



# **China's Perspectives and Practice on Integration of FP, Health and Poverty Alleviation**

**Hu Hongtao**

**Senior Advisor to PPD and Former Commissioner,  
National Health and FP Commission of China**

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Email: [hongtaohu@126.com](mailto:hongtaohu@126.com)    [hthu@nhfpc.gov.cn](mailto:hthu@nhfpc.gov.cn)



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# China's Perspectives



# Current Situation & Goal

## Current Situation

- Though China is the first developing country in achieving the MGD goal on reducing the poverty, China still has about 60 million of people living under the poverty line.

## Goal

- China sets its goal to get rid of rural poverty by 2020.



## China's Perspectives

- ❖ There is a very close linkage between FP, health and poverty alleviation;
- ❖ Family planning contributes 1/3 of reduction of maternal mortality rate(MMR);
- ❖ Family planning also contributes 1/3 of increase of national economic development;
- ❖ According to statistics, 44% of family poverty in China caused by illness;
- ❖ FP and health have a greater role to play in national poverty alleviation programme.



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## China's Practice



## China's Cases on Income Generation

Government sponsored Income Generation Programme for FP (Fewer Births with More Prosperity) started from 2006 in the poverty stricken areas in 8 west Provinces in China. The feature is: shared budget).

NGO sponsored Income Generation Initiatives (Saving Poor Mother Programme) started from 1994 across China. Up to the end of 2015, a total of RMB1.33 billion(USD6 million) have been mobilized and utilized for the programme and 1.33 million poor mothers benefitted from the projects. The feature is: transparent, technology, training and markets(e.g. on-line sales)



## Objectives of Poverty Alleviation Through Health Care Provision

- ❖ To Provide good health care services which are affordable, accessible to the poor rural people, and enable them to live more healthily.
- ❖ More specifically, the government pays larger share of the patient's medical treatment, and reduce their economic burden of their medical treatment and ensure the effective medical treatment.





# Five Key Approaches

1) Having increased the level of medical insurance so as to reduce the economic burden of medical treatment of the poor patients;

5) Having strengthened the system of public health and disease prevention and control.

2) Having established specific medical treatment system on serious illness and chronic disease;

4) Having strengthened the capacity building of health and medical facilities in the poverty stricken areas;

3) Having established the policy of payment to be made after hospitalization for the poor rural patients;



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## China's Experience



# China's Experience

**Specific political commitment:**  
Local governments are requested to make specific working plan which has a clear time table, roadmap and concrete key action lists;

**Clear financial inputs of the governments at different administrative levels.**

**Partnership:** All sectors of the society has a role to play.

**Supervision and monitoring system in place.**

**Innovation and localization approach are always encouraged.**



## Plan for South-South Cooperation

No ready experience available in the integration of FP, health and poverty alleviation, and we are learning by doing;

China will include poverty alleviation in health sector as one of the priority areas for SSC;

China is very much willing to share its experience in poverty alleviation in health field with other developing countries for the purpose of achieving SDGs and common development.



**Thank You!**

