

Liu's China Related Work

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Overview of the Presentation

- On-going projects
- HSPH China Initiative
- Influencing policy: an example

Liu's On-going Projects in China

- China Health Surveillance System (2001-)
- MEDICAID Pilot Project (2002 -)
- The Role of Private Sector (2003 -)
- Linking Health and Economic Development (2005 -)

Why China Initiative?

- We share a fundamental mission to help people around the world to live longer & healthier lives
- China is critically important in and to the world
- China is facing the most complex problems
- We can help China solve some of the problems while at the same time advance our public health research, education and training mission

China Initiative: Objectives

- Study major health and health system problems
- Conduct regular dialogues with policy makers
- Train a critical mass of leaders in health sector

China Initiative: Programs

- Research Studies, especially policy relevant studies
- Policy Forums
- Senior Executive Training Programs

China Initiative: Forums

- Social Development Forums with the Central Party School
- Health Policy Forums with the Chinese Ministry of Health
 - Priority public health interventions
 - Health protection for the poor
 - Patient safety and healthcare quality

China Initiative: Training

- Conduct 2 annual classes over the next 5 years
- 1 class of 50 senior national and provincial health policy makers
- 1 class of 50 senior healthcare executives
- Each class will spend 1 month at Tsinghua in Beijing and 1 month at HSPH in Boston

China Initiative: Progress

- During SARS Dean Bloom was approached by the Chinese Embassy in the US for help
- Dean Bloom organized series of discussions at HSPH regarding how best to help China fight SARS and strengthen its public health system
- Dean Bloom led 4 visits to China since 2003
- In January 2005, the HSPH proposal was approved by the Provost
- In June 2005, MOU signed with Ministry of Health in the Great Hall of the People → fund-raising and preparation

Health Insurance For the 800 Million Rural Chinese:

Research → Policy → Demonstration

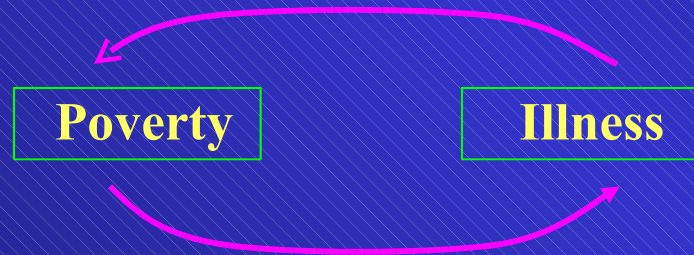
The Problem of Uninsured

Worldwide

- 2 billion uninsured

China

- 800 million rural residents are uninsured
- Medical expenses → #1 poverty generator!



- ✓ 51% farmers refused hospitalization
- ✓ Medical spending: increased poverty rate by 44%

The Cooperative Medical System (CMS)

Financing: **CMS Fund**

- Households & collective welfare fund

Delivery: **Integrated 3-Tier System**

- Village (pop 1,000) Health Post
- Township (pop 20,000) Health Center
- County (pop 400,000) Hospital

Outcomes in China:

- CMS → 90% of population had access to prevention, basic health services, and drugs
- Life expectancy increased from 35 years to 68 years between 1949 and 1980
- Infant mortality dropped from 250/1000 to 40/1000

Changes in Medical Costs and Insurance Coverage in China

	1990	1995	2000	% change (1990-2000)
Per visit	¥11	¥40	¥80	625%
Per admission	¥473	¥1,668	¥2,891	511%
Urban Insurance		53%	42%	-22%
Rural Insurance		12%	9%	-25%

Basic Health Care For the Rural Poor

(HSPH and China Health Network)

1993-1995 (Phase 1)

Survey Study on 114 Poverty Counties

1996: National Health Policy Conference

1997-2000 (Phase 2)

Intervention in 10 Pilot Counties

(including an evaluation survey in 2000)

Rural Health Security Study (2001)

- Organizer: Asian Development Bank and GOC
- The Team: Yuanli Liu (HSPH)
Keqin Rao (Ministry of Health)
Shanlian Hu (Fudan University)
- The scope
 - (1) Major problems and why no insurance
 - (2) Policy recommendations (“Matching Fund”)
- Dissemination
 - International Seminar → Briefing Papers → Publication

“...Liu and Rao’s paper found its way to the desk of China’s top leader, Jiang Zemin. International experts credit its alarming statistics and uncompromising conclusions for shocking Jiang into taking an active, if belated interest in the crisis...”

Far Eastern Economic Review
June 13, 2002

Policy Development

- President Jiang instructed several Ministries to work together to develop China's new rural health policies
- The first National Rural Health Policy Conference was held on October 28, 2002
- The new policies:
 - (1) Financing rural health insurance: "matching fund"
 - (2) Piloting in 4 provinces (2003-2006)
 - (3) Going to scale nationally in 2007

Major Lessons

- Getting their attention: It's the Poverty, Stupid!
- Give them a chance: timely and timed information dissemination