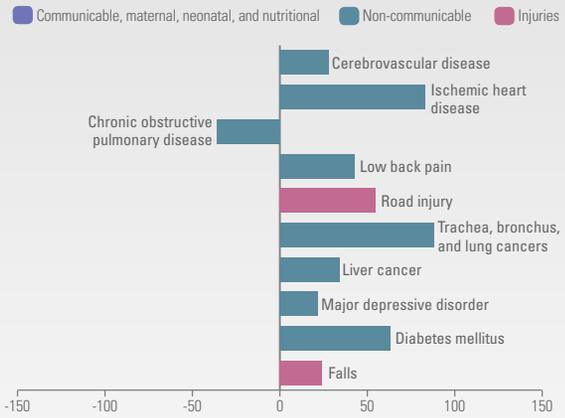
CHINA

China is making good strides towards meeting Millennium Development Goals 4 and 5. There is no single universal health coverage scheme, but a variety of schemes exist for different population groups, including a mandatory scheme for all formal sector workers. The New Rural Cooperative Medical Scheme now covers more than 90% of the rural population in China, a significant part of China's efforts to reach universal health coverage. In practice, financial coverage depends on the availability of funds, although this is being substantially improved. Lifestyle shifts are leading to a rising burden of chronic diseases, which are recognized as a policy priority. There is good availability of skilled health professionals, already above the 22.8 per 10 000 population threshold and on track to meet the 34.5 per 10 000 indicative threshold by 2035. China benefits from a low-cost medical education system, graduating about 175 000 doctors annually. In addition, about 1 million village doctors, who mostly have vocational training, are serving in rural areas. However, a bias towards urban areas in the distribution of human resources remains, and there is scope for further improving the quality of care. The plan for human resources for health for 2011–2020 is attempting to address some of these issues with measures to improve the retention, distribution and performance of the health workforce.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	1359.8; 19; 12	(2010)
Average annual rate of population change (%)	0.6	(2010-2015)
Population living in urban areas (%)	51	(2011)
Gross national income per capita (PPP int. $)	8390	(2011)
Population living on <$1 (PPP int. $) a day (%)	13.06	(2008)
Total expenditure on health as a percentage of gross domestic product (%)	5.2	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	56	(2011)
External resources for health as a percentage of total expenditure on health (%)	0.1	(2011)
Life expectancy at birth (years) [all; female; male]	76; 77; 74	(2011)
Total fertility rate (per woman)	1.6	(2010)
Neonatal mortality rate (per 1 000 live births)	9	(2011)
Infant mortality rate (per 1 000 live births)	13	(2011)
Under-five mortality rate (per 1 000 live births)	15 [13-17]	(2011)
Maternal mortality ratio (per 100 000 live births)	37 [23-58]	(2010)
Births attended by skilled health personnel (%)	96.3	(2009)
Antenatal care coverage - at least one visit (%)	94.1	(2010)
Antenatal care coverage - at least four visits (%)	–	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	99	(2011)
Postnatal care visit within two days of birth (%)	–	

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

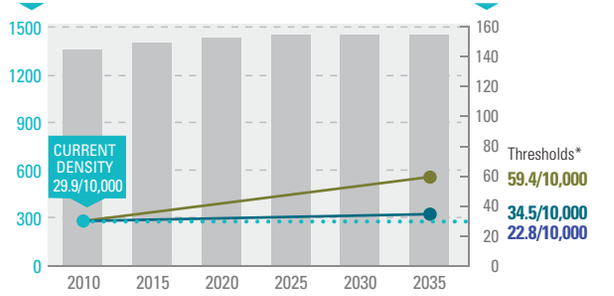
Feasibility of achieving thresholds: Most likely | Somewhat likely | Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES: | FEASIBILITY

0% increase to meet 22.8/10 000 threshold

24% increase to meet 34.5/10 000 threshold

114% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

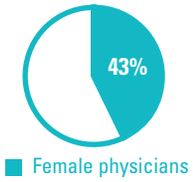
GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS
(density per 10 000 population)

SUB-NATIONAL LOW	NATIONAL AVERAGE	SUB-NATIONAL HIGH
9.2 Physicians	14.6 Physicians	37.8 Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

1.0 Nurses TO **1 Physician**



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	?
Midwives	?
Nurses	?
Pharmacists	?
Physicians	✗

REGULATE:

Dentists	?
Midwives	?
Nurses	?
Pharmacists	?
Physicians	?

LICENSE/RE-LICENSE:

Dentists	?
Midwives	?
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?	✓*
Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?	?

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?	✓*
informed by data and strategic intelligence?	✓*
addressing pre-service education?	✓
addressing geographical distribution and retention?	✓*
addressing health workforce performance (e.g. competence, responsiveness and productivity)?	✓*
addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?	✓/?

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?	✓
For which period?	2011-2020
Does the strategy/plan account for the financial costs and resource requirements to implement it?	?

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.