

審査の結果の要旨

氏名 廖 異
Liao Yi

The key question of my research was: What were the performance of the health care system in China according to Universal Health Coverage (UHC) monitoring framework, how far is China in accomplishing UHC, and what were the effects of health reforms during this time period using data from the China Health and Nutrition Survey. The main objectives of this study was, first to assess the trends in access to health services; second to calculate financial hardship due to out-of-pocket (OOP) payment; third to investigate inequalities in the current health care system; and finally to estimate the impact of health insurance and health system reforms on progress towards UHC indicators.

The key findings of my studies are as follows:

1. In general, the composite preventive coverage and composite treatment coverage increased. However, the coverage of indicators for preventing non-communicable diseases slightly decreased. This study, in line with other studies, identified that treatment coverage of typical NCDs such as hypertension and diabetes has increased in both urban and rural areas, but the proportion of controlled hypertension was still low.
2. Consistent with other studies, this study found that although the coverage of health insurance expanded, financial hardship as a result of receiving health services still exists. Incidence of catastrophic health payment and household impoverishment, respectively, increased from 3.4% and 1.6% in 1989 to 9.4% and 3.8% in 2011.
3. Urban-rural disparities and income-related inequalities were estimated in this study. In general, people from urban areas had better control of non-communicable diseases while no significant difference was identified in treatment of NCDs. Income-related inequality was found in the proportion of controlled hypertension and catastrophic health expenditure: controlled hypertension was more concentrated among population with higher household income level, and lower household income is significantly associated with catastrophic health expenditure.

4. The effectiveness of health insurance was assessed for three periods: baseline, after the implementation of the rural cooperative insurance and urban resident insurance (reform 1), and the initiation of the new health reform (reform 2). Consistent with a previous study, positive effects were found in improving coverage of prevention interventions for communicable disease and treatment for NCDs. However, this study and previous studies reported that the control of NCDs is poor in China. Also, health reforms did not show significant positive effects on protection of health-related financial hardship due to OOP.

China successfully expanded health insurance coverage to cover more than 90% of its people. This success has been reported as an “unparalleled” achievement by the World Bank and has been used as an example to pursue UHC in other nations. Despite the achievements, comprehensive understanding of progress towards UHC in China is important for both policy implications in China and other countries planning to achieve UHC by 2030. This study included a comprehensive assessment of the performance of health care system based on UHC monitoring framework recommended by World Health Organization, and used a population-based, large sample of individual level data from multiple provinces and diverse backgrounds with a high response rate. Also, data used in this study covered 22 years in which China saw rapid change in the health care landscape. This study indicated that health insurance in China has reached a high coverage rate and was effective in promoting coverage of some health services. However, financial hardship due to receiving health services has not been sufficiently protected and health services for NCDs management are inadequate. Also, the urban-rural disparities and income-related inequalities in high-quality health services and catastrophic health expenditure still exist. Findings from this study will contribute to a growing body of literature assessing UHC. More population-based studies and pooled studies are needed to confidently interpret these results.