What can India learn from China in Health

China and India are the two most populous countries of the world. China is the most populous country with approximately 1.42 billion people and India is the second largest country by population with approximately 1.35 billion inhabitants. China and India together account for 36.3% of total world population 7.6 billion. Due to higher population growth of India, margin between these two countries is coming down quickly and in 2024, India will have more people than China, approximately 1.44 billion people. Currently, China's population growth rate is only 0.39%, while India is growing at 1.11%. Population of China and India will decline after 2030 and 2062, respectively.[1] Any improvements in health of these two countries is bound to make a huge impact on Universal Health Coverage (UHC).

It is not an overstatement to say that India needs to learn from China, which was a "poorer" country than India in terms of GDP per capita till as late as 1990. Both countries began rebuilding in 1950. Looking at the two countries in 2019, the **Chinese per capita GDP** is 4.6 times of India's. Despite India being among the first few nations in the post-World War II phase rolling out population control policy, the family planning centres in India practically functioned as a family expansion facility due to the very low penetration of medical facilities in remote areas and lack of awareness.[2]

This follows other health indicators. Maternal mortality is 20% higher in India compared to China, Infant mortality 27% higher, DPT 3 vaccination among under-fives 27% lower in India are just a few examples. Moreover, compared to India’s other neighbours there is little to show. China’s rapid and sustained economic growth and increasing levels of educational attainment are likely to have contributed to these changes. China has also used a range of national programmes to target interventions for communicable, maternal, neonatal, and nutritional conditions. Reducing maternal mortality and eliminating neonatal tetanus, which aims to improve obstetric care quality systematically in every county of China.[3]

China released its Healthy China 2030 Plan on July 2019. Of particular importance, the plan focuses on promotion of public health and disease prevention, representing the strategic shift from treatment to prevention. Specific targets addressing smoking, obesity, increasing overall physical activity and preventing chronic diseases are identified.[4] India on the other hand, despite its robust economy for the past decade, has not shown comparable improvements. The prevalence of stunting at 38.4% is among the highest in the world, and diarrhea is a major killer of children under five years.[5] (See Figures below.)

Both countries have relied on community health workers because of their large populations scattered in rural and remote areas. The name “barefoot doctor” became popular in late 1960s after an editorial in the People’s Daily by Chairman Mao in 1968. The grass root health workers are commonly referred to as barefoot doctors in China, community health workers and now ASHA in India, Aid Post orderlies in PNG are some examples. In addition to the large-scale implementation by countries such as China, India, Bangladesh, Tanzania, Liberia, Brazil, and Iran, many countries have implemented CHW programs in small-scale for a variety of health

issues. Reliable figures for the numbers of these workers is estimated to be over two million. India, following the example of china's barefoot doctors, was the first to experiment with community health workers in early 1970s, where NGO's around the country had already demonstrated the success of Village health workers in health and development.[6]

In September 2018, Indian Prime Minister launched extensive health reforms. India's Ayushman Bharat Universal Health Coverage (UHC) reforms which is to focus on PHC and provide free medicines and services. The other reform is Pradhan Mantri Jan Arogya Yojna, a health insurance scheme which will provide poor households with financial protection against inpatient hospital care through both public and private hospitals. Impressive programme, but the concern is that in creating this surge in demand India's UHC reforms will become *unbalanced* and favour expensive inpatient hospital care rather than more cost-effective PHC. America serves an example to the perils of health system built on insuring people against specialist hospital care.[7] With the levels of corruption in India and private hospitals included in the scheme, the likelihood of exploitation of the poor remains, as has been the case in unnecessary hysterectomies[8]. Unless stringent checks and balances are in place insurance scheme will always be a risky approach to PHC and UHC.

Although illness care and specialized hospital care for many ailments are necessary, it is much smaller in scale compared to the need for risk reduction for preventable chronic diseases. India's problem is with poor maternal and child health, including under-nutrition, which are the underlying causes of unacceptably high maternal mortality, neonatal and infant mortality. Undernutrition in childhood followed by poor lifestyle and unhealthy diet, coupled with physical inactivity leading to overweight and obesity are the real causes of concern. Increasing levels of diabetes, hypertension, heart diseases and certain cancers need to be addressed at PHC so that the burden of chronic disease is reduced at the secondary care (hospitals). What little PHC is delivered at health centers and hospitals, lacks the "Health Education" component and demystification of illnesses is never done. Schools are the places where children need to be made aware of their body and health. India's education system trains children to be literate and numerate, but not knowledgeable individuals. They have little understanding of health and their bodies.

China's has used a range of national programmes to target interventions for communicable, maternal, neonatal and nutritional conditions among women and children. Maternal mortality has declined in almost all counties in China since 2000. Decline in some chronic diseases is also observed.[3] India needs to learn from China's experience and pay more attention to maternal and child health and prevention of other common diseases through PHC. This requires genuine caring attitude of the health workers in service provision and proper funding from the policy makers. India's health expenditure at present in meager 1.15% of GDP, although it is meant to increase to 2.5% by 2025 (China 2.45% in 2014).

Prevention and Health – Everybody's Business.[9]

See also related old items under Home > Old Items: September 8, 2018, November 4th and 10th 2018.

References:

[1] UN Department of Economic and Social Affairs. 7 July 2018.
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Complementary: Malnutrition **is a major contributor to disease burden in India**