Health Systems

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Health care for a thousand million

Despite many difficulties and setbacks, China has made immense progress in health development during the past four decades. A continuing determination to reach all the people with preventive measures, primary care and hospital facilities should ensure that success is maintained in this field.

China has some 20% of the global population but under 7% of the world’s land area. The per capita gross national product is only about US$ 300, yet the health services have achieved vast improvements in the people’s well-being. Life expectancy at birth is almost as high as the average value for developed countries and considerably higher than that for the Third World.

In the rural areas there is a three-tier health care network composed of county hospitals, township hospitals and village clinics. The hospitals are financed by the government and are responsible for supervising and supporting all grass-roots clinics and health promotion activities. The village clinics are run collectively or cooperatively. Public servants such as schoolteachers are covered by the government health service, while hospitalized farmers and others can apply for free or subsidized treatment in accordance with their economic status.

The central government plans, regulates and finances the national health services. The training of doctors, nurses, medical technicians and other health workers has expanded enormously during the past four decades. Every one of the more than 2000 counties in China has a central hospital and about 90% of the towns or communes in the counties have hospitals with comprehensive facilities.

Long-term planning

In the Third World context, China has enjoyed relatively stable social, political and economic conditions over the past 40 years. This has made it possible to give effect to long-term plans for health development, despite severe budgetary constraints. The policies adopted have allowed the health
service to be fully utilized. It is also important to note the low cost of the service: in relation to her financial resources, China’s performance in health matters has been remarkably good. It should be borne in mind that the amounts spent per head of population on health alone in developed countries are up to four times greater than the per capita gross national product in China.

An effort has been made to give most people access to the national health service, and this has generated huge marginal benefits. Had China not switched from full fee services to a nationally planned and regulated health care system, she would not have been able to afford a broad health service and the population’s health status would have been lower than it actually is. However, it is worth mentioning that recent studies revealed that by providing universal free care and eliminating billings in the USA, between 47,000 and 106,000 lives could be saved annually and that health care costs could be cut by $10,200 million each year (1).

By continuing with preventive activities, promoting intersectoral health programmes, and strengthening primary care it should be possible to diminish the incidence of both communicable and noncommunicable disease.

Prevention and integrated health care

China maintains a nationwide hygiene campaign and there are Red Cross stations throughout the country. The retirees and other people working in these fields have made unremitting efforts to disseminate information on disease prevention and healthy life-styles. Much has been made of the importance of physical exercise in preserving health and happiness and achieving longevity. A physical training programme covers all levels of the educational structure.

Traditional medicine

Every grass-roots hospital and village clinic has its own section of traditional medicine and every province organizes research and education in this field. Traditional medicine contributes significantly to the people’s health. Recent studies have shown that the combination of traditional Chinese medicine with Western medicine can produce highly beneficial results. A long-term plan for traditional medicine is being prepared by the national government.

People’s participation

The people have become keen participants in health development, and the consequences have been impressive. In Shanghai, for example, a heavily industrialized city of 12 million inhabitants, the average life expectancy at birth is about 75 years. This high figure is attributed to: the large amount of physical exercise taken by people, especially those in the older age groups; the close attention paid to healthy life-styles and diet; and the existence of a well-organized disease prevention network.

Chinese people are inclined to accept measures that many Westerners would not entertain. For example, in the early 1950s there were about 500,000 cases of leprosy in the country, and special villages were
established in which patients were strictly separated from the rest of the population so that the spread of the disease would be hindered. Some 400 000 cases were cured.

Health care in the workplace

Some factories, state farms and institutions, and all military forces, have their own clinics or hospitals. In 1987 about a quarter of the national health staff and hospital beds were attached to these kinds of employer.

This reduces the burden on the government health budget and is of value in the monitoring and treatment of occupational diseases and in epidemiological studies.

Immunization

With strong support from the World Health Organization and other United Nations agencies, China has rapidly developed its immunization programme and cold chain. The incidences of poliomyelitis, diphtheria, measles and whooping cough have declined markedly thanks to this endeavour (2).

Increasing demands

The demands placed on the health service have grown as the population has increased and the proportion of old people has risen. And while a big effort is still necessary to deal with common illnesses and the treatment and control of infectious disease, pressure is rising for expensive treatment of cancer, heart disease and other conditions associated with industrial development and changes of life-style. In the cities, heart disease ranked fifth as a cause of mortality in 1957, whereas by 1984 it was responsible for more deaths than any other factor.

Changes in service delivery

Confronted by increasing demands for quality and quantity, and desiring to improve working conditions in the health service, the State Council approved various reforms in 1985, which were followed by the introduction of expert services on

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Sundays, extra evening consultations, and family hospital beds. Private practitioners appeared and the incentive system in the clinical service was expanded.

Encouragement was given to cooperation and technical exchange between hospitals and health professionals. City doctors set up at county or township hospitals, where there were more patients and more space but a lack of expertise.

Reform of health insurance systems, mainly in the cities, reduced unnecessary demands; in some places, however, abuses relating to prescriptions and bills increased among patients and doctors. Policy changes on incentives influenced views on value, time, income distribution and service. Some professionals engaging in preventive health education or medical research have been induced to make an increased clinical contribution.

Implementation of health regulations

With the coming of decentralization, implementation became a key consideration
in health planning policies and even in health legislation. Thus in 1988, the fifth year of implementation of the national law on food hygiene, the leading national newspaper revealed that food hygiene was still a serious problem and even out of control (3). It was reported that 743 kinds of food produced in China contained illegal additives and that meat from diseased animals was sold uninspected in some markets. There were 100,000 cases of food poisoning annually, 1% of them proving fatal (4).

Many regulations and guidelines concerning occupational health have been in place for a long time, but a recent investigation in Fujin Province showed that almost half of the industrial premises covered did not provide adequate protection against dust (5). Not surprisingly, therefore, 5704 cases of pneumoconiosis have been reported in the province. It is clearly essential that particular attention be paid to the changes resulting from economic, technical and organizational reforms.

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Implementation of new incentives policy

It had been expected that the new policies on incentives would make the health service more accessible by encouraging private practice. Unfortunately, matters did not work out as well as had been hoped. Previous studies in Western countries ought to have served as a warning. These investigations demonstrated that financial incentives for extra services may:

- induce patients to attend for treatment only in the extra service time, thus rendering normal service inefficient;
- encourage prolongation of treatment unnecessarily in order to create extra service demand;
- induce physicians who engage in both private practice and public service to persuade patients to opt for private treatment.

Some practitioners and hospitals have reportedly produced false drug bills under which patients were buying various goods, fraudulent sick leave certificates, and non-standard pharmaceuticals. There were also instances of regular specialist consultations being charged as extra services at two or three times the basic fees. In other words, more money was being spent on health by public bodies or individuals for no improvement in service. Health economics is a special area where incentives do not work as they do in commerce and industry.

Control of communicable diseases

In 1987, communicable diseases ranked fifth as a cause of morbidity in the cities and fourth in the countryside. Dysentery, influenza and viral hepatitis were still a serious threat. In 1988 there were 5.7 million cases of tuberculosis and the daily incidence was about 900 cases, indicating a weakness in the health service, since this disease is preventable. Increasing incidences of hepatitis A and schistosomiasis in 1988 further indicated the danger inherent in reducing the resources for primary health care and offering professionals incentives to provide curative treatment. Communicable diseases could
again pose a major threat to public health and social development, particularly as environmental standards still leave much to be desired.

**Smoking and lung cancer**

It is well established that smoking is very significantly associated with 90% of cases of lung cancer. Yet the country’s cigarette production almost doubled between 1979 and 1986. It has been estimated that, during the last ten years, half of the new smokers in the world have been in China, where the annual number of deaths from lung cancer is 100,000 (8). Caring for patients with smoking-related diseases is a huge drain on resources.

**Strengthening primary care**

The rising incidence of chronic illness in an aging population, the renewed threat from communicable disease, and the increasing menace of cardiac and cerebrovascular diseases and lung cancer present a serious challenge to the health service. The introduction of expensive treatments and technologies has added to the demands for resources. The solution lies in strengthening primary health care. The great overall achievement of China in the health sector has been to make primary health care accessible to everybody (7). By continuing with preventive activities, promoting intersectoral health programmes, and strengthening primary care it should be possible to diminish the incidence of both communicable and noncommunicable disease. The most cost-effective ways of improving matters include encouraging regular physical exercise, discouraging smoking, and providing clean drinking-water and adequate food. Such measures are simple and inexpensive but require strong social organization and support from the grass roots.

The central point is that the health authorities should give sufficient resources to develop this strategy and that the people involved in it should be given incentives, at least as great as those offered to workers providing clinical treatment. In order to overcome the problem of excessive demand for service where it is offered free at the point of delivery, a health insurance scheme has been introduced in Wu Chuan county whereby patients pay 20% of the cost of treatment up to a certain limit (8).

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**References**