1. Primary health care (PHC)

1.1. Purpose of PHC

In 1977, the 30th World Health Assembly presented its global health goal of "Health for All by the Year 2000—HFA 2000."

In 1978, the International Conference on Primary Health Care adopted the ALMA-ATA Declaration, which clearly stated that the implementation of PHC is the basic strategy and basic approach for achieving the goal of health care.

1.2. Concept of PHC

PHC refers to the basic health care services that the people and the government can afford and that embody equal social rights. It is a comprehensive, continuous affordable service that integrates prevention, health care, medical care, and health education. PHC takes health as its center, the family as its unit, the community as its scope, and the need as its orientation and focuses on the health of the elderly, women and children.

The basic principles of PHC include reasonable allocation, community participation, prevention first, appropriate technology, and integrated application.

1.3. Work content of PHC

The work content of PHC includes four aspects, namely, health education and promotion, disease prevention and health services, basic treatment, and community rehabilitation.

The work content of PHC covers the following nine key points: (1) health education on current major health problems and their prevention and control methods; (2) improvement of food supply and rational nutrition; (3) provision of adequate sanitation and sanitation facilities; (4) maternal and child health care and family planning; (5) vaccination against major infectious diseases; (6) prevention and control of endemic diseases; (7) treatment of common diseases and trauma; (8) provision of essential medicines; and (9) prevention and control of noncommunicable diseases and promotion of mental health by influencing lifestyles and controlling natural, social and psychological settings.

2. Strengths

2.1. Health service system and health professionals

A fully functioning health service system has been established (Fig. 1).

The number of health personnel has increased. The total number of national health personnel increased from 10.69 million in 2015 to 11.17 million in 2016. The increase in the numbers of health professionals is shown in Fig. 2.

2.2. Leading role of community nurses

In 2008, the International Nurse Day theme was “Delivering Quality, Serving Communities. Nurses Leading Primary Health Care.” This theme affirms the leadership role of nurses in PHC.

The job responsibilities of community nurses cover the following two aspects: (1) basic medical care responsibilities, such as basic medical care in the community center (station) and basic medical treatment during home visits; (2) public health care responsibilities, including resident health records management, group health education, chronic disease management, vaccination, child health management, and maternal health management.

Community nurses play an important role in health management and promotion, including collecting patient information; conducting health assessment; understanding disease progress; providing health guidance, diagnosis, treatment, rehabilitation, and other services; ensuring compliance; and improving the treatment process, outcome, and cost-effectiveness ratio.
3. Weaknesses

3.1. Shortage of community nurses

Compared with 5.415 million health professionals working in hospitals, only 0.446 million health professionals provide service in community centers (stations). The shortage of community nurses leads to a large workload of the community health management system, an unsound chronic disease management system, and an insufficient number of return visits.

3.2. Problems in health care systems

Health care constantly changes with the place of residence. However, seamless connection between health care services and patients, integration of medical and nursing care, and big-data-based health management models have not been established completely.

Location registration for nurses has been approved in Beijing since August 1, 2017. Registered nurses in the city can now work in not only one health institution. However, difficulties in the management of multisite nursing practice, such as lack of management talents, exist.

4. Opportunities

4.1. Relevant policy

4.1.1. First 10-year plan

In 1990, the Ministry of Health, the State Planning Commission, and the Ministry of Agriculture jointly promulgated the “planning objectives for the realization of health care for all in 2000” in China’s rural areas.

The plan has two steps: before 1995, 50% of counties are up to standard. By 2000, the remaining 50% of counties are up to standard.

4.1.2. Second 10-year plan

In 2002, after the thorough investigation and research of seven ministries and commissions, the Ministry of Health issued the outline of the rural PHC development program for 2001–2010 in China.

Through deepening reform, rural health service systems and service functions are improved. Farmers’ health protection methods are implemented in various forms to solve the problem of farmers’ basic medical care and prevention. Efforts to control serious infectious and endemic diseases have been exerted, so the majority of rural residents can enjoy good health and a high quality of life and can adapt to economic and social development.

4.1.3. Healthy China 2020

At the National Health Work Conference in 2008, the Ministry of Health officially proposed and deployed the “Healthy China 2020” plan.

The objective of “Healthy China 2020” is to improve the health of the people.

The core content of “Healthy China 2020” is to adhere to prevention measures; combine prevention and treatment; use the appropriate technology; adhere to traditional Chinese and Western medicine; take the main problems of urban and rural residents, health hazards, and health risk factors as the focus; promote health education; adhere to government-led programs; and mobilize the entire society to participate in and promote universal access to basic health services.

The realization of “Healthy China 2020” is divided into three steps, as follows:
Initially establish a framework for basic medical and health care systems.

China's medical, health service, and health care levels are in the forefront of developing countries.

Establish a relatively perfect system which covers the basic medical and health care needs of urban and rural residents.

4.2. People's health level and health consciousness improved significantly (Table 1)

People's health level and health consciousness improved significantly. Compared with that in 2008, the rate of health care examination for the population aged 15 and over and health care awareness have increased significantly in 2013.

5. Threats and challenges

The demand for medical and health services increases rapidly. The control of medical expenses is confronted with challenges. Health risk factors have not yet been effectively controlled.

The situation of the aging population is grim as the control of medical expenses is confronted with challenges.

Table 1
Improved health indicators from 1990 to 2015.

| VALUES                          | 1990 | 2000 | 2010 | 2015 |
|---------------------------------|------|------|------|------|
| Life expectancy per capita (years of age) | 68.6 | 71   | 74.8 | 75   |
| Maternal mortality rate (1/10 million) | 80   | 53   | 30   | 20.1 |
| Infant mortality rate (%)       | -    | 32.2 | 13.1 | 8.1  |
| Mortality rate of children under 5 years old (%) | 61   | 39.7 | 16.4 | 10.7 |

The number of the aging population is increasing. The average life expectancy of residents is extended (68.55 years in 1990, whereas 76.34 years in 2015).

≥80 years: 25 million (2015).

Characteristics of the aging population in China: Longevity but not health. The prevalence rate of chronic diseases among the elderly in China is 4.2 times of the entire population. With the increase in the aging population, the disability rate of the elderly is increasing steadily. Disabled/semi-disabled elderly accounts for approximately 40,230,000 of the entire population. Deaths from chronic diseases account for 86.6% of all deaths.

A considerable burden on medical costs in aging: the hospitalization rate and hospitalization expenses of the elderly increase constantly. The average duration in the tertiary hospitals is shortened. More elderly people need to go to community health service centers or families to recover. Thus, the demand for long-term care of the elderly is high.

Health risk factors, such as smoking, high salt and high sugar, drinking, high fat and high oil, lack of exercising, and obesity, have not been effectively controlled.

We must take measures to innovate, develop, and work together to promote human health.