

## China



China has nearly a quarter of the world population; dramatic economic, social and political changes in recent years have had major impacts on health and health care. Disease burden has largely shifted from communicable to noncommunicable diseases and injuries. An unprecedented demographic transition is in progress with decreasing birth rates and an increasingly elderly population which will create new challenges and involve extensive restructuring of the health system.

Market reforms and economic liberalization of the 1980s resulted in a period of rapid economic growth (with annual growth rates averaging 8-9% since 1978); however social and human development has not kept pace with economic growth. Industrial expansion and rising incomes have accelerated migration from rural areas to urban centres.

### HEALTH & DEVELOPMENT

Total population (2005) <sup>1</sup>	1 315 844 000
% under 15 (2005) <sup>1</sup>	21
Population distribution % rural (2005) <sup>1</sup>	59
Life expectancy at birth (2004) <sup>2</sup>	72
Under-5 mortality rate per 1000 (2004) <sup>2</sup>	25
Maternal mortality ratio per 100 000 live births (2003) <sup>3</sup>	48.3
Total expenditure on health as % of GDP (2004) <sup>4</sup>	5.6
General government expenditure on health as % of general government expenditure (2004) <sup>4</sup>	10
Human Development Index Rank, out of 177 countries (2003) <sup>5</sup>	85
Gross National Income (GNI) per capita US\$ (2004) <sup>6</sup>	1290
Population living below national poverty line % (1990-2002) <sup>5</sup>	4.6
Adult (15+) literacy rate (2000-2004) <sup>7</sup>	90.9
Adult male (15+) literacy rate (2000-2004) <sup>7</sup>	95.1
Adult female (15+) literacy rate (2000-2004) <sup>7</sup>	86.5
% population with sustainable access to an improved water source (2002) <sup>5</sup>	77
% population with sustainable access to improved sanitation (2002) <sup>5</sup>	44

**Rapid economic growth has not been reflected in increased government investment in health.** Health insurance coverage at the end of 2005 was approximately 40% - including the urban basic health insurance scheme, new rural cooperative medical scheme and other health insurances<sup>a</sup>; out-of-pocket payments constitute the majority of growing health expenditures (54%). China has a complex health financing system decentralized to the lowest administrative level; there is widespread reliance on service fees and long-standing underinvestment in public health services resulting in huge inequalities between eastern and western China, rich and poor and urban and rural populations. China faces major challenges to achieving the United Nations (UN) Millennium Development Goals (MDGs) on HIV/AIDS, gender and environmental sustainability. Targets on improving child and maternal health may be met if access to health can be improved.

More than 12 ministries or agencies administer health in China including the Ministry of Health (MoH), Ministry of Labour and Social Security and the National Development and Reform Commission.

**Communicable diseases and malnutrition have major impact on health, especially in less developed areas,** and particularly among young children. Lower respiratory infections, hepatitis B and tuberculosis cause significant mortality and morbidity; approximately 10% of the population are chronic carriers of hepatitis B, causing an estimated 70% of all cases of liver cancer in China. The emergence of severe acute respiratory syndrome (SARS) in southern China in 2003 demonstrated the importance of general strengthening of public health, including surveillance, hospital infection control and health information systems.

**Infant and under-five mortality rates remain high where access to services is low,** particularly due to communicable diseases and perinatal conditions. Despite overall improvements in child mortality, inequalities persist with higher rates in western China and in rural areas.

**Noncommunicable diseases and injuries account for over 80% of deaths.<sup>b</sup>** Leading causes of death in China include cerebrovascular disease (including stroke), heart disease and cancer (accounting for approximately more than 50% of all deaths). Road-traffic injuries, depression and suicide are also leading causes of mortality and morbidity, especially in the young and economically active age groups. Smoking is widespread; China is the world's largest producer and consumer of cigarettes with over 1800 billion cigarettes sold each year.<sup>c</sup> There are 320 million smokers in China (30% of the total number of smokers globally) and the country accounts for approximately 30% of the global production of tobacco products.

<sup>a</sup> Third National Health Services Survey, reports from the insurance schemes of the Ministry of Health and the Ministry of Labour and Social Security

<sup>b</sup> Global Programme for Evidence in Health Policy, WHO.

<sup>c</sup> World Bank. Economic Analysis of Tobacco and Options for Tobacco Control: China Case Study. HNP Discussion Paper. 2002.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Health as a priority in the 11<sup>th</sup> 5 Year Plan (2006-2010)</li> <li>• Government commitment to addressing health inequalities and public health issues</li> <li>• The Health Situation Assessment report of the Health Partners Group analyzed the main issues in health system development in China</li> <li>• Additional Government funds for strengthening public health infrastructure and response</li> <li>• The All China Women's Federation involved in social mobilization and advocacy for children and women's health issues</li> <li>• China's ratification of the WHO Framework Convention on Tobacco Control (FCTC)</li> <li>• The MoH and United Nations (UN) partners have reviewed maternal and child health strategies and interventions and made recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing the health impact of policies concerning economic reform, urbanization, infrastructure development, labour and enterprises and financial market reform</li> <li>• Lack of cohesive central responsibility for health issues</li> <li>• Inadequate health financing system, over-reliance on user-fees for services, lack of demand and incentives for preventive services</li> <li>• Human Resource (HR) distribution: shortages at central level and overstaffing at periphery</li> <li>• Balancing economic and social development</li> <li>• Need to implement the FCTC</li> <li>• Need to align health priorities with changes in burden of disease.</li> <li>• Implementing measures to detect and control new and emerging infectious diseases (e.g. SARS, avian influenza).</li> </ul>

**Sources:**

- 1 United Nations Population Division
- 2 China's progress towards the Millennium Development Goals, 2005 (Ministry of Foreign Affairs/United Nations)
- 3 Ministry of Health, 2005
- 4 WHO data on National Health Accounts
- 5 Human Development Report 2005
- 6 World Development Indicators 2005 (World Bank)
- 7 UNESCO Institute for Statistics

## PARTNERS

Different international partners are active in the health sector in China, providing help in the form of funds, technical assistance and training on communicable disease control and maternal and child health, with limited funding for environmental and occupational health.

Multilateral partners include the Asian Development Bank, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) providing significant resources for HIV/AIDS and tuberculosis control, and the Global Alliance for Vaccines and Immunizations (GAVI) supporting the Expanded Programme on Immunizations (EPI) and the UN Country Team (UNCT).

Bilateral partners include the Australian Agency for International Development (AusAid), the Canadian International Development Agency (CIDA), the European Union (EU), the Japan International Cooperation Agency (JICA), Luxembourg, New Zealand, the Swedish International Development Cooperation Agency (SIDA), the United Kingdom Department for International Development (DFID) and the United States Department of Health and Human Services. International nongovernmental organizations (universities and foundations) play an important role, particularly at grass-roots level.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• UN Theme Group on Health chaired by WHO</li> <li>• UN Theme Group on HIV/AIDS "Country Coordination Mechanism of GFATM in China" vice-chaired by WHO</li> <li>• Inter-Agency Coordinating Committee</li> <li>• Active WHO participation on UN Theme Groups on environment, poverty and inequality, gender, education and human resources development.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to encourage and achieve effective intersectoral coordination.</li> <li>• Implementation of the United Nations Development Assistance Framework (UNDAF).</li> </ul>

## WHO STRATEGIC AGENDA (2004-2008)

WHO will contribute strategically to health sector development, advocating health promotion policies and providing technical leadership in collaboration with the Government and other stakeholders in the health sector to strengthen the understanding of the links between poverty and ill-health; help establish a wider national consensus on policy development to make the system more responsive to the health needs of the population; and to enhance the stewardship capacity of the MoH.

- **Focusing on core strengths (Immunizations and Tuberculosis control).** Supporting MoH and partners to strengthen routine immunization services to reduce inequalities and to reach remote areas, poor and migrant children; to expand the use of under-utilized vaccines such as hepatitis B; to strengthen surveillance and monitoring systems and laboratory networks and to improve immunization safety and vaccine security. WHO will continue providing technical assistance for tuberculosis control, support development of national policies and link the tuberculosis programme with the health system.
- **Strengthening areas of strategic importance.** Providing technical support to MoH and partners in areas of strategic importance such as HIV/AIDS prevention and control; communicable disease surveillance and response; health systems development and health and trade. Strengthening the leadership role in the development of information systems including strategic information framework for policy development and monitoring; development of targeted interventions for HIV/AIDS, increased condom use, improve blood and injection safety; increase access to quality antiretroviral treatment and patient support. In the area of health systems development, to continue to contribute to health partnership development through the UN Theme Groups; this work will include priority areas such as health system financing, provider system improvement, health security system development, health services quality improvement and health system accountability, in addition to supporting policy development capacity and advocating for attention to the links between macroeconomics and health.
- **Strategy development in new and neglected areas.** Providing technical support for the prevention and control of a wide range of noncommunicable diseases (including cardiovascular diseases, diabetes, cancer, injuries and mental health); the control of risk factors (e.g. smoking) and the promotion of protective factors (e.g. diet and physical activity), highlighting the burden and advocating for the prevention of injuries (including road safety), and environmental and occupational health.
- **Enhancing partnerships and adding focus to existing programmes.** Provide technical assistance to MoH and partners for strengthening maternal and child health with particular focus on reducing inequalities, identifying gaps and increasing access to services. Provide technical support on nutrition and control of parasitic and vector-borne diseases.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/chn/en/>

WHO country office web site <http://www.wpro.who.int/chn>

Western Pacific Country Health Information Profile <http://www.wpro.who.int/countries/05chn/>

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