

PRC Health Security and Health System Brief

Overview of the needs identified¹

The People's Republic of China health system needs minimum support for strengthening its lab and governance sub systems and some additional support for its surveillance, One Health, rapid response, health services, HRH, cross border collaboration, procurement & supply, and health financing. Average of all Capacity scores: 94%/65%.² The 2021 GHS Index Country Profile: 47.5 Index Score; 52/195 Rank.³

Laboratory systems

The Health Commission (HC) under the MoPH manages the lab networks at different levels. Provincial clinical testing centers under the HC are in-charge of issuing PCR qualifications for other peripheral labs. By August 6, 2020, there were 4,946 labs with 38,000 technicians. The procedure for specimen referral and transportation has been established, consisting of requirements for temperature, disinfection measures, and timing/duration. All specimen boxes have remote GPS and temperature-monitoring system. There are special medical cold-chain cars with trained and qualified drivers to deliver the specimen to hospitals or institutions for testing within 2 to 4 hours. There is no information on the number of labs, which can conduct genetic sequencing. The National Immigration Bureau under the Ministry of Public Security is in charge of cross-border health issues including COVID-19 prevention and control. There are mobile labs across the borders and the test result could be worked out very rapidly.

Real time surveillance and reporting

PRC has a comprehensive surveillance system. Based on the current law on Prevention and Treatment of Infectious Diseases (2013 Amendment), the reporting procedure of epidemics is bottom-up. The information is reported to the local health authorities and then reported to the local governments, and at the same time to central-

level health authorities like the state council. In the 1990s, China started to introduce ICD-9-CM-3. In 2018, the HC requested the cities to conduct hospital performance evaluations with DRGs as per ICD-10 and ICD-9-CM-3. There is a need to understand and promote the culture of using health data in decision-making.

Data integration/One Health

The state council is responsible for implementing integrated surveillance for human, animal, and environmental health. State Council is coordinating the HC, Ministry of Agriculture, and Ministry of Ecology and Environment to work together on human and animal health issues. Regulations for carrying out epidemiological surveillance for zoonotic diseases/pathogens are in place. The information on diseases that represent a public health emergency shall be submitted to the Center for Sanitary and Epidemiological Surveillance within 24 hours. There is a lack of integrated surveillance systems for One Health.

Rapid response teams/ systems

There is a national-wide pandemic response mechanism but no consolidated national pandemic response plan and M&E mechanism to measure the effectiveness of the response. The country has recorded the evolution of measures taken place since the outbreak of COVID-19. The HC has set up a Leading Group on COVID-19 Response. The pandemic has triggered the "Joint Prevention and Control Mechanism of the State Council. There is also a Central Steering Group where the directors of hospitals and officials from NHC and NDRC, etc. are members.

Health service delivery

The Healthy China 2030 Plan aims to include health and well-being at the center of high-quality development and strengthen health reform.

¹ The majority of information in this brief is based on national assessments conducted between June 2021 and August 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/china/>

The HC is in charge of health development planning and administration. Local HCs are responsible for health development and management in their administrative areas. The HC also has a Health Standard Committee with 21 technical committees, which define and cover standards for health care services including information management, infection diseases control, environmental health, nosocomial infections, ageing, woman and children and blood safety. The CDC, health supervising institute, Maternal and Child Health Institute, community health service center, and health center at villages are providing public health services. The community and village-level health centers provide basic medical services and are responsible for public health services. The grade 2 and grade 3 general hospitals provide inpatient and outpatient services. Each community has a health service center. Home-based care services which is a family doctor system was introduced in 2012 in Shanghai. By 2020, the system covers 40% of Shanghai residents. There are a total of 431 hospital beds and 3.6 ICU beds per 100.000 population. This means that only 0.8% of hospital beds are ICU beds, which is significantly less than 6%, as is recommended.

Human resources for health

PRC does not have an HRH strategy and no policy and guideline for rational use of human resources. The central steering group assessed the needs of HR based on the situation. The group recommended special revision to HR needs in terms of quantity and quality in different parts of the country. There is a registry established at each health authority to indicate the number of doctors or nurses needed.

Cross-border coordination mechanisms

PRC has had regular bimonthly virtual meetings with Viet Nam to exchange information on virus control. Special cross-border surveillance activities comprised of awareness-raising of transmission risks; capacity to mobilize outbreak assistance teams for point-of-entry screening and quarantine capacity; and preparing health quarantine facilities.

Different Ministries have responsibility at the borders and Points of Entry for various public health relevant aspects for humans, livestock as well as for inspection of goods, etc. China is part of the Mekong Basin Disease Surveillance cooperation with Vietnam, Myanmar, Lao PDR, Cambodia and Thailand. An official agreement has been established between China and other members of the Shanghai Cooperation Organization to regulate cross-border collaboration on COVID-19.

Procurement and supply chain

China has an overall procurement plan but there is no information on how the national supply chain management system has been adapted and managed, particularly during the Covid-19 situation. There is a "Government Procurement Law" and "Tendering and Bidding Law" to govern the procurement process for laboratory equipment and medical supplies by the HC and other relevant ministries. There is a central government procurement portal where calls for tender are posted. The State Council determines and publishes a central procurement catalogue for items to be purchased from the central government's budget. Departments with specific needs are exempt and can procure goods and services on their own if necessary. Besides the central government procurement portal, national laboratories can list their public tender announcements about equipment on their own websites or through the Ministry of Finance.

Health financing

The health system is financed by different sources such as: governments' taxation revenue, insurance, out-of-pocket, etc. Basic public health services are funded by financial provision per capita and basic medical services are funded by basic medical insurance. Patients are also charged for services. According to WB data, in 2019 the OOP was 35.2% of CHE. The percentage of GDP spent on health from increased from 6.4% in 2017 to 7.1% in 2020.

Governance

The plan “Healthy China 2030” governs all efforts of the health sector. The strategy is implemented through “Healthy China Actions (2019-2030)”. There are established agencies responsible for the enforcement of biosecurity legislation and regulations. The National Coordination Mechanism for Biosecurity will consist of the State Council's Ministries in charge of health, agriculture and rural affairs, science and technology, foreign affairs, and military affairs. Different ministries are involved in governing the COVID 19 response. Public health emergency preparedness and response activities are led by the Public Health Emergency Center (PHEC) of the Chinese Center for Disease Control and Prevention (China CDC). Specific guidelines have been developed to ensure the coordination of response to COVID 19.

Regional health cooperation

Priority areas⁴

- Build regional capacity for border outbreak investigation and response teams.
- Develop mechanisms on PoE screening and quarantine.
- Share lab system, quality assurance, and health information systems with other countries.
- Regional efforts to strengthen the “OH” approach including integrated surveillance.
- Establish regional center of excellence for COVID-19 response planning, implementation, and M&E.

Active regional initiatives

- CAREC sanitary and phytosanitary standards modernization project.
- SCO cross-border collaboration on COVID-19.
- WHO collaborating center on avian influenza working with Kyrgyz Republic.
- ADB supported Greater Mekong Sub region (GMS) Health cooperation – to improve GMS health system performance in responding to public health threats, to strengthen protection

for vulnerable communities from the health impacts of regional integration, and to enhance human resource capacity to respond to priority health issues in the GMS.

Policy documents with regional cooperation mentioned

- Plan “Healthy China 2030”.
- 14th Five-Year-Plan (2021-2025).
- Law/Regulations: Classify the novel coronavirus pneumonia as Class B infectious disease in compliance with Law of the PRC on Prevention and Treatment of Infectious Diseases; and the preventive and control measures for a Class A infectious disease.
- China Health Law on Basic Medical and Health Care (2020).
- China-Africa Cooperation Dakar Action Plan (2022-2024).
- Chinas comprehensive strategic partnership with the EU (2014).

National institutes responsible for or involved in regional cooperation

- Health Commission
- China CDC and Department of International Cooperation under HC
- Department of International Economic and Financial Cooperation, MoF
- Ministries of Foreign Affairs, Finance, Info. And Industry, Agriculture, Ecology and Environment, Technology, Transport, Public Securities, Trade
- National Immigration Bureau, Ministry of Public Securities
- General Administration of Customs and the State Administration for Enter-exit Inspection and Quarantine.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.