China's Healthcare Reform And Social Development

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Abstract: This paper summarizes the Chinese healthcare reform. It discusses why China's healthcare system needs to be reformed, the reform process, framework and the main progress. The first stage of three-year healthcare reform came to the end with fruitful achievements, not only expanding the health insurance coverage to 95% population, restructuring the basic healthcare system, but also leading the government's role and development pattern towards emphasizing social development.

Key words: China**,** healthcare system reform, social development

Introduction

SARS and an Unhealthy China

In the wake of the 2003 SARS epidemic, China's ineffectual healthcare system came under harsh domestic and international scrutiny. Staff editorials in the *New York Times* lambasted "Beijing's catastrophic mishandling of the health crisis," likening it to the Soviet fumbling over Chernobyl.[2] The authors declared, "China's public health system is in ruins. Sanitation is […] atrocious, and hospitals failed to practice basic infection control."[3] But for Chinese leaders, the moment of reflection revealed far deeper and more troubling flaws in a healthcare system that had deteriorated from a once healthy establishment.

When the People's Republic of China was established in 1949, decades of war, famine, and disease had lowered the average life expectancy to a mere 35 years. The government's

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[2] "Diagnosing SARS in China," *The New York Times*, May 19, 2003, http://www.nytimes.com/2003/05/19/opinion/diagnosing-sars-in-china.html.
[3] "Opinion: The Cost of SARS," *The New York* Times, May 1, 2003, http://www.nytimes.com/2003/05/01/opinion/the-cost-of-sars.html.

limited resources only further compounded the dearth of trained doctors. Yet by implementing a basic public health safety net, promoting healthy living, and organizing a corps of semi-professional "barefoot doctors" to administer care in rural areas, the Chinese healthcare system attracted international praise . By 1980, China's average life expectancy had soared to 67 years. The success of the healthcare system, however, would not continue alongside the opening and reform period.

As China pursued more of a free market economy, two trends threatened the government's once stellar healthcare system: dwindling coverage and over-marketization of healthcare providers. Whereas the government once supplied healthcare delivery and health insurance through work units and collective farms, the privatization of industry and agriculture also gutted the both the delivery and insurance systems. By 2002, 44.8% of urban population and 79% of rural population had no any sort of health insurance (Center for Health Statistics and Information MOH, 2004). Along with the work units went the once famed barefoot doctors, who were abolished and labeled as remnants of a backwards society. Furthermore, with the government's retreat from the healthcare sector, public hospitals implemented new pricing structures that drove up costs and reduced quality of care. Hospitals relied heavily on the newly privatized pharmaceutical industry as a source of revenue. The phenomenon of *yi yao bu yi[以药补医]*, or "medicine-subsidized healthcare," saw Chinese doctors overprescribing at rates that far outstripped nations at any stage of economic development. By the outbreak of SARS in 2003, the average life expectancy had risen to 71.76, a paltry five years higher than over two decades previous. China's neighbors along the Pacific Rim fared much better in the same time period.[4]

[4] *World Development Indicators*, World Bank, http://data.worldbank.org/data-catalog/world-development-indicators . From 1980 through 2003, Japan's life expectancy rose from 76 to 82, Singapore's from 72to 79, and South Korea's from 65 to 77. Sri Lanka saw the same growth in life expectancy as China from 68 to 73.

As the start of the new millennium, China's healthcare woes coagulated into a common phrase that summed up the disheartening situation: *kan bing nan, kan bing gui[看病难，看病贵]*, or "Seeing a doctor is hard and expensive."

Table 1: The Life Expectancy of Selected Economies (1980-2003)

	Life Expectancy (years)			Increase of Life Expectancy (years)	
	1960	1980	2003	from 1960 to 1980	from 1980 to 2003
China	43.46	66.99	71.76	23.54	4.77
Korea, Rep.	53.00	65.80	77.26	12.80	11.46
Mexico	57.04	66.57	75.00	9.54	8.43
Mauritius	58.75	66.99	72.12	8.23	5.13
Malaysia	59.42	67.40	72.66	7.98	5.26
Sri Lanka	57.86	68.22	73.18	10.36	4.96
Singapore	65.66	71.68	79.04	6.02	7.36
Australia	70.82	72.42	78.63	1.61	6.21
New Zealand	71.24	72.83	79.15	1.59	6.32
Hong Kong China	67.00	74.67	81.33	7.67	6.66
Japan	67.67	76.09	81.76	8.43	5.67
OECD members	67.46	72.20	77.69	4.74	5.48

Source: World Development Indicators, World Bank, http://data.worldbank.org/data-catalog/world-development-indicators.

Determining the Approach to Healthcare Reform

Chinese leaders reacted to the SARS crisis by reassessing the major goals of their ongoing economic development. Although statistics like export volumes and annual GDP increases remained of paramount importance, the new wave of healthcare reforms signified a significant shift towards China's focus on social development. Embracing the concept of *xiao kang*, whose common translation as "modest prosperity" does not reveal its undertones of healthiness, the Chinese government made a monumental shift to a new commitment to ensuring all Chinese people enjoy their rights to education, employment, medical， old-age care, and housing, so as to build a harmonious society (Hu, 2007).The debate over how to provide affordable healthcare, however, still hinged on arguments over the degree of its marketization.

One camp called for a continued move towards a privatized system in which government would continue to retreat from its role as a provider of healthcare goods and services. The other side argued that the information problem, the equal access target, and the public welfare nature of healthcare require a more present government role in providing healthcare and managing the sector. One major breakthrough came on October 23, 2006, when President Hu Jingtao advocated for the latter approach of Chinese healthcare reform in a lecture given at a Politburo Group Study Session (Hu 2006). To maintain the public welfare nature of medical and health services and to increase government responsibilities and inputs are regarded as the key principles of future healthcare reform. These principles were reemphasized in the Report to the 17th National Congress of the Communist Party of China (Hu, 2007). In March of the following year, six organizations, both Chinese and international experts , were solicited to submit proposals for reforming the healthcare system by the Inter-Ministerial Coordination Group for Health Reform under the State Council, which was established in June 2006.In September 2008, the central government adopted a composite reform framework proposed by the Inter-Ministerial Coordination Group for Health Reform, but also created an online mechanism the following month to solicit suggestions from the Chinese public on ways to improve the proposed reforms(“San Nian Mo Yi Jian”, 2009). Finally, the official decision came in 2009, when two central government documents outlined the new wave of reforms (Zhonggong zhongyang, 2009; Guowuyuan, 2009).

China’s New Wave of Healthcare Reforms

Principles of the New Reforms

As described in the central policies cited above, The overall goal of the new wave of healthcare reform in China is to establish an universal basic healthcare system, which provides

the people with secure, efficient, convenient and affordable health care services (Zhonggong Zhongyang, 2009) by 2020. It would follow a multi-tier implementation stages: first, a three-year push from 2009-11 to revamp the basic healthcare system; second, reforms accompanying the twelfth five-year plan from 2012-17, and third, comprehensive goals to attain by 2020. The reforms focus on addressing the problems that came to light following the outbreak of SARS as well as strengthening the primary care system. At the heart of this renewal stands the three-year plan for reforming basic healthcare. Because of its fundamental significance as the renaissance of government's participation in healthcare, the three-year plan and its five distinct targets for improvement merit detailed inspection and analysis: coverage, primary care, pharmaceutical delivery and regulation, public hospital reform, and the public health system.

Providing basic health insurance for China's massive population had already started before this round of healthcare reform. In 1998, 2002 and 2007, the central government announced three new insurance programs, one for the urban employed known as Urban Employee Basic Medical Insurance (UEBMI) (Guowuyuan, 1998), one for rural residents known as the New Cooperative Medical Scheme (NCMS) (Zhonggong zhongyang, 2002), and the other for urban residents without formal employment known as Urban Resident Basic Medical Insurance (URBMI)(Guowuyuan, 2007). The healthcare reforms outlined in 2009 set the goal of extending basic coverage to the entire Chinese population. Reformers allocated the bulk of that work – extending coverage to the large majority of the Chinese population – to the three-year reform plan.

In addition to increasing coverage, the reforms also sought to extend healthcare delivery systems to reach a larger number of Chinese citizens. The widened net of healthcare services would come in the form of establishing a primary care system. Building a primary care system

would involve investment for the infrastructural hardware and facilities as well as the training for doctors and other health professionals. New health centers, especially those in rural areas, would harken back to the decentralized approach of the barefoot doctors, albeit staffed with formally trained medical technicians.

To combat ballooning hospital fees and the endemic problem of medicine-subsidized healthcare, the recent wave of healthcare reform sought to alter and regulate the system through which pharmaceutical companies sell and deliver their products to hospitals and healthcare centers. Before the recent push for healthcare reform, hospitals earned a 15% mark-up on prescribed medicines; in addition, doctors would often earn around 30% under-the-table kickbacks from pharmaceutical companies for medicines they prescribed. To combat such harmful trends, the leaders of the healthcare reform aimed to reduce the overall cost of medicine by launching a National Essential Medicines System. The central government polished a catalog of 307 types of basic medicines and local government added more types according to the local situations. The target is that firstly all primary healthcare institutions would only use the essential drugs and healthcare institutions would get no profit from the essential drugs because all essential drugs would be sold on "*ling cha lv[零差率]*" (be sold on buying price). The government also created an auction-based structure for the procurement of essential drugs to control the cost.

Aside from over-prescription, poor pricing schemes plagued China's public hospitals through various manifestations of over-marketization. Profit-driven mechanisms also led to the overuse of various diagnostic tests and procedures. In 2009, Chinese hospitals administered 10.4 billion intravenous drips. That per capita rate of 8 per person far outstrips the world average, which ranges from 2.5-3.3 annually (Xinwen yi jia yi, 2011).As public hospitals accounted for

77% of all hospitals beds (Ministry of Health PRC, 2010) and 92% of all hospital diagnoses , it is clear that the breadth and depth of the problem rested in the state-sponsored institutions. As such, the recent wave of healthcare reforms set pilot projects of public hospital reform and aimed to shift the sources of income for public hospitals as well as create a competitive work environment that would incentivize high performance, not high volume of prescriptions and tests.

Finally, the healthcare reforms set out to promote the gradual equalization of basic public health services. New policies would seek to expand basic free services that would bolster the health infrastructure. The priority given to public health did not emerge solely as a reaction to the failures during the SARS outbreak. Rather, the reforms supported the goals of creating a healthy population through prevention and education, simultaneously diminishing the cost of healthcare as well as providing healthy workers to support continued economic development.

Reform Outcomes

Coverage

By expanding the three existing government coverage programs (UEBMI, NCMS, URBMI), the Chinese government now insures over 1.27 billion people. In 2000, only 15% of all Chinese had healthcare insurance; ten years later, that has risen to 95% with plans for complete coverage by 2020 (Chen zhu, 2011). Furthermore, in addition to the expanded coverage, government also increased investment in the overall programs. For the New Cooperative Medical Scheme and Urban Residents' Basic Medical Insurance, the per capita insurance premium paid by government rose from 80 RMB in 2008 to 200 RMB in 2011 (and again to 240 RMB this year), and the percentage of reimbursed hospitalization costs rose from approximately 50% to 70% (The Healthcare Reform Office under the State Council, 2012).

The move towards nationwide health insurance coverage ranks among one of the most impressive successes of the recent healthcare reforms. With incremental goals already in place, the government is well on track to achieving universal coverage by 2020. However, the reforms have yet to address the confusion that arises from having three different types of insurance schemes, a problem sometimes exacerbated by the increasing frequency with which the Chinese workforce migrates annually from the countryside to urban centers. Furthermore, each scheme of coverage may vary according to the needs of different geographic regions, though such needs have yet to be fully determined. Still, increased investment in the various programs has reaffirmed the government's commitment to provide healthcare as a public good to the Chinese population despite the hurdles of demographic complexity.

Primary Care System

The new wave of healthcare reforms also sought to strengthen China's healthcare delivery systems by refocusing the sector on primary care facilities, such as township hospitals and community healthcare center. All told, the new healthcare reforms allocated 60 billion RMB to establish over 33,000 new regional healthcare clinics, mostly in underdeveloped rural and western regions of China (The Healthcare Reform Office under the State Council, 2012). Already the shift towards primary care has altered the way in which Chinese people seek medical treatment. From 2008 to 2010, outpatient services rose 22% from 2.96 billion to 3.61 billion annually, while discharges rose 10% from 359 million to 396 million (Ministry of Health PRC, 2011).

Pharmaceutical Delivery and Regulation

Reforming China's public hospital system stood as a major tenet of solving the high cost and difficulty of visiting a doctor. To alleviate the heavy reliance on pharmaceutical prescriptions as a source of hospital income, in August 2009, the central government published a catalog of 307 types of basic medicines that are now available in all state-run health centers at the township and urban community level. In addition to providing access to such medicines through health clinics, the reforms have also instituted an auction mechanism for hospitals to purchase medicines. As a result of competitive selling, the costs for basic medications has fallen on average 30% at healthcare centers. All these reforms as well as other reforms of primary healthcare institutions, such as increasing government subsidies to compensate the loss of hospitals at the same time, competitive employment mechanism and so on, have stopped the "yi yao yang yi" mechanism of primary healthcare institutions. (The Healthcare Reform Office under the State Council, 2012)

However, the new catalog has left many of the pharmaceutical pricing issues yet unsolved. Some products' pricing remains exaggerated due to a sharp rise in listed cost before the catalog was published. In addition, the catalog system does little to regulate the process of manufacturing and delivery. The cost of medicine still occupies approximately half of China's total healthcare expenditures, and remains a major source of income for hospitals. To combat rising costs, further regulation of the pharmaceutical industry through additional reforms remains the most viable way to strengthen China's healthcare system and improve the livelihoods of Chinese people.

Public Hospital Reform

To create new incentive mechanisms for doctors and other medical technicians, the healthcare reforms have outlined new personnel standards that aim to incentive workers

competitively. By instituting a performance-based compensation structure, public hospitals might rid themselves of medicine-subsidized healthcare. Yet despite some initial evaluations and reassignments, widespread implementation of such reforms has yet to materialize. Furthermore, hospitalization and prescription costs have risen sharply even in light of ongoing reforms. At one county-level public hospital, revenue from hospital residence and prescription fees rose from 4.6 million RMB in 2010 to 25 million RMB in 2010, an annual increase of 134%. Average hospitalization bills rose from 741 RMB to 3068 RMB, and the proportion of revenues from prescriptions rose from 47% to 62%, evidence that the over-marketization of public hospitals may actually be growing stronger. Clearly, the structural problems of public hospitals identified a decade ago have yet to attain significant improvement.

Public Health

Most relevant to the faltering system under SARS, the public health system received attention as a priority of the three-year healthcare reform plan that began in 2009. As of 2011, the government now invests 25 RMB annually on a per capita basis nationwide, a 67% increase from the 15 RMB standard in 2009. Those funds help provide forty-one basic public health services at local levels of government (county, township, and village). The new public health system places an emphasis on fields such as prevention, education, immunization, infant and maternal care, and geriatric medicine. Over 160 million pregnant mothers, 810 million infants, and 1.1 billion elderly Chinese have already taken advantage of free health checkups paid for by the new reforms (The Healthcare Reform Office under the State Council, 2012). The increased awareness around disease prevention has also led to a push for consolidating and digitizing medical records, another monumental task that China's public health workers must face in the coming years.

The successes of the new public health services signify more than an effective reaction to a potentially disastrous pandemic. Disease prevention underlines the overarching goals of the healthcare reform policies, such as include raising the overall health status of the population. Instead of simply giving peace of mind in light of future public health threats, a healthy population is now seen by government leaders as a beneficial and necessary component of sustainable economic growth. That correlation represents more than just a reframing of healthcare reform – it also demonstrates a fundamental in the Chinese government's approach to social development.

Moving Forward

Significance of the New Reforms

In the span of just three years, the Chinese government was able to enact broad changes in its national healthcare system. Insurance coverage rates soared to 95%, leaving a miniscule gap that shrinks with every year. The speed and directness of policy implementation has resounded throughout China's rise over the past three decades. Yet the healthcare reforms represent much more than simply another sector in which the government has been able to stimulate great change in a limited timeframe. Rather, the recent wave of healthcare reform represents two major shifts in the nature of Chinese social policy. First, the push for healthcare reform has played a leading role in China's fundamental pivot towards emphasizing social development. Second, the procedural innovation of soliciting various consultants and crowdsourcing feedback demonstrates the creative and open approach of a government that beforehand used entirely top-down implementation structures.

The push towards creating a healthy society demonstrates a fundamental change in how the Chinese leadership views the country's development. From the start of the reform period, the

emphasis remained on expanding and privatizing the economy. But SARS revealed fundamental flaws in an approach that valued cold statistics over public welfare. In a 2010 article published in the state-run journal *Qiu Shi* “求是”[Seeking Truth], Premier Wen Jiabao described how the SARS crisis challenged the previous model of solely focusing on economic development. He likened the China of 2003 to a person with “one long leg, one short one 一条腿长，一条腿短,” a metaphor for how strong economic growth needs “social development and bettering of people’s livelihoods” (Wen, 2010).[5] Wen’s metaphor grows all too fitting when considering how healthcare reform was the first step in helping assuage the imbalanced gait of Chinese development.

The change in emphasis is also apparent when comparing the rhetoric of top Chinese leaders at the Sixteenth Party Congress, which was held in 2002, less than one year before the SARS outbreak, and the Seventeenth Party Congress in 2007. At the Sixteenth Party Congress, President Jiang Zemin, who was transitioning out of office, did make reference to the long-term goal of establishing *xiao kang* “小康” in Chinese society. However, the focus remained largely on economic development, as Jiang labeled “further opening of the economy” as a primary goal of establishing modest prosperity. Healthcare and other social programs received brief lip service thereafter (Jiang,2002). Contrastingly, in his address at the Seventeenth Party Congress in 2007, President Hu Jintao committed an entire section of his speech to the topic, “Accelerating Social Development with the Focus on Improving People’s Livelihood.” Thereafter, Hu outlined five distinct areas that would serve as the foundation for social development: public education, worker’s welfare, public housing, social security, and universal healthcare (Hu, 2007).

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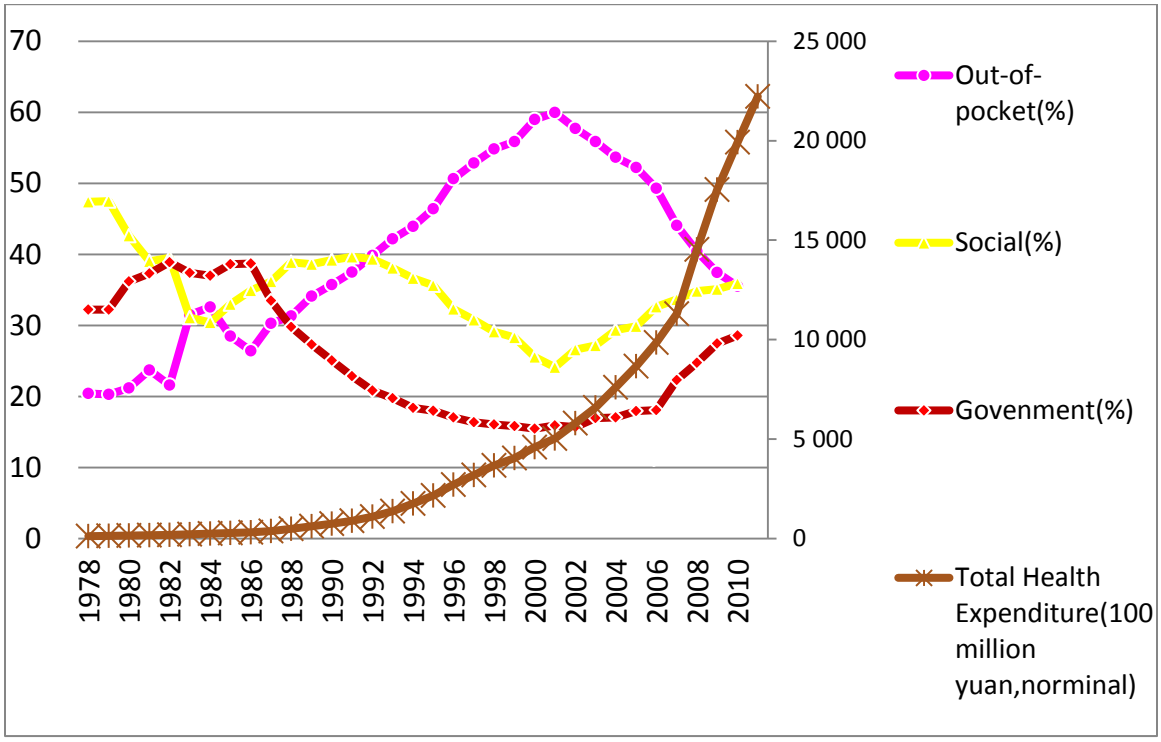
At the forefront of the new push for social development, the recent healthcare reforms have reaffirmed the government's role as a provider of public goods, which are now viewed as a parallel to the development of the overall economy. According to the new mindset of Chinese leaders, a healthy workforce not only reduces overall healthcare costs – it also helps increase overall economic productivity. The concept of healthcare and the economy growing in tandem resonates as well with the long-term goal of forming modest prosperity and health in Chinese society by 2020. Healthcare reform has played a leading role in the move towards a Chinese welfare state. Never before had top Chinese leaders championed the government's role in establishing a *ji ben zhi du*, or "basic system," in the realm of social development. Numerous campaigns had previously invoked the term "basic economic system," but the "basic healthcare system" advocated in the years following SARS was the first aspect of social development to merit such prioritization in its wording.

Furthermore, the healthcare reforms signified a major shift in the government's role in the delivery of public goods. In 2009, Premier Wen Jiabao promised a prodigious government investment of 850 billion RMB to finance the proposed healthcare reforms, much of which spurred the successes of the three-year push.[6] That influx represents a major pivot from what had been over two decades of continued privatization of the healthcare sector. From 2000-10, government investment as a proportion of healthcare expenses rose from 16% to 29%, while individual expenses fell from 60% to 36%, reducing the relative cost to individuals and solidifying healthcare as an essential public good with considerable government investment (see figure 1).

[6] Li Ling and Chen Qiulin, "A Balanced Report on the Successes of China's Three-Year Healthcare Reforms" [理性评估中国医改三年成效], *Peking University*, 5. The actual amount totaled approximately 827 billion RMB during the three-year span.

Figure 1: Value and Structure of Total Health Expenditure: 1978-2010



Source: Chinese Health Statistics Yearbook 2011.

The new push towards social development can be seen as the third major transformation that the People's Republic has undertaken, the first being the establishment of a socialist state in the 1950s and the second Deng Xiaoping's move from a command economy to a free market system after 1978. With a new generation of leaders soon to take the nation's helm, social development will likely continue to define the major policy decisions in the coming years.

The recent wave of healthcare reform enacted a second broad shift in policymaking by experimenting with procedural innovation. During the healthcare reform debate, two new practices broadened the scope of input as the central government mulled over what approach to take to address the problems in the healthcare sector. The first was the solicitation of reform

proposals from a select number of public and private institutions. Especially since the beginning of the reform period in 1978, the Chinese government has continually shown eagerness to learn from experts in various fields and across international borders. Yet the drive for adopting various models had always been an internal process. With the recent wave of healthcare reform, the highest tiers of government asked for policy options from eight organizations including McKinsey & Company, the World Health Organization, and Peking University.

In addition to its open consideration of various reform frameworks, the Chinese government also constructed an online crowdsourcing system to collect feedback and suggestions from ordinary citizens. This was the first time that the Chinese government implemented such a system of dialogue with the greater public. The online commenting is all the more remarkable because it utilized the internet, a sign of how the Chinese government has found creative ways to adapt to the dynamic realm of technology. In total, the online tool received over 35,000 comments from Chinese citizens (Xinyigai, 2009). This phenomenon deserves the further attention of political scientists who seek to explore democratic structures evolving in a modern Chinese context.

Challenges and Future Direction

With the three-year plan now at an end, the challenges for the coming stages of healthcare development have begun to capture the attention of top policymakers. Perhaps one of the most pressing concerns is that of resources: overall healthcare costs more than doubled between 2006 and 2010, from 984 billion RMB to almost 2 trillion RMB annually (see figure 1). Furthermore, with the complexity of China's five-tier federalist structure, providing government incentives to carry out sustainable healthcare reforms also presents a formidable challenge as the work of extending and consolidating the past three years' work continues. As with any

healthcare system, the complexity of issues requires careful regulation among parties with competing interests, something only more daunting given the context of China's size and regional diversity.

More broadly, demographic shifts will almost certainly alter the nature of health problems facing the Chinese people. China is aging quickly, and a large percentage of the population may soon face late-onset diseases common among the elderly. Annual migration patterns, which fuel China's manufacturing and account for upwards of 10% of the total population according to many estimates, complicates the healthcare delivery systems that serve migrant workers. And with the continued growth in per capita income, disease patterns have already shifted towards more chronic afflictions, those that are more common among prosperous nations.

The future of China's healthcare reforms lays in fitting the nation's needs to the goals set forth by the twelfth five-year plan, the next tier in the reform process. The past three years have seen the government's role in the healthcare sector renewed and reinvigorated, defining the initial stages of what may likely evolve into China's third great national transformation. Now, all that remains to be seen is how exactly China and its government will choose to ensure its populace remains healthy for many decades to come.

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