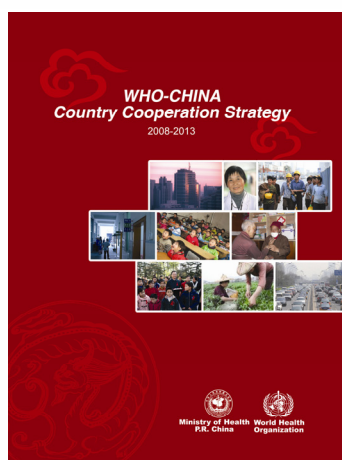


China



Since economic reforms were launched in the late 1970s, China's rapid economic growth has helped lift several hundred million people out of poverty, and has led to a higher standard of living and improved health outcomes throughout the country. China's fast changing country context is currently characterized by rapid industrialization, massive internal migration and urbanization, increasing environmental health threats, rising disparities and an aging population. With a highly diverse population of over 1.3 billion people spread over a vast land area including remote and hard-to-reach mountainous regions, China faces a variety of health and development challenges.

HEALTH & DEVELOPMENT

Much progress has been made in **health systems development**, especially through planned national health care system reforms, but China still faces significant barriers. Equitable access to affordable health services remains difficult, health services are not of consistent, adequate quality, and essential medicines are not always available or affordable. These conditions are greatly affected by health system governance and coordination, public health financing, health insurance coverage, human resources for health, and health laboratory quality - all of which require strengthening. Effective remedies from traditional Chinese medicine also offer possibilities for wider application and may be further integrated into the health care system.

China is progressing towards **Millennium Development Goals** achievement, however, gaps persist. While the maternal mortality ratio and under-five mortality rate have dropped significantly since 1990, the absolute number of maternal and child deaths in China makes maternal and child health a continuing priority. HIV prevalence remains relatively low and China has strengthened its national response to the epidemic in recent years, but 700,000 people were living with HIV/AIDS in 2007 and the epidemic's further spread remains palpable. Interventions on prevention, voluntary testing and counselling, care and treatment, stigma and discrimination, surveillance, research and blood safety are still needed. With an estimated 1.3 million new tuberculosis cases in China in 2006 and rising multi-drug and extensive-drug resistant TB, additional TB control efforts are needed. Environmental pollution is also having a major health impact. In 2004, an estimated 44% of the total population had access to improved sanitation and 77% of the population had access safe drinking water. Air quality, especially in cities, has declined with the recent surge in vehicle emissions, industrial and other pollutants.

Preventable infectious diseases remain a significant cause of mortality and morbidity. However, 80% of all deaths are attributed to **noncommunicable diseases** (NCDs) and injuries, with cerebrovascular diseases, cardiovascular diseases and cancer being the leading causes of NCD deaths. Increased hypertension, tobacco use, unhealthy diets and physical inactivity are associated risk factors.

China is also susceptible to **emerging public health threats**, ranging from new infectious diseases, to climate change impacts on health, to food and drug safety. Support to building surveillance, early warning and response systems to address newly emerging infectious disease outbreaks such as avian influenza is still needed. With climate change anticipated to increase levels of diarrhea, respiratory diseases and malnutrition, further national assessments on human health impacts could help identify vulnerabilities, policy options and possible responses. Food and drug safety are growing public health issues.

Total population (2007) ¹	1.331 billion
% population under 15 (2005) ²	22
Population distribution, % rural (2007) ¹	58
Life expectancy at birth (2006) ³	72
Under-5 mortality rate per 1000 live births (2005) ⁴	27
Maternal mortality ratio per 100,000 live births (2005) ⁵	45
Total expenditure on health, as % of GDP (2004) ⁶	4.7
General government expenditure on health as % of total government expenditures (2004) ⁶	10.1
Human Development Index rank, out of 177 countries (2007) ⁷	81
Gross National Income (GNI) per capita US\$ (2006) ³	2,000
Population living below the national poverty line % (1990-2004) ⁷	4.6
Adult (15+) literacy rate % (total/male/female, 2000) ⁸	90.0 / 95.1 / 95.1
Population with access to improved drinking water source, % (2004) ⁹	77
Population with sustainable access to improved sanitation, % (2004) ⁹	44

Sources:

¹ UNFPA, State of the World's Population, 2007.

² United Nations Population Division: World Population Prospects. The 2006 Revision, 2007.

³ World Bank, World Development Indicators database, April 2007.

⁴ UNICEF, State of the World's Children, 2007.

⁵ WHO, Maternal Mortality in 2005: Estimates by WHO, UNICEF, UNFPA and World Bank, 2007.

⁶ WHO, Core Health Indicators 2007 Database, Geneva. (<http://www.who.int/whosis/database/>). Accessed April 2008.

⁷ UNDP, Human Development Report 2007/2008, 2007.

⁸ UNESCO, Institute of Statistics

⁹ WHO and UNICEF, Meeting the MDG Drinking Water and Sanitation Target: The Urban and Rural Challenge of the Decade, Geneva, 2006.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Strong government commitment to support universal access to basic health care services by 2020; health commitment is reflected in major documents and frameworks (e.g., Government's 11th Five Year Plan (2006-2010) and nation health sector reforms launched in 2008) China's push for a modern, rapidly industrializing country and China's hosting of the 2008 Olympics and 2010 World Exposition provide opportunities to sustain country progress on meeting global standards related to tobacco control, International Health Regulations (IHR), environmental health, and food and drug safety. New opportunities are emerging for China's more active engagement on multilateral public health issues and in public health exchange globally. 	<ul style="list-style-type: none"> Multisectoral coordination needs strengthening in several health programme areas Ensuring national frameworks, laws, policies and programmes filter down to local levels, especially in rural and remote areas Implementation capacity at the local level needs further improvement Ensuring more streamlined, timely communication and sharing of critical health information could greatly improve programme analysis, targeting, interventions, and responses.

PARTNERS

WHO's main partner is the Ministry of Health. WHO also partners with numerous international development agencies in China. Since 2004, major partners have included the Asian Development Bank, AusAID, Bloomberg Foundation, Canadian International Development Agency, European Union, FAO, Gates Foundation, Global Alliance for Vaccines and Immunizations (GAVI), Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), ILO, Government of Italy, Japanese International Cooperation Agency, Government of Luxembourg, Government of New Zealand, Norwegian Agency for Development Cooperation, Save the Children, Government of Spain, Swedish International Development Cooperation Agency; UK Department for International Development, UN Foundation, UNAIDS, UNDP, UNEP, UNFPA, UNICEF, UNIDO, US Center for Disease Control, and the World Bank. Key areas for cooperation include health sector development, infectious disease surveillance and response, HIV/AIDS, tuberculosis, malaria, maternal and reproductive health, immunizations and vaccines, child and adolescent health, noncommunicable diseases, injury prevention, food safety and environmental health.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> UN Theme Group on Health, UN Theme Group on HIV/AIDS, GFATM Country Coordinating Mechanism, International Coordination Committee for Immunization and GAVI Operations Advisory Group, provide important mechanisms for health dialogue and coordination among government, UN, bilateral, multilateral, nongovernmental agencies and other partners UN Development Assistance Framework provides a mechanism for collaboration among UN agencies for equitable growth and social policies, HIV/AIDS, malaria, TB, and environmental issues 	<ul style="list-style-type: none"> Improved intersectoral coordination would enable a more effective response to address complex public health issues in a holistic and sustained way Overall declining official development assistance levels to China, accompanied by a gradual scaling back of donor operations and funds, implies the need to ensure prudent exit strategies, stepped up efforts for capacity strengthening to sustain health and development programmes, and funds mobilization for more targeted technical assistance in needed areas

WHO STRATEGIC AGENDA (2008-2013)

1. Health systems development towards universal access to basic health care services

- Support implementation of health sector reforms and improve health financing, health services delivery, human resources for health, availability, access and rational use of drugs, laboratory safety, and research and clinical testing of traditional Chinese medicine to ensure quality and standards. (Medium-Term Strategic Plan Strategic Objective 10 or MTSP SO10)

2. Achievement of health-related Millennium Development Goals (MDGs)

- MDG 1 - Eradicate extreme poverty and hunger
 - Focused attention on poor and vulnerable groups (especially low-income migrants, poor ethnic minorities and those in remote areas) as a cross-cutting issue and underlying aim of all CCS programme areas, particularly in health systems development. (MTSP SO7)
- MDG 3 - Promote gender equality and empower women
 - Address gender inequalities as a cross-cutting issue, through use of sex-disaggregated data, gender analysis and responses in all programme areas, with targeted activities in child and maternal health, Hepatitis B, HIV/AIDS, TB, tobacco control. (MTSP SO7)
- MDG 4 and MDG 5 - Reduce child mortality and improve maternal health
 - Support vaccine-preventable diseases and the expanded programme on immunization, with an emphasis on hepatitis B reduction, measles elimination, sustaining polio-free status, introducing new vaccines and adverse effects following immunization (MTSP SO4)
 - Strengthen maternal and child health (MCH) interventions, focused on access to integrated women's and reproductive health services; an essential package of quality antenatal, obstetrical and neonatal care; child survival; integrated management of childhood illnesses; adolescent health; MCH surveillance and surveillance data quality; costing, monitoring and evaluating delivery of the basic MCH package; infant/young child feeding and nutrition; and prevention of birth defects. (MTSP SO4)
- MDG 6 - Combat HIV/AIDS, malaria and tuberculosis
 - HIV/AIDS prevention, surveillance, testing, counseling, treatment and care. (MTSP SO2)
 - Focus on multi-drug and extensive-drug resistant TB, TB among migrants, TB/HIV co-infection (MTSP SO2)
- MDG 7 - Ensure environmental sustainability
 - Strengthen water quality, access to safe drinking water and sanitary lavatories, and cross-sectoral policies to address national environmental health priorities (MTSP SO8)

3. Reducing the high burden of noncommunicable diseases (NCD) and related deaths

- Support implementation of national NCD strategies and plans, surveillance, prevention, and coordination and communication among government and the private sector. (MTSP SO3)
- Support tobacco control efforts and implementation of the WHO Framework Convention on Tobacco Control (MTSP SO6)

4. Addressing emerging public health threats

- Communicable and emerging infectious diseases: Strengthen surveillance and response interventions and implementation of the International Health Regulations and Asian Pacific Strategy for Emerging Disease (MTSP SO1)
- Food safety: Support implementation of National Food Safety Regulatory Framework, strengthen national legislation, and build capacity for food safety management and supervision (MTSP SO9)
- Drug safety: Support establishment of a comprehensive national drug safety system, capacity strengthening for drug supervision, management and monitoring, and international information sharing on counterfeit drugs (MTSP SO11)
- Environmental health threats: Conduct vulnerability assessments and develop health strategies for climate change adaptation and mitigation, and for air pollution; build capacity to implement climate change and energy related aspects of the National Environmental Health Action Plan (MTSP SO8)

ADDITIONAL INFORMATION

WHO country page
WHO country office website
Western Pacific Country Health Information Profile

<http://www.who.int/countries/chn/en/>
<http://www.wpro.who.int/chn>
<http://www.wpro.who.int/countries/chn/>

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