



Healthy China 2030: moving from blueprint to action with a new focus on public health

Three years after the publication of the Healthy China 2030 blueprint, a corresponding action plan¹ was released on July 15, 2019, by the Chinese State Council. The plan encompassed 15 goals to be achieved between 2020–30 with specific targets, which include decreasing the health effects of second-hand smoking, reducing obesity, increasing overall physical activity, and preventing chronic diseases. Given the rapidly rising incidence of non-communicable diseases^{2,3} and unhealthy dietary behaviour, together with industrialisation, urbanisation, exposure to environmental hazards, as well as a rapidly ageing population,⁴ the release of the plan is both timely and important.

Of particular importance, the plan focusses on the promotion of public health and disease prevention, which represents a strategic shift from treatment to prevention. Thus far, the Chinese health-care system has been reactive; that is, treating patients who are already sick. The incorporation of concepts that relate to the promotion of health and disease prevention has not been a major public health policy consideration. However, the high cost and, to some degree, relative ineffectiveness of the traditional approach to meeting the emerging health-care needs of the Chinese population underscore the importance of moving from a treatment (care) model to a prevention (public health) model, especially with the clear economic indicators of the relationship between high rates of non-communicable diseases and rising health-care expenditures.⁵

However, challenges remain. First, only a few strong, well-resourced public health capacities across health-care communities exist in the

country to train health professionals to support the implementation of such policies. Second, preventative services are still inadequate to provide preventative care, such as smoking and cancer screening, mental health-care services, or to support evidence-based health promotion programmes and tailored disease prevention interventions within communities, worksites, schools, or residential neighborhoods. Finally, the absence of a national public health entity to leverage the integration of the plan with the existing health system delivery infrastructure (primarily dominated by hospitals) is likely to be a large impediment to implementation. Health care is a highly profitable and competitive industry that can be resistant to change.

Notwithstanding these caveats, shifting the nation's focus towards preventive health strategies will surely reduce its health-care needs and the economic burden of disease by improving the health and wellbeing of the Chinese people.

We declare no competing interests.

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- 1 The State Council. State council measures to enhance people's fitness, health. http://english.gov.cn/policies/latest_releases/2019/07/15/content_281476765851704.htm (accessed July 15, 2019).
- 2 Wu F, Y Guo, S Chatterji, et al. Common risk factors for chronic non-communicable diseases among older adults in China, Ghana, Mexico, India, Russia and South Africa: the study on global AGEing and adult health (SAGE) wave 1. *BMC public health* 2015; **15**: 88.
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- 4 WHO. *China country assessment report on ageing and health*. 2015. http://apps.who.int/iris/bitstream/10665/194271/1/9789241509312_eng.pdf (accessed July 16, 2019).
- 5 Zhai T, Goss J, Li J. Main drivers of health expenditure growth in China: a decomposition analysis. *BMC Health Serv Res* 2017; **17**: 185.