

# Chinese Healthcare Disparity and Assessment on Proposed Solutions

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**Abstract:** The significant healthcare discrepancy in China twenty years ago was astonishing. This abysmal situation was addressed by both the government through several Five-Year Plans and the NGOs like the Chinese Rural Kids Care. Eventually, these two measures did assist in this war toward adequate Chinese healthcare for the rural people.

## 1. Introduction

Though it is difficult to make a connection between novels and social issues, the scene in *Little Match Girl* perfectly paints the picture of the dreadful situation for the Chinese healthcare system 20 years ago. While the poor girl drooled for the unreachable New Year delicacy, a substantial crowd of rural Chinese residents struggled to obtain adequate healthcare that the urban citizens are granted with by birth. This is reflected in China's wide healthcare disparity between urban and rural areas, which could be characterized as one of the most severe health problems in China. To address this gap, both governmental policies like the Five-Year Plan and non-governmental organizations (NGOs) like the Chinese Rural Kids Care (CRKC) were initiated. Though the problem has not been eradicated completely until today, these measures have immensely alleviated the issue by enhancing the health-related welfares for the lower status.

## 2. Assessment of the Chinese Healthcare Twenty Years Ago

The lack of health insurance for the poor had indeed been acute, and this problem—both nationally and individually impactful—was primarily caused by technological advances and unresolved issues from the past. As medical technology developed, the wealthier increasingly benefited with improved healthcare infrastructure and elevated efficiency of illness treatments. However, the poor were generally “exempt” from the benefits, even though they are also citizens of the country, who should be enjoying the same welfare. Instead, rural China was constantly vexed by major health problems like indoor air pollution and nutrition deficiency. It is ironic that none of the advanced “air filters” or “superfoods” has reached the bottom of the pyramid. As critics pointed out, “the system had consequently left much of the population without access to medical care” (Sunderland & Chen, 2011). These problems resulted in intense dissatisfaction in associated parties, particularly the poor rural people. It is not surprising how the rural people reacted so fervently: statistics in 2015 shows that while “almost half of the population” resided in rural areas, as much as 80% of health services were congregated in urban areas (Chelala). In accordance, the affiliated people had been persistently reporting this issue and seeking for a change.

### 2.1 Government Response: Five-Year Plans

The first change took place in the government, as it more comprehensively included healthcare reform in its five-year plans, starting from the 11<sup>th</sup> plan to the 13<sup>th</sup> plan today. In 2009, the 11<sup>th</sup> Five-Year Plan was first published to establish numerous institutions like the National Essential Drug System (NEDS), who developed a National Essential Drugs List and capped the sale prices of primary medical drugs. Also, the health information technology utilizing electronic measures of recording information served to provide equal and viable access to the national database, which enhanced the former health information networks in China. Furthermore, this healthcare reform focuses on improving the underqualified grassroot hospitals by aiding its funds for better facilities and more

professional staffs.

## **2.2 NGO Response: Chinese Rural Kids Care**

Non-governmental organizations also played their part in trying to ease the healthcare discrepancy. One prominent NGO is the Chinese Rural Kids Care (CRKC), which specifically addresses the rural children aged from 6 to 16. With a mission “to secure every child in China have equal accessibility to normal medical care,” the group has set up various collaboration projects in especially impoverished areas with municipal governments and social insurance businesses. Specifically, it serves the children and their families by financially supporting them with necessary funds to gain proper healthcare insurances.

## **2.3 Solution Assessments**

These two measures, the government policies and organizational actions, have played roles of great importance and influence in the preceding two decades.

On the one hand, the government have laid abundant attention on this issue, which is said to be the “top national priority”. Even the vice premier Li Keqiang have stressed on the importance of the healthcare reform and set the goal to be met by 2020. The repeated highlights in its importance have thus raised more awareness of government officials and the public on the imminent healthcare problem, which to some extent is the solution to the problem. Statistically, an equivalence of \$124 billion was invested into this resolution (Sunderland & Chen, 2011). As a result, an extended coverage of healthcare and other medical services was implemented, and the past underdeveloped health institutions have received much more funding in the rural areas. Also, it is reported that the average life expectancy has boomed nationally by as much as one year since the last decade.

On the other hand, the NGOs have successfully supplemented the governmental approach and adds onto the effect. While the government renders more ensured healthcare coverage, the organizations like the CRKC tackles with the still low government subsidies per household in rural areas. Statistics show that by May of 2018, almost ¥ 60,000,000 have been invested to the insurances for more than 1,500,000 rural children. Among them, 7,683 children obtained medical subsidies, and the total amount is estimated to be ¥ 30,793,281.39. Additionally, it also addresses the mental conditions of the helped children. Concerned for the lack of confidence that most children face when receiving the society’s extra benefits, the CRKC have worked on visiting its associated families to help the children retain their confidence and mental well-beings. Thus, these two solutions combined to make a strong combination to the lack of healthcare for poor rural citizens.

## **3. Conclusion**

Compared to the staggering lack of healthcare services in rural areas in China several decades ago, it is surprising to see how marvelous the government policies and NGOs acted together to allay the problem. Starting with the 11<sup>th</sup> Five-Year Plan to the nowadays 13<sup>th</sup> Five-Year Plan, the government has adjusted its policies to cater with a burgeoning society, with its healthcare gap abridging. It is also exhilarating to think that not only the physical health of the public—particularly the lower majority of the population—is improving to a better state, the mental aspect is also dealt with by the NGOs. Hand in hand, they are working toward a better Chinese health.

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