



### Tuberculosis Control Project

- Since 2002, DFID has been supporting China's effort to tackle tuberculosis through coordinated multi-donor support to one single national programme.
- DFID is contributing £28 million together with a \$100 million World Bank loan from 2002 to 2010.
- This is the first project that used a 'blending' financing mode to encourage China to borrow loan on IBRD terms in the social sectors. In addition, we have provided technical assistance to introduce new methods of health promotion and social assessment to better target the poor and vulnerable groups.
- As a consequence, we together with other main partners have contributed to bring national detection rates up from 30% in 2000 to over 70% in 2007 in 16 provinces, covering half of China's population. Cure rates are now well above 85%. 1.5 million TB patients are being successfully treated. This will increase to 2 million by 2010.

### China Rural Health Project

- This is at its final stage of design and will be launched later in 2008. DFID plans to contribute £ 5 million in parallel financing with a World Bank loan of \$50 million from 2008 to 2011.

- This project, building on the successful collaboration DFID enjoyed with the Government of China and the World Bank in the past decade, aims to support innovation and generate knowledge useful to the Government for its ongoing health reform programme.
- It will focus on supporting increased and more equitable access to quality health services, improved financial protection and better management of public health threats with lessons to support reforms in non-project areas.
- This project will bring DFID China's health programme to its end by 2011

DFID China  
 30th Floor South Tower, Kerry Centre Beijing 100020  
 Tel: (86-10) 8529 6882  
 Fax: (86-10) 8529 6002/3/4/5  
 Email: China-Enquiries@DFID.GOV.UK  
<http://www.dfid.gov.uk>

## DFID China Briefing Paper: Health May 2008

### Background

- Since 1949 China has made remarkable strides in improving the health status of its population. It is on track to achieve all of the health-related Millennium Development Goals (MDGs) except for HIV and AIDS.
- Nevertheless, China now suffers a growing double burden of diseases characteristic of lower middle-income countries. Non-communicable diseases associated with growing affluence are adding to existing high levels of communicable disease - notably the threats of TB and the emergence of HIV and AIDS.
- Inequalities in health status exist between poor western provinces and richer eastern provinces, between urban and rural areas and among different social and economic groups.
- The percentage of health care costs met by individuals has increased substantially over the past 20 years. China has a de facto private health care market operating within the structure of a former nationally funded and managed health system. This has weakened health systems and neglected

public goods like preventive health. Many poor people cannot afford basic health care, because of the high level of out of pocket payments.

### Government's Health Strategy and Reform Agenda

- The government of China has recognised these problems, especially since the outbreak of SARS in 2003. The 11th Five Year Plan emphasises building a "harmonious society" and the importance of balanced people-centred development. Health stands as an important element in this new development approach.
- In addition to rapidly increasing government spending on health infrastructure, new schemes such as the New Cooperative Medical Scheme for rural residents and Medical Assistance (a medical expense safety net programme for the urban and rural poor) are rolling out nationwide with central government fiscal transfer to poor regions.



- However, the key health sector challenges remain to be tackled, notably significant health inequalities, decreasing affordability of health care, poor quality of care and inefficiencies in the health system.
- These together with the increasing demand of the general public for better, accessible and affordable health care formed a major drive for the ongoing health sector reform process in China. A multi-Ministerial Task Force on health sector reform has been set up to work out a new policy to guide China's health sector reform. Though still to be formally announced, it is clear that the next round of health sector reform will focus on equity concerns in its aim to ensure "basic health care for all".

## DFID Objectives and Focus in China

- DFID China's health programme has consistently focused on three areas since 1999: pro-poor health system reform and development; TB control; and HIV and AIDS control.
- Our approach is to support China through large-scale pilots to generate solid evidence on the ground and to provide parallel direct support for policy work. We position our bilateral aid to align with the Government of China's own priorities with particular attention on innovation, complementarity, risk taking, and poverty focus.
- Since 1999, DFID has committed more than £100 million of grant assistance to China on health and HIV and AIDS.
- We also engage directly with policy makers and researchers to strengthen the evidence base and capacity for pro-poor health policy making to help feed the lessons and successes

on the ground into the policy-making process. As part of those efforts we also directly fund analytical and research work and provide support to the National Health Service Survey.

- There is a separate briefing paper describing our support for HIV and AIDS work in more detail.

## Partners

- We work in partnership with the Ministry of Health, Ministry of Civil Affairs, Ministry of Labour and Social Security, National Development and Reform Commission, Ministry of Finance and key research institutions in China.
- We work with a large number of provinces and counties but mainly focus on poor counties in central and western China.
- In addition, wherever possible, we work in close partnership with other international agencies, notably the World Bank and the World Health Organisation.

## Programme Details and Achievements

### China Basic Health Services Project

- This is known as the Health 8 Support Project (H8/SP). The DFID contribution was £21 million from 1999 to 2007. It supported interventions to increase the access of poor people to basic health services in 97 poor counties in 10 provinces in the mid and west of China. It helped the development of service delivery strategies for implementing the following aspects of rural health programme improvements:

- Strengthening of county government health planning, management, regulation and investment to improve basic health facilities, materials and equipment
- Improvement of both preventive programmes and medical care in terms of accessibility, effectiveness including both demand and supply side interventions through training and management strengthening
- Introducing new means of reducing financial barriers for the poor through piloting forms of rural health insurance and creating health safety nets
- Strengthening the capacity of provincial and national levels to support rural health reforms.
- 47 million people were covered by the project. 12 million of the poorest enrolled in the medical financial assistance scheme. Independent evaluation shows that it has supported increased immunisation and promoted birth in hospitals with skilled attendants present. This has resulted in big falls of around 40% in maternal mortality in counties covered by the project – a much steeper fall than in non-project counties with a similar poverty level.

### Urban Health and Poverty Project

- DFID contributed £10 million from 2001 to 2007, working closely with the Ministries of Health and Civil affairs to support the Government's urban health reform agenda through piloting in Chengdu, Shenyang, Xining and Yinchuan.
- The project focused on development of community health services models to improve the access to health services especially by the urban poor. It also introduced the concept of general practitioners as a first point of contact when peo-

ple fall ill. In addition it piloted financial assistance schemes that provide small sums of money to the poor to enable them to use basic health services.

- In total 6 million people benefited in four cities in China. This work has been acknowledged by the Government as having directly influenced a national programme that now provides similar financial assistance in 86% of urban districts across all of China.

### Health Policy Support Project

- DFID is contributing £6 million from 2005 to 2009. The project is designed to improve the capacity within the Government of China for evidence based, integrated, pro-poor health policy making.
- The project focuses on four areas:
  - Improved health and health-related evidence base for integrated pro-poor policy development
  - Increased availability and quality of national and international technical support
  - Increased policy dialogue between the relevant Ministries and other stakeholders at national and provincial level
  - Capacity building for pro-poor policy and implementation among senior officials.
- The project is being implemented with WHO and all the key policy makers in 16 Ministries involved in health policy making. It is providing direct support to the current health sector reform process.