





Capital Beijing 39°55'N 116°23'E Official languages Standard Chinese Regional languages Mongolian Uyghur Tibetan Zhuang Unitary one-party socialist Government

republic

Population 2016 **Population density** 145/km2 "China" in **Chinese characters**

中国

1,403,500,365

GENERAL INFORMATION

Improving people's access to basic health care has become a guiding principle in development policies, and the needs of vulnerable populations have received particular attention. + The conception of the chinese government has been transformed to the harmony of economic and societal sustainable development, so more attention was paid to the welfare system.



towards SDG 3.8.2

1950 - 1980

1950 - 1980

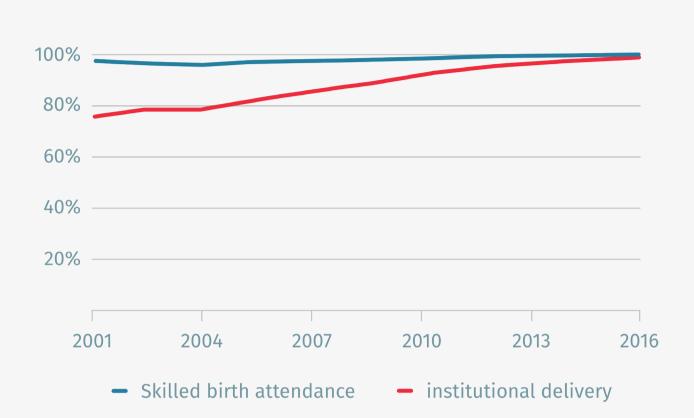
China's health care system provided basic health care to almost all the country's population through public health network and urban and rural health insurance schemes.

late 1970s

Economic reforms of the late 1970s: health services became unaffordable and inaccessible for disadvantaged populations.

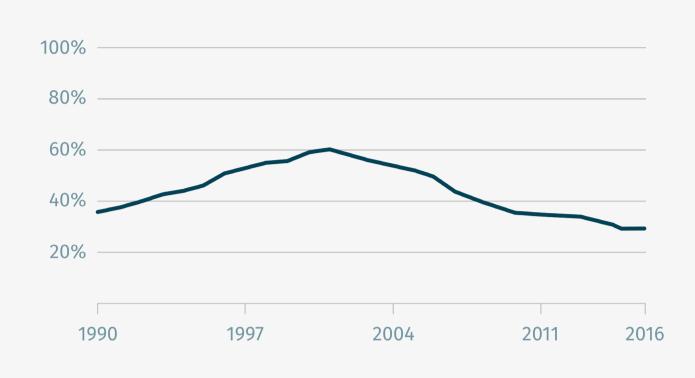
SKILLED BIRTH ATTENDANCE AND INSTITUTIONAL DELIVERY

High level of skilled birth attendance was vital to ensure that almost every delivery is institutional within 10 years.



OOP SHARE OF THE

A rise in population coverage since 2001 substantially improved financial protection both is rural and urban settings.





"The majority of UHC 2030 have been achieved in China. In particular, the insurance coverage significantly reduces the share of out-of-pocket (OOP) expenditure in total health expenditure, as coverage of basic insurance continually increases in the past 15 years in China."

Dr. Xiaohua YING Prof. of Health Economics, School of Public Health, Fudan University.

2018

COVERAGE OF POPULATION

The coverage of the basic insurance was more than 95%, 1.34 billion people were insured by the end of 2018.

1980 - 2007

1980

The UEBMI (Urban Employee Basic Medical Insurance) was established in the 1990s and covers employee, employer, retired, etc. The financing is based on the payroll tax (8%-14%).

2003

The NRCMS (New Rural Cooperative Medical Scheme) was established in 2003

2007

The URBMI (Urban Resident Basic Medical Insurance) was established in 2007

SUPPORT

Health insurance, which includes the NCMS, the UEBMI and the URBMI, will be strengthened by increasing government financial support and improving management.

2009

REFORMS

"Guidelines for Deepening Health Systems Reform" to establish universal coverage (UC) that provides "safe, effective, convenient, and affordable basic health services" to all urban and rural

The new round of health sector reform announced in 2009 was backed by strong political and financial support. In addition to the regular health, budgets have been committed for the funding of reform activities.

The healthcare reform was the main guideline to build and perfect the health system in China. It focused on the primary healthcare, public health, essential drugs, medical insurance and reform of public hospitals and marked the beginning of the three basic insurance systems.

2016

The URBMI and NRCMS were integrated to urban and rural resident medical insurance, in addition to the existing UEBMI.

The URBMI and the NRCMS included unemployed, housewife, children in urban areas and people living in rural areas. They were financed from individual and government budgets.

2019

90% **RURAL POPULATION**

65% **URBAN POPULATION**

Basic health care in China is provided under a system of three health insurance schemes in both rural and urban areas. 90% of rural population and 65% of urban residents are covered by the social health insurance schemes.

THE SOCIALIST MARKET ECONOMY OF CHINA

The socialist market economy of China is the world's second largest economy by nominal GDP and the world's largest economy by purchasing power parity. Until 2015, China was the world's fastest-growing major economy, with growth

rates averaging 6%. Together with high political commitment the progress towards UHC was initialised within a short period of time. But the country still needs to improve the financial protection side of the UHC.