

Development of China's Public Health as an Essential Element of Human Rights

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Preface

Health is a precondition for the survival of humanity and the development of human society. The right to health is a basic human right rich in connotations. It is the guarantee for a life with dignity. Everyone is entitled to the highest standard of health, equally available and accessible

The Communist Party of China (CPC) and the Chinese government have always focused on the people's needs while seeking the development of the nation. Putting the people first, the Party and the government work to fulfill the people's aspiration for a better life, and strive to enhance the people's well-being and all-round development. China has

always put the people's health at the top of its policy agenda, working hard to improve the people's health and fitness, and making universal health and fitness a primary goal of development. With years of strenuous effort, marked progress has been achieved in making the Chinese people healthier - China is no longer the "sick man of East Asia." China has made continued improvement in boosting the overall strength of its public health and medical services, and in enhancing the physical fitness and health conditions of its people. China has been hailed as a "role model for developing countries" by the World Health Organization (WHO) in recognition of its achievements.

Prosperity for all is impossible without health for all. Health for all is a solemn promise to the people by the CPC and the Chinese government. Since the Party's 18th National Congress in November 2012, under the firm leadership of the CPC Central Committee with Xi Jinping at the core, China has given top priority to improving the people's health, incorporating the development philosophy of innovation, coordination, green development, opening up and shared benefits into the promotion and protection of the people's right to health. Focusing on promoting healthy lifestyles, improving health services, enhancing medical security, building a healthy environment and developing the health industry, China is striving to enhance public health and fitness, providing full-life-cycle medical and health services to its people. With improvement in the Chinese people's right to health, China's human rights have also seen profound progress.

I. Ensuring People's Right to Health Based on China's Conditions

China is a large developing country with 1.3 billion people. The CPC and the Chinese government have always attached great importance to developing the medical and health services, to transforming the development model of the health sector, and to respecting and protecting citizens' right to health. A mechanism based on China's conditions to ensure the people's right to health has been put in place.

When the People's Republic of China was founded in 1949, China had a weak medical and health system due to low levels of development in its economy and society. The nation had only 3,670 medical and health institutions, 541,000 health workers and 85,000 beds at health institutions. The average life expectancy was 35 years. To change this situation, the government devoted great efforts to developing the medical and health services, and implemented guidelines which stipulated that the health services were to serve vast majority of the people, that prevention should be stressed, that both Western medicine and Traditional Chinese Medicine (TCM) should be utilized, and that health promotion and people's involvement should be incorporated. The people were mobilized to carry out health promotion programs, and basic knowledge about healthcare was widely spread. All this greatly enhanced the people's health, and major breakthroughs were made in medical sciences. Chlamydia trachomatis was identified for the first time by Chinese scientists; Chinese doctors performed the world's first replantation of a severed limb; and artemisinin, an effective cure for malaria, was extracted in a Chinese laboratory.

Following the introduction of the reform and opening-up drive in 1978, to address problems such as a severe shortage of medical and health resources and a lack of service capability and low efficiency, the government allowed multi-channel financing for the medical industry, and encouraged medical development in various forms, by increasing resource supply, opening up the pharmaceuticals manufacturing and circulation market, developing the pharmaceutical industry, and promoting TCM. Economic incentives were adopted to encourage medical personnel to enhance their performance. At the First National Health Service Meeting in 1996, a decision was made on implementing the guiding principles for health services in the new era, namely, "focusing on the rural areas, prioritizing prevention, equal emphasis on Western medicine and TCM, relying on science and education, encouraging public participation, promoting public health, and serving socialist modernization." In 1998, China began to form a social medical insurance system to cover the basic medical needs of workers. In 2000, it set the goal of establishing an urban medical and healthcare system in line with the socialist market economy, so that the people could enjoy reasonably priced, high-quality medical services, and thus become healthier. In 2002, the government released the Decision on Further Enhancing Health Services in Rural Areas. Taking into consideration the levels of economic and social development in rural areas, the government decided to drive health services reform to a deeper level, and put in more funding to rural areas, to provide different levels of medical services to rural residents.

In 2003, under the firm leadership of the Party and the government, the Chinese people, united as one, won a decisive victory in their combat against the severe acute respiratory syndrome (SARS) pandemic. Learning a lesson from this experience, the government took comprehensive measures to improve public health services, and the prevention and control of serious diseases. Marked progress was made in the prevention and control system for serious diseases, in the response mechanism for public health emergencies, in the development of community healthcare services in rural and urban areas, and in the new-type rural cooperative medical care and basic medical insurance for urban residents.

In 2009, China launched a new round of reform of the medical and healthcare system. With the release of the Opinions on Deepening Reform of the Medical and Healthcare System, the government delivered a message that the basic medical and healthcare system should be available to all citizens as a public product. The nonprofit nature of public medical and healthcare was made clear. In the document it was proposed that China would develop the "four systems" of public health, medical services, medical security and drug supply and the "eight supporting mechanisms" of medical and healthcare management, operation, investment, pricing, supervision, technology and personnel, information, and law-based development, in an effort to form a basic medical and healthcare system and promote the all-round, balanced, and sustainable development of the health sector. Soon after that, China issued the Plan for Reforming Key Areas of the Medical and Healthcare System (2009-2011) and Plan for Deepening Reform of the Medical and Healthcare System during the 12th Five-Year Plan Period (2011-2015). In these two documents, the government set the goals of the reform, which

were accelerating the basic medical security system, improving community-level medical and healthcare services, and promoting equal access to basic public health services.

Since 2012 China has redoubled its effort to reform the medical and healthcare system; it has accelerated the comprehensive reform of public hospitals and the price reform of drugs and medical service; it has also implemented serious illness insurance policies covering both urban and rural residents, adopted a multi-layer diagnosis and treatment mechanism, and improved the policies regarding the production, distribution and use of drugs. On October 29, 2015, enhancing public health and fitness was formally introduced in the communique of the Fifth Plenary Session of the 18th CPC Central Committee. In August 2016, at the National Health and Fitness Conference, it was stated that the government will "follow the correct guidelines for promoting health and fitness services, focus on lower-level medical institutions, strive to reform and make innovations in the medical sector, prioritize disease prevention, lay equal emphasis on Western medicine and TCM, incorporate health promotion in all policies, and involve all citizens in promoting public health and thereby bring health benefits to all." In October 2016, the state issued "Healthy China 2030" Planning Outline, a guiding document on promoting public health and fitness, with plans to make the Chinese people healthier.

The development in the field of health services has brought concrete benefits to the Chinese people. The average life expectancy of the Chinese rose to 76.5 years in 2016 from 67.9 years in 1981; maternal mortality dropped from 88.9 per 100,000 persons in 1990 to 19.9 per 100,000 persons in 2016; and infant mortality declined from 34.7 per 1,000 in 1981 to 7.5 per 1,000 in 2016. The main health indicators of the Chinese are generally better than the average level of middle- and high-income countries, and China has achieved the UN's Millennium Goals in this regard ahead of schedule. Furthermore, China has established a complete medical and health system that is guided by the Constitution, based on civil laws and regulations, laws and administrative regulations on health, and local regulations, and directed by the outlines, programs, and plans of the health sector. The system has proved effective in maintaining sound doctor-patient relations, addressing medical disputes with impartiality, and ensuring citizens' right to health.

The reform of the medical sector has produced noticeable results. Within a short period of time, China was able to achieve the following: developing the world's largest basic medical insurance network that covers all citizens, providing insurance for patients of serious diseases, enabling patients to receive emergency medical services, and improving medical assistance. All this has provided institutional guarantee that patients have access to medical services. The state has gained effective control over serious infectious diseases, has kept the spread of AIDS at a low level, has achieved the tuberculosis control target of the UN's Millennium Goals ahead of schedule, has reduced the number of schistosome infections to the lowest level in history, and became a polio-free country in 2000. China set up the world's largest online direct reporting system of notifiable epidemics and public health emergencies in 2015, and the average reporting

time has been shortened to four hours from five days before the introduction of the system.

Significant progress has been made in developing a system of medical and healthcare services. A basic medical services network covering both urban and rural areas has been put in place, with 980,000 medical and health institutions at all levels, 11 million health workers, and seven million beds at medical institutions. The state has increased its efforts to foster more medical professionals. A standardization training system for resident doctors is being established, and outstanding figures such as Nobel Prize laureate in Physiology or Medicine Tu Youyou have made significant contributions to society. As more social resources flow into the medical sector, private hospitals now account for over 57 percent of all hospitals, making medical services more diverse. China's medical and health emergency rescue capability is among the world's best. It stood the severe test of the Ebola epidemic, blocking all infectious sources from outside its territory and achieved zero infection while Chinese medical teams went on assistance missions in Africa.

After many years of hard work, a new stage has been reached in China's medical and health services. This has not only made the Chinese people healthier, but has also created a model suited to the country's prevailing conditions that is able to ensure people's right to health. This model has the following features:

-- Prioritizing health and fitness. The government places people's health at the forefront of its development strategies, based on China's prevailing reality, incorporates the awareness of maintaining and improving people's health into the decision-making process of policies and the formulation and implementation of laws and regulations, and strives to achieve sound and coordinated development between healthy lifestyles, working conditions, the natural environment, and the economy and society.

-- Focusing on prevention. The focus on healthcare has been shifted from treating illnesses to enhancing people's health. Equal emphasis is put on disease prevention and treatment, and the well-being of both mind and body. Western medicine and TCM have been made complementary to each other. More efforts have been focused on the prevention and control of chronic, endemic and occupational diseases. In order to reduce the occurrences of illnesses, China's medical sector is striving to learn more about the patterns and development of health-related issues, emphasizing early diagnosis, treatment and recovery.

-- Nonprofit services. The basic medical and healthcare services will continue to be basically nonprofit, and made available to all citizens as a public product. Public hospitals are the pillar of the medical service system, and steps will be taken to ensure universal access to public-health services.

-- Equality and benefit for all. The state will continue to ensure full coverage of health and

medical services. Focusing on rural areas and communities, the gaps in health conditions between urban and rural areas, between different localities and between different groups will be gradually narrowed, so that everyone has equal access to basic health services.

-- Universal participation and sharing of benefits. The government will continue to assume the leading role, while private organizations and individuals are encouraged to participate. The goal is to involve all citizens in the building and development of the medical care system, with the benefits jointly shared by all. The government will appropriately handle its relationship with the market, so that the former can play its due role in the basic medical and healthcare sector and that the market can provide more choices in the non-basic medical care sector.

Table 1 Main health indicators in selected years

(Editor's note: Please find the chart released by Xinhua's Photographic News Department.)

Table 1 Main health indicators in selected years

Indicators	1981	1990	2000	2005	2010	2015	2016
Average life expectancy (yrs)	67.9	68.6	71.4	73.0	74.8	76.3	76.5
Male (yrs)	66.4	66.8	69.6	71.0	72.4	73.6	-
Female (yrs)	69.3	70.5	73.3	74.0	77.4	79.4	-
Infant mortality (‰)	34.7	32.9	32.2	19.0	13.1	8.1	7.5
Mortality rate for children under 5 (‰)	-	-	39.7	22.5	16.4	10.7	10.2
Maternal mortality (1/100,000)	-	88.9	53.0	47.7	30.0	20.1	19.9

Sept. 30, 2017 -- Graphics shows main health indicators in selected years written in the "Development of China's Public Health as an Essential Element of Human Rights" white paper, issued by the State Council Information Office. (Xinhua/Ma Yan)

II. Continuous Improvement of Health Environment and Conditions

China is keen to promote a healthy lifestyle, national fitness and health education, protect food and drinking water safety, and improve the environment for production, people's life, ecology and society in order to better guarantee the Chinese people's right to health.

Developing a healthy lifestyle. In 2007, China launched the Healthy Lifestyle for All campaign, calling on the Chinese people to develop a healthy diet and engage in physical exercises, advocating healthy lifestyle ideas, creating a supporting environment for a healthy lifestyle, and enhancing the people's awareness and behavioral abilities to develop a healthy lifestyle. By the end of 2016, the campaign had covered 81.87 percent of counties (districts) across the country. China published the Chinese Dietary Guidelines

(2016) that provides healthy dietary guidance to the Chinese people in general, and to children and the elderly in particular to help them develop a balanced diet and nutrition absorption; the government has intensified monitoring of the Chinese people's nutritional status and health conditions while keeping track of, and issue information about chronic diseases and the people's nutritional status; it urges the Chinese people to reduce their salt intake, and publicizes information on how to prevent and control high blood pressure; it has adopted measures to improve the nutritional status of key populations and instituted a nutritional improvement plan for compulsory education students in rural areas as well as nutritional improvement programs for children in poverty-stricken areas; the government is continuing to tighten control on the use of tobacco and implement the WHO Framework Convention on Tobacco Control. In 2014, Shenzhen began to activate the Regulations of the Shenzhen Special Economic Zone on Smoking Control; in 2015, Beijing implemented the Beijing Regulation on Smoking Control; in 2017, Shanghai enacted revised Regulations of Shanghai Municipality on Smoking Control in Public Places, banning indoor smoking in public areas. By the end of 2016, 18 cities had adopted regulations on a smoke-free environment, covering one tenth of the population.

Giving full play to national physical fitness. Physical fitness has become a national strategy, and the work regarding people's physical fitness has been included in economic and social development plans, fiscal budgets and annual work reports of governments at all levels. A development trajectory of nationwide physical fitness "led by the government, coordinated among relevant sectors and participated by all" has taken shape. Since the National Fitness Regulations were promulgated in 2009, 16 provinces and ten major cities have worked out local regulations on fitness for all, and all of the country's 31 provinces, autonomous regions and municipalities directly under the central government have worked out provincial-level fitness-for-all programs. Since 2009, August 8 has become National Fitness Day in China. From 2011 to 2014, 3,405 fitness centers, 9,447 community multipurpose sports playgrounds, 2,366 sports parks, 24,879 fitness squares and 878 outdoor camps were established nationwide, with 1.69 million outdoor fitness facilities installed. Physical fitness venues and facilities can be found in communities (administrative villages), sub-districts (towns and townships), counties (districts) and cities (prefectures). By the end of 2015, up to 33.9 percent of the whole population engaged in physical exercises on a regular basis; the per capita sports venue area reached 1.57 square meters; the coverage rate of sports associations at county level and above was 72 percent; the number of various kinds of juvenile sports clubs was 7,147; every ten thousand people shared three fitness centers on average, and thus a popular national fitness network was basically formed.

Promoting national health education. Publicity media, such as newspapers, television, radio, the Internet and other forms of new media are utilized for public health publicity, education and consultation to help people develop a self-tailored and self-disciplined healthy lifestyle. China celebrates National Environment and Health Publicity Week every year; it has promulgated the Environment and Health Literacy of the Chinese Citizens (Trial) and a code of conduct for Chinese citizens with the slogan "Breathe the same air

and get it done together" to improve air quality and intensify publicity and education through basic public health services and health education, health literacy promotion campaigns, the "Healthy Chinese" and "TCM in China" initiatives, and major theme-day public health publicity. Health awareness in both urban and rural areas rose to 10.25 percent in 2015 from 6.48 percent in 2008.

Vigorously pursuing environmental improvement. Joint pollution prevention and control between different regions has been enhanced; air quality monitoring facilities at county and district levels in the Beijing-Tianjin-Hebei region, the Yangtze River Delta and the Pearl River Delta function as a network; a network monitoring particle matter (PM) and photochemical pollutants in the Beijing-Tianjin-Hebei region and neighboring areas is in full operation. From 2011 to 2015, the nationwide chemical oxygen demand, emissions of ammonia nitrogen, sulfur dioxide, and nitrogen oxide decreased by 12.9 percent, 13 percent, 18 percent and 18.6 percent, respectively. In 2016, the PM 2.5 average concentration dropped by 6.0 percent year on year and the number of days with excellent and good air quality increased by 2.1 percentage points year on year in 338 cities at the prefectural level and above. In 2013, China enacted the Air Pollution Prevention and Control Action Plan; from 2014 to 2016, about 16 million heavily-polluting vehicles and old vehicles that couldn't meet the environmental protection standards were eliminated; all coal-fired generators have realized desulfurization and denitrification; ultra-low emissions have been encouraged, and by March 2017 coal-fired generators of about 500 million kw had been improved to achieve ultra-low emissions; the Action Plan for the Prevention and Control of Soil Pollution has been enacted, and a comprehensive survey of soil pollution has been launched; the Rules on Environmental Management of the Soil of Contaminated Sites (Trial) have been promulgated. A fund for soil pollution prevention and control has been set up, and from 2016 to 2017, RMB15 billion was earmarked by the government for this purpose. A national soil environment network has been primarily established, with 22,000 basic monitoring spots and about 15,000 risk-monitoring stations; the Action Plan for the Prevention and Control of Water Pollution has been promoted and completely implemented; the comprehensive management of the environment surrounding the river valleys has been enhanced; the environmental protection of the Yangtze River Economic Belt has been pursued, and the investigation of black and odorous water bodies in urban areas has been carried out; in 2016, according to the state-controlled monitoring bodies of surface water, the proportion of such spots of Grades I-III reached 67.8 percent, while that of inferior water bodies of Grade V dropped to 8.6 percent.

Progress in comprehensive management of environmental hygiene in urban and rural areas. The China Healthy Cities and Towns Initiative is being pursued to largely improve living conditions in urban and rural areas. According to a survey in 2012, since the initiative was introduced, the proportion of standardized fairs and markets had risen to 60.6 percent from 35.2 percent, and the percent of residents who are satisfied with urban amenities and the environment increased from 30 percent to 98 percent, with 98 percent of them satisfied with the effect of the initiative. By the end of 2015, the sewage treatment

rate in urban areas had increased to 92 percent while the pollution-free treatment rate of household garbage in urban built-up areas had reached 94.1 percent. Comprehensive environmental improvement had been carried out in 78,000 villages, benefiting over 140 million people in rural areas; waste treatment and resource utilization facilities had been installed in 61,000 large-scale livestock and poultry farms. By the end of 2016, the treatment rate of household garbage in rural areas was around 60 percent, and the proportion of administrative villages with sewage treatment had reached 22 percent. In 2016, 80.4 percent of rural households use toilets while the rate was 71.7 percent in 2012; in some provinces in the more developed eastern areas the figure was 90 percent or higher.

Drinking water safety issues in rural areas basically solved. From 2006 to 2010, the investment in safe drinking water projects in rural areas reached RMB105.3 billion, providing safe drinking water to 212 million rural residents in 190,000 administrative villages. From 2011 to 2015, RMB121.5 billion from the central government and over RMB60 billion from local governments were appropriated for safe drinking water projects in rural areas. By the end of 2016, the safe drinking water monitoring covered over 85 percent of rural villages, and up to 82 percent of rural residents enjoy centralized water supply. The state has allocated funds to areas with particular difficulties, and raised the subsidy standards, such as by appropriating RMB495 million to provide safe drinking water to over 1,400 monasteries, 32,300 monks and nuns and 60,000 other residents with temporary needs in the Tibet Autonomous Region.

Enhancing occupational health management. In 2011, China revised the Law of the People's Republic of China on Prevention and Control of Occupational Diseases. Campaigns were launched to control and reduce the hazards associated with fine dust and toxic stuff during production processes in particular sectors, such as quartz sand processing, asbestos mining and asbestos-product manufacturing, gold mining, cement manufacturing, stone-material processing, ceramics and refractory-material production. Corporations are urged to increase investment to improve production processes and protection measures for employees. Operational environment and conditions at workplaces have been primarily improved. By the end of 2016, the government, in accordance with the law, had punished the corporations that refused or failed to improve their occupational health management, demanding 1,524 corporations to suspend production for rectification, shutting down 1,576 corporations in response to public demand, and eliminating 426 illegal enterprises. The government has intensified supervision and inspection on occupational health management of employers. From 2013 to 2016, the number of corporations nationwide that had been brought under government supervision and inspection increased from 229,000 to 395,000, up by 72.5 percent.

Tougher control of food safety. In 2015, China revised the Food Safety Law. In 2016, regulatory agencies at all levels conducted inspections of the food production process of 521,000 food producers, 15,000 food additive producers, and 72,000 food processing

workshops. As for the selling of food products, regulatory agencies at all levels conducted inspections of 12.093 million businesses, and 8.869 million catering services. In 2016, competent authorities conducted random inspections on 257,000 food samples, of which 96.8 percent met the required standards, and properly settled several food safety incidents, including one involving the sale of counterfeit infant formulas

III. Public Health Service Capability Improving Steadily

The Chinese government gives priority to prevention while combining prevention with treatment, and makes great efforts to ensure the people's equal access to public health services. It devotes great efforts to preventing and controlling epidemic, chronic and endemic diseases, strengthening the quick response capacity on public health emergencies, and developing an increasingly equal and universal basic public health service system.

The coverage of basic public health services has been further expanded. The government has extended free vaccinations from children only to adults. By the end of 2015 the vaccination rate of every town or township was at least 90 percent and the incidence of and mortality from diseases that can be prevented by programmed vaccines had fallen to the lowest level ever. From 2010 to 2017, the state subsidy for basic public health services has increased from RMB15 to RMB50 per person, and the services have also expanded from 41 in nine categories to 47 in 12 categories. The 12 categories span a person's life circle, including citizens' health archives, health education, vaccination, children's health management, pregnancy and maternity health management, elderly people's health management, health management of chronically ill patients, management of patients with severe mental disorders, health management of tuberculosis patients, TCM health management, reporting and handling of epidemic diseases and public health emergencies, and assisting management and supervision on health and family planning. By the end of 2016, the government had set up digital health archives for 76.9 percent of Chinese citizens, covering 90.23 million hypertension patients and 27.81 million diabetes sufferers. At the same time, 91.6 percent of pregnant and lying-in women and 91.1 percent of children under the age of three were brought under systematic management.

The scope of beneficiaries of the basic public health services has expanded steadily. By 2012, China had eliminated tetanus among all newborn babies. In 2014 through injection of hepatitis B vaccine to newborn babies, the prevalence of hepatitis B surface antigen in children under five years of age decreased from 9.67 percent in 1992 to 0.32 percent in 2014, achieving the WHO's goal of reducing that figure to below 1 percent three years ahead of schedule. An increasing number of the floating population now have better access to basic public health services. Epidemic diseases have been effectively prevented and controlled among them, and more than 90 percent of their children have received vaccinations. Aiming at serious diseases, major risk factors affecting health and key groups, the state has formulated and implemented major public health service projects that cover nearly 200 million people, such as hepatitis B vaccination for people

under 15 years of age who missed the vaccination earlier, nutrition improvement for children in impoverished areas, facilitating rural pregnant women's delivery in hospital, screening for cervical and breast cancers among women in rural areas, and construction of hygienic toilet in rural areas. In 2009 the government launched the Regaining Eyesight Program for a Million Impoverished Cataract Patients, and had subsidized surgery for more than 1.75 million cataract patients by the end of 2013.

The ability to control epidemic diseases has continuously improved. The Chinese government has established the world's largest online direct reporting system for notifiable epidemic diseases and public health emergencies. Reported incidence of epidemic diseases has dropped by 19.4 percent. The early detection and early warning capacities have been further improved. The epidemic disease reporting system covers 71,000 medical institutions, with 160,000 users and nine million annual individual reports. In 2016, the reported incidence and death rate of epidemic diseases in categories A and B was controlled below 215.7/100,000 and 1.31/100,000, respectively. The state has set up a laboratory network comprised of disease control and prevention institutions at national, provincial, city and county levels. The influenza, poliomyelitis, measles and meningitis B labs of the Chinese Center for Disease Control and Prevention have become WHO reference labs. On the whole, the epidemics are under control and there has been no widespread epidemic in China. The spread of HIV remains at a low level, and its rapid growth in certain areas has been checked. The efforts to prevent and treat tuberculosis have achieved good results, with a cure rate of over 90 percent. In 2016, the reported incidence of tuberculosis had decreased by 12.6 percent compared to 2011, and the mortality rate from tuberculosis had dropped to 2.3 per 100,000 patients, reaching the level of developed countries. In the same year, there were 3,189 malaria cases reported nationwide, with only three domestically infected. This was much lower than the 4,262 cases in 2010. The disease has now been eradicated in over 80 percent counties that once had a widespread malaria problem. The prevention and treatment of major parasitic diseases have achieved solid results. By the end of 2016, the transmission of schistosomiasis was brought under control in all the 453 counties where it once had been widespread.

The effects of China's practice in preventing and controlling chronic diseases have remarkably improved. China has set up a monitoring network for chronic diseases and risk factors. As a basic public health service, the health management of the aged and hypertension or diabetes patients is provided free to the public. The state runs many services, like screening for cerebral apoplexy and cardiovascular disease, comprehensive oral disease intervention, and early diagnosis and treatment of cancer. By the end of 2016, the service of screening for and intervention of cerebral apoplexy had been provided to more than 6.1 million people, 820,000 of whom were found to be at high risk, and 952,000 follow-up interventions were conducted. Early screening and comprehensive intervention of cardiovascular disease had been provided to 3.389 million people, 776,000 of whom were found to be at high risk, and 524,000 follow-up interventions were conducted. Comprehensive oral disease intervention had provided

free oral examination to 100 million children. A total of 5.168 million children received free dental sealants treatment and 2.229 million children received free local fluoride varnish treatment. The early diagnosis and treatment of cancer service had been provided to 2.14 million high-risk people. Some 55,000 cancer patients were diagnosed through this service, and the overall early diagnosis rate reached 80 percent or above.

The spread of endemic diseases is under effective control. By the end of 2015, 90.8 percent of counties whose water sources contained excess iodine had reached the benchmark that 90 percent of salt consumed was iodine-free, and 94.2 percent of the nation's counties had eradicated iodine deficiency, ranking among the top of all 128 countries and regions officially using iodized salt. Kaschin-Beck disease has been eradicated in 95.4 percent of villages where it was once widespread, and Keshan disease has been put under control in 94.2 percent of the counties where it was once prevalent. In the counties that suffered from endemic fluorosis caused by coal burning, 98.4 percent of coal stoves have been transformed, and in the areas suffering from drinking water-caused endemic fluorosis, 93.6 percent of the rural population now have access to de-fluoridated drinking water. Areas suffering from arsenic poisoning through coal burning have had their stoves transformed, and all people in water-related arsenic poisoning areas now have access to safe drinking water.

Mental health services have been improved constantly. The state issued the Mental Health Law of the People's Republic of China, putting the related work within the legal framework. At the end of 2015, China had 2,936 mental health institutions with 433,000 beds - increases of 77.9 percent and 89.9 percent, respectively compared with 2010. There were 27,700 practicing (assistant) psychiatrists nationwide, an increase of 20.2 percent over the 23,100 at the end of 2012. Severe mental disorders have been included as serious diseases under the new type of rural cooperative medical care and basic medical insurance for non-working urban residents. The central government has provided subsidies to local hospitals to help with the management of and treatment for severe mental disorders. Special aid and treatment policies have been drawn up in some local areas. The patients' expenditures have been greatly reduced. The government has enhanced the management of patients with severe mental disorders, including case reporting and registration, assistance and treatment. Between 2012 and 2016, the number of registered patients with severe mental illnesses increased from 3.08 million to 5.4 million nationwide. From 59.1 percent to 88.7 percent, more and more patients were put under management. The state has enhanced the intervention in common mental disorders or psychological problems, like depression and anxiety. It has intensified the efforts to promptly detect and treat psychological problems among key groups, built up the psychological intervention capacity in emergency events, and promoted the community rehabilitation services for mental disorders.

The ability to quickly respond to public health emergencies has been strengthened in a comprehensive way. The legal system for emergency response has taken initial shape, and the response mechanism has been optimized. Thirty-six national teams and nearly

20,000 local teams, with over 200,000 members for four categories of emergencies, have been set up in different regions. In 2014, China's core public health emergency response capacity achieved 91.5 percent of the requirements of the International Health Regulations, better than the world's average of 70 percent. In recent years the state has accelerated the construction of a public health emergency response system, which not only effectively handled such epidemic emergencies as human infections of the avian influenza A (H7N9) virus, Ebola hemorrhagic fever, Middle East respiratory syndrome and Zika fever, but also promptly carried out emergency medical rescue and post-disaster epidemic prevention in such disasters and accidents as the 2008 Wenchuan earthquake and the 2015 Tianjin Port explosions.

IV. Great Improvement in the Quality of Medical and Health Services

China is committed to improving the accessibility and convenience of medical and health resources, and the quality and efficiency of medical services at the same time. It aims to accelerate the building of an integrated medical and health service system of good quality and high efficiency, and improve the medicine supply system. More and more people are satisfied with their visits to hospitals.

The resource factors of the medical and health-service system keep increasing. From 2011 to 2015, China invested RMB42 billion to support the building of 1,500 county-level hospitals, 18,000 town and township health centers, and more than 100,000 village clinics and community health centers. By the end of 2016, there were 983,394 medical and health institutions in China, among which 29,140 were hospitals (12,708 public hospitals and 16,432 private ones), 36,795 town and township health centers, 34,327 community health centers (stations), 3,481 disease prevention and control centers, 2,986 health inspection institutes (centers), and 638,763 village clinics; there were also 5.291 million items of medical equipment each worth RMB10,000 or more, among which 125,000 were worth more than RMB1 million each. In 2016, the number of beds in medical institutions increased by 395,000 compared with 2015 - 5.37 beds for every 1,000 people; the number of beds in hospitals increased by 358,000. There were 266 hospitals of ethnic healthcare, with 26,484 beds, providing 9.687 million treatment sessions annually, and the number of discharged patients reached 588,000.

Table 2 Beds in medical and health institutions for every 1,000 people

(Editor's note: Please find the chart released by Xinhua's Photographic News Department.)

Table 2 Beds in medical and health institutions for every 1,000 people

Year	Total	Urban areas	Rural areas
2010	3.58	5.49	2.60
2011	3.84	6.24	2.80
2012	4.24	6.88	3.11
2013	4.55	7.36	3.35
2014	4.85	7.84	3.54
2015	5.11	8.27	3.71
2016	5.37	8.46	3.89

Sept. 30, 2017 -- Graphics shows beds in medical and health institutions for every 1,000 people written in the "Development of China's Public Health as an Essential Element of Human Rights" white paper, issued by the State Council Information Office. (Xinhua/Ma Yan)

Health personnel optimized. China has built a medical education system of the largest scale in the world. By the end of 2016, there were 922 medical colleges and universities in China, 1,564 secondary schools with medical courses, 238 organizations granting master's degrees, and 92 granting doctoral degrees. The number of students at these schools had reached 3.95 million, among whom 1.14 million were students of clinical majors and 1.8 million of nursing majors. Fourteen educational institutions now offer specialties in ethnic healthcare, and research into ethnic healthcare in TCM majors, with about 170,000 students. TCM colleges in Yunnan, Guangxi and Guizhou offer undergraduate specialties of healthcare of the Dai, Zhuang and Miao peoples. Some ethnic-healthcare colleges and TCM colleges cooperate to cultivate personnel specializing in ethnic healthcare. By the end of 2016, the number of health workers totaled 11.173 million, with 8.454 million technical personnel, and 2.31 physicians for every 1,000 people; practicing (assistant) physicians with a college degree or above made up 81.2 percent of the total. The number of high-caliber professionals is increasing year by year. The number of nurses for every 1,000 people has reached 2.54, and the ratio of doctors to nurses has reached 1:1.1.

The non-governmental sectors operating hospitals are growing. China supports non-governmental sectors in starting non-profit medical institutions, and promotes equal treatment between non-profit private hospitals and public hospitals. We encourage physicians to make use of their spare time, and retired physicians to work in community medical and health institutions or open clinics. Private hospitals now account for more than 57 percent of all hospitals, the number of beds in medical and health institutions operated by non-governmental sectors has increased by 81 percent compared with 2011, and their outpatient visits take up 22 percent of the total in China. Now, of the physicians who have obtained licenses that give them permission to work for more than one organization, more than 70 percent also work in medical institutions operated by non-governmental sectors.

Community and rural medical conditions further improve. China gives priority to community and rural medical development in terms of the establishment of medical and health systems, the setting up of medical service institutions and the team building of medical service personnel. It takes county-level hospitals as the medical and health centers of the county, and places them at the core of the three-tier rural medical and health service network at the county, township and village levels. It focuses on the operation of one or two county-level hospitals (including TCM hospitals) in each county (city). Now almost every town or township has a health center, every administrative village has a village clinic, and every 1,000 rural residents have a village doctor.

Medical and health service supply is becoming more refined and targeted. China has established a mechanism for serious illness prevention and control that combines professional public health institutions, general and specialized hospitals, and community medical and health institutions. We are enhancing the mechanism for information sharing and inter-connection, promoting the integrated development of chronic disease prevention, control and management, and realizing the combination of treatment and prevention. We are building a comprehensive classified diagnosis and treatment system, guiding the formation of a rational medical treatment order featuring primary treatment at the community level, two-way transfer treatment, interconnection between different levels and different treatments for acute and chronic diseases, and improving the service chain of treatment, rehabilitation and long-term care. The diagnosis and treatment rate based on appointments in Grade III hospitals has reached 38.6 percent, and nearly 400 medical institutions have set up ambulatory surgery centers. We are also providing family physician contracted services. More than 80 percent of citizens are satisfied with the skills and attitude of family physicians. The people's service experience has greatly improved.

The quality and the safety level of medical services continues to rise. We have formulated Medical Quality Management Measures, gradually established and improved the medical quality management and control system, released quality control indicators, and conducted informationalized quality monitoring and feedback. We have promoted clinical pathway management (CPM) by developing 1,212 clinical pathways, which cover almost all common and frequently occurring diseases. We have released and implemented the National Action Plan to Contain Antimicrobial Resistance (2016-2020), to resolve the problem of antimicrobial resistance in a comprehensive way. We have also strengthened supervision over prescription and drug use. In 2016, the rate of inpatients using antibacterial drugs was 37.5 percent, 21.9 percentage points lower than in 2011; the usage rate in outpatient prescriptions was 8.7 percent, a decrease of 8.5 percentage points compared with the rate in 2011. Medical liability insurance covers more than 90 percent of hospitals at Grade II and above. We attach great importance to blood safety and supply. By the end of 2015, we had realized the full coverage of nucleic acid tests in blood stations, with a blood safety level equivalent to that of developed countries. We also encourage voluntary unpaid blood donations and rational clinical use of blood. In

2016, 14 million people donated blood gratis, an increase of 6.1 percent over 2015 and almost satisfying the demand for clinical blood use. Donation has become the main source of organs for transplants.

The drug supply security system keeps improving. This system, based on the national basic drug system, has made great headway. Since the implementation of the policy, the prices of basic drugs have dropped by about 30 percent on average, and basic drugs have been sold in community-level medical and health institutions with zero markup, easing the financial burden on patients. We initiated the first round of pilot projects of national drug price negotiation, reducing the purchasing prices of drugs for hepatitis B and non-small-cell lung cancer by over 50 percent, making them the lowest in the world. By the end of 2016, the patients' expenses had been reduced by nearly RMB100 million. We have also improved the policy that ensures drug supply for rare diseases, and increased the free supply of special drugs, for instance, drugs for the prevention and treatment of HIV/AIDS. China encourages medical and pharmaceutical innovation, launching a key project named the National New Drug Innovation Program. From 2011 to 2015, 323 innovative drugs in China were approved for clinical research, 16 innovative drugs including Icotinib Hydrochloride Tablets were approved for production, 139 new chemical generic drugs entered the market, a total of more than 600 Active Pharmaceutical Ingredients (API) and over 60 pharmaceutical companies reached the international advanced GMP standard, and a number of large medical equipment such as PET-CT and 128-MSCT, and advanced implantable products including brain pacemaker, bioprosthetic valve and artificial cochlea have been approved and entered the market. We have promoted the building of a modern medical and pharmaceutical distribution network that covers both the urban and rural areas, and strengthened drug supply security at the community level and in remote areas.

TCM is receiving more support from the government. From 2013 to 2015, China invested a special fund of RMB4.6 billion to support the capacity building of TCM. In 2016, it issued the Outline of the Strategic Plan on the Development of Traditional Chinese Medicine (2016-2030). The revenue generated by Chinese medicine producers each with turnover over RMB20 million per annum reached RMB865.3 billion in that year, accounting for about one third of the total revenue generated by all the drug producers each with turnover over RMB20 million per annum in China. Since 2011, 49 achievements in TCM scientific research have received national science and technology awards. Artemisinin, medicines for curing acute promyelocytic leukemia and other TCM and Western medicine research findings have attracted worldwide attention.

V. Improvement of the National Medical Security System

China has been vigorously improving its national medical security system. Now a multi-layered and wide-ranging medical security system covers the whole population, mainly supported by basic medical security, and supplemented by various forms of supplementary insurance and commercial health insurance. The country has preliminarily

realized basic healthcare for every citizen.

Basic medical insurance covers all urban and rural residents. The whole population is now covered by medical insurance, which is mainly composed of basic medical insurance for working urban residents, basic medical insurance for non-working urban residents, and the new type of rural cooperative medical care. By the end of 2016 basic medical insurance had more than 1.3 billion recipients nationwide - a coverage of above 95 percent. In 2016 China officially integrated basic medical insurance for non-working urban residents and the new type of rural cooperative medical care, to unify insurance coverage, funding policies, insured treatment, reimbursement catalogues, management of contracted medical institutions and fund management. In this way, the system of basic medical insurance for urban and rural residents was established step by step, so that urban and rural residents now enjoy equal access to basic medical insurance.

Support for basic medical insurance schemes and its sustainability have been increasing. The income and expenditure of the basic medical insurance fund for working urban residents in 2016 were RMB1,027.4 billion and RMB828.7 billion respectively - RMB421.2 billion and RMB341.9 billion more than those of 2012, representing an annual increase of 15.7 percent and 15.6 percent on average. The income and expenditure of the basic medical insurance fund for non-working urban residents were RMB281.1 billion and RMB248 billion, respectively - RMB193.4 billion and RMB180.5 billion more than those of 2012. In 2017 government subsidies for basic medical insurance for non-working urban and rural residents are increased, with annual per capita subsidies at all levels reaching RMB450.

Basic medical insurance benefits have been improved. In 2016 the payment caps of the basic medical insurance for working urban residents and for non-working urban residents were six times local employees' average salary of the year and local residents' per capita disposable income of the year, respectively; inpatient reimbursement rates from basic medical insurance were about 80 percent and 70 percent, respectively. In 2017 outpatient and inpatient reimbursement rates from the new type of rural cooperative medical care scheme are about 50 percent and 70 percent, respectively. The National Medicine List for Basic Medical Insurance, Industrial Injury Insurance and Maternity Insurance (2017) includes 2,535 items of Western medicines and Chinese patent medicines, with 339 more medicines than those in the previous list, or an increase of 15 percent, almost including all therapeutic medicines in the National Essential Medicine List (2012). As for expensive patent medicines with high clinical value, the government organized talks on medicines covered by the insurance and added 36 items to the National Essential Medicine List (2012) for the treatment of malignant tumors, and some rare and chronic diseases. Some newly added rehabilitation treatments are now covered by basic medical insurance.

Forms of reimbursements from basic medical insurance have been improved. More than 70 percent of regions in China are exploring new forms of payment from basic medical

insurance, such as payment by a certain category of disease, by capitation or by Diagnosis Related Groups (DRGs). The country has been building a national network of basic medical insurance, promoting cross-province real-time reimbursement from basic medical insurance, and the use of all-purpose card. By the end of August 2017, real-time reimbursements had been realized for all areas covered by basic medical insurance across the country; real-time reimbursements for cross-region inpatient medical expenses within the same province had been basically realized in the country. A national real-time reimbursement network for cross-province inpatient expenses has been put in place, and all provinces (including Xinjiang Production and Construction Corps) have joined the national network of cross-province reimbursement of basic medical insurance. By the end of August 2017, China had a total of 6,616 designated medical institutions for real-time reimbursements of cross-province inpatient expenses.

Serious illness insurance for urban and rural residents has been improved. China has implemented serious illness insurance for urban and rural residents, aiming to cover large medical expenses, and improve medical security for serious illnesses. By the end of 2015 serious illness insurance for urban and rural residents covered all recipients of basic medical insurance. In 2016 serious illness insurance covered more than 1 billion urban and rural residents; according to provincial policies, the serious illness insurance reimbursement rates shall be more than 50 percent, and the actual reimbursement ratio was raised by 10 to 15 percentage points.

Medical assistance mechanisms have made marked progress. A medical assistance policy framework has been established; medical assistance programs dovetail nicely with serious illness insurance schemes; and medical assistance criteria and capacity have become consistent in both urban and rural areas. Medical assistance recipients have been expanded from subsistence allowance recipients and people in dire poverty to the poverty-stricken population, low-income household members and critically-ill patients in illness-stricken poor families. Trade unions at all levels have been organizing employees' mutual aid for medical expenses, to help employees with serious illnesses and reduce their financial burden. In 2016 China appropriated RMB15.5 billion in medical assistance subsidies (excluding illness emergency assistance subsidies), 92 percent of which went to central and western regions, and poverty-stricken areas, assisted 82.565 million cases, and helped 55.604 million people with financial difficulties to receive basic medical insurance. The proportion of inpatient recipients within the annual limit exceeded 70 percent. Medical assistance services have become more convenient, as 93 percent of the country has realized one-stop reimbursement from medical assistance funds and basic medical insurance. In 2013 China set up an illness emergency assistance fund to help unidentified patients who need immediate treatment, or identified patients who cannot afford the related medical expenses. By June 2017 some 640,000 patients had received help from the fund.

Medical security for the rural poverty-stricken population has been improved. In 2016 China started to implement poverty relief through healthcare. Now the rural poverty-

stricken population is fully covered by both basic medical insurance and serious illness insurance for urban and rural residents. The inpatient reimbursement rates for the rural poverty-stricken population have been raised by more than five percentage points. China has mobilized over 800,000 medical workers to visit illness-and-poverty-stricken families, and investigate 93 major diseases with high occurrence, high treatment costs and severe impact on work and life, thereby keeping a record and setting up a database for poverty relief through healthcare. The country provides categorized treatment to rural poverty-stricken population suffering from serious illnesses and chronic diseases. By May 2017 China had given such treatment to over 2.6 million people. The country has adopted preferential policies favoring the rural poor with respect to reimbursement from serious illness insurance. China implements a policy of treatment before payment and one-stop reimbursement for rural poverty-stricken inpatients at county-level hospitals. In addition, China has designated 889 Grade III (top-level) hospitals to assist 1,149 county-level hospitals in all poverty-stricken counties across the country.

VI. Significant Improvement in the Health of Special Groups

The Chinese government attaches great importance to the protection of the right to health of special groups such as women, children, the elderly and the disabled. It constantly improves health programs, and provides diversified and targeted health services to meet the special needs of various groups in a non-discriminatory and equal manner.

The maternal and child healthcare service system has been continuously improved. A three-level network of maternal and child healthcare service has been put in place in urban and rural areas. In 2016, the Chinese government invested RMB2.9 billion to support the construction of 247 city- and county-level maternal and child healthcare institutions. By the end of 2016, there were 3,063 such institutions, 757 maternity hospitals, 117 children's hospitals, and 370,000 gynecologists, obstetricians and pediatricians, and assistants. Full-time and part-time maternal and child healthcare workers were available in 34,000 community health centers (stations), 37,000 town and township health centers and 640,000 village clinics.

Antenatal and perinatal care services have been upgraded. Since 2009, the Chinese government has been expanding year by year the coverage of cervical cancer and breast cancer screening programs in rural areas, and the number of beneficiaries has grown. Between 2009 and 2016, the government carried out free cervical cancer screening for more than 60 million rural women aged 35-64 in 1,299 project counties, and subsidized more than 74 million rural pregnant and lying-in women with a special investment of RMB22.6 billion. The rate of hospital deliveries for rural women increased from 92.3 percent in 2008 to 99.6 percent in 2016, and rates of maternal and infant mortality in rural areas decreased sharply. The government arranged subsidies for 11 programs, including free pre-pregnancy examinations for healthy childbirth, hospital deliveries for rural women, supplementary taking of folic acid by rural women to prevent neural tube defects,

and prevention of mother-to-child transmission of HIV, syphilis and hepatitis B. The targets of the Program for the Development of Chinese Women (2011-2020) have been met one by one.

Children's health has improved remarkably. In 2013, the pure breastfeeding rate of babies aged 0-6 months increased to 58.5 percent nationwide. The breastfeeding rate keeps growing. In 2016, infant mortality was 7.5 per thousand and that of children under five was 10.2 per thousand, both meeting the targets set in the UN Sustainable Development Goals and the Program for the Development of Chinese Children (2011-2020) ahead of schedule. This shows that the gap between China and developed countries is rapidly narrowing. In 2016, for children under five, the underweight and growth retardation rates, and anemia prevalence decreased to 1.49 percent, 1.15 percent and 4.79 percent, respectively - all meeting the targets set in the Program for the Development of Chinese Children (2011-2020) ahead of schedule. By the end of 2016, 30 state-level demonstration bases for children's early development had been set up. The government has implemented a program of nutrition improvement for children in poverty-stricken areas, providing one pack of nutritional dietary supplements containing protein, vitamins and minerals every day for every baby aged 6-24 months in impoverished areas. According to the fifth survey of Chinese children's physical development in 2016, in the past 40 years the physical development of children under seven improved rapidly, even higher than the child growth standards published by the WHO.

Children's disease control has been consolidated. In 2016, the rate of mother-to-child transmission of HIV decreased to 5.7 percent, and the incidence of neonatal tetanus was less than 1 per thousand. Children's vaccination rate under the national childhood vaccine program was more than 99 percent. The country remains polio-free, and has a low reported incidence of tuberculosis in children. In 2016, the screening rate of inherited metabolic diseases (phenylketonuria and congenital hypothyroidism) reached 96 percent, and the neonatal disease screening program for poor areas covered 354 counties (cities or districts) in 21 provinces (autonomous regions and centrally administered municipalities). The Chinese government has been carrying out major public healthcare service programs such as free pre-pregnancy examination for healthy childbirth, screening of neonatal diseases in poor areas, and pilot prevention and control of thalassemia.

The healthcare service system for the elderly has improved. By the end of 2015, there were 453 rehabilitation hospitals, 168 nursing homes and 65 nursing stations around China, up by 69.0 percent, 242.9 percent and 16.1 percent, respectively from 2010. The number of health personnel working in the above three kinds of institutions was 36,441, 11,180 and 316, respectively, up by 96.5 percent, 286.7 percent and 69.9 percent from 2010. In 2015, the government offered 118 million medical examinations to senior citizens aged 65 or above, a health management rate of 82 percent. The mental health of the elderly has also attracted full attention. Governmental and social organizations

publicize related knowledge and provide mental health counseling to the elderly, while working to enrich their cultural life.

The combined medical and elderly care services have been promoted. In 2016, 90 cities (districts) were selected as state-level pilot units to provide combined medical and elderly care services. Across China there were 5,814 institutions providing both services, with a total of 1.2138 million beds. Of these, 3,623 were nursing institutions for the elderly that have established medical facilities, 1,687 were medical institutions that have added care services for the aged, and 504 were institutions offering both services. In total, 2,224 were among designated medical insurance institutions. Special steps have been taken to improve services at these nursing institutions for the elderly; as a result, we have seen a sounder quality control system and better services at these institutions combining medical service and ordinary care service.

Disability prevention and rehabilitation services for persons with disabilities have improved. In 2016, the Chinese government published the National Action Plan on Disability Prevention (2016-2020), and in 2017, the Regulations on Disability Prevention and Rehabilitation, bringing the work onto the track of the rule of law. From 2012 to 2016, 15.26 million people with disabilities received basic rehabilitation services nationwide. By the end of 2016, there were 7,858 rehabilitation institutions for the disabled around China, with 223,000 employees; and 947 municipal districts and 2,015 counties (cities) provided community-based rehabilitation services, with 454,000 coordinators. August 25 is China's Disability Prevention Day, as set in 2017.

Rehabilitation sports for the disabled have been expanded to more areas. The Chinese government has been working to improve basic sports facilities for the disabled since the 13th Five-Year Plan period (2016-2020). It has implemented a region-based guidance policy by advancing from west to east, from north to south and from the underdeveloped to the more-developed areas. Under this policy framework, the government has funded six western provinces (autonomous regions and municipalities directly under the central government) in introducing rehabilitation sports into 8,000 households, from which a national campaign started, offering services to 88,884 households. It also subsidized 50 communities in installing fitness facilities as demonstration sites, and subsequently 1,842 new ones were set up nationwide. Now people with disabilities who regularly participate in sports and fitness activities make up 9.6 percent of the national total, a percentage higher than before.

Orphans with disabilities receive special care. Since 2015, the Chinese government has included sick and disabled children among urban and rural residents entitled to basic living allowances and people living in dire poverty and entitled to relief and support, and orphaned and disabled children who remain unsettled, in the Tomorrow Plan for Rehabilitation of Handicapped Orphans. In addition, it offers medical rehabilitation to these children with reference to treatment policies and practices of welfare institutions. Thanks to the Tomorrow Plan, tens of thousands of children have had operations and

been integrated into society after recovery. At welfare institutions, all children with surgical indications who are new to these institutions are able to get surgery at the optimal opportunity for treatment. By the end of 2016, the country had invested RMB860 million in offering corrective operations and rehabilitation training to more than 90,000 orphans with disabilities.

VII. Active Participation in Global Health Governance and International Medical Assistance

China advocates, promotes and carries out international medical and health cooperation. It is firmly committed to realizing the Program of Action of the International Conference on Population and Development, and implementing the United Nations 2030 Agenda for Sustainable Development, especially sustainable development goals relating to health. China actively provides medical aid to other countries, and promptly conducts global emergency responses. It earnestly implements international health conventions and shoulders its international humanitarian responsibilities.

Taking part in the formulation of international medical and health rules. China was one of the first countries in the world to sign and approve the Constitution of the World Health Organization. It has joined the Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances. China has participated in the making of a series of international treaties and declarations, including the Declaration of Alma-Ata, and supported the World Declaration on the Survival, Protection and Development of Children. At the 69th World Health Assembly held in 2016, China raised and promoted the adoption of a resolution to "promote innovation and access to quality, safe, efficacious and affordable medicines for children," getting positive responses from all sides.

Carrying out in-depth cooperation with the WHO. In 2016, the China-WHO Country Cooperation Strategy (2016-2020) was signed in Beijing, defining cooperation in health policies, planning, technology and human resources. In 2017, the Memorandum of Understanding on the Belt and Road Health Cooperation Mechanism and the Implementation Plan on the Belt and Road Health Cooperation Mechanism were signed to promote cooperation in health emergency response, prevention and treatment of infectious diseases, and traditional medicine between countries along the Belt and Road.

Extending international medical and health exchanges and cooperation. China conducts health experience sharing and strategic dialogue with other countries. It organizes a number of international medical and health seminars. In December 2015, cooperation plans on public health were announced at the Johannesburg Summit of the Forum on China-Africa Cooperation, including participation in the construction of African Center for Disease Control and Prevention and other major initiatives. In October 2016, China built partnerships with counterpart hospitals in 15 Asian and African countries, including Ethiopia. In April 2017, China signed medical and health cooperation agreements with Malawi and other African countries. Since 2005, China has trained thousands of officials

and technical personnel from developing countries, and encouraged its non-governmental organizations to develop education and training projects on adolescent reproductive health and AIDS prevention in Zimbabwe and Kenya, as well as the Greater Mekong Sub-region.

Making outstanding achievements in international medical and health assistance. Since 1963, China has sent teams totaling 25,000 medical workers to 69 developing countries. They have diagnosed and treated a total of 280 million cases. In September 2015, China announced at relevant United Nations summits that it would take major health assistance actions for developing countries in the five years to come, including the construction of 100 hospitals and clinics, and the implementation of 100 "maternal and child health projects." By June 2017, more than 1,300 medical team members and public health experts from China were working in 51 countries, and over 20,000 health management and technical personnel had been trained in China for the recipient countries. It had built more than 150 facilities, including general hospitals, specialized centers and drug warehouses. China had provided batches of medical supplies to those countries including ambulances, diagnosis and treatment equipment, and vaccine cold chains. In the same period it donated antimalarial drugs to Africa, saving 40 million lives. Since 2008, China has built 30 malaria prevention and treatment centers in Africa, and provided RMB190 million worth of artemisinin-based antimalarial drugs.

Effectively conducting global emergency response. China has met the requirements for implementing the International Health Regulations. It has been playing an active and leading role in international emergency rescue, and has participated in the fight against epidemics, including yellow fever and Zika virus disease in Angola and Guyana. After the outbreak of Ebola in West Africa in 2014, China provided assistance including cash and supplies to epidemic-stricken countries and international organizations on four consecutive occasions, with a total value of US\$120 million. More than 1,200 Chinese medical personnel and public-health experts had been sent to epidemic-stricken areas and neighboring countries to complete nearly 9,000 sample tests, observe and treat over 900 cases and train 13,000 local people in medical care and community-based prevention and control. After an 8.1-magnitude earthquake hit Nepal in 2015, the Chinese government sent four medical and epidemic prevention teams with a total of 193 members to the disaster area to help relief efforts. A total of 2,600 cases were treated and more than 1,000 core members of health and epidemic prevention work were trained. International recognition of TCM continuing to grow. Now, 183 countries and regions around the world have access to TCM. TCM has become an important part of China's cooperation with regions and health organizations in ASEAN, Europe and Africa. TCM acupuncture and moxibustion have been recognized as important parts of the intangible heritage of mankind by UNESCO, and the Chinese medical classics Huangdi Neijing (Inner Canon of the Yellow Emperor) and Bencao Gangmu (Compendium of Materia Medica) have been included in the UNESCO Memory of the World. According to statistics from the WHO, 103 member states have authorized the use of acupuncture and moxibustion, of which 29 have established laws and regulations promoting traditional

medicines, and 18 include acupuncture and moxibustion in their medical insurance systems.

Conclusion

The CPC and the Chinese government earnestly respect and protect people's right to health, and consider safeguarding people's health as a basic task of governance. Significant actions have been taken, aiming to benefit people both in the present and the future. China has achieved great success in health affairs, making an important contribution to the sustainable development of mankind.

"Between heaven and earth, man experiences both dangers and stability during the course of his lifetime." We are keenly aware that safeguarding people's health is a systematic project. It takes a long period of sustained efforts. At present, with the situation of the country's industrialization, urbanization and aging population, as well as the changing disease spectrum, ecological environment and lifestyle, the Chinese people are still facing a complex situation in which multiple disease threats coexist and a variety of health factors are intertwined; meanwhile, with the improvement of living standards and enhancement of the concept of health of the people, public demand for health products and health services continues to grow, showing multi-level, diversified and individualized characteristics. Consequently, China is faced with health problems common to both developed and developing countries.

In order to better safeguard people's right to health, we are speeding up the building of a healthy China. A series of plans and outlines have been made and implemented, including the "Healthy China 2030" Planning Outline, the National Fitness Program (2016-2020), the 13th Five-Year Plan for Medical and Health Service Development, and the Plan for Deepening Reform of the Medical and Healthcare System During the 13th Five-Year Plan Period (2016-2020). The Chinese government has put forward a "three-step" goal: a sound basic medical and healthcare system with Chinese characteristics will be established covering both urban and rural residents, with the main health indicators ranking in the forefront of the high- and middle-income countries by 2020; the health-promotion system will be improved, with the main health indicators in the ranks of the high-income countries by 2030; and a healthy China conforming to the requirements of a modern socialist country will be built by 2050. Governments at all levels will continue their work toward comprehensively safeguarding people's health for the full life cycle, and promoting the overall development of medical and health services, with a high sense of responsibility and urgency.

Health is an eternal pursuit of mankind, and health promotion is the common responsibility of the world community. The United Nations 2030 Agenda for Sustainable Development has set healthy lives as a major sustainable development goal, and the development of the global health system is at a crucial stage. China will, as always, energetically participate in health-related international activities, take an active part in

global health governance, and implement sustainable development goals in the public health sector. In its efforts to build the Belt and Road, China will enhance medical and health cooperation with countries along the route, and emphasize learning from and drawing on the experiences of other countries. In the great process of "jointly building a community with a shared future for mankind," China is keen to join hands with people around the world in making unremitting efforts to build a better and healthier world.

Major Indicators for the Healthy China Program

Sphere: health status Indicator: life expectancy

2015: 76.34 2020: 77.3 2030: 79.0

Sphere: health status Indicator: infant mortality rate (per thousand)

2015: 8.1 2020: 7.5 2030: 5.0

Sphere: health status Indicator: under five mortality rate (per thousand)

2015: 10.7 2020: 9.5 2030: 6.0

Sphere: health status Indicator: maternal death rate (1/100,000)

2015: 20.1 2020: 18.0 2030: 12.0

Sphere: health status Indicator: the proportion of residents who reach or exceed the National Physical Fitness Evaluation Standards (%)

2015: 89.6 (2014) 2020: 90.6 2030: 92.2

Sphere: healthy lifestyle Indicator: proficient health literacy rate (%)

2015: 10 2020: 20 2030: 30

Sphere: healthy lifestyle Indicator: number of people who frequently attend fitness exercises (million)

2015: 360 (2014) 2020: 435 2030: 530

Sphere: health services and guarantees Indicator: premature death rate from serious chronic disease (%)

2015: 19.1 (2013) 2020: lower by 10 percent comparing with 2015 2030: lower by 30 percent comparing with 2015

Sphere: health services and guarantees Indicator: number of practicing (assistant) physicians per 1,000 permanent residents

2015: 2.2 2020: 2.5 2030: 3.0

Sphere: health services and guarantees Indicator: proportion of personal expenditure in China's total expenditure on health (%)

2015: 29.3 2020: around 28 2030: around 25

Sphere: healthy environment Indicator: proportion of days per year meeting good or excellent air quality index standard in cities at prefectural level and above (%)

2015: 76.7 2020: >80 2030: keep improving

Sphere: healthy environment Indicator: proportion of water bodies of Grade III and better quality in all surface water bodies (%)

2015: 66 2020: >70 2030: keep improving

Sphere: health industry Indicator: monetary value of health service industry (RMB trillion)

2015: - 2020: >8 2030: 16