

Structure of primary care system in China

As shown in the figure below, the primary healthcare system in China is designed to provide the essential public healthcare service (EPHS) and generalist clinical care through differently organized urban and rural components. Supervised by the county/district government, mostly through a division of the Health Commission, the primary healthcare system mainly consists of a township hospital and its satellite village clinics in a rural town, or a community healthcare service (CHS) centre and its subordinated CHS stations in an urban sub-district. Nearly one thirds of CHS stations and village clinics are privately (or jointly) owned while majority of primary healthcare institutions (PHIs) are government-funded. The EPHS are provided either through publicly-owned PHIs by direct governmental subsidises or private PHIs consuming government purchased services. The county/district health commission, or delegated CDC, supervises and evaluates the performance of EPHS of entire county/district. The involvement of county/district hospitals in EPHS is increasing but remain incompact. One township in rural area or a sub-district in urban area is commonly composed of 5-30 communities, each community usually consists a population of more than 1000 dwellers. (Ref: People's Republic of China health system review. Manila: WHO Regional Office for the Western Pacific; 2015)

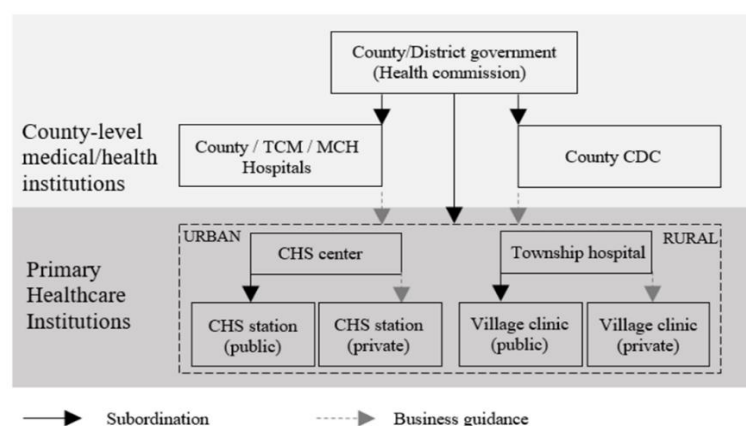


Figure Structure of primary care system in China

* TCM: Traditional Chinese Medicine; MCHI: Maternal and Children Health Institution; CDC: Centre of Disease Control and prevention; CHS: Community Healthcare Service.

By 2017, there were 9147 community health centres, 25505 community health stations, 36551 township health centres and 632057 village clinics in China. The total technical staff of community health centres and township health centres numbered 554694 and 1360272, respectively. Village clinic staff numbered 1243 000. 1.3 % of the staff in community health service centres had a master's degree or above, 29.5 % had a bachelor's degree, 41.4 % had a junior college degree, 25.3 % had a technical secondary school degree, and 2.5 % had a high school degree or below. The educational background of workforce at township hospital was 0.1% for postgraduates or above, 12.3% for undergraduates, 41.5% for junior colleges, 42.3% for technical secondary schools, and 3.8% for senior high schools or below.

(Ref: National Health and Family Planning Commission of the People's Republic of China. China health and family planning statistical yearbook 2017. Beijing: Peking Union Medical College Publishing House, 2018 [in Chinese]).