



# Health Care Delivery in China and Improving the Quality of Care

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# Outline

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- General Information
- Health Care Delivery System
- Health Security System
- Improving Quality of Care
- Opportunities and challenges

# General Information (1)

## Population

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- Total: 1,307,560,000
- Male/Female: 106.3
- Urban: 43%
- Rural: 57%

\*2005, China Annual Book of Health Statistics



# General Information (2)

## Health Status

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- Life Expectancy: 73
- IMR: 17‰
- MMR: 40/100,000
  
- Differences between urban & rural.

\*Year 2006.

# General Information (3)

## Health Expenditure

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- Total Health Expenditure: 105.74 Billion US\$
  - Government Expenditure: 18%
  - Social Expenditure: 30%
  - Out-of-pocket Expenditure: 52%
- Per capita THE: 80.87 US\$
- THE/GDP: 4.73



# Health Care Delivery System

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- Medical care delivery (urban & rural): Hospitals (I&O, P&P), Clinics, Emergency service center, etc.
- Disease control and prevention: CDCs & interaction with medical care system
- Health Supervision: Centers for Health surveillance



# Health Security System

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- No universal coverage scheme
- Goal: Healthy China, 2020.
- 3 schemes:
  - UEBMIS (1994):
  - NCMS (2003):
  - URBMIS (2007):
- Medical Aid Programme



# Improving the Quality of Care (1)

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- General Measures and its impact on health care system:
  - Scientific development
  - Laws and regulations
  - Quality of human resources
  - Decentralization & Improve local autonomy
  - Development of non-state-owned economy
  - Information transparency



# Improving the Quality of Care (2)

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- Awareness on the role and disease prevention and primary level services
- Activities:
  - “patient-centered” orientation
  - “Patient select doctors”
  - “Hospital management year” continued
  - “Urban medical staff go to rural areas”
  - “M&C health surveillance”
  - “Blood safety”
  - “Communicable disease report system”



## Improving the Quality of Care (3)

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- Work as a team (Example): “Regulation on quick response to public health event”
  - Health administrative bureaus
  - Hospitals\CDCs
  - Health supervision institutions
  - Medical research\teaching institutions
  - Blood management centers



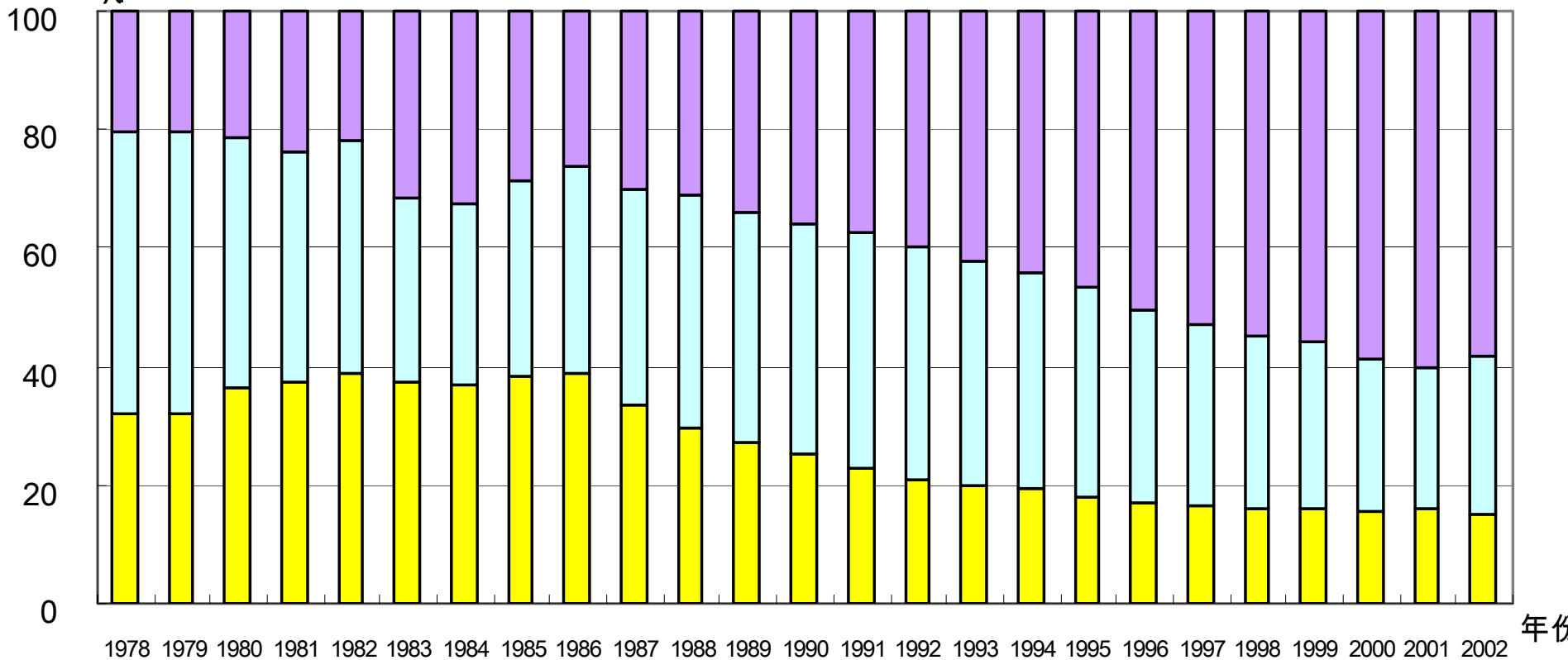
# Decentralization (1)

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- Start from early 1980s: Household contract responsibility system, Improve local responsibility, etc.
- Tax assignment system from 1994
- Government input in public hospitals and other health institutions mainly come from local government

# Decrease % of government input

## 卫生总费用筹资构成



政府预算卫生支出

社会卫生支出

个人现金卫生支出



## Decentralization (2)

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- Financial Decentralization : Local govt. takes more responsibility
- Institutional Decentralization: Institutional leaders take more responsibility



# Decentralization (3)

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- Experience from China:
  - Efficacy
  - Equity
  - Efficiency
  - Quality
  - Financial Soundness
  - Local Choice & Priorities



# Decentralization (4)

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- Lessons from China: Importance of good mechanism.
  - Public health system
  - Health surveillance system
  - Medical care system: Burden of health care cost; Equity in resource allocation; Professional moral hazard; Equity of health status, etc



# Opportunities and Challenges

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- Opportunities: Political, Economic, Social, health system, etc.
- Challenges: Globalization, Aging, Urbanization, Environment, Floating population, lifestyle, etc.



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*Thank You!*