

Challenges in improving non-communicable diseases management and achieving universal health coverage in China

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As the world's second most populous country, China's progress towards universal health coverage (UHC) is pivotal to achieving global UHC targets. Over the past decades, China has experienced rapid epidemiological transition from infectious diseases to non-communicable diseases (NCD). The share of NCD-attributed deaths among all deaths increased from 80.0% in 2002 to 86.6% in 2012, and to 88.5% in 2019.¹ Major chronic diseases such as cardiovascular diseases, diabetes, and cancer accounted for over 90% of the disease-related economic burden in China.² Increasing burden of NCD imposes significant challenges for China's health system.

In this issue of *The Lancet Regional Health – Western Pacific*, Zhou and colleagues evaluated the progress of NCD management in China between 2004 and 2018 by constructing the composite NCD index with eight health service and risk management indicators.³ The study showed that the NCD management index rose slowly from 62.0% in 2004 to 64.3% in 2018, presenting low probabilities of achieving the target of 80% coverage by 2030.³ In addition, this study identified measurable inequalities in NCD management indicators across genders, age groups, urban-rural areas, regions and socioeconomic groups. Health financing and resources distributed in primary health care facilities were positively associated with NCD management performance.³ These findings highlight that China has large gaps in NCD management in the progress towards UHC by 2030.

As only six prevention indicators (sufficient physical activity, non-use of alcohol, non-use of tobacco, non-overweight, sufficient fruit and vegetable intake, and non-hypercholesterolemia) and two treatment indicators (hypertension and diabetes treatment) were selected, findings in this study might underestimate the gaps in this area. For instance, previous studies had identified even more unsatisfactory service coverage for chronic obstructive pulmonary disease (COPD), asthma, chronic kidney disease, depressive disorders, and cancers in China.⁴ For instance, the awareness rate and pulmonary

function test rate for COPD remained critically low at 2.6% and 12.0% between 2012 and 2015⁵; merely 0.5% of participants with 12-month depressive disorders were assessed as having been treated adequately between 2013 and 2015⁶; coverages of cervical and breast cancer screening were much lower than the corresponding statistics in high-income countries.

In recent years, the Chinese government has recognized the slow progress in NCD management and continually underscored its importance in health policies. The Healthy China 2030 strategy, launched in 2016, marked a renewed focus on addressing NCD prevention and control. In 2019, a comprehensive action plan for Healthy China 2030 was issued, followed by a series of specific action plans that prioritized the control and management of various NCDs and related risk factors with specific targets.⁷ These action plans have provided important and timely momentum to achieve UHC targets by 2030.

However, China faces great challenges in transforming the targets in these action plans into reality. Unsatisfactory performance in NCD management has rooted causes at the health system level and in broader social contexts. First, China has a hospital-centric, fragmented, and treatment-focused health delivery system with insufficient focus on population-based prevention, health promotion, and disease management that cannot serve the health needs of the Chinese population. Transforming this hospital-led delivery system into a primary care-focused integrated delivery system is beset with great difficulties because it will shake up vested interests of various groups through restructuring provider incentive mechanisms. Second, the decreasing economic growth restricted the Chinese government's ability to increase fiscal investment into NCD management. Third, China has not established an accountability mechanism for multi-sectoral collaboration in promoting UHC. Despite the collaborative framework of Healthy China 2030, non-health sectors often have their own departmental benefits when addressing NCD-related risk factors such as smoking cessation and obesity control. Last, China has not embedded UHC progress monitoring in overall monitoring of health system performance, though some UHC indicators have already been regularly tracked. Some key NCD indicators are not available in the routine monitoring system. The lack of such a monitoring system hinders the Chinese government from comprehensively



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understanding the UHC status, identifying disadvantaged populations, and developing effective policy responses.

The study by Zhou and colleagues has provided us a valuable insight about gaps in achieving UHC targets in the area of NCD management. On the half way to achieving UHC by 2030, it is essential to further find out feasible solutions to filling these gaps and addressing potential challenges. Follow-up studies that continue to access the causal relationship between NCD management performance and health system characteristics are needed to inform us more clear directions for improvement. Moreover, research estimating additional resource requirements for essential universal health coverage should be also prioritized as it can provide important information for health planners to design specific policies.⁸

Contributors

Hongqiao Fu conceptualized this commentary and Yanming Lin wrote the original draft. Hongqiao Fu reviewed and edited it.

Declaration of interests

The authors declare that they have no competing interests.

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