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Letter dated 4 June 2009 from the Permanent Representative of China to the United Nations addressed to the President of the Economic and Social Council

I have the honour to transmit herewith the national report of the People's Republic of China for the annual ministerial review on implementing the internationally agreed goals and commitments in regard to global public health, to be held during the high-level segment of the 2009 substantive session of the Economic and Social Council (see annex).

I would be very grateful if you could circulate the present letter and its annex as a document of the Council, under item 2 (b) of the provisional agenda.

(*Signed*) **Zhang** Yesui
Ambassador
Permanent Representative

* E/2009/100.

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Annex to the letter dated 4 June 2009 from the Permanent Representative of China to the United Nations addressed to the President of the Economic and Social Council

[Original: Chinese]

National voluntary report of China

Implementation of the national development strategies to achieve the internationally agreed development goals and commitments in regard to global public health

Contents

Abstract

China is the world's most populous country. Since 1978, mainly relying on its own efforts and the policy of reform and opening-up, China has accelerated development and reduced the population in absolute poverty from 250 million to 15 million; instituted a system of free nine-year compulsory education throughout the country, especially in rural areas; and set up a new rural cooperative medical-care system supported by Government investment among China's 800 million peasants, all in less than thirty years. During this time, the energies of the Chinese people have been completely dedicated to a single goal: the eradication of poverty, and the realization of a strong, prosperous, democratic, culturally advanced and harmonious modernization on that foundation.

The Chinese Government has been conscientiously meeting its commitments under the Millennium Development Goals, and has integrated the Goals with its own national social development objectives; by dint of persistent effort, China has achieved great success in implementing the Goals with the early attainment of targets in the areas of eliminating poverty and hunger, reducing mortality rates among infants and children under five, and fighting malaria, as well as marked progress in reducing death rates among women in pregnancy and childbirth and combating HIV/AIDS and tuberculosis. At the same time, China, as a responsible though not wealthy large developing country, has made good on its commitments under the Millennium Declaration and contributed, to the limits of its ability, to a number of the world's least developed countries.

The Chinese Government has always attached a high degree of importance to health. Especially after overcoming the severe acute respiratory syndrome (SARS) outbreak in 2003, the financial organs of the central and local governments have increased their investment in public-health work, accelerated the creation of public-health systems, and undertaken a series of systematic measures to safeguard the health of the broad mass of the people, particularly that of women and children. These measures include expanding the national immunization plan to include 14 types of vaccines targeting 15 contagious diseases; improving women's and children's health services, promoting hospital births, and lowering mortality rates for women in pregnancy and childbirth in poor regions of central and western China; and carrying out a policy of free testing, treatment and support for people living with HIV/AIDS and making voluntary counselling and testing services available throughout the country. Beginning in 2005, central and local government authorities have invested 21.7 billion yuan renminbi in setting up and strengthening rural health services and installations. At the same time, China is accelerating the creation of a medical insurance system for urban workers and constantly expanding the number of persons covered under the new rural cooperative medical-care scheme supported by Government investment or under basic medical insurance for urban dwellers, thereby greatly enhancing the protection of urban and rural residents against health risks. Moreover, launching the patriotic health movement, improving rural water and sanitation, promoting health education, raising the overall level of health, placing equal emphasis on traditional Chinese and Western medicine, and strengthening exchange and cooperation with the international community are all part of China's strategy to achieve the Millennium Development Goals related to public health.

To fully achieve the Millennium Development Goals, China must still deal with imbalances in socio-economic development and challenges in the equality of health between regions and between urban and rural areas. At the same time, as a result of its ageing population and changes in patterns of disease, China faces a double burden of contagious diseases (including HIV/AIDS and tuberculosis) and chronic non-contagious diseases, while the rapid growth of the transient population is also bringing new public-health challenges.

China is currently passing through a critical period in its reform of the health-care system. For the next three years, the emphasis will be on the following five reform measures: bringing the entire urban and rural population into the basic medical insurance system; setting up a national system for basic medicines and lowering prices and fees for medicines; improving the system of basic medical and health care; promoting the progressive equalization of basic public-health services; and facilitating the reform of public hospital administrative systems and operational mechanisms. By transforming the system, the availability of health services will be improved for all citizens, especially disadvantaged groups, and health fairness will be promoted.

We firmly believe that China will achieve the Millennium Development Goals fully and on schedule, thereby making an important contribution to the achievement of the Goals at the global level.

1 Successes of China's social development and its progress towards achieving the Millennium Development Goals

1.1 Successes of social and economic development

In the 30 years since it embarked on the policy of reform and opening-up, the Chinese Government has unswervingly promoted institutional reform and unwaveringly facilitated opening up to the outside world, winning grand and glorious achievements of socialist modernization that have drawn the world's attention, successfully carrying through a historical turn from a highly centralized planned economy to a lively market economy, and from closed or semi-closed conditions to a full range of open ones. As a large developing country with a population of over a billion, it has set out on a road of socialism with Chinese characteristics to lift itself out of poverty and accelerate its modernization.

China is the world's most populous country. For the past 30 years, mainly relying on its own efforts and the policy of reform and opening-up, China has accelerated its development and engineered a historic change in its socio-economic characteristics, realizing persistently rapid development in the popular economy and making a historic leap in the people's living standards from having inadequate food and clothing to generally moderate prosperity. From 1978 to 2008, China's GDP grew at a rate of 9.8 per cent per annum, and went from a rank of tenth in the world in 1978 to third in the world today; per capita GDP grew from 379 yuan renminbi in 1978 to 18,934 yuan renminbi in 2007. The energies of today's Chinese people are completely dedicated to a single goal: the eradication of poverty, and the realization of a strong, prosperous, democratic, culturally advanced and harmonious modernization on that foundation. The success of the anti-poverty drive has drawn the world's attention; within a relatively short time, China has met the needs of its 1.3 billion people for food and clothing, and reduced the number of people in poverty from 250 million to 15 million.

Since the introduction of the policy of reform and opening-up, China's human development index has risen from 0.53 in 1978 to 0.78 in 2006, a rate of growth that is higher than that of other countries at comparable levels of development.

Over the past 30 years, the Chinese Government has attached a high degree of importance to education, and by establishing a strategic priority for education development and making the important strategic decision to rely on science and education to revitalize the nation and strengthen the country through its human resources, it has achieved breakthroughs in the development of education and marked improvement in the quality of its citizenry. In the year 2000, China realized its goals of implementing basic universal nine-year compulsory education and eliminating illiteracy among young and middle-aged people, thereby joining the ranks of countries with comparatively high standards of compulsory education.

Over the past 30 years, China's health services system has undergone constant improvement; basic public health, medical service and medical insurance systems for urban and rural residents have been set up; levels of health service, insurance capacities and technical standards have been greatly improved; major contagious diseases threatening the health of the masses, as well as endemic illnesses, have effectively been brought under control; and the health standards of urban and rural residents have continued to improve. Average life expectancy has risen from 67.8 years in 1981 to 73.0 years in 2005, and mortality rates for women in pregnancy and childbirth as well as for children under five have been substantially reduced.

1.2 Progress towards achieving the Millennium Development Goals

The Chinese Government is conscientiously meeting its commitments under the Millennium Development Goals, and has integrated the Goals with its own national social development objectives; by dint of persistent effort, China has achieved great success in implementing the Goals, completing the attainment, seven years ahead of schedule, of targets in the areas of eliminating poverty, hunger and illiteracy, reducing mortality rates among infants and children under the age of five, and fighting malaria. China has made marked progress in reducing mortality rates among women in pregnancy and childbirth and fighting HIV/AIDS and tuberculosis. At the same time, as a responsible though not wealthy large developing country, China has, to the limits of its ability, helped developing countries in Africa and elsewhere achieve the Millennium Development Goals. China provides what contributions it can to the development of other developing countries even as it pursues its own development.

1.2.1 Eradicating extreme poverty and hunger

In the 30 years since it embarked on the policy of reform and opening up, the successes of China's efforts to combat poverty have drawn the world's notice. Greatest among these has been that of meeting the needs of its 1.3 billion people for food and clothing, making China the earliest among developing countries to meet the Millennium Development Goal of eradicating extreme poverty and hunger.

According to the poverty standard set by the Chinese Government,[1] the number of persons in absolute poverty in rural areas with difficulty obtaining sufficient food and clothing decreased from 85 million (or 9.6 per cent of the total rural population) in 1990 to 14.79 million (or 1.6 per cent of the total rural population) in 2007. According to the international poverty indicator of consumption below US$ 1 per person per day used in the United Nations Millennium Development Goals, the proportion of the population living below the poverty line in rural areas of China decreased from 46.0 per cent in 1990 to 10.4 per cent in 2005. At the same time, China has reduced the proportion of the population unable to attain the minimum dietary energy consumption level from 17 per cent in 1990 to 7 per cent in 2002, and has reduced the proportion of underweight children below the age of five from 21.0 per cent in 1990 to 7.8 per cent in 2002. China has thus met the United Nations Millennium Development Goal of eradicating poverty by 2015 ahead of schedule.

1.2.2 Achieving universal primary education

China has an outstanding record in the area of universal primary education. The net primary school enrolment rate in China rose from 96.3 per cent in 1990 to 99.5 per cent in 2007, and the gross junior middle school enrolment rate rose from 66.7 per cent in 1990 to 98 per cent in 2007. Nine-year compulsory education covers 99.3 per cent of the population nationwide. These achievements reflect China's leading position in realizing the Millennium Development Goal of achieving universal primary education.

In order to eliminate the disadvantages faced by girls in availing themselves of educational opportunities, the Chinese Government proposed a goal of eliminating gender disparities in primary and junior middle school education by 2005; this goal has now been met. The net primary school enrolment ratio of girls to boys rose from 98 per cent in 1991 to 106 per cent in 2006; by 2007, net enrolment rates for girls and boys had reached 99.52 per cent and 99.46 per cent respectively. Gender equality of opportunity for primary education has been realized in China.

1.2.3 Reducing child mortality

China has achieved smooth progress in reducing mortality rates for infants and children under the age of five. The infant mortality rate has declined from 50.2 per thousand in 1991 to 14.9 per thousand in 2008, a decrease of 70.3 per cent, and the mortality rate for children under five has declined from 61 per thousand in 1991 to 18.1 per thousand in 2007, again a decrease of 70.3 per cent. The Millennium Development Goal of a two-thirds reduction in the mortality rate for children under five has thus been achieved ahead of schedule. One of the main measures used by China to reduce infant mortality rates is strengthening the planned immunization programme; in 2007, the rate of vaccination for one-year-olds under the national immunization plan exceeded 90 per cent, even as the national immunization plan was being expanded to provide all children access to 12 kinds of vaccine and broadening the number of illnesses covered from 6 to 12. Preventive health care for children has been notably improved.

[1] The Chinese Government poverty standard for 1978 was 100 yuan renminbi per person per year; for 1990, it was 300 yuan renminbi per person per year; and for 2007, it was 785 yuan renminbi per person per year.

1.2.4 Improving maternal health

China has made good progress in reducing mortality rates for women in pregnancy and childbirth, and the survival and health of Chinese women have undergone a fundamental improvement. The mortality rate for women in pregnancy and childbirth was 94.7 per hundred thousand in 1990, but had dropped to 34.7 per hundred thousand by 2007, a decrease of 63.4 per cent. At the same time, access to reproductive health services has continued to broaden. National health service surveys conducted in 1993 and 2008 indicate that 69.5 per cent of pregnant women underwent prenatal medical examinations in 1993, and that figure had risen to 94.4 per cent in 2008. 37.0 per cent of pregnant women underwent medical examinations in early pregnancy in 1993, rising to 69.7 per cent by 2008. 38.7 per cent of births took place in hospitals in 1993, but that figure had risen to 88.6 per cent by 2008.

1.2.5 Combating HIV/AIDS, malaria and other diseases

After great effort, the HIV/AIDS epidemic has begun to subside in China; although rates of infection remain high among specific population groups and in certain areas, the overall spread of the epidemic has slowed. Victims of tuberculosis in China are provided with the modern Directly Observed Therapy Strategy (DOTS) programme of free medical care, with coverage reaching 100 per cent. Rates of discovery of new pulmonary tuberculosis patients on the basis of positive sputum smear test results have risen from 5 per cent in 1991 to 79 per cent in 2007, and recovery rates have remained above 85 per cent since 1994. Notable progress has also been made in malaria prevention in China; as a result of such measures as testing the blood of patients with fever for malaria parasites, standardizing the treatment of malaria patients, instituting indoor confinement and anti-mosquito spraying, and distributing free long-lasting mosquito netting to protect key population groups, the incidence rate reported nationwide has remained below 5 per hundred thousand since 1995, with the incidence rate reported for 2007 at 3.5 per hundred thousand (that for 1990 was 10.56 per hundred thousand). The goal of reducing the incidence of malaria by half has thus been met ahead of schedule.

After undergoing the SARS crisis in 2003, the Chinese Government has improved the emergency response system for public health and updated laws and regulations relating to health emergency response; it has begun to put together a guidance and management network for responding to sudden public-health emergencies, and set up mechanisms for coordinating the responses of Government departments to sudden public-health emergencies as well as systems for disseminating and reporting information; and it has strengthened international and interregional exchange, cooperation and unified action, thereby bringing about a notable improvement in the ability to handle emergencies. After the SARS epidemic, China effectively dealt with the medical needs arising from several major sudden public-health events including earthquakes and epidemics of infectious streptococcosis, bird flu and hand-foot-and-mouth disease (HFMD); especially in the wake of the major earthquake that occurred in Sichuan in 2008, medical rescue and post-disaster epidemic prevention were carried out in an orderly manner, ensuring that a major epidemic of infectious disease did not strike the area affected by the disaster. Since the middle of March 2009, the influenza A virus subtype H1N1 has spread to a number of countries; in the first hours after it had been discovered that the illness had entered the country, China notified the World Health

Organization and other countries and is maintaining close and timely communication with the parties concerned; prevention and control work is currently proceeding in an orderly, powerful and effective manner.

2 Development philosophy, strategies and experience

2.1 Social development

2.1.1 Social development philosophy

In the final analysis, social progress and raising the health level of the people constitute the development philosophy of our Government's policies of reform and opening up and keeping pace with the times. In the early stages of the reform and opening up policy, China focused on economic development as the central task, bringing about rapid and sustained economic growth and achieving great and brilliant successes in socialist modernization that drew the attention of the world. Experience has shown that the focus on economic development has been a major factor in the revitalization of the country over the past 30 years of reform and opening-up, and is the fundamental dynamic in the sustained and rapid economic growth, marked improvement in the people's living standard, and continuous growth in comprehensive national strength that China has experienced during that time. Using the focus on economic development as the development philosophy has a significance that transcends the times, and the unswerving promotion of sustained, rapid, coordinated and healthy economic development remains the basic principle of social development in China.

As has occurred in the development histories of other developing countries, economic development has not always been balanced by social development during the process of China's sustained and rapid economic growth, and it faces a series of new challenges like environmental pollution and damage as well as of great disparities in income. In 2002, the Chinese Government announced the objective of comprehensively building a moderately prosperous society, in contrast to the previous exclusive concentration on economic growth to the exclusion of social development, and the preoccupation with efficiency to the detriment of issues like social equality. In 2006, the Chinese Government put forward the "people-centred" scientific development outlook, in order to realize the goal of comprehensive human development, continuously satisfy the growing material and cultural needs of the masses, effectively safeguard their economic, political and cultural rights and interests, and ensure that the fruits of development are enjoyed by the entirety of the people. In this regard, the Government called for the comprehensive planning of rural as well as urban development, of regional development, of economic and social development, of harmonious development of human beings and nature, and of domestic development and the needs of opening up to the outside world. The Chinese Government is using an entirely new social development philosophy as a leading principle, under the guidance of the scientific development outlook, to formulate a comprehensive social development plan comprising the scientific, educational, cultural, health, sports, welfare and environmental protection aspects that will promote the overall attainment of its social development goals.

2.1.2 Combating poverty

The process of eradicating poverty in China can be divided into the following four stages: in 1978, the reform of the rural economic structure centred on the

household contract responsibility system created a path for the peasant masses to shake off poverty; in 1986, the Chinese Government set up specialized poverty relief organs, emphasizing the changeover from traditional forms of poverty relief to development-oriented poverty relief; in 1994, the Government promulgated and implemented a seven-year priority programme to help 80 million people out of poverty, raising poverty alleviation through development to the status of a national strategy; and in 2001, the Chinese Government formulated an outline for rural poverty alleviation and development for 2001-2010, closely integrating poverty alleviation with the strategies of rural development and the development of central and western China, and creating a strategy of poverty alleviation focused on the comprehensive planning of urban, rural and regional development. Calculated on the basis of the Chinese Government poverty standard, the number of persons in poverty throughout the country had fallen from 250 million in 1978 to 14.79 million by 2007; the poverty incidence rate of 30.7 per cent in 1978 shrank to 1.6 per cent in 2007.

Based on the experience of the past 30 years of poverty reduction and its great successes in China, our main conclusions are as follows: first, economic growth needs to be promoted and stable development maintained, and the necessary material conditions and supportive social environment for eliminating poverty should be provided. Second, Government leadership should be maintained and its responsibilities strengthened. In formulating medium- to long-term economic and social development plans for the citizenry, the Chinese Government has always taken rural poverty alleviation and development to be a major factor, and set national poverty standards in accordance with the people's level of economic development and with the financial resources of the State; it determines the regions on which to focus for poverty alleviation on the basis of the geographical distribution of people in poverty. Third, ways of thinking must be emancipated and institutional innovation encouraged. Difficulties and problems of poverty reduction must be constantly explored, institutional innovation encouraged, policies perfected and methodologies improved on the basis of the particular characteristics of each stage of economic development.

The great success achieved in China's anti-poverty efforts has not only enabled it to complete the poverty-alleviation goal of the Millennium Development Goals ahead of schedule, but also to raise the level of health for people in poverty by means of increasing their income, improving their nutrition, and encouraging them to avail themselves of public-health services, and to forcefully promote the attainment of the health outcome indicators for the Millennium Development Goals.

2.1.3 Promoting universal compulsory education

The middle and primary school phases of compulsory education, especially rural compulsory education, are assigned an important position in the national development strategy by the Chinese Government, thereby ensuring an educational development strategy emphasizing rural compulsory education. The promulgation of the Compulsory Education Law provided a legal guarantee of the sustained and healthy development of compulsory education. At the end of 2005, the Chinese Government comprehensively integrated rural compulsory education into the national public financial security system. By means of a policy whereby miscellaneous school fees and textbook fees are completely waived for students in rural compulsory education and boarding students are reimbursed for living

expenses, the Government safeguards children's rights to receive a compulsory education. The Chinese Government is also pooling funds to implement a rural junior middle school renovation project and other major construction projects intended to improve conditions at primary and middle schools in rural areas of central and western China, thereby effectively promoting the universalization and strengthening of the nine-year compulsory education system in those areas. In recent years, with the constant growth of the migrant-worker population moving into the cities, the Chinese Government has drafted a succession of policies and measures to safeguard the rights of children in that population to compulsory education.

Universalizing compulsory education, particularly in poor rural areas, not only directly promotes the attainment of the education indicators in the Millennium Development Goals, but also raises the cultural quality of the citizenry as a whole and makes possible increased levels of health service utilization, thereby promoting the improvement of poor people's health.

2.2 Public-health development

2.2.1 Attaching great importance to the people's health, and putting enhancement of the people's health at the core of social development

The Chinese Government has always attached a high degree of importance to health development, emphasizing its connection with overall economic development and social stability and its unique position in the national economy and social development. The Government also attaches a high degree of importance to the health of rural as well as urban residents; it provides access for all to basic medical-care services as part of its conscientious implementation of the scientific development outlook; it implements coordinated economic and social development and the comprehensive construction of a prosperous, harmonious socialist society; it considers building a system of basic medical and public health care and improving the standard of health of the masses to be an important responsibility of Government, and advocates a view of health as the foundation of overall human development.

2.2.2 Establishing a universal system of basic urban and rural health services, increasing service capabilities, and promoting the equalization of basic public-health services

In recent years, especially with the change in social development philosophy in the wake of the 2003 SARS epidemic, the Chinese Government is paying increasing attention to building the public-health system. Building on the foundation of the traditional three-tier health network, China is comprehensively reinforcing the public-health service system, establishing and improving public-health services networks for disease prevention and control, health education, maternal and child health care, and mental health, with a particular focus on rural areas and on central and western China. A medical service system based on a network of health-care services at the primary level has been perfected, facilitating the incremental equalization of basic public-health services in both urban and rural areas.

In recent years, the central and local government authorities have been gradually increasing their investment in public health. Disease-prevention and control centre construction projects are being built with 10.6 billion yuan renminbi in construction treasury bonds supported by national financing and funds raised at

various local levels; 16.372 billion yuan renminbi are being invested in building basic medical care systems and improving contagious disease clinics, emergency-care centres, equipment quality and emergency-care capabilities; one billion yuan renminbi in special funds are being used by the central financial authorities to subsidize local public-health projects to improve laboratory equipment in disease-control centres at the local and county levels; and 21.6 billion yuan renminbi are being invested in building rural health-services systems, rebuilding rural or village health clinics, county hospitals, county-level health-care facilities for women and infants, and traditional Chinese-medicine clinics, as well as some rural buildings used for health activities, and deploying grass-roots health-care facilities. During the current global economic crisis, the Chinese Government has decided to invest 850 billion yuan renminbi in health-care development, with the bulk of the investment being devoted to public health, basic care and medical insurance.

Prevention is our guiding principle in health work. In the area of planning immunization and contagious-disease prevention and treatment work, the planned immunization system established for children in the 1980s has now been established in urban and rural areas nationwide. The national immunization plan has been expanded from four vaccines and six types of contagious diseases to include 14 vaccines and 15 types of contagious diseases. At the same time, the State is encouraging local government authorities to expand public-health services and strengthen their monitoring, prevention and control of serious threats to public health from contagious, chronic, local and occupational illnesses, birth defects and so on, in accordance with local economic development levels and major public-health issues and on the basis of the public-health programmes provided for under central government regulations.

With regard to the HIV/AIDS situation, the Chinese Government has expanded the scope of prevention and treatment efforts, established a committee on HIV/AIDS prevention and treatment under the State Council, improved leadership on HIV/AIDS prevention and treatment work, and set up a free voluntary preliminary blood-test screening programme for people infected with the disease. Free antiviral therapy is provided for HIV/AIDS patients in rural and economically disadvantaged urban areas, free schooling is provided for children orphaned as a result of the disease, and free consultation, screening and antiviral therapy are provided to pregnant women. HIV/AIDS patients and their families have been integrated into the framework of government assistance, and voluntary HIV/AIDS counselling and screening services are provided throughout the country. Meanwhile, the broad participation of the entire society is being mobilized in the struggle against HIV/AIDS, with special emphasis on the role of non-governmental organizations.

In the area of women's and infants' health, the Government has integrated the issue of improving health care for women in pregnancy and childbirth into the 11th Five-Year Plan for national development. At the same time, it is increasing investment, establishing and improving networks for women's and infants' health at the county, township and village level, and strengthening the monitoring of women's and infants' health throughout the country. In the light of the high mortality rate for women in pregnancy and childbirth, the lack of information on women's and infants' health, and the shortage of providers of health care for women and infants in poor areas in central and western China, a campaign to lower mortality rates among women in pregnancy and childbirth and to eliminate neonatal tetanus in those areas was initiated in the year 2000. Strategies for this campaign include: 1) promoting

access to health-care services for women in pregnancy and childbirth in poor areas by means of providing medical equipment needed for obstetrics wards of county hospitals and township and village medical clinics, as well as improving obstetrical staff training and service capacity, while establishing priority-service "green lanes" in hospitals for the safety of women in childbirth; and 2) undertaking broad social mobilization that includes gradually forming women's and infants' health-education teams operating at the grass-roots level by means of training village doctors and base-level female cadres in poor areas, while also having communities promote a woman- and family-centred community health education model for persons accompanying women in pregnancy and childbirth, disseminating health information for women in pregnancy and childbirth, creating a favourable social support environment, raising the rate of hospital births, lowering mortality rates among women in pregnancy and childbirth, and eliminating neonatal tetanus, thereby achieving the goal of promoting fairness in health care. The central government authorities have invested a total of 1.68 billion yuan renminbi in specialized projects covering over a thousand counties and affecting as many as 490 million people, with a marked improvement in the standard of health-care services for women and infants in the regions where these projects are being undertaken. In regions where the campaign to lower mortality rates among women in pregnancy and childbirth and to eliminate neonatal tetanus is being undertaken, the rate of hospital births reached 86.8 per cent in 2007, an increase of 47.6 per cent over the 2001 rate; the mortality rate for women in pregnancy and childbirth fell from 76.0 per hundred thousand in 2001 to 39.4 per hundred thousand in 2007; incidence of neonatal tetanus fell from 0.3 per thousand in 2001 to 0.06 per thousand in 2007, and the mortality rate for neonatal tetanus fell from 0.28 per thousand in 2001 to 0.03 per thousand in 2007.

2.2.3 Initially establishing a health security system covering the entire population

At present, China has established a multi-level health-care system for urban and rural residents, with a marked improvement in the equable distribution of health-care funding. Basic health insurance for urban workers and for urban residents in general has been combined with new-style rural cooperative health-care schemes to create a basic health-care system that separately covers employed and unemployed urban residents and rural residents. The level of insurance participation is continuously rising through adherence to the principles of broad, basic and sustainable coverage, starting from a focus on insurance against major illness and gradually extending to include coverage of outpatient visits and less severe illnesses. Mutual social financing is implemented by establishing a mechanism with multiple funding channels in which national, work-unit, family and individual responsibilities are clearly and reasonably distributed. By the end of 2008, the total number of persons covered under the three types of health insurance had reached 1.126 billion. Additionally, a system of urban social medical assistance has been set up for urban disadvantaged groups in order to help them participate in basic medical insurance and pay the medical fees that would be burdensome for them; in 2008, this urban medical assistance had been provided some 27.39 million person-times, and financial assistance some 68.24 million person-times. The continuous improvement of the urban medical-insurance system not only safeguards the health of the masses, but also prevents the vicious cycle of people being driven into or back into poverty because of illness.

Basic medical insurance for urban workers. Begun in stages in 1998 on the foundation of previous systems of publicly funded and labour-protection medical care, this new system combines overall social planning with individual accounts, cost sharing, competitive medical-care provision, cost controls and socialized administration, and covers all urban employers, including business enterprises, government agencies, institutions, social groups, and privately run non-business entities and their employees. From 1994 to 2008, as many as 200 million people have participated in the basic urban-worker medical insurance scheme.

The new rural cooperative medical-care system. The rural cooperative medical-care system was an important component in China's early health care. But with the dismantling of the rural collective economy in the 1980s, problems with public funding led to the dismantling of cooperative medical care as well. Rural residents began to experience more and more problems with decreasing availability and rising cost of medical care, and some were driven into or back into poverty as a result. In 2002, the Chinese Government decided to re-establish a cooperative rural medical-care system nationwide; this new system is primarily government-funded, with special financial transfer subsidy payments from the central-government financial authorities to central and western China. Subsidy payment levels increase yearly; in 2008 the standard level for central and local government subsidies to rural residents rose to 80 yuan renminbi per person, making the new cooperative rural medical-care system a primarily government-funded system. At the same time, a medical-assistance system aimed primarily at poor rural households has also been set up. Under the system, medical assistance can take the form of fixed subsidies for medical fees associated with major illnesses, or of providing funding for a patient's participation in local cooperative medical care. The number of rural residents participating in cooperative medical care had reached 810 million by 2008, a coverage rate of 91.5 per cent.

Basic medical insurance for urban residents. In 2007, the State Council decided to carry out an experimental pilot programme of basic medical insurance for urban residents, in order to provide medical-care safeguards for persons not covered by urban medical insurance provided through work units. The Government provides subsidies of not less than 40 yuan renminbi per year to participating residents of pilot-programme cities; since 2007, the central financial authorities have provided yearly subsidies of 20 yuan renminbi per capita to residents of central and western regions through special financial transfer payments. In 2008, a total of 116 million people were taking part in the basic medical-insurance scheme for urban residents.

2.2.4 Broadly mobilizing the masses to actively participate in the patriotic public-health campaign

The patriotic public-health campaign began in 1952; it is a Chinese-style public-health campaign basically designed to mobilize national institutions, people's organizations, enterprises, schools, communities and the broad masses of the people to take an active part in improving environmental health and personal hygiene. The basic components of the patriotic public-health campaign include environmental sanitation and health training on such topics as improvement of water supplies and toilet facilities and eliminating biological-agent disease vectors. By the end of 2007, water supplies had been improved for a total of 879 million rural Chinese, for a benefit rate of 92.05 per cent; toilet facilities had been improved for a total of 144 million households, for a sanitary-toilet installation rate of 56.97 per cent. The

patriotic health campaign has played a very important role in improving the working and living environments of the broad mass of the people, promoting public health, and preventing and controlling disease.

2.2.5 Vigorously developing health education and raising the entire population's health literacy

Health education is a primary path by which urban and rural residents, especially members of disadvantaged groups, obtain information about health maintenance, thereby increasing their knowledge of ways to safeguard their own health and raise the level of health overall. We structure health education around the illnesses and health problems prevalent at various periods, as for example health education programmes concerning the control of HIV/AIDS, prevention and control of tuberculosis, the control of chronic illnesses, and health care for women and infants, so that knowledge about health, health behaviours, and access to health-care services are effectively improved for all the people, and particularly those groups most affected. Furthermore, health-promotion campaigns aimed at rural and urban residents have been launched on the basis of cooperation among multiple Government departments, along with a campaign to promote tobacco control through health education centred on implementing the Framework Convention on Tobacco Control. Health education and promotion activities designed to improve the quality of the people's health have been launched throughout the country since 2007 and have begun to make progress. In January 2008 the Ministry of Health released a preliminary study of the basic health knowledge and skills of the Chinese people, defining core concepts of health and setting out the basic health knowledge and skills that the Chinese people need to grasp at the present stage, and also convened a group of experts to edit a collection of readings and translations on that topic. In August 2008, the Ministry of Health published a work programme on the promotion of health literacy among the Chinese citizenry for the period 2008 to 2010, calling on all regions to carry out a movement to promote health knowledge among the people on the foundation of the aforementioned health-promotion campaigns aimed at rural and urban residents.

The Annual Ministerial Review Regional Ministerial Meeting for Asia and the Pacific of the United Nations Economic and Social Council was held in Beijing on 29 and 30 April 2009 on the theme of promoting health literacy. Wide-ranging exchanges and discussions took place with regard to promoting health literacy in the Asia-Pacific region and the challenges being faced there, promoting intersectoral cooperation and action, the role of media communication and empowerment in promoting health literacy, and strengthening capacity-building for increasing health literacy. Participants arrived at consensus on the following issues: that health is a basic human right, and promoting the improvement of health literacy is therefore a fundamental and cost-effective strategy for disease prevention and control and for raising the overall level of health of all the people; that promoting the improvement of health literacy is the responsibility of every Government, and health ministries should therefore undertake broad cooperation with other Government departments concerned as well as with non-governmental organizations and the private sector in acting to promote health literacy and increase health-literacy promotion capacity-building; that the health-literacy promotion efforts of each country should be rooted in that country's social and cultural background; and especially that efforts to promote and improve health literacy among women deserve special emphasis. The

meeting built a platform for exchange and cooperation on health literacy among the countries of the Asia-Pacific region, and laid a foundation for the annual ministerial review meeting to be held in Geneva in July of this year.

2.2.6 Putting equal emphasis on traditional Chinese and Western medicine

Traditional Chinese medicine is an important and indispensable element of the medical care and health service system with a specifically Chinese character. The Chinese Government has always attached a high degree of importance to and supported the development of traditional Chinese medicine; in the development of Chinese-style health-care undertakings, it has consistently adhered to the principle of putting equal emphasis on Chinese and Western medicine, and has always fostered the development of Chinese medicine in accordance with the special characteristics and principles of that tradition, placing it on a par in importance with Western medicine. Rural health care, disease prevention and health maintenance, and traditional Chinese medicine are the three focal points of China's health-development strategy.

The equal status of traditional Chinese and Western medicine is adhered to in the legal, academic and health-service spheres. The Constitution of the People's Republic of China, adopted in 1982, clearly provides that the State develops medical and health services and promotes modern medicine and traditional Chinese medicine; the legal status of traditional Chinese medicine is also established in basic national legislation, as for example in the Regulations of the People's Republic of China on Traditional Chinese Medicine and related laws, which provide the fundamental legislative authority for the development of traditional Chinese medicine. The Chinese Government has integrated traditional Chinese medicine into its overall health development planning, incorporating the concept of equal status for and coordinated development of Chinese and Western medications and medical practices into the new health reform programme as well as the outline of health care development planning in the Eleventh Five-Year Plan. It is also creating the systemic and material conditions for efforts to foster and promote the development of traditional Chinese medicine. China has already established a basic network of traditional Chinese medical care services in urban and rural areas, and is accelerating the training of a contingent of qualified practitioners of traditional medicine; the traditional Chinese medical educational institutions have established a basic multiformat, multi-tiered, multidisciplinary system for education in traditional Chinese medicine as well as a distinctive model for training practitioners of the discipline.

2.2.7 Actively participating in international cooperation

In the 30 years since it embarked on the policy of reform and opening up, China's public-health organs have established multichannelled, multi-tiered and broad-ranging exchanges and cooperation with countries and organizations throughout the world in the area of medical care and health. China is making full use of the stage erected by international organizations; it is vigorously launching and expanding technical cooperation with the World Health Organization and others; and it is actively taking part in the process of formulating international health policy. China has signed more than 300 health cooperation agreements or implementation plans with 89 countries, involving more than half the nations of the world. Through proactive international cooperation, China has introduced thousands

of international cooperation programmes in the area of health. According to preliminary statistics, China receives nearly US$ 1.5 billion in multilateral and bilateral health assistance and nearly US$ 1.3 billion in loans in the area of health; these international cooperation programmes have facilitated the introduction of a large number of new approaches and ideas in the areas of health policy, health reform and disease control, as well as the training of tens of thousands of medical personnel, and have also greatly invigorated the development of health reform, thereby playing an important role in China's implementation of the Millennium Development Goals.

In accordance with the principles of equality and mutual benefit, seeking practical results, diversity, and mutual development, China consistently provides all the assistance it can to the great number of developing countries in Africa and elsewhere in attaining the Millennium Development Goals. As a responsible though not wealthy large developing country, China has made good on its commitments under the Millennium Declaration and contributed, to the limits of its ability, to the development of other developing countries. As of the end of June 2008, China had waived an aggregate total of 24.7 billion yuan renminbi in debt from heavily indebted and least developed countries in Asia and Africa; provided 206.5 billion yuan renminbi in various kinds of assistance, of which 90.8 billion yuan renminbi was in the form of gratis assistance; had granted zero-tariff status to the commercial products of 42 least developed countries, involving 736-1,115 taxable items or 98 per cent of the least developed countries' trade exports to China. China has also provided training for 15,000 Africans in a variety of fields, dispatched medical teams, assisted in the construction of 30 hospitals and 100 rural schools, and provided malaria prevention and treatment medicines free of charge. At the end of 2007, China decided to provide Africa with 2.377 billion yuan renminbi in gratis assistance and a further 700 million yuan renminbi in interest-free loans to strengthen African self-improvement capacities. Faced with major international disasters and sudden public-health emergencies, the Chinese Government provides whatever humanitarian assistance it can to the countries and regions affected, joining the peoples of the world to face difficulties together and making positive contributions to promoting the health of the people of developing countries.

3 Problems and challenges

3.1 Imbalances in socio-economic development and inequalities in health

Imbalances in China's socio-economic development are primarily manifested in differences in levels of economic development among regions and between urban and rural areas. As a result, serious imbalances in the distribution of funding resources for medical care and public health have arisen among regions and between urban and rural areas. Medical care and public-health funding is concentrated mainly in the eastern regions of the country and in large and medium-sized urban areas, while residents of the western regions and rural areas have less access to health-care services, resulting in inequitable disparities in the health conditions of residents of different regions and of urban and rural areas, creating a major problem and challenge for China. In the developed regions along the east coast, health indicators such as mortality rates for infants and children as well as for women in pregnancy and childbirth approach those of developed countries, while the same indicators for provinces in the western regions of the country are three to five times

higher than those of the eastern coastal regions; the mortality rate for infants and children under five is 2.4 times as high in rural areas as in cities.

3.2 Ageing population and changes in types of disease

The rising life expectancy and continuously falling mortality rate of the Chinese population are causing a rapid rise in the number of elderly people. According to the United Nations criteria for countries with ageing populations, China has become a country with an overall ageing population. The ageing of the population is presenting challenges of unprecedented proportions to the social security system that China is currently in the process of instituting, including (1) an increase in the incidence of chronic non-communicable diseases, with a corresponding rapid growth in medical-care costs; (2) the rate of population ageing is surpassing economic development levels, i.e. people are "getting old before getting rich", resulting in heavy pressure on retirement insurance, medical insurance and other social safeguards; and (3) the problem of ageing is even more acute in rural areas, whose health facilities, social security and other public services are relatively backward, which is extremely unfavourable for the global strategy of healthy ageing.

China currently faces the double burden of having to control both communicable and chronic non-communicable diseases. Like many other developing countries, the spectrum of diseases and causes of death have changed greatly over the 60 years since the country was founded; the types of disease and death affecting cities and developed rural areas are the same as or similar to those of developed countries, and the control of non-communicable diseases has become a priority emphasis. However, in rural areas, the most common and recurring diseases are still largely infectious diseases, although chronic non-communicable diseases are also trending upward, and residents of rural areas are thus facing the pressing task of controlling both types of illness.

At the same time, the prevention and control of HIV/AIDS, tuberculosis and new outbreaks of infectious diseases are encountering a host of challenges. Major challenges facing the prevention and control of HIV/AIDS include (1) the spread of HIV/AIDS from high-risk groups into the general population; (2) the public lack of a correct understanding of HIV/AIDS, with prejudice remaining a significant obstacle to HIV/AIDS testing, treatment and care; and (3) the emergence of sexual activity as the main path of HIV/AIDS transmission. The three main challenges to the prevention and treatment of tuberculosis are first, simultaneous double infection with HIV/AIDS and tuberculosis; second, multiple drug-resistant tuberculosis; and third, the problem of tuberculosis among the transient population.

3.3 The urbanization process and the growth of the transient population

Since the initiation of the policy of reform and opening up, ever greater demands are being placed on public health as the urbanization process has accelerated. The migration of large numbers of rural workers into the cities has become a characteristic social phenomenon in China. Surveys indicate that the number of rural migrant workers was around 31 million in 1990, but had risen to 140 million by 2008, or more than 10 per cent of the overall population. While rural migrant workers have gradually become an indispensable part of urban life, the large increase in the transient population poses new challenges to social security in

the areas of medical care, education, employment, and the control of diseases. Control of HIV/AIDS and providing health care for women and infants among the transient population present major problems for those working in disease control. With public services still largely being provided on the basis of household registration, and a model of service provision based on residence address still in the process of being established, it is not yet possible fully to meet the needs of the transient population. The way in which medical care services are provided is in great need of adjustment and improvement in order to respond to the new social phenomenon of population movement.

4 International action on response strategies and needs

4.1 Response strategies

In order to respond to the issues and challenges described above, the Chinese Government will deepen its reform of the medical care and public-health system, implement medical care and health measures as a public welfare enterprise, build a basic medical care and public-health system that covers urban and rural residents, strengthen Government responsibility and investment, make the medical care and public-health system a public service available to all the people, attain the goal of basic medical care and health services for all, continuously raise the health standard of the entire population, and promote the objective of social harmony. Over the next three years, we will be working to resolve the problem of fairness, and radically change the approach to the problem of the obtainability, accessibility and affordability of some health services.

4.1.1 Continuing to strengthen basic medical care and public-health service systems, focusing on rural areas and the central and western regions

With regard to the problem of unequal public-health funding, the Chinese Government has decided to improve the basic urban and rural public-health system over the next three years, focusing on support for rural areas and disadvantaged regions in central and western China, so as to bring about tangible improvement in access to basic medical care and public-health services for urban and rural residents. The focus for central government authorities will be on the construction of some 2,000 county-level hospitals (including central hospitals), so as to achieve a standard of at least one county-level hospital in every county. The focal task of supporting the construction of 29,000 rural health clinics under the central plan achieved full completion in 2009, along with the expansion of 5,000 rural health centres. The central government authorities are also providing support for the construction of 2,400 urban and community health-services centres in disadvantaged areas of central and western China, as well as of village clinics in remote parts of those regions, so that every administrative village in the country will have a clinic within three years.

4.1.2 Increasing Government investment and promoting the gradual equalization of basic public-health services

A robust system of urban and rural public-health services is being created, major national public-health service programmes are being implemented, major illnesses and their risk factors are being effectively prevented or controlled, and the ability to deal with sudden major public-health emergencies is being further

improved. The public-health system security benefit payments is also being improved; per capita subsidies for public-health services were not less than 15 yuan renminbi in 2009, and will be not less than 20 yuan renminbi by 2011. Disparities between the basic health services available to urban and to rural residents are shrinking. The Government is investing in national basic health-care service programmes to provide free and equal services to all residents of urban and rural areas; these programmes currently comprise 21 items in 9 categories, including the incremental establishment of a national unified health records system with standardized management; regular health examinations for the elderly over age 65, growth and development examinations for infants under age 3, pre-natal examinations and post-partum visits for women in pregnancy and childbirth, and prevention and treatment services for those with high blood pressure, diabetes, mental illnesses, HIV/AIDS and tuberculosis; in the area of disseminating health information, the central television broadcasting station is inaugurating a health channel, and the central and local media should all provide improved health-related publicity and information; categories of national major public-health service are being increased; and the prevention and control of major illnesses like tuberculosis and HIV/AIDS continue to be implemented, along with such other major public-health initiatives as the national vaccination plan and the hospital-birth initiative for rural women.

4.1.3 Accelerating the promotion of building a basic health security system, and bringing all residents of urban and rural areas into the basic health security system

The scope of basic health-care coverage is being expanded, and all residents of urban and rural areas are gradually being brought into the basic health security system. Within three years, basic health insurance for urban workers and urban residents as well as the new rural cooperative care scheme will cover all residents regardless of where they live, with an insurance participation rate of more than 90 per cent. After approximately two years, retired employees of closed or bankrupt enterprises and staff of enterprises in difficulty will be brought into the basic health insurance scheme for urban workers, and the central financial authorities will provide appropriate compensation for the participation of retired workers or closed or bankrupt state-owned enterprises in disadvantaged regions. Participation in the urban workers' basic health insurance scheme by employees of private urban enterprises, workers in flexible employment, and migrant workers will be actively promoted. The Government will also compensate insurance costs for persons defined as difficult to employ under the provisions of the Employment Promotion Law.

4.1.4 Establishing a basic national system for drugs, promoting proper use of basic drugs, and reducing wasteful use of drugs

A basic national drugs system is being established, and measures are being taken to promote the reasonable use of essential drugs at medical institutions at all levels to bring down the cost of drugs and increase efficiency. All drug retailers and medical institutions should stock and sell national essential drugs in order to ensure that the people have convenient access to them. Beginning in 2009, essential drugs will be stocked and sold by all Government-run primary-level medical care and health institutions, while other medical care institutions of all categories will also be

required to use them and to allow patients to purchase them by prescription from drug retailers. Essential drugs are being fully integrated into the reimbursed medication list for basic medical care insurance, and their use is being further encouraged through their reimbursement value in order effectively to lighten the burden of drug costs on the people.

4.2 Areas of need and international action

Since the initiation of the policy of reform and opening up, China has made great strides in building its economy and combating poverty, but it is still a developing country with a relatively low per capita GDP; and the number of people in poverty as defined by the international poverty standard remains very large. China will be facing long-term population pressure on resources and the environment, as well as problems with unequal social and economic development and large low-income groups. Relatively large disparities continue to exist between China's health-care levels and those prevailing internationally, as well as prominent conflicts between the health needs of the masses and the incommensurate demands of coordinated economic and social development.

China is the most populous country in the world; the implementation of the Millennium Development Goals in China contributes enormously to their implementation across the globe. The programmes of international cooperation undertaken to date by China, along with the international assistance it has received, have played an important role in promoting the implementation of the Goals. In health and other areas, China will nevertheless require technical and financial support of the international community for the long term.

Moreover, equal status is given to traditional Chinese medicine and Western medicine in China's public-health work; traditional Chinese medicine has played an important role in improving the people's health as well as in implementing the health goal of the Millennium Development Goals. China hopes to strengthen international cooperation and exchange in the area of traditional Chinese medicine, and as other countries open their doors to traditional Chinese medicine, it will be able to contribute to their people's health as well, and contribute to the implementation of the health goal of the Millennium Development Goals.

As globalization becomes a basic trend, it poses new challenges in the area of health. Especially as regards health fairness, and taking account of international finance, trade and the market for labour, growing economic inequity, and international migration, the health of a country's people is no longer just an internal matter for that country, but is rather a problem to be dealt with by the countries of the world together. For this reason, improving the health of a country's people and promoting the implementation of the Millennium Development Goals requires good global health management. Additionally, countries need to increase cooperation and unify the actions they take in contagious disease prevention and control and dealing with sudden public-health emergencies. China not only needs to join this process, but can also take on a positive role in it.

5 Conclusions and prospects

In the thirty years since the initiation of the policy of reform and opening up, China has scored development successes that have caught the world's attention. China's grand objective of building a harmonious and prosperous society for all runs

in fundamentally the same direction as the Millennium Development Goals. The people-oriented scientific development outlook that China is now in the process of implementing is in complete accord with the basic philosophy of the Goals.

Currently, China is making positive progress in achieving the Millennium Development Goals, and has already attained the goal of halving poverty ahead of schedule; on this foundation, China will continue to strive towards the attainment of its grand goal of building a prosperous society for all by 2020. The goal of a two-thirds reduction in mortality rates for children under five has already been attained, and there is every prospect that the goal of reducing mortality rates for women in pregnancy and childbirth by three quarters will be attained on schedule in 2015. However, prominent discrepancies remain between urban and rural areas, and between regions in mortality rates for infants and for women in pregnancy and childbirth in rural areas; promoting health fairness is still a huge task. In the area of controlling major diseases, the goal of reducing the incidence of malaria by half has long since been realized, but the situation with regard to the prevention and treatment of HIV/AIDS and tuberculosis remains unstable and new challenges are arising.

Analysis of China's achievement of the Millennium Development Goals as of 2008 shows that great strides have indeed been made, but also shows the challenges brought by development.

China is currently in a critical period with regard to the reform of its health system. The views of the Chinese Communist Party Central Committee and the State Council on deepening the reform of the medical care system, promulgated in April 2009, clearly provide for promoting such health fairness policies, measures and goals as persevering in taking account of the overall situation and comprehensively planning urban and rural development, establishing the leadership role of the Government in providing public health and basic medical care services, equalizing basic public-health services, and establishing a unified basic urban and rural health-care administration system; this will lay the foundation for achieving the goal of health fairness.

The Chinese Government will continue conscientiously to implement a comprehensive, balanced and sustainable scientific outlook on development, adhere to a people-centred approach, improve overall planning, actively build a harmonious socialist society, and work to construct a prosperous society for all. The Chinese Government will focus its efforts on remedying inequities in income, social security, medical care and education, increase its investment in areas lagging in development, concentrate on remote and backward areas of central and western China as well as on vulnerable population groups, and promote the timely achievement of the Millennium Development Goals in China. At the same time, it will actively participate in international action and cooperation, so as to make an even greater contribution to the achievement of those Goals throughout the world.

Appendix

China's progress towards achieving the Millennium Development Goals related to public health

Goals	Data in 1990	Progress	Goals in 2015	Achievability
	(All data in percentages except where otherwise noted)			
Goal 1: Eradicate extreme poverty and hunger				
Target 1a: Reduce by half the proportion of people living on less than a dollar a day	46	10.4 (2005)	23	Achieved
Target 1c: Reduce by half the proportion of people who suffer from hunger	17	7 (2002)	8.5	Achieved
Prevalence of underweight children under 5 years of age	19.1	6.9 (2005)	9.6	Achieved
Goal 2: Achieve universal primary education				
Target 2a: Ensure that, by 2015, all boys and girls complete a full course of primary schooling				
Net enrolment rate in primary school	97.8	99.5 (2007)	100	Achieved
Proportion of pupils starting grade 1 who reach grade 5	—	99.4 (2007)	100	Achieved
Goal 3: Promote gender equality and empower women				
Ratio of girls to boys (number of girls per 100 boys) enrolled in primary education	98	100.06 (2007)	100	Achieved
Goal 4: Reduce child mortality				
Target 4a: Reduce by two thirds the mortality rate among children under 5	61	18.1 (2007)	30.5	Achieved
Goal 5: Improve maternal health				
Target 5a: Reduce by three quarters the maternal mortality rate	94.7/100 000	36.6/100 000 (2007)	23.7/100 000	Very likely to be achieved
Target 5b: Achieve, by 2015, universal access to reproductive health:				
Contraceptive prevalence rate among married women of childbearing age	—	89.74 (2007)	100	Likely to be achieved
Antenatal examination rate	69.7 (1992)	90.9 (2007)	100	Likely to be achieved
Rate of hospital births	50.6	91.7 (2007)	100	Likely to be achieved
Usage rate of modern delivery methods	94.0	98.4 (2007)	100	Likely to be achieved
Post-partum examination rate	69.7 (1992)	86.7 (2007)	100	Likely to be achieved

Goals	*Data in 1990*	*Progress*	*Goals in 2015*	*Achievability*
	(All data in percentages except where otherwise noted)			
Goal 6: Combat HIV/AIDS, malaria and other diseases				
Target 6a: Halt and begun to reverse the spread of HIV/AIDS	—	HIV/AIDS overall infection rate: 0.05 (2007)	—	Very likely to be achieved
Target 6b: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	—	persons receiving antiviral therapy: 60 045 (2007)	—	Likely to be achieved
Target 6c: Halt and begun to reverse the incidence of malaria and other major diseases:				
TB prevalence rate	523/100 000	—	262/100 000	Very likely to be achieved
Reported malaria rate	10.56/100 000	3.55/100 000 (2007)	5.28/100 000	Achieved
Goal 7: Ensure environmental sustainability				
Proportion of people without sustainable access to safe drinking water	33	12 (2006)	17	Achieved