in China, the world's largest producer and consumer of tobacco. With an estimated 350 million Chinese smokers — one out of every three smokers in the world — the health burden causes much human suffering and strains China's already hard-pressed medical resources. Yet with strong economic interests in tobacco production and sales, and cultural signals that encourage smoking, reducing smoking represents a massive health challenge in China.

Chinese medical professionals have not yet been strong voices in tobacco control.



With an estimated 350 million Chinese smokers — one out of every three smokers in the world — the health burden causes much human suffering and strains China's already hard-pressed medical resources.



Most health professionals are not yet assuming social leadership in smoking control. (In fact, smoking prevalence among doctors is about the same as in the general population.) With the support of the Bill & Melinda Gates Foundation, CMB is implementing a three-pronged approach to tobacco control: strengthening medical leadership and advocacy, promoting smoke-free campuses and educating future medical students on tobacco control, and supporting policy-relevant research.

The five-year project builds on CMB's strong ties to Chinese medical universities. Working in partnership with 16 leading medical universities across the country, medical and public health associations, the Ministry of Health and NGOs, the project aims to reduce smoking; increase the knowledge, attitude, and practice and clinical competencies of medical students and faculty; and launch smoke-free campuses and hospitals. The project will also promote

policy-oriented and intervention-relevant economic, epidemiologic, and socio-behavioral research and support leading professional associations in their tobacco-control related efforts among members; support advocacy of anti-tobacco policies by medical leadership.

Southeast Asia

The countries of Southeast Asia are extremely heterogeneous, ranging from wealthy countries like Singapore to poor countries like Laos, populous countries like Indonesia to small states like Brunei spread across vast oceans. As differences within this region mirror global diversity, the ways in which Southeast Asia manages cooperation may provide insights into global health cooperation. Yet in the field of global health, as with politics and economics, Southeast Asia is often overshadowed by its powerhouse neighbors, China and India.

CMB's programs have concentrated on mainland Southeast Asia, particularly Cambodia, Laos Myanmar, Thailand, and Vietnam. *The Lancet* Southeast Asia series, to be published in January 2011, has been an important exercise for assessing health issues, professional capacity, and policy gaps, in collaboration with scientists from the region. This intelligence, along with the insights of other specialists, will be incorporated into CMB's strategic review of its Southeast Asian program. The goal is to more effectively support the development of medical professionals and the formulation of innovative health policies.

Socioeconomic Disparities

	Population (millions)	GNI per capita	Human Development Ranking	Income Inequality (Gini)
Cambodia	14	540	131	38
Myanmar	48	—	132	—
Lao PDR	6	580	130	35
Thailand	63	3400	78	42
Viet Nam	85	790	105	37
China	1313	2360	81	47

CMB GRANTS

CMB made 76 grants during Fiscal Year 2009 and Fiscal Year 2010, as described below.

HEALTH POLICY AND SYSTEM SCIENCES

**Institute for International Education
CMB Professors, Fellows, and Faculty
Development Awards (\$5,301,330;
\$2,500,000)**

The initial grant to IIE launched the CMB Distinguished Professorships, CMB Mid-Career Faculty Development Awards, and CMB Next Generation Fellowships, with a supplemental grant to extend IIE's management of these competitive awards for an additional two years. (08-915; 09-990; July 1, 2008 – June 30, 2010; July 1, 2010 – June 30, 2012)

**Peking University Health
Science Center (PUHSC)**

**Research on Social Determinates of Safe
Motherhood in China (\$60,000)**

PUHSC will identify and measure the social determinants of safe motherhood in terms of China's specific situation for facilitating its realization of the Millennium Development Goals 5. (08-922; January 1, 2009 – December 31, 2009)

Sun Yat-Sen University

**Promoting Healthy Work Environments in
Guangzhou (\$200,000)**

The project aims to develop an effective model for promoting healthy workplaces in non-state enterprises in Guangzhou City, by assessing the current status of workplace health promotion and control trials of interventions and comparison groups. (08-924; January 1, 2009 – December 31, 2012)



Fudan University

Universal Access to Essential Health Technology in China (\$200,000)

Through field surveys, systematic reviews, and consensus development, this project formulates national strategies for ensuring essential health technologies for universal access to basic health service in China. (08-926; January 1, 2009–December 31, 2011)

Central South University, Xiangya School of Medicine

Development of an Integrated Model of Socialized Multi-level Emergency Service System with Standardized Professional Training (\$200,000)

In collaboration with University of Maryland School of Medicine, a new integrated model of multi-level emergency service system will be piloted within a public health framework. (08-927; January 1, 2009 – December 31, 2011)

Sichuan University

Assessment and Development of Health Policies for Rehabilitation Systems after the Earthquake (\$269,000)

The project will assess the major public health issues and service needs of displaced populations, their housing settlements, current capacities of public health services, and detect and monitor the status of environmental hygiene and epidemic situation of infectious diseases in key locations. (08-928; January 1, 2009 – December 31, 2011)

Harbin Medical University

Comparative Study of Healthy People Plans of Different Countries and Setting up the System of Evaluating Indicators for Healthy China 2020 (\$150,000)

A review of successful experiences of healthy people plans from other countries will gather

best practices and provide a model template to the Healthy China 2020 Initiative announced by the Ministry of Health. (08-929; January 1, 2009 – December 31, 2011)

Peking Union Medical College

Research, Priorities, and Development for “Healthy People 2020” Strategy in China (\$200,000)

Review of demographic, disease spectrum, burden of disease, and people’s health indicators, as well as statistical analysis and econometric models, will assist in setting priorities in health care systems reform. (08-931; January 1, 2009 – December 31, 2010)

Peking University Health Science Center **Planning for the China Center for Health Development (\$420,000)**

In order to successfully launch the research center, this planning grant supports the design of the organizational structure and modality of operations; helps identify and recruit an outstanding Center director; and outlines an initial work agenda. (08-933; January 1, 2009 – June 30, 2010)

Sun Yat-Sen University

Planning a Research Center of Public Health Policy for Floating Population in China (\$100,000)

Analysis of collected data from field studies and identification of major health problems among China’s floating population will help build a cross-disciplinary and internationally collaborative research platform to improve the health status of and the health care system for this population. (08-934; January 1, 2009 – December 31, 2010)



Mary Bullock presenting CMB appreciation awards to PUMC President Liu Depei and Zhejiang University Vice President Ba Denian.



Jordan Cohen and Lincoln Chen awarding CMB Distinguished Professorship awards.

Xi'an Jiaotong University

Policy Study on Improving Health Service Equity in West Rural Areas of China (\$247,000)

This project focuses on the equity and performance of China's health insurance systems in two rural provinces through a controlled trial of modifications of the New Cooperative Medical Scheme and the Medical Assistance Scheme. (09-946; July 1, 2009 – June 30, 2014)

Ningxia Medical University

Improving Research Design and Development of Detailed Proposal (\$25,000)

Ningxia Medical University will strengthen its equity and sustainability research proposal for on a three-year medical education model. (09-951; July 1, 2009 – June 30, 2010)

Peking Union Medical College

Strengthening Management Competence of CMB Grantee Universities (\$173,400)

Two training workshops will improve the project management capacity of CMB liaison officers and coordinators of grantee universities and colleges. (09-955; August 1, 2009 – December 31, 2010)

China Medical University

Promoting Patient Safety Practices in China (\$260,000)

Patient safety practices will be promoted by identifying contributing factors and potential solutions; developing a quality model, methods, and countermeasures to improve patient safety practice focus; training healthcare providers and implementing management systems; and other measures. (09-977; January 1, 2010 – December 31, 2014)

Fudan University

To Start a China Center for Health Research (\$400,000)

Support will be provided for a new center to build capacity in China, promote relevant interdisciplinary studies, and demonstrate the impact of evidence on national and regional health policy development. (09-978; January 1, 2010 – December 31, 2011)

Harbin Medical University

Evaluation and Capacity Building for China's Hospital Reform Pilots (\$300,000)

Quantitative and qualitative research will be the basis for a systematic evaluation of pilot hospital reform projects; this experience will strengthen Harbin Medical University's research capacity in the discipline of health management and evaluation. (09-979; January 1, 2010 – December 31, 2011)

Jiujiang University Medical Center

Developing Patient Referral and Transfer System between Urban and Rural Healthcare Delivery Systems (\$200,000)

A new cooperative model between urban and rural medical centers will be based on comparative studies among current existing referral models and a pilot study of implementation in selected trial hospitals. (09-980; January 1, 2010 – December 31, 2012)

Peking University Health Science Center

Establishment of the Peking University China Health Development Center (\$884,000)

An autonomous center will generate multidisciplinary health policy and health systems research and education, governed by an independent board and offering attractive working conditions and faculty incentives. (09-981; January 1, 2010 – December 31, 2011)

Peking Union Medical College
Strengthening Research and Education
in Health Promotion and Health Risk
Reduction (Health Management)
(\$350,000)

Building health management databases, developing measurement tools, conducting related surveys, and starting health management training programs for faculty and staff will be initial steps toward establishing an internationally recognized Center of Evidence-based Health Management. (09-982; January 1, 2010 – December 31, 2012)

Sichuan University
Establishing an Evidence-based Research
Center for Health in Western China
(\$352,800)

Infrastructure will be put in place and an expert committee will be established to design and guide the establishment of an evidence-based research center for health, which will carry out research on major health strategy and policy issues in Southwestern and Northwestern China. (09-983; January 1, 2010 – December 31, 2011)

Sun Yat-sen University
Start-up of Sun Yat-sen Center for Migrant
Health Policy Studies (\$250,000)

The project will set up the organizational structure for a center of multidisciplinary research and multilateral cooperation to improve health conditions of China's migrant populations. (09-984; January 1, 2010 – December 31, 2011)

Xi'an Jiaotong University
Study on the Reform of Health Care
Payment System in Shaanxi Province
(\$300,000)

Diagnostic related group (DRG) payment

systems suitable for tertiary-level hospitals will be explored in order to control health expenditures and improve the payment system in Shaanxi Province. (09-986; January 1, 2010 – December 31, 2014)

Central South University
Development of a Regional Medical
Information Network System (\$250,000)

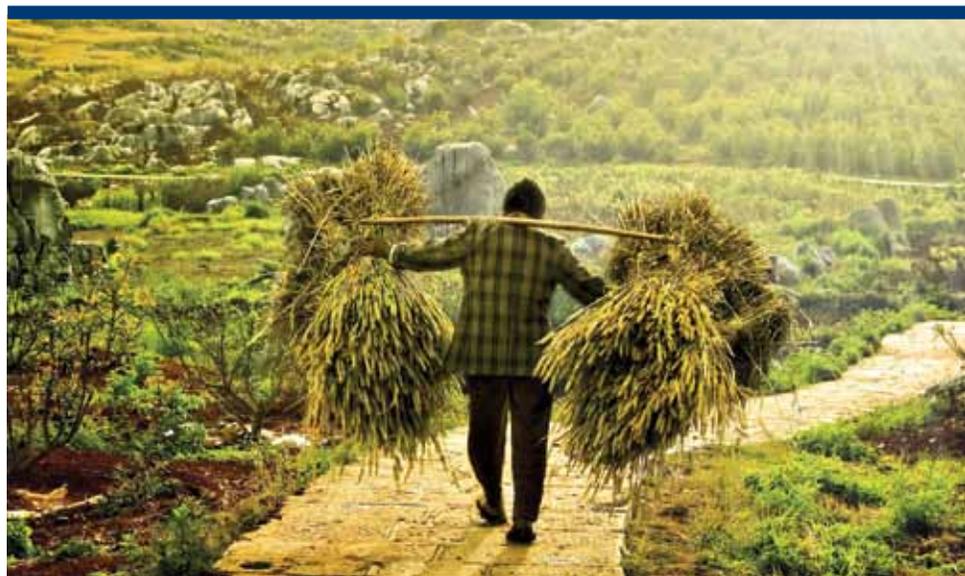
The project will develop and evaluate a demonstrative regional network system and its operational mechanism in order to share healthcare information, education, and coordinated medical service in Hunan Province. (09-987; January 1, 2010 – December 31, 2012)

Central South University
Strategies for Mental Health Services in
China (\$200,000)

Evidence-based mental health policy development will be promoted through a systematic study of the existing mental health system and new approaches will be formulated to meeting the mental health demands of China's population. (09-988; January 1, 2010 – December 31, 2012)



Han Qide, Vice-Chairman of the Standing Committee of the National People's Congress, meeting with CMB trustees and staff.





Sun Yat-sen University
Vice President Li
Mengfeng opening the
CMB President's Council
meeting.

**Zhejiang University School of Medicine
Enlarging the Risk Pool to Improve
Sustainability of Rural Health Insurance in
Zhejiang Province (\$200,000)**

A situational analysis of the New Cooperative Medical Scheme will improve understanding of its existing characteristics and the feasibility of merging schemes to enlarge the risk pool from the county level to the prefecture-municipality level. (09-989; January 1, 2010 – December 31, 2013)

**Peking Union Medical College
In-China Training: Young Faculty
Development (\$820,000)**

An in-China training program will be developed to expand significantly the pool of young faculty in the 13 CMB-affiliated medical universities able to conduct high-quality multidisciplinary research in health policy and health systems. (09-991; January 1, 2010 – December 31, 2012)

**Peking University
Support Travel and Organization of
Chinese Scientists to the First Global
Symposium on Health Systems Research
(\$95,000)**

CMB travel support facilitated the participation of Chinese scientists in a WHO-sponsored international symposium to share evidence, identify existing knowledge gaps, and set a research agenda that reflects the needs of low and middle-income countries. (10-000; April 1, 2010 – March 31, 2011)

**EDUCATION IN MEDICINE,
NURSING, PUBLIC HEALTH**

**Peking University Health Science Center
Core Courses in China's Medical Education
Reform (\$190,000)**

A cross-cultural and cross-national comparison of medical curriculums will be carried out by professors from the schools of medicine, basic medical sciences, and university hospitals in order to develop a reformed core curriculum to be shared with other medical schools in China. (08-921; January 1, 2009 – December 31, 2010)

**Zhejiang University School of Medicine
Development of a National Unified
Residency Training Program (\$298,000)**

Developing an experimental residency training program for implementation in the 12 teaching hospitals and eight other tertiary hospitals affiliated with Zhejiang University will be a first step toward the goal of establishing a national unified residency training system in China. (08-930; January 1, 2009 – December 31, 2012)

**China Medical University
Dissemination and Faculty Development
in Medical Education Innovation through
North China Center's Efforts (\$395,000)**

This project supports continuing educational innovations at the North China Center through capacity building; disseminating experience; and introducing international advanced medical education concepts, modules, and experience. (08-935; January 1, 2009 – December 31, 2013)

Central South University, Xiangya
School of Medicine

**Student Professionalism Assessment
System for Medical Education (\$275,000)**

Practicing physicians, faculty, staff, and students will be consulted and systematic studies will be undertaken to establish an effective Student Professionalism Assessment System for China. (08-936; January 1, 2009 – December 31, 2013)

Peking Union Medical College
**Reforming Curriculum for the Eight-year
Medical Education Program (\$162,750)**

The goals of PUMC's medical education will be reviewed and guiding principles for curriculum change introduced, in order to enhance learning within the structure of the curriculum, support lifelong learning, and addresses current challenges in medical education. (08-937; January 1, 2009 – December 31, 2012)

Peking Union Medical College
**Protecting and Researching Archives of
Peking Union Medical College (\$150,390)**

This project will enhance the use of the PUMC archives, increase the quality and quantity of preservation work, and strengthen professional development of staff necessary for archival use and preservation. (08-939; January 1, 2009 – December 31, 2010)

Tibet University Medical College
**Talent-Training in Preventive Medicine for
Rural Tibet (\$157,500)**

The project aims to improve health at the grassroots level, increase health service capabilities, and promote health by improving the effectiveness of medical professionals, enhancing the qualities of graduates, and

adapting to the needs of health reform and development. (09-972; January 1, 2010 – January 1, 2014)

Zhejiang University School of Medicine
**Upgrading Public Health Professional
Education (\$255,000)**

A pilot program based on international and domestic experience in health professional education will increase the university's seven-year medicine program to nine years and confer both MPH and MD degrees upon graduation. (09-976; January 1, 2010 – December 31, 2013)

Sun Yat-sen University
2010 CMB President's Council (\$82,500)

Sun Yat-sen University hosted CMB's biennial President's Council Meeting to promote exchange and sharing and discussion of frontier challenges in medical education and research among leaders of CMB grantee universities. (09-993; January 1, 2010 – December 31, 2010)



Chen Zhu, Minister of Health, hosting Lincoln Chen, Harvard public health Dean Julio Frenk, and *Lancet* editor-in-chief Richard Horton.





Delegation of CMB trustee, advisors, and staff with specialists in Guiyang.

Peking University

Conference of Commission of Education of Health Professionals for the 21st Century (\$80,000)

This CMB support to Peking University enabled the Commission to learn about medical education developments in China in preparation of a report to be finalized during 2010. (10-996; April 1, 2010 – September 30, 2010)

RURAL HEALTH IN WESTERN CHINA

Jiujiang University Medical Center

Epidemiological Investigation and Control Strategy on Schistosomiasis in Poyang Lake Region (\$150,000)

A plan to control schistosomiasis will focus on the epidemic situation; determinants of transmission; epidemic tendency; intervention methods; and the role of local, cultural, environment, ecological, and hydrologic transmission factors. (08-923; January 1, 2009 – December 31, 2011)

Xi'an Jiaotong University

Prevention and Control of Hypertension and Cardiovascular Diseases in Rural West China based on Lessons of Shaanxi Hanzhong Program (\$200,000)

A cross-sectional study will estimate the current prevalence of hypertension and other related diseases and glean lessons from a set of strategic interventions from Program of Shaanxi Hanzhong Hypertension Prevention. (08-925; January 1, 2009 – December 31, 2013)

Peking Union Medical College

Study of Rural Doctors in China (\$149,300)

This study will describe and analyze rural doctors' professional work and economic status; provide evidence-based recommendations to support policies for rural doctors' training, compensation, and sustainable career development; and provide opportunities for medical and public health students to gain field experience, learn health survey research methods, and become familiar with rural doctors in China. (08-932; January 1, 2009 – December 31, 2010)

Sichuan University

Training Model for Building the Capacity of Health Workers in West China Rural Communities (\$153,100)

An expert group of specialists from medicine, public health, teaching, administration, and local and government institutions will set up a training model for health care providers in rural areas and communities in Western China. (08-938; January 1, 2009 – December 31, 2011)

Xinjiang Medical University

A Training Model for Village Doctors in Xinjiang's Minority Areas (\$241,500)

This project aims to increase the rate of licensed rural doctors from the current 6.3 percent to 60 percent through ramping up in-service trainings of rural doctors. (09-941; July 1, 2009 – June 30, 2016)

Qinghai University Medical College

Training Mobile Health Workers in Pastoral Areas of Qinghai (\$260,881)

The faculty of Qinghai University Medical College will deliver training in 16 modules ranging from health promotion, prevention,

clinical skills, applicable medical technologies, rehabilitation to maternal and child care to a total of 400 pastoral doctors. (09-942; July 1, 2009 – June 30, 2014)

Kunming Medical College

Rural Training in Multi-ethnic and Border Areas of Yunnan Province (\$280,770)

This project will develop a demonstration training model in three ethnic minority counties, including a project launch, needs assessment, curriculum and materials development, training sessions, and evaluation. (09-943; July 1, 2009 – June 30, 2013)

Lanzhou University School of Medicine

A Cluster of Randomized Trial of SMS for Continuing Education of Township Doctors in Gansu Province (\$232,050)

This project will conduct a cluster randomized trial to evaluate the effectiveness of providing evidence-based clinical information through short message service (SMS) via cell phones to rural township doctors. (09-944; July 1, 2009 – June 30, 2012)

Guiyang Medical College

Medical Services Training for Rural Doctors in Guizhou (\$329,900)

Guiyang Medical College will demonstrate a model of training of Guiyang's rural health workforce, based on six months of full-time classroom training followed by 12 months of practicum in clinical and preventative medicine. (09-945; July 1, 2009 – June 30, 2011)

Shandong University

Capacity Building in Health Systems and Collaborative Policy Research in Ningxia and Guizhou Provinces (\$249,700)

The project supports advanced training of junior faculty and capacity development in Western China through collaborative research

in health financing, human resources, and MCH service delivery. (09-947; July 1, 2009 – June 30, 2012)

Ningxia Medical University

Studies on Rural Health in Western China (\$350,000)

Studies will examine reform of rural practical medical education and rural medical insurance systems accompanied by technical capacity building in health policy and systems research; a pilot study on equal access to primary medical service and public health will be included. (09-973; January 1, 2010 – December 31, 2013)

Guangxi Medical University

Innovative Management of Rural Healthcare in Guangxi Zhuang Autonomous Region (\$205,300)

A cross-sectional survey on the current healthcare system will identify barriers to service delivery and the advantages and disadvantages of the current systems; an intervention trial will be designed and implemented in the sampled communities. (09-974; January 1, 2010 – December 31, 2013)

CMB-affiliated medical university leaders launching the China Medical Tobacco Initiative.





CMB opened its Beijing office in January 2009.

Inner Mongolia Medical College
Community-Based Assessment of Regional Training of Health Personnel in Inner Mongolia's Agricultural and Pastoral Areas (\$179,000)

Two training bases will be established to train both county-level teachers and farmland and pastoral medical personnel with content based on information concerning community health conditions, lifestyles, population statistics, and environmental conditions. (09-975; January 1, 2010 – December 31, 2014)

Tibet University Medical College
Non-communicable Diseases among Tibet's High Altitude Population (\$100,000)

The goal of this project is to systematically map the occurrence and patterns of non-communicable diseases and associated risk factors in Tibet, with special attention focused on asthma prevalence. (09-985; January 1, 2010 – December 31, 2012)

Jiujiang University Medical Center
Planning Grant for Rural Medical Education (\$33,064)

In preparation of a full proposal, Jiujiang Medical Center aims to identify key characteristics of Chinese rural medical education through seminars and meetings to discuss planning, methods of investigation, and implementation, in partnership with CMB schools and three-year medical schools. (10-001; April 1, 2010 – March 31, 2011)

Xi'an Jiaotong University
Workshop and Study Tour for Rural Health (\$55,562)

Nine western provincial medical universities and four resource partner schools joined a workshop to clarify program objectives, applications details, and proposal development; a weeklong study tour for select participants highlighted models in health policy and systems innovation. (10-999; March 1, 2010 – August 31, 2010)



TOBACCO CONTROL

China Medical University

Smoke-free School Campus and Hospitals (\$85,000)

This project seeks to protect the staff and students from the harm of secondhand smoke, prevent acquiring smoking habit, encourage smokers to quit, and set a model of tobacco control for the university and the broader society. (09-959; January 1, 2010 – December 31, 2011)

Fudan University

To Promote Tobacco Control in Fudan Medical Campus and Affiliated Hospitals of Fudan University by Shanghai Quality Control Center for Respiratory Disease (\$85,000)

The project will promote a smoke-free environment through training tobacco cessation teachers and physicians, establishing a tobacco control network, building a smokers' cessation database system, and inspecting and supervising tobacco control work. (09-960; January 1, 2010 – December 31, 2011)

Harbin Medical University

To Create Smoke-free Campus and Hospitals (\$85,000)

A tobacco control leadership group will be established for specific implementation of activities designed to promote a smoke-free environment, including an ambitious knowledge and education campaign, policy intervention, and academic activities. (09-961; January 1, 2010 – December 31, 2011)

Jiujiang University Medical Center

Building Smoke-Free Medical Campus and University Hospital (\$85,000)

This project aims to promote capacity in tobacco control and reduce smoking rates, through establishing an anti-tobacco steering committee, developing a tobacco control plan, conducting baseline investigations, publicizing tobacco control through signs and warnings, and other activities. (09-962; January 1, 2010 – December 31, 2011)

Ningxia Medical University

Establishment and Enforcement of Smoke-free Campus and Hospital (\$85,000)

To establish a smoke-free campus, project activities will include creating and mobilizing a leadership group in tobacco control; baseline investigations; training of professionals, students and staff; use of media for advertising; and creating a website to list the risks of tobacco and secondhand smoke and the status of tobacco control. (09-963; January 1, 2010 – December 31, 2011)

Peking University Health Science Center

Intervention Study on Standards of Smoke-free Campus (\$85,000)

The project will investigate and research tobacco control standards and landscape the current smoking situation of students and staff, then formulate tobacco control organizations, regulations, and policies and develop tobacco control training for faculty, students, and medical leaders. (09-964; January 1, 2010 – December 31, 2011)

Peking Union Medical College

Resist Tobacco and Hug Health (\$85,000)

The project aims to create smoke-free environment through student activities, establishing an education center for tobacco control, developing and enforcing smoking ban regulations, and creating incentive mechanisms for awards or rewards. (09-965; January 1, 2010 – June 30, 2010)



CMB trustees at the Schwedegon Pagoda in Yangon.

Sichuan University

Create a Non-smoking Hospital and School through Joint Efforts of Faculty and Students (\$85,000)

This proposal aims to protect medical students, faculty members, and employees from exposure to second-hand smoking, to promote a tobacco-free lifestyle, and to encourage smoking cessation among medical faculty and students and thereby eliminate indoor smoking on campus. (09-966; January 1, 2010 – December 31, 2011)

Sun Yat-sen University

“No Tobacco, Be Healthier” Tobacco Control Initiative (\$85,000)

This two-year proposal seeks to help students on the medical campus and staff members in the affiliated hospitals to enhance their awareness of the harmfulness of tobacco, improve their knowledge and skills for tobacco control, and change their attitude and behavior toward the use of tobacco. (09-967; January 1, 2010 – December 31, 2011)

Tibet University Medical College

To Establish a Smoke-free Campus and Hospital (\$85,000)

This project comprises mobilization meetings, developing guidelines, creating smoke-free

campus and hospitals, enforcing curriculum development, and engaging student organizations in enhancing awareness. (09-968; January 1, 2010 – December 31, 2011)

Xi’an Jiaotong University

Building Smoke-Free Campus in Medical University and Hospitals (\$85,000)

This project aims to establish clinics for quitting smoking, reduce the smoking rate on the medical campus and affiliated hospitals, perfect management and supervision agencies for tobacco control in all departments, and extend smoking control experiences to nearby communities and rural hospitals of Shaanxi Province. (09-969; January 1, 2010 – December 31, 2011)

Central South University

Creating Smoke-free Campuses and Hospitals (\$85,000)

This project will design a strong, efficient system to lead and implement actions controlling smoking, creating and implementing university-level policy on smoking, executing a five-component model for smoke-free intervention, and developing a mechanism for monitoring and evaluating the implementation of the project. (09-970; January 1, 2010 – December 31, 2011)

Inaugural launch of the new China Center for Health Development Studies.

北京大学中国卫生发展研究中心成立暨Lancet中国健康专刊II首发式大会 2010.4北京



Zhejiang University School of Medicine
**Creating a Smoking-free Environment
 in Medical University and Its Affiliated
 Hospitals: A Pilot Study (\$85,000)**

Project implementation will include the establishment of a leadership committee for policy and regulation development, baseline surveys to understand the current smoking situation and status, training of smoke-free advocates among staff, and encouraging and supporting students to conduct innovative anti-smoking activities. (09-971; January 1, 2010 – December 31, 2011)

Sichuan University
**Baseline Survey and Monitoring and
 Evaluation (\$299,800)**

This project will use baseline surveys and questionnaires to evaluate changes in awareness, attitudes, and behaviors of medical students, teachers, and doctors and changes in school policies and campus environments, as part of the China Medical Tobacco Initiative. (10-002; June 1, 2010 – May 31, 2014)

Peking Union Medical College
**Research on the Practice and Evaluation
 of Tobacco Control Education for Public
 Health Professionals and Clinic Doctors in
 China (\$225,000)**

This project will evaluate and revise a Web-enabled tobacco control distance learning platform created by Johns Hopkins' Bloomberg School of Public Health Institute for Global Tobacco Control, with the aim of creating a training platform for public health professionals and clinic doctors in China. (10-003; June 1, 2010 – December 31, 2011)

Peking University Health Science Center
**Planning for Student-led Tobacco Control
 Activities (\$15,000)**

Through surveying medical students at CMB-supported medical universities, Peking University Health Science Center aims to understand, design, and improve tobacco control educational activities that will attract participation and leadership from medical students. (10-998; March 1, 2010 – June 30, 2010)

ASIA AND GLOBAL

Mahidol University
**Support for Chinese and Asian Participants
 at the Prince Mahidol Award Conference
 (\$150,000)**

This grant supports the participation of 20 Chinese and Southeast Asian scientists, either as participants or as speakers, for three years, with special priority given to young scholars and emerging leaders. (09-950; July 1, 2009 – June 30, 2012)

Mahidol University
**Supporting Chinese and Asian Participants
 to the Fourth AAAH Annual Conference
 (\$30,000)**

CMB supported the participation of Chinese and Asian policy-makers, academics, and leaders in a conference on how medical professionals can be trained and deployed to serve disadvantaged populations. (09-957; October 1, 2009 – June 30, 2010)

Ghajah Mada University
**Third Authors' Workshop for The Lancet
 Series on Southeast Asia (\$54,402)**

This series will showcase health in Southeast Asia through the academic production of a set



Participants in *Lancet*
 Southeast Asia series at
 Borobudur, Indonesia.

of scientific papers featuring achievements, innovations, and challenges identified and authored primarily by health scientists in the region. (09-994; January 1, 2010 – December 31, 2010)

**Japan Center for International Exchange
Organize and Host a Project to Produce
and Publish a Special Report on Japan in
The Lancet (\$140,000)**

This special series, scheduled for publication in September 2011, will examine Japan's success in extending life expectancy and the challenges of an aging society, emerging chronic diseases, and escalating health costs. (10-995; April 1, 2010 – March 30, 2012)

**University of Health Sciences, Lao PDR
Strengthening Public Health Training in Lao
PDR (\$100,000)**

This project strengthens public health training through two doctoral fellowships for promising young Lao specialists to train at neighboring Khon Kaen and Mahasarakham Universities in Thailand and scholarships for up to ten Laotian students studying in UHS's new MPH program. (09-948; July 1, 2009 – June 30, 2012)

**National Institute of Public Health, Cambodia
Strengthening Faculty and Field Sites of
the School at the Cambodian National
Institute of Public Health (\$200,991)**

This strengthens several key functions of the nascent School of Public Health at the National Institute of Public Health, such as developing field sites, supporting training in teaching and student assessments, and upgrading the School's computing facilities and library. (09-949; July 1, 2009 – June 30, 2012)





EDUCATION SUPPLIES PROFESSIONALS,
AND PUBLIC POLICIES SHAPE THE
DEMAND OF THE WORKFORCE THAT
PROVIDES SERVICES TO MEET
HEALTH NEEDS.

FINANCIAL REPORT

Financial information includes all income and expenditures from CMB headquarters in Cambridge, Massachusetts and CMB Beijing office.

China Medical Board
Condensed Audited Financial Information
For the Years Ended June 30, 2010 and 2009

Statement of Financial Position	2010	2009
Assets	\$208,555,729	\$187,465,028
Liabilities	\$3,456,820	\$3,609,999
Net Assets	\$205,098,909	\$183,855,029
Total Liabilities and Net Assets	\$208,555,729	\$187,465,028
Statement of Activities		
Revenue	\$5,360,013	\$9,618,962
Grants and Other Expenses	\$13,663,766	\$13,662,300
Investment Management	\$458,542	\$405,161
Payments to Retired Employees	\$92,416	\$198,791
Federal Excise Tax	\$209,246	\$87,631
Total Expenses	\$14,423,970	\$14,353,883
Change in Net Assets before Other Additions (Deductions)	(\$9,063,957)	(\$4,734,921)
Other Additions (Deductions)		
Realized Gains	\$19,420,691	\$(18,542,643)
Change in Unrealized Gains	\$10,733,967	\$(37,867,545)
Unpaid Grants	\$3,321,271	\$3,465,871
Other Adjustments	\$8,579	\$57,095
Net Assets at Beginning of Year	\$183,855,029	\$245,298,814
Net Assets at End of Year	\$205,098,909	\$183,855,029

CMB's financial statements have been audited by Condon O'Meara McGinty & Donnelly LLP. The auditors' report is subject to approval by CMB's Board of Trustees.

CMB STAFF AND ADVISORS



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Afshaan Alter
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China Medical Board History

Started in 1914 as the second major program of the Rockefeller Foundation, CMB in 1928 was endowed as an independent foundation incorporated in New York. The charge to CMB was to advance health in China and the Far East beginning with establishing and operating the Peking Union Medical College in Beijing, which it carried out from 1914 through 1951. After withdrawal from China in 1951, the CMB extended its capacity-building work across Asia — Japan, Korea, Hong Kong, Philip-

pires, Thailand, Indonesia, Malaysia, Singapore, and Taiwan. In 1980 it accepted an invitation to return to China, where it expanded its support for medical education and research to a dozen Chinese medical universities. CMB's current programs focus on ensuring equitable access to health care services in the increasingly market-driven economies of the region. In nearly a century of philanthropy, CMB has gifted hundreds of millions of dollars in grants to dozens of Asian grantee universities.

▲ John D. Rockefeller, Jr., third from right in front row, and others at the 1921 dedication of Peking Union Medical College.



CMB

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