Home Office

Country Medical Note
China

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Contents

About this note **6**
Purpose 6
About the country information 6
Country information **7**
1. Overview of the healthcare system 7
1.1 Structure of the healthcare system 7
1.2 Funding and capacity 7
2. Organisation and provision of healthcare 7
2.1 Public healthcare 7
2.2 Private healthcare 8
3. Infrastructure and staffing 9
3.1 Hospitals and clinics 9
3.2 Capacity 9
3.3 Healthcare workforce 9
4. Access to treatment 10
4.1 General access to treatment 10
4.2 Regional access to treatment 11
4.3 Cost of treatment 11
5. Health insurance 12
5.1 Public health insurance 12
5.2 Private insurance 15
6. Pharmaceutical sector 16
6.1 Access to medication 16
6.2 Costs of medication 16
7. Blood and immune system conditions, including sickle cell disease 17
7.1 National programmes for blood and immune system conditions 17
7.2 Health facilities for the treatment of haematology conditions 17
7.3 Medication for blood and immune system conditions 18
8. Cancer 18
8.1 Prevalence of cancer 18
8.2 National programmes for cancer 19
8.3 Availability of treatment for cancer 19
8.4 Health facilities for cancer treatment 20
8.5 Treatment in southwest China 20
8.6 Medication for cancer 22
9. Cardiovascular conditions 22
9.1 Prevalence of cardiovascular conditions 22

9.2 Access to treatment for cardiovascular conditions 22
9.3 Health facilities for the treatment of cardiovascular conditions 23
9.4 Medication for cardiovascular conditions 25
10. Diabetes and other endocrinal, nutritional and metabolic conditions 25
10.1 Prevalence of diabetes and endocrinological conditions 25
10.2 National programmes for diabetes and endocrinological conditions 25
10.3 Access to treatment for diabetes and endocrinological conditions 26
10.4 Health facilities for the treatment of diabetes and endocrinological conditions 26
10.5 Medication 27
11. Ear, nose and throat conditions (ENT) 27
11.1 Prevalence of ENT conditions 27
11.2 National programmes for ENT conditions 28
11.3 Medical personnel and health facilities for the treatment of ENT conditions 28
11.4 Medication for ENT conditions 28
12. Eye conditions 29
12.1 Prevalence of eye conditions 29
12.2 National programmes for eye conditions 29
12.3 Medical personnel and health facilities for the treatment of eye conditions 29
12.4 Medication for ENT conditions 31
13. Gastroenterology 31
13.1 Prevalence of gastroenterology 31
13.2 Medical personnel and health facilities for the treatment of gastrointestinal conditions 32
13.3 Medication for gastroenterology 33
14. Gynaecological conditions 33
14.1 Prevalence of gynaecological conditions 33
14.2 National programmes for gynaecological conditions 33
14.3 Access to treatment for gynaecological conditions 34
14.4 Facilities, beds and personnel 35
14.5 Medication for gynaecological conditions 36
15. HIV/AIDS 36
15.1 Prevalence of HIV/AIDS 36
15.2 National programmes for HIV/AIDS 38
15.3 Health facilities for the treatment of HIV/AIDs 38
15.4 Medication for HIV/AIDS 39
16. Kidney conditions 40
16.1 Prevalence of kidney conditions 40

16.2 Medical personnel and health facilities for the treatment of kidney conditions 41
16.3 Medication for kidney conditions 42
17. Liver conditions, including hepatitis 43
17.1 Prevalence of liver conditions 43
17.2 National programmes for liver conditions 43
17.3 Access to treatment for liver conditions 43
17.4 Health facilities for the treatment of liver conditions 44
17.5 Medication for liver conditions 45
18. Mental health, behavioural and neurodevelopmental conditions 45
18.1 Prevalence of mental health, behavioural and neurodevelopmental conditions 45
18.2 National programme for control and treatment 46
18.3 Mental health facilities, beds and personnel 47
18.4 Access to treatment for mental health conditions 49
18.5 Medication for mental health conditions 49
19. Musculoskeletal conditions (including orthopaedic and rheumatological conditions) 49
19.1 Prevalence of musculoskeletal conditions 49
19.2 Health facilities for treatment of orthopaedic and rheumatological conditions 50
19.3 Medication for musculoskeletal conditions 50
20. Oral and dental conditions 50
20.1 Prevalence of oral and dental conditions 50
20.2 Medical personnel and health facilities for the treatment of dental conditions 51
21. Neurological conditions 51
21.1 Prevalence of neurological conditions 51
21.2 National programmes for neurological conditions 52
21.3 Health facilities for the treatment of neurological conditions 53
21.4 Medication for neurological conditions 54
22. Palliative care 54
22.1 National programmes for palliative care 54
22.2 Access to palliative care 55
22.3 Palliative care facilities 55
22.4 Medication 56
23. Paediatric conditions 56
23.1 National programmes for paediatric conditions 56
23.2 Paediatric health facilities and personnel 56
23.3 Medication for paediatric conditions 57

24. Respiratory conditions, including tuberculosis (TB) 57
24.1 Prevalence of respiratory conditions 57
24.2 National Programmes for respiratory conditions 57
24.3 Costs of treatment8 for respiratory conditions 58
24.4 Health facilities for the treatment of respiratory conditions 59
24.5 Medication for respiratory conditions 59
25. Skin conditions 59
25.1 Health facilities for the treatment of skin conditions 59
25.2 Medication for skin conditions 60
26. Urological conditions 60
26.1 Medical personnel and health facilities for the treatment of urological conditions 60
26.2 Medication for respiratory conditions 61
Annex A National essential medicines list (2026 edition) 62
Terms of Reference 92
Bibliography 94
Sources cited 94
Sources consulted but not cited 101
Version control and feedback 102

About this note

Purpose

This Country Medical Note (CMN) provides country of origin information (COI) for Home Office decision makers handling cases where a person claims that removing them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

For general guidance on considering claims based on a breach of Article 3 and/or 8 of the ECHR because of an ongoing health condition, see the instruction on Human rights claims on medical grounds.

Decision makers must use relevant COI as the evidential basis for decisions.

Back to Contents

About the country information

This section contains publicly available or disclosable COI. For details on how the Country Policy and Information Team (CPIT) gathers and presents country information, its research methodology and disclaimers and explainers on coverage, source selection, maps, translations and the use of Artificial Intelligence (AI) in developing CPIT products, see Purpose, methodology and use.

The structure and content follow a terms of reference which sets out the general and specific topics relevant to the scope of this note.

This CMN is intended to provide a comprehensive but not exhaustive survey of healthcare in China.

The COI included was published or made publicly available on or before **6 October 2026**. Any information or report published after this date will not be included.

Some country information quoted was published in languages other than English and has been translated using free online translation tools. Sources originally published in other languages are clearly signposted throughout.

Back to Contents

Country information

1. Overview of the healthcare system

1.1 Structure of the healthcare system

1.1.1 The Commonwealth Fund, a US-based independent private foundation which supports and publishes research on healthcare in the US and internationally[1], noted in their country profile on China, dated May 2026, that:

'The central government has overall responsibility for national health legislation, policy, and administration. Local governments — in provinces, prefectures, cities, counties, and towns — are responsible for organizing and providing these services.

'… Public hospitals are owned and managed by various levels of government agencies. The National Health Commission plays a central regulatory and administrative role in the health system, but it doesn't directly control all hospitals — especially those affiliated with medical universities, which operate independently. Local health commissions and government departments at the provincial, city, and county levels often own public hospitals and exercise administrative authority over them. Additionally, national universities (which are directly administered by the Ministry of Education) maintain affiliated hospitals outside the National Health Commission's direct control.'[2]

Back to Contents

1.2 Funding and capacity

1.2.1 The Commonwealth Fund China country profile noted that:

'National reforms to improve access and reduce pressure on hospitals have increased primary care funding substantially. Since 2009, per capita subsidies for essential public health services rose from CNY 15 (USD 2) [£1.69[3]] to CNY 89 (USD 12) [£10.03[4]] by 2023. These funds support service delivery, infrastructure, and staff salaries, with additional subsidies and central transfers targeted to underserved regions.

'This funding increase is reflected in the growing workforce.'[5]

Back to Contents

2. Organisation and provision of healthcare

2.1 Public healthcare

2.1.1 The Commonwealth Fund China country profile noted that:

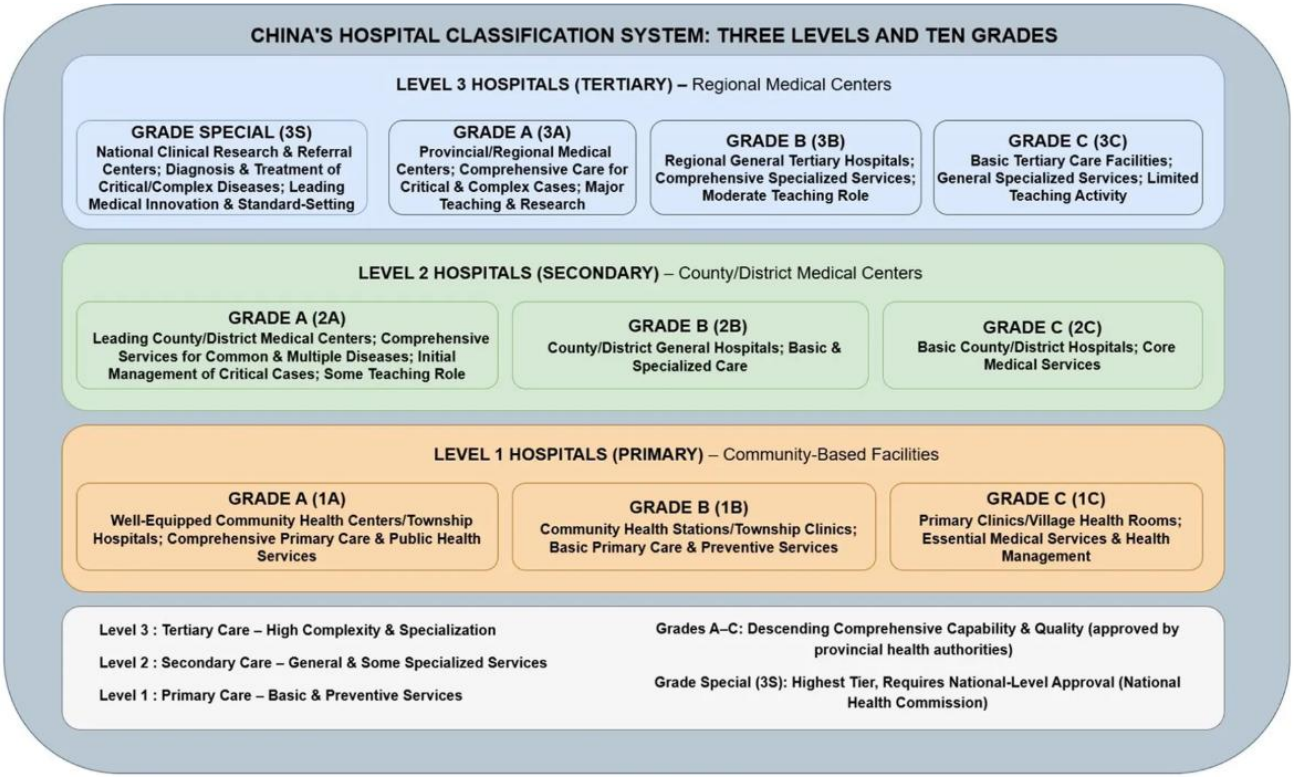
'Primary care is delivered through a tiered system that includes community health centers in cities and township health centers and village clinics in rural areas. These facilities offer basic medical care, chronic disease management, and public health services, with general practitioners (GPs) responsible for diagnosing and treating everyday health problems.

[1] Commonwealth Fund, About Us, no date
[2] Commonwealth Fund, Country profile China, 1 May 2026
[3] OANDA, Historical Currency Converter 5 October 2026 CNY = 0.1128 GDP, 6 October 2026
[4] OANDA, Historical Currency Converter 5 October 2026 CNY = 0.1128 GDP, 6 October 2026
[5] Commonwealth Fund, Country profile China, 1 May 2026

'… China's health care system is structured into three levels of care:

- **Primary care** provides basic health care and preventive services to the community. These are delivered by local hospitals and clinics.
- **Secondary care** provides regional comprehensive health services, with secondary care hospitals taking in referrals from primary hospitals. Secondary care hospitals also carry out medical teaching and research.
- **Tertiary care** provides advanced and specialist care. This is offered by large urban hospitals that serve as medical hubs for multiple regions.'[6]

2.1.2 The article by Xiang Tan and others on 'Cross-sectional study on the current status of county-level cancer prevention and treatment capabilities in the four southwestern provinces of China' published in March 2026 contained the below diagram which shows the hospital classification system for the 3 levels of care[7]:



Back to Contents

2.2 Private healthcare

2.2.1 The Australian Government's Department for Foreign Affairs and Trade (DFAT)'s Country Information Report – People's Republic of China, dated 27 December 2024 (2024 DFAT report), based on public and non-publicly available sources including on-the-ground knowledge and discussions with a number of sources[8], noted that: 'In major cities, private healthcare facilities staffed by Western-trained physicians were also readily available for those who could afford it, but at more expensive rates.'[9]

Back to Contents

[6] Commonwealth Fund, Country profile China, 1 May 2026
[7] Tan X, and others, Cross-sectional study on the current status of county-level …, 27 March 2026
[8] DFAT, Country Information Reports, no date
[9] DFAT, Country Information Report- China (paragraph 2.38), 27 December 2024

3. Infrastructure and staffing

3.1 Hospitals and clinics

3.1.1 China Association of Clinical Laboratory Practice Expo (CACLP), a China-based international exhibition and conference platform focused on the in vitro diagnostics industry[10], using information from the China's National Health Commission 2024 statistical bulletin on the development of China's health sector (NHC 2024 bulletin), noted that:

'By the end of 2024, the total number of medical and health institutions nationwide reached 1,093,551, an increase of 22,766 compared to the previous year. This includes 38,710 hospitals, 1,040,023 primary healthcare institutions, and 10,547 specialized public health institutions. Compared to the previous year, there was an increase of 355 hospitals and 23,785 primary healthcare institutions.

'Within the category of hospitals, there were 11,754 public hospitals and 26,956 private hospitals. Hospitals were classified into three levels: 4,111 were Grade III hospitals (including 1,876 Grade III-A hospitals), 12,294 were Grade II hospitals, 13,287 were Grade I hospitals, and 9,018 were unclassified hospitals.'[11]

3.1.2 For information on the classification system, see Public healthcare.

3.1.3 The Commonwealth Fund China country profile noted that:

'Outpatient specialists are employed by and usually work in hospitals. Patients typically select specialists through hospital-based outpatient appointment systems, particularly in tertiary public hospitals

'… Hospitals can be public or private, nonprofit or for-profit. Rural township hospitals and urban community hospitals are often seen as primary care facilities.

'In 2023, there were 26,583 private hospitals and 11,772 public hospitals. Public hospitals provide the vast majority of care, accounting for 84.2 percent of outpatient visits and 81.4 percent of hospitalizations in 2021.'[12]

3.1.4 For a list of medical facilities in China see the UK Foreign, Commonwealth and Development Office's List of medical facilities in China and the National Health Commission of the People's Republic of China's page on Hospitals. Both of these sources are aimed at British or international patients but give details of medical facilities available in different provinces.

Back to Contents

3.2 Capacity

3.2.1 The Commonwealth Fund China country profile noted that: 'In 2023, there were 563 hospital beds per 100,000 people.'[13]

Back to Contents

3.3 Healthcare workforce

3.3.1 CACLP, using information from the NHC 2024 bulletin, noted that:

[10] CACLP, Statistical Communiqué of the People's Republic of China on the …, 15 December 2025
[11] CACLP, Statistical Communiqué of the People's Republic of China on the …, 15 December 2025
[12] Commonwealth Fund, Country profile China, 1 May 2026
[13] Commonwealth Fund, Country profile China, 1 May 2026

'By the end of 2024, the total number of health personnel in the country was 15.78 million, an increase of 542,000 (3.6%) compared to the previous year. Among these health personnel, there were 5.082 million practicing (assistant) physicians and 5.855 million registered nurses. The distribution of health personnel at the end of 2024 was as follows: 9.374 million in hospitals (accounting for 59.4%), 5.257 million in primary healthcare institutions (accounting for 33.3%), and 1.005 million in specialized public health institutions (accounting for 6.4%).'[14]

3.3.2 The Commonwealth Fund China country profile noted that:

'Between 2012 and 2021, the number of GPs increased from 109,794 to 434,868, reaching 30.8 for every 100,000 people in 2021. By 2023, there were 39.9 GPs for every 100,000 people; this figure is projected to rise to 49 by 2026, meeting the government's 2030 target ahead of schedule. In 2022, there were 311 doctors for every 100,000 people, above the average in countries across the Western Pacific (232).

'… In 2022, there were 367 nurses and midwives per 100,000 people (fewer than the Western Pacific average of 434).'[15]

Back to Contents

4. Access to treatment

4.1 General access to treatment

4.1.1 The 2024 DFAT report noted:

'In-country sources told DFAT in 2023 that public healthcare in China was generally comparable to international standards, however quality and access to services varied significantly between urban and rural areas. Urban centres generally had better quality healthcare, especially in advanced cities like Beijing, Shanghai, Guangzhou, and Shenzhen. China's ageing population also placed significant strain on the public healthcare system.

'… Due to recent reforms to the hukou [household registration] system, access to healthcare services had improved since 2020 for domestic migrant workers who had moved from their province of birth to access employment, especially in cities on the east coast and around the Pearl River delta. Under hukou reforms, local governments had the ability to implement their own migration policies and had begun selectively issuing "temporary hukou" to allow migrant workers similar entitlements to locals. These entitlements often included subsidised health insurance and access to local hospitals for treatment, although this may not have applied to the children of domestic migrants.'[16]

4.1.2 CACLP, using information from the NHC 2024 bulletin, noted that:

'In 2024, the total number of medical visits in China was 10.15 billion, an increase of 0.6 billion (6.2%) compared to the previous year.

'Among the total number of medical visits in 2024, Grade III hospitals accounted for 2.87 billion visits (28.3%), Grade I hospitals, Grade II hospitals, and primary healthcare institutions for 6.76 billion visits (66.6%), unclassified hospitals for 0.17 billion visits (1.7%), and other healthcare

[14] CACLP, Statistical Communiqué of the People's Republic of China on the …, 15 December 2025
[15] Commonwealth Fund, Country profile China, 1 May 2026
[16] DFAT, Country Information Report- China (paragraph 2.38-2.39), 27 December 2024

institutions for 0.35 billion visits (3.4%). Compared to the previous year, Grade III hospital visits increased by 0.24 billion, while visits to Grade I hospitals, Grade II hospitals, and primary healthcare institutions increased by 0.35 billion.

'In 2024, public hospitals had 3.77 billion medical visits (83.7% of the total hospital visits), and private hospitals had 0.73 billion medical visits (16.3% of the total hospital visits).

'In 2024, township health centers and community health service centers (stations) had 3.98 billion medical visits, an increase of 0.23 billion compared to the previous year.'[17]

4.1.3 The Commonwealth Fund China country profile noted that:

'GP registration isn't mandatory, and residents can access outpatient care at higher-level hospitals without a referral. Some regions promote voluntary contracts between patients and family doctor teams to improve continuity of care.

'… a lack of gatekeeping mechanisms means that patients don't need to be referred by their primary care practitioners to access secondary or specialist care. Instead, they can visit these hospitals directly. This open-access system has contributed to a steady increase in outpatient volumes: Between 2012 and 2018, outpatient visits to hospitals grew at an average annual rate of 5.7 percent.

'… There are no official data for the number of specialist medical practitioners or the proportion who work publicly versus privately.'[18]

Back to Contents

4.2 Regional access to treatment

4.2.1 The Commonwealth Fund China country profile noted that:

'Despite the rising numbers, rural areas lack qualified GPs. "One of the main challenges is training enough GPs — or nonphysicians like nurses, and nurse practitioners — to deliver preventive care, health promotion, and health management in community health centers and rural clinics," says Winnie Yip, professor of global health policy and economics at Harvard School of Public Health. Reforms under the Healthy China 2030 strategy aim to enhance rural care infrastructure, "but medically trained professionals often prefer to work in urban areas, which contributes to uneven access," Yip explains.

'… rural and remote areas have a shortage of qualified health professionals. Between 2021 and 2022, 55.6 percent of village doctors said there was insufficient staffing and 67.7 percent identified lack of skills in medical staff. They also said there were limited opportunities for further training and advancement, which has made retention more difficult in some regions.'[19]

Back to Contents

4.3 Cost of treatment

4.3.1 The 2024 DFAT report noted: 'Healthcare in China was relatively cheap for

[17] CACLP, Statistical Communiqué of the People's Republic of China on the …, 15 December 2025
[18] Commonwealth Fund, Country profile China, 1 May 2026
[19] Commonwealth Fund, Country profile China, 1 May 2026

locals in 2023, with costs heavily subsidised by the [basic health insurance] BHI system. In July 2023, in-country sources reported the cost to see a doctor in Beijing was around RMB 19 (approximately AUD 4) [£2.07[20]].'[21]

4.3.2 The Commonwealth Fund China country profile noted that:

'Patients pay deductibles and copayments to hospitals for their primary care, specialty physician office visits, and hospital admissions at the point of service. Hospitals bill insurers directly (through electronic billing systems) for the remaining payment.

'Since 2019, there's been a steady transition away from traditional fee-for-service reimbursement and a move toward bundled payments, using diagnosis-related groups (DRG) and diagnosis intervention packets (DIP). Under DRGs, a fixed payment rate is set based on diagnosis, treatment, and patient categories. Under the DIP, the final amount paid depends on the range and severity of the treatment, as well as the service volume (the services delivered).

'… Total medical expenses are not entirely covered by health insurance; there is also some level of cost sharing involved, with patients expected to pay copayments or other out-of-pocket expenses depending on the type of care they receive and their insurance coverage.

'Outpatient services, such as clinic visits, diagnostics, and prescriptions, typically have a higher cost-sharing element than does inpatient care. The latest government data show that 70 percent of inpatient and about 50 percent of outpatient costs were covered by public insurance. Some regions have deployed measures to alleviate this burden for patients. In 2023, outpatient services in Wuhan were reimbursed at 50 to 68 percent under the city's 2023 outpatient mutual aid policy, which also set annual caps of CNY 3,500 (USD 487) [£391[22]] for working individuals and CNY 4,000 (USD 556) [£447[23]] for retirees.

'These local reforms were part of a broader effort to improve affordability and reduce avoidable hospitalizations. The 2021 outpatient coordination reform addressed structural inefficiencies by redirecting employer insurance contributions from underused personal medical accounts into a pooled fund. This allowed inpatient and outpatient claims to be reimbursed from the same source. The reform benefited patients with chronic illnesses who rely on regular outpatient care and medications.'[24]

Back to Contents

5. Health insurance

5.1 Public health insurance

5.1.1 The World Health Organization (WHO), in an undated article on health financing in China, noted: 'In China, the basic health insurance system covers over 95% of the population. In 2018, the National Healthcare Security Administration was established, managing all basic health insurance schemes in China. Its establishment is a milestone in China's health sector

[20] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026
[21] DFAT, Country Information Report- China (paragraph 2.38), 27 December 2024
[22] OANDA, Historical Currency Converter 3 November 2026 CNY = 0.1119 GDP, 4 November 2026
[23] OANDA, Historical Currency Converter 3 November 2026 CNY = 0.1119 GDP, 4 November 2026
[24] Commonwealth Fund, Country profile China, 1 May 2026

reform and represents opportunities to further improve the efficiency of the health system on cost containment, quality of services and better value for money.'[25]

5.1.2 The Commonwealth Fund China country profile noted that:

'As of 2023, the basic medical insurance system (comprising the [Urban Employee Basic Medical Insurance] UEBMI and the [Urban and Rural Resident Basic Medical Insurance] URRBMI) … covered 1.3 billion people — more than 95 percent of the population — including 371 million urban employees and 963 million rural and nonworking urban residents. This marks a dramatic expansion from just 13.4 percent coverage in 2003.

'China's public health insurance is built around two programs:

- The **UEBMI** is mandatory for urban employees and is funded jointly by employers and employees through payroll taxes.
- The **URRBMI** is a program that provides coverage for all rural residents and for urban residents who are not formally employed, such as children, students, the elderly, and unemployed residents. The program is voluntary (people are not automatically enrolled by the government).

'Together, the two programs form China's basic medical insurance. Citizens and permanent residents are covered by both, but visitors and undocumented immigrants are excluded.

'The programs' funding structures differ. Employers contribute monthly to the UEBMI, with the rates, which are set by local authorities, ranging from 7 to 10.5 percent, depending on location. For example, in Shanghai, employers contribute 10.5 percent; in Guangzhou, it's 7 percent. Employees always contribute 2 percent, which is deducted directly from their salaries.

'The URRBMI is primarily supported by government subsidies, with insured people making relatively small fixed annual contributions. As of 2021, government funding covered about 67 percent of total yearly costs, with subsidies amounting to CNY 580 (USD 80.7) [£63.27[26]] per person per year. The remaining yearly costs, CNY 320 (USD 44) [£34.91[27]] per person, were covered by individual enrollees.

'Contributions are collected annually, and local governments have the authority to increase subsidy levels or adjust premiums based on local conditions. In Beijing, for instance, government subsidies covered up to 90 percent of the total premium for children and seniors in 2021.

'… The following services are covered under the basic medical insurance system:

- Inpatient care (partial coverage)
- Outpatient care (partial coverage)
- Primary care
- Pharmaceuticals (only those included in the National Reimbursement

[25] WHO, Health financing in China, no date
[26] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026
[27] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026

Drug List[28])

- Mental health care
- Dental care (only for emergencies)
- Eye care (partial coverage for certain inpatient procedures)
- Rehabilitation (coverage for physical therapy)
- Home visits (only in some cities through pilot programs)
- Assistive devices (limited, region-specific coverage)
- Traditional Chinese medicine (partial coverage).

'Preventive services, such as immunizations, disease screening, and preventive traditional Chinese medicine, are included in a separate public health benefit package funded by central and local governments. Every resident is entitled to these services, which have no copayments or deductibles.

'Inpatient and outpatient care, including prescription drugs, are subject to different deductibles, copayments, and reimbursement ceilings depending on the insurance program, region, type of hospital (community, secondary, or tertiary), and other factors.

'Certain procedures such as cataract surgery are partially reimbursed, but no other eye care services are covered. Emergency dental services are covered, but routine care is paid out of pocket.

'The following services are not covered:

- Maternity care
- Palliative care
- Long-term care.

'Maternity care is covered by a separate insurance program, but in 2019 the government announced that it was going to be merged into the basic medical insurance. The aim is for the basic medical insurance program to provide the financial support needed to keep the maternity insurance fund sustainable amid the rising costs of policies aimed at encouraging childbirth. For instance, in 2019, the urban employees' medical insurance fund in Jiangsu Province had a total balance of CNY 182 billion (USD 25.3 billion) [£20 billion[29]], compared with just CNY 3.5 billion (USD 486.9 million) [£384.6 million[30]] in the maternity insurance fund.

'Long-term care is covered under a separate insurance program that's being piloted in selected cities.'[31]

5.1.3 In March 2026, Xinhua, the official state news agency of the People's Republic of China[32], reported that at:

'… the end of 2025, over 1.33 billion people were covered by China's basic medical insurance, with the coverage rate remaining stable at around 95

[28] National Healthcare Security Administration, Notice from the National …, 7 December 2025
[29] OANDA, Historical Currency Converter 1 September 2026 CNY = 0.1099 GDP, 2 September 2026
[30] OANDA, Historical Currency Converter 1 September 2026 CNY = 0.1099 GDP, 2 September 2026
[31] Commonwealth Fund, Country profile China, 1 May 2026
[32] Xinhua, About the Xinhua News Agency, no date

percent. Enrollment rose by 4.06 million year on year, data from China's National Healthcare Security Administration (NHSA) showed on Monday [16 March 2026]. In 2025, the basic medical insurance fund, including maternity insurance, recorded nearly 3.59 trillion yuan (about 520 billion U.S. dollars) [£391 billion[33]] in revenue and three trillion yuan [335.7 billion[34]] in expenditure.

'… From the beginning of 2025, China began covering certain assisted reproductive treatments, such as egg retrieval and artificial insemination, under medical insurance, and 30 provincial-level regions included pain relief during labor under medical insurance coverage. In 2025, medical insurance covered over 3 million assisted reproductive treatments, helping more than 1.6 million people across the country, according to NHSA data. In rural areas, over 99 percent of the low-income population and those lifted out of poverty are now covered by medical insurance in China, said the NHSA.'[35]

Back to Contents

5.2 Private insurance

5.2.1 The Commonwealth Fund China country profile noted that:

'Private health insurance can be purchased individually or offered by employers as a benefit, especially in multinational corporations and large domestic firms. However, it plays a minor role in health care financing, covering only 5 percent of medical costs in 2020, compared with 44 percent from out-of-pocket expenses and 50 percent from basic medical insurance. Low enrollment in private insurance — with only about 4 percent of the population holding private policies — is due to high premiums, strict reimbursement policies, and short coverage periods.

'To address these challenges, in 2015, Huimin Insurance, a government-backed model of private supplementary insurance, was introduced at the local level before expanding across the country in 2020. It offers low premiums, broad coverage, and open enrollment and covers deductibles, copayments, and services not reimbursed by basic medical insurance. By 2022, 140 million people (10% of the population across 244 cities and 28 provinces) had enrolled in this coverage, generating CNY 14 billion (USD 1.9 billion) [£1.5 billion[36]] in premiums.

'Huimin Insurance is operated as a public-private partnership. Local governments work with private insurers by sharing basic medical insurance data and facilitating integrated payment systems. In exchange, insurers agree to higher payout rates and profit caps to keep the plans affordable and accessible.'[37]

5.2.2 Swiss Re Institute, the research division of Swiss Re, a global reinsurance company undertaking research and analysis on economic, insurance and risk trends [38], noted in an article published on 21 July 2025 that:

'As China continues to deepen its medical and health system reforms to strengthen public health provision, individuals, particularly from middle and

[33] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026
[34] OANDA, Historical Currency Converter 3 November 2026 CNY = 0.1119 GDP, 4 November 2026
[35] The State Council, China's basic medical insurance covers 1.33 bln people, 16 March 2026
[36] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026
[37] Commonwealth Fund, Country profile China, 1 May 2026
[38] Swiss Re, About us, no date

high income groups, are increasingly demanding services beyond those available under basic cover. Commercial health insurance has played an expanding role in bridging some of this gap. Commercial health insurance premiums were USD 133.9 billion [£99.8 billion[39]] in 2023, up 20% [compound average growth rate] CAGR from 2014, the share of GDP [Gross Domestic Product] rising to 0.7% from 0.2% over the same period. Claims grew to USD 54 billion [£40.2 billion[40]] in 2023 (4.2% of total healthcare expenditures) from USD 9.2 billion [£6.8 billion[41]] in 2014.'[42]

Back to Contents

6. Pharmaceutical sector

6.1 Access to medication

6.1.1 The 2024 DFAT report noted:

'To improve access to medicines, China has increased research and development funding for generic drugs. All medicines on China's National Essential Medicines List were now reimbursable under health insurance as at 2022. In-country sources told DFAT in 2023 that most medicines were readily available in urban centres, although could be harder to source in rural areas. More difficult-to-source brand-name medicines were often substituted by lower-cost generics of similar quality.'[43]

6.1.2 In July 2026, China updated its national essential drug list. The list contains essential medicines that meet basic healthcare needs and are accessible and affordable[44]. The medicines available on the national essential drugs list can be found at Annex A National essential medicines list (2026 edition).

6.1.3 Drugs.com can be used to search for international brand names of common drugs. It may also indicate whether a drug is licensed in China, but it does not necessarily mean that a drug is actually available.

Back to Contents

6.2 Costs of medication

6.2.1 The Commonwealth Fund China country profile noted that:

'Medication copayments vary, but many prices were significantly reduced after being included in the National Reimbursement Drug List in 2023. That year, pharmaceutical manufacturers secured national coverage for 111 new products by agreeing to price cuts of 60.1 percent on average, which reduced costs for patients across a wide range of therapies. For example, the price of a rare disease drug used to treat spinal muscular atrophy dropped from CNY 63,800 (USD 8,874) [£6,960[45]] to CNY 3,780 (USD 526) [£412[46]] per bottle — a 94 percent reduction — after it was added to the National Reimbursement Drug List.

'… Since 2018, the National Healthcare Security Administration has been leading a major reform to reduce drug prices through a system known as

[39] OANDA, Historical Currency Converter 3 November 2026 USD = 0.7454 GDP, 4 November 2026
[40] OANDA, Historical Currency Converter 3 November 2026 USD = 0.7454 GDP, 4 November 2026
[41] OANDA, Historical Currency Converter 3 November 2026 USD = 0.7454 GDP, 4 November 2026
[42] Swiss Re Institute, The growing role of commercial health insurance in China, 21 July 2025
[43] DFAT, Country Information Report- China (paragraph 2.40), 27 December 2024
[44] Xinhua, China updates national essential drug list after 8 years, 10 July 2026
[45] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026
[46] OANDA, Historical Currency Converter 24 August 2026 CNY = 0.1091 GDP, 26 August 2026

centralized, volume-based procurement. Under this program, the government pools demand from public hospitals across the country and organizes national bidding rounds where pharmaceutical companies compete to supply large amounts of commonly used, off-patent drugs. In exchange for guaranteed sales, the companies offer significantly lower prices. This approach has significantly reduced costs: By 2024, average prices had dropped by more than 70 percent across 10 procurement rounds, with some drug prices going down by more than 90 percent.'[47]

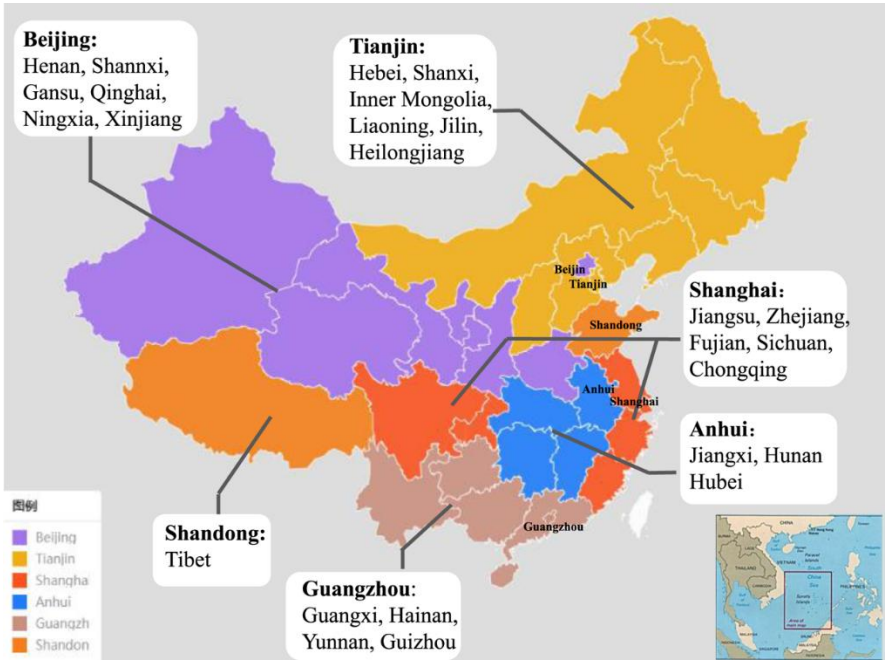
Back to Contents

7. Blood and immune system conditions, including sickle cell disease

7.1 National programmes for blood and immune system conditions

7.1.1 A 2019 article in the American Society of Hematology's publication Blood Advances, authored by Renchu Yang and others, noted: 'In 2009, the Chinese Ministry of Health (MOH) established a national hemophilia registration system with the Institute of Hematology and Blood Diseases Hospital, Chinese Academy of Medical Sciences, as the national hemophilia registry center, with 1 [Haemophilia Treatment Centre] HTC in each of the 31 provinces as a provincial registry center to facilitate identification of patients who live in the provinces.[48]

7.1.2 The below map is taken from the same source and shows the areas covered by the 6 core Haemophilia Treatment Centres[49]:



Back to Contents

7.2 Health facilities for the treatment of haematology conditions

7.2.1 The Institute of Hematology & Blood Diseases Hospital in Tianjin is China's largest national research hospital in haematology. The hospital website noted:

'With 1,540 beds and 14 clinical centers, the annual number of patients

[47] Commonwealth Fund, Country profile China, 1 May 2026
[48] Renchi Yang and others, Building a network for hemophilia care in China: 15 …, 6 December 2019
[49] Renchi Yang and others, Building a network for hemophilia care in China: 15 …, 6 December 2019

diagnosed and treated at [Institute of Hematology & Blood Diseases Hospital, Chinese Academy of Medical Sciences] IHCAMS exceeded 318,000 in 2025. The mission of IHCAMS is to set the standard for excellence in medical and patient-centered clinical care and to make major contributions to scientific research that enhances human health in hematology and beyond. As the base for the National Clinical Research Center for Blood Diseases and the National Laboratory of Blood Science, IHCAMS is continually exploring innovative developments in the field of hematology. IHCAMS has been the top-ranked specialty hospital for both clinical care and scientific impact in hematology in China for consecutively 14 years and 11 years respectively.'[50]

7.2.2 West China Med, an independent concierge service aimed at medical tourists[51], gives details of the Top 10 Hematology Hospitals in China. Medora, a company who help international patients access China's best medical care[52], published the 2025 Fudan Hospital rankings, which is used to give details on the top 100 ranked hospitals as a guide for international patients[53]. Medora break down the list by medical speciality with details of the Top Hospitals for Hematology. CPIT have used the information in these sources to produce the map below, which shows the location of these hospitals:



Back to Contents

7.3 Medication for blood and immune system conditions

7.3.1 For medicines included on the Essential Medicines List that are specifically used to treat haematological conditions, see the section on Haematological System Drugs in Annex A.

Back to Contents

8. Cancer

8.1 Prevalence of cancer

[50] IHCAMS, Institute of Hematology & Blood Diseases Hospital, Chinese Academy of …, no date
[51] West China Med, About West China Med, no date
[52] Medora, About Medora, no date
[53] Medora, Fudan Hospital Rankings 2025, 2025. Accessed: 22 September 2026

8.1.1 A research article by Tan X and others titled 'Cross-sectional study on the current status of county-level cancer prevention and treatment capabilities in the four southwestern provinces of China', published in March 2026 (Tan X and others 2026 study), noted that: 'In 2022, China reported approximately 4.8 million new cancer cases (24% of global total) and 2.6 million cancer deaths (26.7% of global total), both ranking first worldwide.'[54]

8.1.2 A 2024 multicentre cross-sectional survey of county hospitals in China, conducted by Wang and others. and published in the medical journal Holistic Integrative Oncology, examined the availability and capacity of cancer diagnosis and treatment services in county-level hospitals. The survey noted that: 'Over the past five years, the prevalent cancers consistently reported in tertiary hospitals were lung cancer, breast cancer, gastric cancer, colorectal cancer, and thyroid cancer. Similarly, secondary hospitals have also observed a high incidence of lung cancer, colorectal cancer, gastric cancer, breast cancer, and liver cancer during the same period.'[55]

Back to Contents

8.2 National programmes for cancer

8.2.1 The 2024 Wang and others survey reported that:

'Apart from breast and cervical cancer screening, China has yet to establish a comprehensive national screening program for various cancer types. Notably, since 2006, the Chinese government has initiated targeted cancer screening projects for breast, colorectal, lung, stomach, esophageal, and nasopharyngeal cancers, specifically focusing on populations in high-risk regions. These endeavors reflect a broader effort to enhance cancer screening and early diagnosis. A notable uptick in public awareness and educational initiatives regarding the significance of cancer screening has been observed. Concurrently, numerous hospitals and healthcare facilities in China have upgraded their screening and diagnostic capabilities, leveraging advanced imaging technologies and other diagnostic tools.'[56]

Back to Contents

8.3 Availability of treatment for cancer

8.3.1 The 2024 Wang and others. survey reported that:

'The impact of cancer is notably pronounced in rural areas, where limited access to healthcare services and resources prevails. Residents in rural settings experience significantly higher incidence and mortality rates for all cancers combined compared to their urban counterparts. Insufficient access to healthcare facilities and specialized cancer care in rural regions often leads to delayed diagnoses and treatments. The absence of cancer screening initiatives and awareness campaigns further contributes to a higher prevalence of advanced-stage cancers at the time of diagnosis. Socioeconomic factors, including poverty and restricted health insurance access, exacerbate the disparities in cancer treatment between rural and urban areas.

'… While the Chinese government has exhibited considerable attention and support for advancing cancer care in county-level healthcare institutions,

[54] Tan X and others, Cross-sectional study on the current status of county-level…, 27 March 2026
[55] Wang and others, Current situation and capacity of cancer diagnosis and …, 11 November 2024
[56] Wang and others, Current situation and capacity of cancer diagnosis and …, 11 November 2024

challenges persist when compared to larger cities. First and foremost, county-level medical institutions often grapple with personnel and equipment limitations. Many lack specialized oncologists and advanced equipment, resulting in an uneven quality of diagnosis and treatment. This imbalance impedes effective disease management. Secondly, there is a discernible disparity in medical insurance policies for cancer diagnosis and treatment in county-level areas. Reimbursement standards and coverage for cancer-related treatments vary across regions, impacting patient choices and imposing financial burdens on those seeking medical assistance.'[57]

Back to Contents

8.4 Health facilities for cancer treatment

8.4.1 In June 2025 the Guangzhou Fuda cancer hospital published a list of the top comprehensive cancer hospitals in China.

8.4.2 In July 2026, CancerFax, a website that helps patients access information on oncology treatments[58], produced an article on the Best Cancer Hospitals in China (2026) — Leading Oncology Centres. This article gives details of the hospitals and the programmes and treatments offered at those hospitals.

8.4.3 West China Med gives details of the Top 10 Cancer Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Cancer Hospitals in China.

8.4.4 CPIT have used the information from the sites mentioned above to produce the map below showing the locations of these hospitals:



Back to Contents

8.5 Treatment in southwest China

8.5.1 The Tan X and others 2026 study noted there were 470 district and county (city) level hospitals across four provinces in Southwest China (Yunnan, Sichuan, Guizhou, and Guangxi) of these 198, across 146 counties, had established oncology departments- Yunnan (68, 34.3%), Sichuan (81,

[57] Wang and others, Current situation and capacity of cancer diagnosis and …, 11 November 2024
[58] CancerFax, About CancerFax, no date

40.9%), Guangxi (28, 14.1%), and Guizhou (21, 10.6%)[59].

8.5.2 CPIT have used the information from the study[60] to produce the map below which shows the number of hospitals in the southwest of China with oncology departments:



8.5.3 The below table, taken from the research article by Tan X and others, shows the cancer services available across the 198 hospitals in Southwest China that have an oncology department[61]:

	All Hospitals	**Tertiary Hospitals**	**Secondary Hospitals**
Chemotherapy	188 (94.9%)	121 (96%)	67 (93.0%)
Endocrine therapy	164 (82.8%)	109 (86.5%)	55 (76.3%)
Targeted therapy	192 (97.0%)	123 (97.6%)	68 (94.4%)
Immunotherapy	171 (86.4%)	116 (92.0%)	55 (76.3%)
Radical Surgery	154 (77.8%)	111 (88.0%)	43 (59.7%)
Radiotherapy	67 (33.8%)	56 (44.4%)	11 (15.2%)
Interventional Tumour Therapy	108 (54.5%)	77 (61.1%)	31 (43.0%)
Hyperthermia for tumours	73 (36.9%)	59 (46.8%)	14 (19.4%)
Palliative care	103 (52%)	75 (59.5%)	28 (38.8%)
Multidisciplinary Team (MDT)	112 (56.6%)	83 (65.8%)	29 (40.2%)
Hospice care	73 (36.9%)	58 (46.0%)	15 (20.8%)
Lung puncture biopsy	147 (74.2%)	106 (84.1%)	41 (56.9%)
Ultrasound-guided tumour biopsy	24 (62.6%)	91 (72.2%)	33 (45.8%)
Bronchoscopic tumour biopsy	169 (85.4%)	116 (92.1%)	53 (73.6%)
Gastroenteroscopic tumour biopsy	165 (83.3%)	115 (91.3%)	50 (69.4%)

Back to Contents

[59] Tan X, and others, Cross-sectional study on the current status of county-level …, 27 March 2026
[60] Tan X, and others, Cross-sectional study on the current status of county-level …, 27 March 2026
[61] Tan X, and others, Cross-sectional study on the current status of county-level …, 27 March 2026

8.6 Medication for cancer

8.6.1 For medicines included on the Essential Medicines List that are specifically used to treat cancer, see the section on Cancer drugs in Annex A.

Back to Contents

9. Cardiovascular conditions

9.1 Prevalence of cardiovascular conditions

9.1.1 The China National Center for Cardiovascular Diseases (NCCD), in its 2024 'Report on Cardiovascular Health and Diseases in China 2023: An Updated Summary', stated that:

'The prevalence of [Cardio Vascular Disease] CVD has been growing in China, and the number of patients with CVD is estimated to be 330 million: 13 million with stroke, 11.39 million with coronary heart disease (CHD), 8.9 million with heart failure (HF), 5 million with pulmonary heart disease, 4.87 million with atrial fibrillation, 2.5 million with rheumatic heart disease, 2 million with congenital heart disease, 45.3 million with peripheral arterial disease (PAD), and 245 million with hypertension.

'… According to the China Health Statistics Yearbook 2022, CVD ranks first among the composition ratios of diseases causing deaths among urban and rural residents. In 2021, CVD accounted for 48.98% and 47.35% of the causes of death in rural and urban areas, respectively. The mortality rate of CVD in rural areas has exceeded and remained higher than that in urban areas since 2009.'[62]

9.1.2 The NCCD 'Annual Report on Cardiovascular Health and Diseases in China 2024', published in 2025, noted:

'According to data from the Global Burden of Disease (GBD) study, the number of CVD cases, incidence rate, and standardized incidence rate in China's total population increased from 5.3007 million cases, 447.81 per 100,000, and 646.20 per 100,000 in 1990 to 12.3411 million cases, 867.65 per 100,000, and 652.21 per 100,000 in 2019, respectively.

'… In 2021, CVD was the leading cause of death in both urban and rural areas, accounting for 48.98% of total deaths in rural regions and 47.35% in urban areas.'[63]

Back to Contents

9.2 Access to treatment for cardiovascular conditions

9.2.1 US China Healthcare, a reference library intended to explain how the US and Chinese healthcare systems work[64], noted that:

'China's cardiovascular system cannot be understood only through general hospitals. Specialty institutions such as Fuwai and Beijing Anzhen concentrate cardiac surgery, interventional cardiology, electrophysiology, structural heart disease, congenital heart disease, heart failure, hypertension, cardiovascular imaging, vascular disease, anesthesia, and prevention. These centers often influence national clinical norms because they combine high procedure volume, expert networks, clinical registries,

[62] National Center for Cardiovascular Diseases, Report on Cardiovascular Health…, September 2024
[63] National Center for Cardiovascular Diseases, Annual Report on Cardiovascular Health …, 2025
[64] US China Healthcare, About USChinaHealthcare.com, no date

training, and research platforms.

'Cardiovascular disease is also a public-health problem, not only a hospital specialty. The National Center for Cardiovascular Diseases traces its prevention role to a Ministry of Health-approved cardiovascular prevention and treatment office in 1987 and its formal center status to 2009. That dual identity, tertiary care plus prevention, is important for hypertension, stroke prevention, coronary disease, heart failure, arrhythmia management, and risk-factor control.

'… Specialty centers also create uneven geography. Beijing and Shanghai may have nationally visible cardiovascular hospitals, but many patients receive cardiovascular care in provincial or municipal general hospitals. National centers may shape standards and specialist training, while regional adoption depends on whether lower-tier institutions can reproduce the workflow safely and affordably.'[65]

Back to Contents

9.3 Health facilities for the treatment of cardiovascular conditions

9.3.1 China Heart House, a Suzhou industrial park (SIP) based research institution[66], & Chest Pain Professional Committee's 'Summary of the Chest Pain Center Quality Control Report (2024)', published in 2025, originally in Mandarin, noted:

'In recent years, the number of chest pain centers built in China has rapidly and steadily increased. As of December 2024, there are 5,947 registered chest pain centers nationwide, with 2,994 having passed acceptance. According to the Chest Pain Center data reporting platform, as of April 2025, chest pain centers nationwide have treated a total of 18.34 million acute chest pain patients. In 2024, the National Chest Pain Center treated over 3.62 million acute chest pain patients, including over 770,000 acute myocardial infarction cases, achieving positive results: significantly increasing the proportion of reperfusion treatment for acute ST-segment elevation myocardial infarction patients, ensuring timely treatment for myocardial infarction patients, shortening hospital stays, and reducing hospitalization costs and mortality rates.'[67]

9.3.2 The below diagram taken from a research article by Yilin Li and others titled 'Reductions in acute myocardial infarction burden linked to short-term PM2.5 exposure: Evidence from the Chinese CCA Registry', published in August 2025, shows the distribution of chest pain centres across China[68].

[65] US China Healthcare, Cardiovascular Hospitals in China, no date
[66] Sipac, China Heart House to donate second batch of anti-epidemic supplies to …, 23 March 2020
[67] China Heart House & Chest Pain Professional Committee, Summary of the Chest Pain…, 2025
[68] Yilin Li and others, Reductions in acute myocardial infarction burden linked to …, August 2025

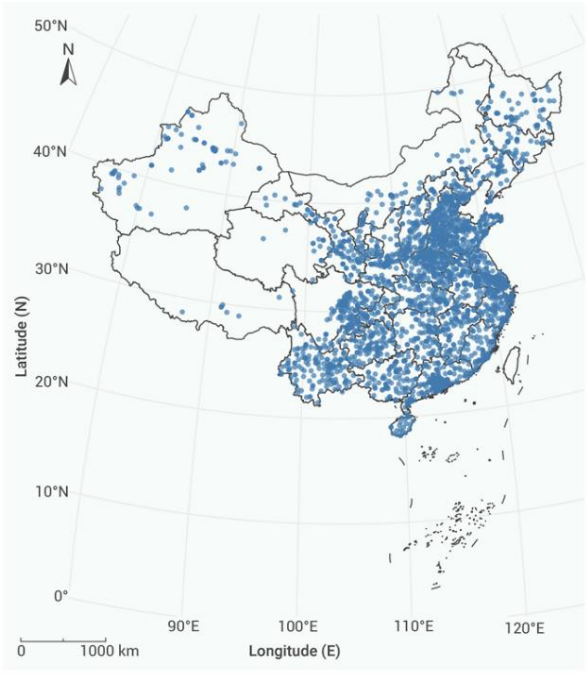


Figure 1. Geographic distribution of chest pain centers across China from 2017 to 2020.

9.3.3 West China Med gives details of the Top 10 Cardiology Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality: Best Cardiology Hospitals in China. CPIT have used information from these sources to produce the map below showing the locations of the mentioned cardiology hospitals:



9.3.4 Lu and others., in a 2023 article published in the peer-reviewed journal 'Frontiers in Public Health', examined healthcare costs associated with cardiovascular disease among more than 27,000 patients treated in 14 tertiary Grade A hospitals in China between 2018 and 2020[69]. CPIT have reproduced the table below from the article, which gives the average costs of cardiovascular treatment. The costs consist of insurance-covered cost and out-of-pocket cost:

[69] Lu and others, Health care costs of cardiovascular disease in China: a machine …, November 2023

Cost category	Average cost CNY	Average cost GBP[70]
All CVDs	41,281.82	£4,541
Common diseases		
Hypertensive disease	14,692.67	£1,616
Coronary artery disease (CAD)	33,139.49	£3,645
Cardiomyopathy	44,121.59	£4,853
Heart failure	30,065.85	£3,307
Stroke	37,330.03	£4,106
Congenital heart disease (CHD)	41,675.50	£4,584
Myocardial infarction (MI)	56,117.76	£6,172

Back to Contents

9.4 Medication for cardiovascular conditions

9.4.1 For medicines included on the Essential Medicines List that are specifically used to treat cardiovascular conditions, see the section on Cardiovascular drugs in Annex A.

Back to Contents

10. Diabetes and other endocrinal, nutritional and metabolic conditions

10.1 Prevalence of diabetes and endocrinological conditions

10.1.1 The Chinese Diabetes Society and the Office for Primary Diabetes Care of the National Basic Public Health Service Program, in their 'Guidelines on primary healthcare for type 2 diabetes in China', published in Family Medicine and Community Health (FMCH) in December 2025, stated that: 'The prevalence of diabetes in China has increased significantly in recent years, and approximately 11.9% of Chinese adults had diabetes in 2020. Moreover, onset is occurring in younger patients, and prevalence in rural areas is also increasing rapidly.'[71]

Back to Contents

10.2 National programmes for diabetes and endocrinological conditions

10.2.1 A December 2024 review article published in The Lancet Public Health, authored by researchers including Yu Xu, Jieli Lu and Mian Li, noted that:

'Building on accumulating evidence, the Healthy China 2030 Action Plan aims to enhance national physical activity levels by providing comprehensive support, such as increasing the construction of public sports facilities, issuing physical activity guidelines, formulating targeted health intervention plans for key populations and in different settings, particularly for adolescents and in schools to curb the increasing prevalence of young-onset type 2 diabetes, and continuously increasing the per capita length of urban jogging trails and greenways. Large cities, such as Beijing and Shanghai, promote cycling and walking by improving road network density, establishing a composite lane system, and creating convenient connectivity with public transit. In addition, China has implemented a series of mandatory measures to address the smoking epidemic, including tobacco taxation, packaging warnings, advertising bans, public smoking bans, and smoking cessation services.

'One of the 15 special campaigns in the Healthy China 2030 Action Plan

[70] OANDA, Historical Currency Converter 8 September 2026 CNY = 0.1100 GDP, 9 September 2026
[71] Jia and others, Guidelines on primary healthcare for type 2 diabetes in …, 30 December 2025

targets primary and secondary school students (ie, children aged 6–18 years). This campaign aims to curb the increasing prevalence of obesity and type 2 diabetes in children and adolescents by leveraging efforts from the individual themself, their family, and their school to improve health literacy, promote balanced nutrition and adequate physical activity, and advance mental health. Specifically, schools are required to educate students about healthy behaviours and lifestyle, schedule more than 1 h of outdoor physical activity per day, limit access to sugar-sweetened beverages and high-sugar or high-fat food, and promote mental health. Guidelines for physical activity in Chinese children and adolescents recommend at least 60 min of moderate-to-vigorous-intensity physical activity per day and vigorous-intensity physical activity and muscle-strengthening activity (eg, resistance training) at least 3 days per week, to promote cardiometabolic health and physical fitness. The Dietary Guidelines for Chinese School-aged Children highlight the promotion of nutritional literacy, cultivating healthy dietary behaviours and targeted for different age groups.

'The Healthy Diet Campaign, the Physical Activity Campaign, and the Tobacco Control Campaign are all part of the Healthy China 2030 Action Plan to improve factors affecting chronic diseases, including diabetes. In addition to these initiatives, countermeasures targeting sociopsychological and environmental contributors are also included in the Mental Health Promotion Campaign and the Healthy Environment Promotion Campaign (also components of the Healthy China 2030 Action Plan) to curb essential modifiable risk factors that contribute to the growing diabetes epidemic in China.'[72]

Back to Contents

10.3 Access to treatment for diabetes and endocrinological conditions

10.3.1 A March 2024 article published in the peer-reviewed journal BMC Primary Care, authored by researchers including Tao X, Mao L, Zhang P and others, noted that: 'In China, [primary healthcare] PHC facilities are commonly the first contact point for patients with the national health system and patients with [type 2 diabetes] T2DM receive most of their healthcare services in PHC facilities.'[73]

Back to Contents

10.4 Health facilities for the treatment of diabetes and endocrinological conditions

10.4.1 West China Med gives details of the Top 10 Hospitals for Endocrinology in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Endocrinology Hospitals in China - Diabetes & Thyroid. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:

[72] Xu Y, Lu J, Li M and others, Diabetes in China part 2: prevention, challenges, …, December 2024
[73] Tao X, Mao L and others, Barriers and facilitators to primary care management …, 13 March 2024



Back to Contents

10.5 Medication

10.5.1 Social Survey Research Information (SSRI China), a Shanghai-based independent agency specialising in healthcare market research[74], referencing a China Daily article, noted in 2024 that:

'China rolled out a bulk buy program targeting insulin injections in late 2021, leading to an average price cut of 48 percent. Insulin products chosen by the program became available at reduced prices in May 2022.

'The administration said that about 650 million insulin doses involved in the program have been used at public hospitals nationwide since then. The annual usage amount has reached 350 million, compared with 250 million before the program was launched. "The data suggests that as the financial burden of medications has been alleviated, diabetes patients have easier access to insulin therapies and have complied with standard regimens more strictly," said the administration. The program has also narrowed price differences between advanced, third-generation insulin products and older versions. "The usage ratio of third-generation insulin doses rose from 58 to 78 percent after the program, nearing the level seen in European countries," it said.'[75]

10.5.2 For medicines included on the Essential Medicines List that are specifically used to treat endocrinal conditions, see the section on Hormones and Endocrine Medicines in Annex A.

Back to Contents

11. Ear, nose and throat conditions (ENT)

11.1 Prevalence of ENT conditions

11.1.1 A research article on 'Temporal trends in prevalence and years of life lived with disability for hearing loss in China from 1990 to 2021: an analysis of the global burden of disease study 2021', by Yuhuan Sun and others, published in March 2025, noted that the number of hearing loss cases in China

[74] SSRI China, About SSRI China, no date
[75] SSRI China, Diabetics in China have access to affordable treatment, 2024

increased from 197,913,077 in 1990 to 445,413,952 in 2021, an increase of 125.06%[76].

Back to Contents

11.2 National programmes for ENT conditions

11.2.1 Originally in Mandarin, in 2024, the General Office of China's National Health Commission stated that to prevent the slow occurrence of hearing loss in the elderly and promote healthy ageing, the commission had decided to organise the nationwide Elderly Hearing Health Promotion Action from 2024 to 2027. The action's objectives were to enhance awareness of hearing health, promote early screening and early intervention and improve the prevention and control level or elderly hearing loss and elderly hearing health service capabilities[77].

Back to Contents

11.3 Medical personnel and health facilities for the treatment of ENT conditions

11.3.1 The research article 'Global Otolaryngology- Head and Neck Surgery Workforce', by Beatriz Petrucci and others, published in August 2023, noted that there were 40,000 otolaryngology and head-and-neck surgery clinicians in China, equivalent to 2.84 per 100,000 population[78].

11.3.2 West China Med gives details of the Best ENT Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality- Otolaryngology (ENT)- Top Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

11.4 Medication for ENT conditions

11.4.1 For medicines included on the Essential Medicines List that are specifically used to treat ENT conditions, see the section on ENT Medications in Annex A.

Back to Contents

[76] Sun Y and others, Temporal trends in prevalence and years of life lived with…, 4 March 2025
[77] National Health Commission, Notice from the General Office of the National …, 25 June 2024
[78] Beatriz Petrucci and others, The Global Otolaryngology-Head and Neck …, 31 August 2023

12. Eye conditions

12.1 Prevalence of eye conditions

12.1.1 A 2026 article in the British Journal of Ophthalmology on the 'Nationwide age, sex, cause-specific burden of blindness and vision impairment in China', authored by Guo X and others, noted that in 2021 there were 767.4 million people with VI (vision impairment) in China. The 764 million cases were comprised of 324.4 million uncorrected presbyopia, 4.1 million moderate VI cases, 46.7 million severe VI cases and 8.6 million cases of blindness. According to the article, there were more cases of women with VI (53.79% of cases) and: 'Population ageing emerged as the predominant driver, accounting for 164.25% of the cataract-related burden increase … Uncorrected refractive errors and cataracts were the leading aetiologies, constituting 50.65% of moderate VI and 35.08% of blindness.'[79]

Back to Contents

12.2 National programmes for eye conditions

12.2.1 In August 2026, the National Health Commission of China, the National Administration of Traditional Chinese Medicine, and the National Disease Control Administration of China jointly formulated the 'Work Plan for Accelerating the Provision of High-Quality and Efficient Eye Health Services (2026–2030)' (originally in Mandarin). The main goals of the plan are that by 2030 there will be:

- more than 4,000 cataract operations per million of the population each year
- more than 5.3 licensed ophthalmologists and assistant physicians per 100,000 people
- ophthalmology or combined eye, ear, nose and throat departments in more than 93% of county-level general hospitals
- independent diagnosis and treatment of common eye diseases in more than 95% of counties
- availability of cataract surgery in every county
- continued increases in screening and effective correction of refractive errors[80].

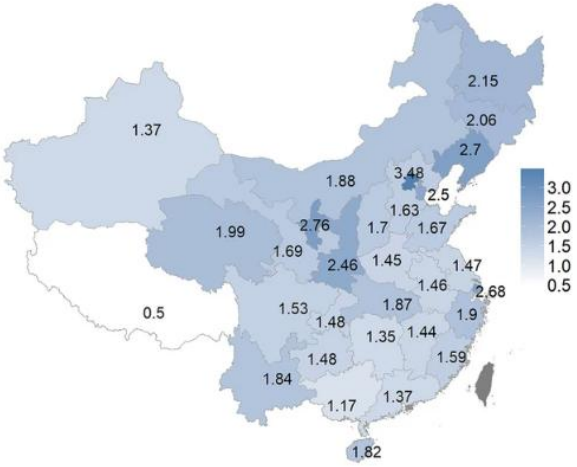
Back to Contents

12.3 Medical personnel and health facilities for the treatment of eye conditions

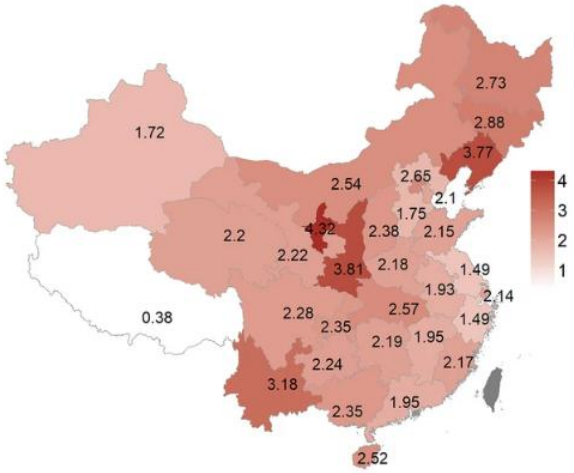
12.3.1 An article in the peer-reviewed journal BMC Health Services Research, titled 'National-wide survey of ophthalmic human resources in China in 2021', authored by Jin-Da Wang and others, noted that in China in 2021 there were 48,652 ophthalmologists, 64,495 ophthalmic nurses, and 14,320 optometrists[81]. The article also noted that: 'On average, for every 50,000 people in mainland China, there were 1.70 ophthalmologists, 2.25 ophthalmic nurses, and 0.47 optometrists.'[82]

[79] Guo X, Xiong R, Yao J, and others, Nationwide age-, sex-, cause-specific …, 20 August 2026
[80] National Health Commission, Notice on Issuing the Work Plan for …, 7 September 2026
[81] Wang JD and others, National-wide survey of ophthalmic human resources …, 29 November 2024
[82] Wang JD and others, National-wide survey of ophthalmic human resources …, 29 November 2024

12.3.2 The below map, taken from the article by Jin-Da Wang and others[83], shows the number of ophthalmologists per 50,000 of the population in each province:

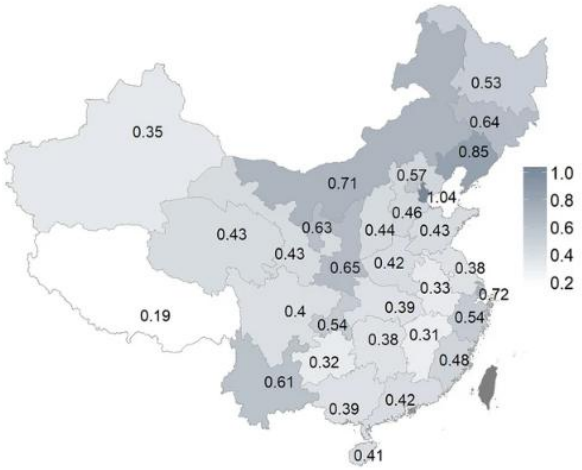


12.3.3 The below map, taken from the article by Jin-Da Wang and others[84], shows the number of ophthalmic nurses in each province:



12.3.4 The below map, taken from the article by Jin-Da Wang and others[85], shows the number of optometrists in each province:

[83] Wang JD and others, National-wide survey of ophthalmic human resources …, 29 November 2024
[84] Wang JD and others, National-wide survey of ophthalmic human resources …, 29 November 2024
[85] Wang JD and others, National-wide survey of ophthalmic human resources …, 29 November 2024



12.3.5 West China Med gives details of the China's Top 10 Ophthalmology Hospitals. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Eye Hospitals in China — Ophthalmology & LASIK. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

12.4 Medication for ENT conditions

12.4.1 For medicines included on the Essential Medicines List that are specifically used to treat eye conditions, see the section on Eye medications in Annex A.

Back to Contents

13. Gastroenterology

13.1 Prevalence of gastroenterology

13.1.1 The Chinese Medical Journal published a research article titled ‘Summary of the 2024 report on gastroenterology and digestive endoscopy in China’, authored by Zheran Chen and others. The article analysed data from China’s National Clinical Improvement System (NCIS) and the Hospital Quality Monitoring System (HQMS). Information from NCIS included data from 4,620 hospitals (1,574 public tertiary general hospitals, 2,245 public secondary general hospitals, 621 private general hospitals, 37 children’s hospitals, 81 cancer hospitals, and 54 other specialty hospitals). Information from the

HQMS database covered 7,074 hospitals (including 2,346 tertiary and 4,728 secondary hospitals)[86]. The article noted that:

'In 2023, the NCIS reported 89.0 million outpatient visits nationwide. On average, 19,252.4 outpatients per hospital nationwide, 39,297.8 in tertiary general hospitals, and 9184.7 in secondary general hospitals were observed.

'In 2023, the HQMS included 11.4 million hospitalizations with a primary diagnosis of digestive diseases who were discharged from the Department of Gastroenterology. On average, 1615.2 hospitalizations per hospital nationwide were observed, with 3308.8 and 774.8 hospitalizations in tertiary and secondary hospitals, respectively. The most common diagnoses were colorectal polyps or benign neoplasms (17.7%), cirrhosis (6.3%), and gastric or duodenal polyps (5.8%) in tertiary hospitals and noninfectious gastroenteritis and colitis (26.6%), colorectal polyps or benign neoplasms (10.2%), and GI bleeding (6.1%) in secondary hospitals.'[87]

Back to Contents

13.2 Medical personnel and health facilities for the treatment of gastrointestinal conditions

13.2.1 The Zheran Chen and others article noted:

'In 2023, the NCIS included 172,172 gastroenterology beds and 44,166 gastroenterologists nationwide, of whom 70.3% … were qualified to perform endoscopic procedures. On average, 37.3 gastroenterology beds, 9.6 gastroenterologists, and 6.7 endoscopists per hospital were observed. Tertiary general hospitals possessed more abundant medical resources (58.4 gastroenterology beds, 16.5 gastroenterologists, and 12.6 endoscopists per hospital) than secondary general hospitals (27.0 gastroenterology beds, 5.9 gastroenterologists, and 3.7 endoscopists per hospital).'[88]

13.2.2 Originally in Mandarin, iGastro, the website of China's National Clinical Research Center for Digestive Diseases[89], noted that:

'The National Clinical Medical Research Center for Digestive System Diseases is a three-tier platform clinical research network system for digestive system diseases, led by the Digestive Disease Hospital of the First Affiliated Hospital of the Fourth Military Medical University, with 24 core units including Peking University People's Hospital and 219 nationwide collaborative units, under the guidance of national science and technology departments and health departments and academic committees. Relying on the Collaborative Innovation Center for Digestive System Disease Research, the State Key Laboratory of Tumor Biology, and the National Clinical Pharmacology Base, the center integrates basic research achievements and joins forces with various strengths to jointly develop new drugs and methods for diagnosing and treating digestive system diseases. The director of this center is Academician Fan Daiming of the Chinese Academy of Engineering.'[90] A list of all the collaborating units can be found here.

[86] Chen Z and others, Summary of the 2024 report on gastroenterology and …,17 September 2025
[87] Chen Z and others, Summary of the 2024 report on gastroenterology and …,17 September 2025
[88] Chen Z and others, Summary of the 2024 report on gastroenterology and …,17 September 2025
[89] iGastro, Collaborative Medical Care and Research Network for Digestive System…, no date
[90] iGastro, Collaborative Medical Care and Research Network for Digestive System …, no date

13.2.3 West China Med gives details of the Best Gastroenterology Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Gastroenterology Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

13.3 Medication for gastroenterology

13.3.1 For medicines included on the Essential Medicines List that are specifically used to treat Gastroenterological conditions, see the section on Digestive System Drugs in Annex A.

Back to Contents

14. Gynaecological conditions

14.1 Prevalence of gynaecological conditions

14.1.1 In 2024, Tian T and others published an article in the Journal of Global Health on 'Prevalence and disparities in sexual and reproductive health of women of reproductive age (20–49 years) in China'. The study conducted a national cross-sectional survey which took sampling from across 15 provinces of China from May 2019 to April 2021. A total of 12,815 women of reproductive-aged (20–49 years) were involved. Approximately 50% of participants reported a history of gynaecological diseases, with vulvovaginitis (31.6%), cervicitis (20.6%), pelvic inflammatory or infection diseases (13.2%) and uterine fibroids (8.2%)[91].

Back to Contents

14.2 National programmes for gynaecological conditions

14.2.1 The State Council of the People's Republic of China referencing a February 2023 China Daily article noted:

'The central government has outlined a long-term plan to accelerate the elimination of cervical cancer by 2030 via an initiative aimed at boosting vaccination rates among girls, stepping up screening efforts among women and offering more wide-ranging treatments to patients. The action plan was

[91] Tian T and others, Prevalence and disparities in sexual and reproductive …, 20 September 2024

put forward by 10 central government departments on Jan 21 [2023] as China seeks to curb incidences of the disease, reduce the death rate and alleviate the burden on the society.'[92]

14.2.2 China Global Television Network (CGTN), an international media organisation[93], reported in September 2025 that:

'China's prevention and treatment of cervical and breast cancer have focused on inclusiveness and precision from the very beginning. As early as 2009, the state began offering free screenings for cervical and breast cancer to rural women through major public health service projects. Jointly promoted by the [National Health Commission] NHC and the All-China Women's Federation, these projects provide free screening services for eligible women aged 35 to 64. According to data from the NHC, by 2023, nearly 290 million free cervical cancer screenings had been conducted nationwide, detecting 902,000 cases of cervical cancer and precancerous lesions. Meanwhile, 190 million free breast cancer screenings were conducted, identifying 149,000 cases of breast cancer.

'… In January 2023, the release of the "Action Plan for Accelerating the Elimination of Cervical Cancer (2023-2030)" marked a significant step toward comprehensive protection against these two types of cancer. Aligning with the requirements of the "Healthy China 2030 Planning Outline" and responding to the World Health Organization's global strategy for eliminating cervical cancer, this plan specifies three-level prevention measures – promoting human papillomavirus (HPV) vaccination, cervical cancer screening, and standardized treatment – to build a health shield for women at all stages of life.' [94]

Back to Contents

14.3 Access to treatment for gynaecological conditions

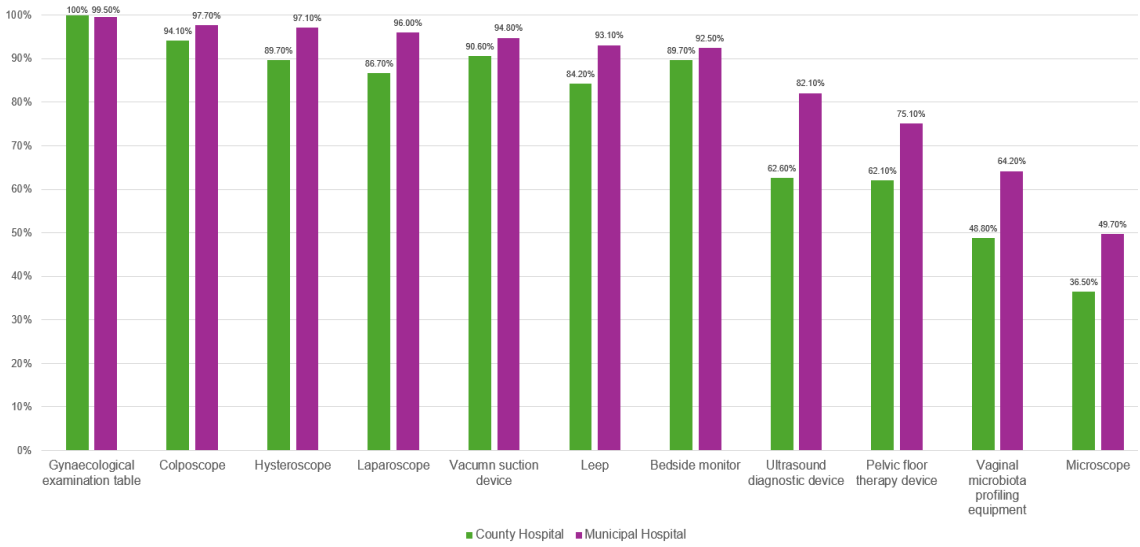
14.3.1 A 2026 study by Yang H, Sun B, Pei C and others., published in BMC Health Services Research, conducted a national cross-sectional survey from February 2024 to December 2024 across 31 provinces, municipalities, and autonomous regions in mainland China. They surveyed 376 public hospitals and participants, including gynaecological physicians and patients, to research disparities in gynaecological care capacity in China. The study noted that:

'Existing evidence reveals substantial differences in gynecological service capacity across regions and hospital tiers. Essential equipment-including ultrasound systems, laparoscopes, and hysteroscopes-is far less available in rural and county-level hospitals than in tertiary urban institutions. Similarly, access to essential medicines and the implementation of standardized clinical protocols differ considerably across regions. Patients in western provinces and those treated in primary facilities consistently experience poorer outcomes than those in eastern regions or higher-tier hospitals. Concentration of resources in economically developed urban centers has created a dual-tier system that entrenches quality inequities.'[95]

14.3.2 The study by Yang H and others. included information on the availability of

[92] China Daily, New government plan to speed up elimination of cervical cancer, 8 February 2023
[93] CGTN, About us, no date
[94] CGTN, Her health matters: China's drive to prevent cervical, breast cancer, 29 September 2025
[95] Yang H and others, Disparities in gynecological care capacity in China: a national …, 29 April 2026

key medical equipment. The study surveyed 203 county level hospitals (rural) and 173 municipal level hospitals (urban institutions). Using information from the study, CPIT have reproduced the graph below[96]:



Back to Contents

14.4 Facilities, beds and personnel

14.4.1 The study by Yang H and others. found that the median number of staff members in gynaecology departments in 2023 was 27 staff members, with around half of hospitals having between 20 and 39 staff members. Across the 376 surveyed hospitals, the median number of gynaecologists per hospital was 12 with around half of hospitals having between 9 and 18 gynaecologists[97].

14.4.2 The same study also noted that across the 376 hospitals surveyed there were a median of 38 available beds, with around half of hospitals having between 25 and 50 available beds[98].

14.4.3 The below table, compiled by CPIT using information from the study by Yang H and others[99]., shows the number of staff members in genealogical departments, the number of gynaecologists and the number of available beds in hospitals surveyed, broken down by region:

	Region		
	Eastern region (120 hospitals)	Central region (124 hospitals)	Western region (132 hospitals)
Number of staff members in gynaecology departments in 2023	Median of 32 staff members. Around half of hospitals had between 24.5 and 49 staff members.	Median of 25 staff members. Around half of hospitals had between 18 and 37 staff members.	Median of 24 staff members. Around half of hospitals had between 17 and 32 staff members.

[96] Yang H and others, Disparities in gynecological care capacity in China: a national …, 29 April 2026
[97] Yang H and others, Disparities in gynecological care capacity in China: a national …, 29 April 2026
[98] Yang H and others, Disparities in gynecological care capacity in China: a national …, 29 April 2026
[99] Yang H and others, Disparities in gynecological care capacity in China: a national …, 29 April 2026

Number of gynaecologists	Median of 15.0 gynaecologists. Around half of hospitals had between 11 and 25 gynaecologists.	Median of 12 gynaecologists. Around half of hospitals had between 8 and 17 gynaecologists.	Median of 10 gynaecologists. Around had of hospitals had between 8 and 14 gynaecologists.
Number of available beds	Median of 41.5 available beds. Around half of hospitals had between 30 and 60 available beds.	Median of 39 available beds. Around half of hospitals had between 25.8 and 54.2 available beds.	Median of 32 available beds. Around half of hospitals had between 25 and 43 available beds.

14.4.4 West China Med gives details of the Top 10 OB-GYN Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Gynecology Hospitals in China. CPIT have used this information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

14.5 Medication for gynaecological conditions

14.5.1 For medicines included on the Essential Medicines List that are specifically used to treat gynaecological conditions, see the section on Gynaecology in Annex A.

Back to Contents

15. HIV/AIDS

15.1 Prevalence of HIV/AIDS

15.1.1 The 2024 DFAT report noted:

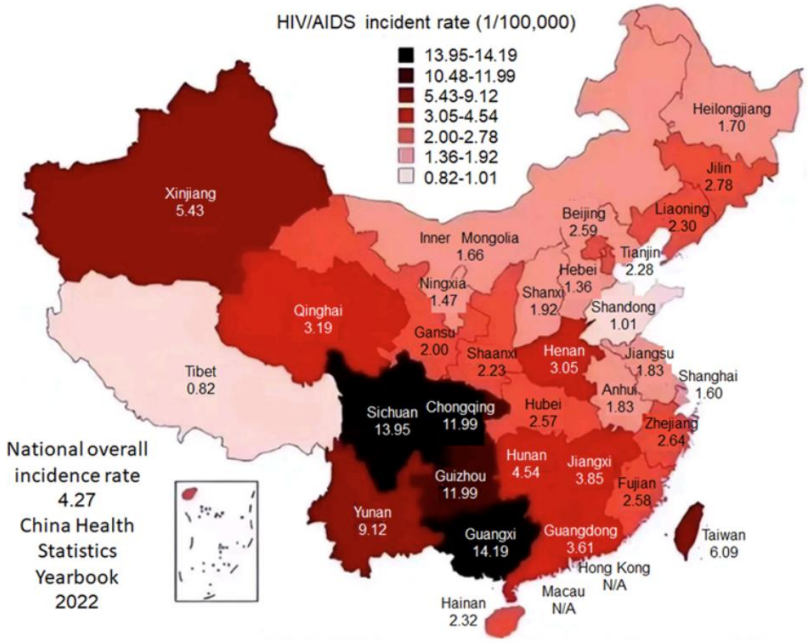
'Official statistics released by the WHO in 2018 (most recent data available) showed there were approximately 1.25 million people living with HIV in

China. The Chinese Center for Disease Control and Prevention, as well as in-country sources, reported that the number of cases of HIV/AIDS had dropped by 13 per cent during the COVID-19 pandemic, primarily due to reduced interpersonal contact because of social distancing restrictions. In-country sources told DFAT that overall HIV infection rates continued to decline in 2023.'[100]

15.1.2 A 2025 article in the peer-reviewed journal BMC Infectious Diseases, titled 'Challenges of integrating HIV prevention and treatment in China's border mountain regions: a grounded theory study', authored by Du S and others, noted:

'HIV prevention and treatment in China face ongoing challenges, particularly in resource-limited areas and high-risk populations. According to data provided by the National Center for AIDS and Sexually Transmitted Disease Control and Prevention, Chinese Center for Disease Control and Prevention, as of December 31, 2024, a total of 1,355,017 cases of currently living HIV-infected individuals/AIDS patients were reported across 31 provinces (autonomous regions, municipalities directly under the central government) in China (excluding Hong Kong, Macau, and Taiwan), with 491,437 reported deaths. Among the living HIV-infected individuals, 749,839 cases were reported, while 605,178 cases were AIDS patients.'[101]

15.1.3 The below map is taken from Kefeng Qin's chapter 'Epidemiology and Therapy of People Living with HIV in Various Provinces of China', in Aldemir B. Oliveira-Filho and Ricardo Roberto de Souza Fonseca's 'Global Response to HIV/AIDS: From Epidemiology to Mental Health and Clinical Management,' published on 9 February 2026. The map shows the Provincial-level HIV/AIDS incidence rate in China, in 2024 (per 100,000 population)[102]:



15.1.4 For more information on the prevalence rates in each province see the

[100] DFAT, Country Information Report- China (paragraph 2.44), 27 December 2024
[101] Du S and others, Challenges of integrating HIV prevention and treatment in …, 9 May 2025
[102] Qin, K, Epidemiology and Therapy of People Living with HIV in Various …, 9 February 2026

chapter on Epidemiology and Therapy of People Living with HIV in Various Provinces of China by Kefeng Qin.

Back to Contents

15.2 National programmes for HIV/AIDS

15.2.1 The 2024 DFAT report noted:

'The Government of China provides subsidised testing and treatment of people living with HIV and AIDS and funds infection control programs. Following transmission of HIV through plasma donation at blood collection centres, the National Free Antiretroviral Therapy Program was introduced in 2003, which increased antiretroviral therapy coverage among HIV-infected patients. A focus on early detection has meant that HIV/AIDS no longer needed to be fatal in 2023 and was instead considered a chronic disease in China that could be managed with long-term treatment.

'At the district level, government and provincial authorities jointly fund "Volunteer Associations of STD/AIDS Prevention and Control" centres that provide public health education on HIV/AIDS. These centres also provide advice on treatment options and how to obtain free anti-retroviral drugs. Eligibility for services in 2023 was based on physical residence, study, or employment location, not hukou registration. Online apps, such as 'Blued', also played an important role in promoting HIV services on the internet in 2023. Apps provided information on HIV prevention that could be accessed discretely through chat rooms, online partner notifications, online test slips, banner ads, and interactive targeted interventions and websites that focused on populations at higher risk of HIV.'[103]

15.2.2 The Du S and others 2025 article noted:

The prevention, control, and treatment of AIDS in western China's economically underdeveloped regions face significant challenges due to rising infections and limited medical resources. In response, the Chinese government has adopted a "medicine and prevention integration model," drawing from its experience in managing public health emergencies like COVID-19. Introduced in 2018 through the "Contracted Services of Family Doctors," this model focuses on integrating medical care and preventive services, emphasizing collaboration between patients, general practitioners, medical institutions, disease control centers, and government agencies. In December 2023, the National Health Commission further refined this approach by strengthening county-level medical communities, particularly for vulnerable groups like those with chronic diseases, the elderly, and individuals with infectious diseases. This model specifically addresses AIDS by integrating prevention, screening, diagnosis, treatment, and management, ensuring a coordinated approach that reduces transmission and prevalence through optimized service delivery.'[104]

Back to Contents

15.3 Health facilities for the treatment of HIV/AIDs

15.3.1 Xinhua reported in November 2023 that: 'The number of HIV screening laboratories and testing sites nationwide has expanded to over 50,000.

[103] DFAT, Country Information Report- China (paragraph 2.45- 2.46), 27 December 2024
[104] Du S and others, Challenges of integrating HIV prevention and treatment in …, 9 May 2025

China has established a national HIV/AIDS treatment and drug supply system covering 2,517 counties. More than 90 percent of HIV carriers have received antiretroviral therapy, and more than 95 percent have achieved success in their treatment.'[105]

15.3.2 Kefeng Qin's 'Epidemiology and Therapy of People Living with HIV in Various Provinces of China', published in 2026, noted that in Huzhou city in northern Zhejiang there is a fully government funded, city-wide Highly Active Antiretroviral Therapy (HAART) program which has been running there since 2005. The source further noted: 'Treatment is free of charge to all residents and documented temporary residents; written, informed consent is required. The program covers the entire prefecture (population: 3.4 million) and is embedded in the national AIDS information system of China for seamless record-keeping.'[106]

Back to Contents

15.4 Medication for HIV/AIDS

15.4.1 Kefeng Qin's chapter on 'Epidemiology and Therapy of People Living with HIV in Various Provinces of China' noted:

'The free antiviral drugs provided to people living with HIV (PLWH) in China mainly include the following:

Zidovudine (AZT): May cause side effects such as anemia.

Lamivudine (3TC): Relatively few side effects.

Stavudine (d4T): May cause peripheral neuropathy.

Tenofovir (TFV): May cause bone density loss.

Abacavir (ABC): May cause allergic reactions.

Efavirenz (EFV): May cause central nervous system side effects, such as insomnia, vivid dreams, and rashes.

Nevirapine (NVP): May cause rashes and liver function abnormalities.

Lopinavir + Ritonavir (LPV/r): Used for antiviral treatment.

'In addition, the domestic antiviral drug Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate (EFV/FTC/TDF) Tablets (brand name "Norlay") has also been included in the national free drug catalog. Patients only need to take one tablet per day to achieve stable treatment effects.'[107]

15.4.2 The same source noted:

'The following are some common self-paid drugs and their prices [costs have been converted with conversion rate of 1 CNY = 0.1124 GBP[108]]:

Taidou (Lamivudine + Tenofovir) (3TC + TDF): 780 Yuan [£87.67].

Truvada (Emtricitabine + Tenofovir) (FTC/TDF): 1,980 yuan [£222.52].

Rilpivirine (RPV): 1,200 yuan [£134.88], covered by medical insurance in some cities.

[105] Xinhua, HIV infection, mortality rates in China stand at low level globally, 20 November 2023
[106] Qin, K, Epidemiology and Therapy of People Living with HIV in Various …, 9 February 2026
[107] Qin, K, Epidemiology and Therapy of People Living with HIV in Various …, 9 February 2026
[108] OANDA, Historical Currency Converter 1 CNY = 0.1124 GBP, 28 September 2026

Isentress (Raltegravir): 1,980 yuan [£222.52].

Tivicay (Dolutegravir) (DTG): 1,980 yuan [£222.52].

Triumeq (Abacavir/Lamivudine/Dolutegravir) (ABC/3TC/DTG): 2,880 yuan [£323.71].

Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir): 1,290 yuan [£144.99], covered by medical insurance in some cities.

Biktarvy (Bictegravir/Emtricitabine/Tenofovir Alafenamide) (BIC/FTC/TAF): 3,680 yuan [£413.63].

Doravirine (DOR): 2,280 yuan [£256.27].'[109]

15.4.3 The same source also noted, with reference to drugs available via medical insurance, that:

'There are nine HIV drugs in China's medical insurance catalog, specifically:

Efavirenz (EFV)/Cobicistat/Tenofovir Alafenamide (TAF) Tablets (Brand Name: Jiefukang): Included in the medical insurance catalog in 2019, it is a single-tablet regimen for HIV treatment.

Lamivudine/Dolutegravir (3TC/DTG) Tablets (Brand Name: Dovato): China's first complete single-tablet regimen for HIV treatment consisting of two drugs.

Ainovir (ANV) Tablets (Brand Name: Aibangde): A new generation of non-nucleoside reverse transcriptase inhibitors.

Bictegravir/Emtricitabine/Tenofovir Alafenamide (BIC/FTC/TAF) Tablets (Brand Name: Biktarvy): Included in the medical insurance catalog starting January 1, 2022.

Albuvirtide for Injection (Brand Name: Aikening): Included in medical insurance in 2021, with a payment standard of 532 yuan per vial.

Aino Metite Tablets (Brand Name: Fubangde): The first domestically developed triple-combination single-tablet regimen for HIV treatment with independent intellectual property rights.

Doravirine/Lamivudine/Tenofovir Disoproxil (DOR/3TC/TDF) Tablets (Brand Name: Deszhuo): A triple-combination single-tablet regimen containing a non-nucleoside reverse transcriptase inhibitor.

Azvudine (FNC) Tablets: Used for the treatment of HIV, they were included in the medical insurance catalog on January 18, 2023, with a price of 11.58 yuan per tablet (3 mg).

Nevirapine/Zidovudine/Lamivudine Tablets: Used for the treatment of HIV.'[110]

15.4.4 For medicines included on the Essential Medicines List that are specifically used to treat HIV, see the section on Antiviral drugs in Annex A.

Back to Contents

16. Kidney conditions

16.1 Prevalence of kidney conditions

[109] Qin, K, Epidemiology and Therapy of People Living with HIV in Various …, 9 February 2026
[110] Qin, K, Epidemiology and Therapy of People Living with HIV in Various …, 9 February 2026

16.1.1 In June 2025, peer-reviewed journal Kidney International published an article titled ‘Executive summary for the China Kidney Disease Network (CK-NET) 2017–2018 Annual Data Report’, authored by Chao Yang and others. The article noted:

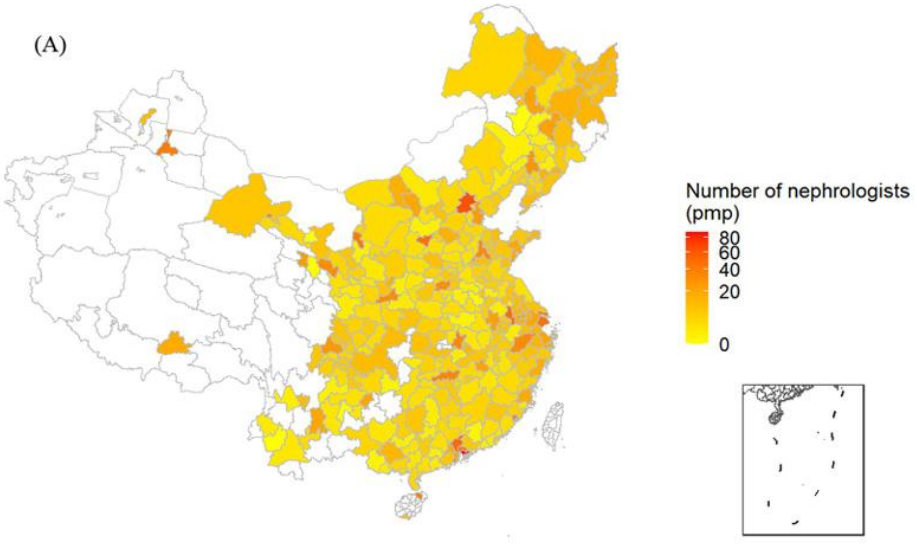
‘The findings of the Sixth China Chronic Disease and Risk Factor Surveillance revealed that the prevalence of [chronic kidney disease] CKD among the adult population of this country was 8.2% during the period of 2018 to 2019 … Patients with CKD accounted for 4.95% of all inpatients in 2017 and 4.59% in 2018, with an overall fluctuating trend over the past 5 years. The prevalence of CKD was particularly high among people with diabetes and hypertension.’[111]

16.1.2 The International Registry on Organ Donation and Transplantation recorded 11,832 deceased-donor and 3,555 living-donor kidney transplants in China in 2024[112].

Back to Contents

16.2 Medical personnel and health facilities for the treatment of kidney conditions

16.2.1 Wu J and others published an article in August 2023 titled ‘Nephrology workforce in China: describing current status and evaluating the optimal capacity based on real-world data’ in Human Resources for Health. The article noted: ‘A total of 12 894 nephrologists were identified, 4258 (33.0%) of whom are located in East China. Consequently, there were 9.13 nephrologists per million population (pmp) in practice, with considerable city-level variation ranging from 0.16 to 88.79 (Fig. 1A)



’[113]

16.2.2 West China Med gives details of the Top 10 Hospitals for Nephrology in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Nephrology & Kidney Hospitals in China - Dialysis & Transplant. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:

[111] Yang C and others, Executive summary for the China Kidney Disease Network …, June 2025
[112] IRODat, IRODaT database- China, no date
[113] Wu J and others, Nephrology workforce in China: describing current status and …, 8 August 2023



Back to Contents

16.3 Medication for kidney conditions

16.3.1 The article by Chao Yang and others in Kidney International noted:

‘The medical expenditure per person per year was 26,923 renminbi (RMB) (~3988 USD) [£3,031[114]] in 2017 and 27,115 RMB (~4099 USD) [£3,053[115]] in 2018. In patients with CKD, heart failure, and diabetes, medical costs increased significantly. With the increase of age, the hospitalization cost for patients generally showed an upward trend. The length of hospital stay per person per year was 19.22 days in 2017 and 18.59 days in 2018, respectively. The length of hospital stay of patients with CKD was longer than that of those with diabetes and those without CKD, and this trend existed across different subgroups of sex and age.

‘… The direct costs related to dialysis were the primary expenses for both patients on [hemodialysis] HD and [peritoneal dialysis] PD (34.29% vs. 32.78%), followed by medication costs (19.15% vs. 20.70%). The median annual cost per patient for 2017 (82,213 RMB {~12,179 USD}) [£9,257[116]] had decreased compared with 2016 (87,776 RMB {~12,908 USD}) [£9,883[117]]. In contrast to patients on PD, those on HD had higher outpatient expenditures (51,622 RMB {~7645 USD} vs. 56,453 RMB {~8361 USD}) [£5,812 vs £6,356[118]]; nevertheless, patients on PD had higher inpatient expenditures (46,446 RMB {~6880 USD} vs. 31,186 RMB {~4619 USD}) [£5,229 vs £3,511[119]]. Medication was the largest expense for patients receiving HD and PD during hospital stays (21.38% vs. 21.44%), whereas direct costs associated with dialysis ranked highest (53.86% vs. 52.69%) among outpatient expenses.’[120]

Back to Contents

[114] OANDA, Historical Currency Converter 1 CNY = 0.1126 GBP, 29 September 2026
[115] OANDA, Historical Currency Converter 1 CNY = 0.1126 GBP, 29 September 2026
[116] OANDA, Historical Currency Converter 1 CNY = 0.1126 GBP, 29 September 2026
[117] OANDA, Historical Currency Converter 1 CNY = 0.1126 GBP, 29 September 2026
[118] OANDA, Historical Currency Converter 1 CNY = 0.1126 GBP, 29 September 2026
[119] OANDA, Historical Currency Converter 1 CNY = 0.1126 GBP, 29 September 2026
[120] Yang C and others, Executive summary for the China Kidney Disease Network …, June 2025

17. Liver conditions, including hepatitis

17.1 Prevalence of liver conditions

17.1.1 The World Health Organization noted on an undated webpage that: 'There are 87 million people who are chronic carriers of the hepatitis B virus in China, accounting for about one-third of all hepatitis B virus chronic carriers in the world. An estimated 7.6 million people in China are living with chronic hepatitis C.'[121]

17.1.2 The same source noted that: In China, less than 25% (18 million) of people with chronic hepatitis B and C infection have been diagnosed.'[122]

17.1.3 The Coalition for Global Hepatitis Elimination, a non-profit pursuing the elimination of viral hepatitis[123], noted that in 2020 only 19% of persons living with HBV [hepatitis B virus] and 25% of persons living with HCV [hepatitis C virus] had been diagnosed[124].

17.1.4 The same source noted that in 2021 there were 976,233 new HBV (hepatitis B) infections and 202,771 HCV (hepatitis C) infections[125].

17.1.5 The same source also noted that in 2021 there were 218,550 HBV deaths and 51,637 HCV deaths. These included deaths where the person died due to other diseases, such as liver cancer, caused by HBV and HCV[126].

17.1.6 The International Registry on Organ Donation and Transplantation recorded 6,242 deceased-donor and 944 living-donor liver transplants in China in 2024[127].

Back to Contents

17.2 National programmes for liver conditions

17.2.1 In 2025, China's National Center for Disease Control and Prevention and nine other departments jointly formulated the 'China Action Plan for the Prevention and Control of Viral Hepatitis (2025-2030)'. The goal of the plan is to: 'Continue to strengthen the immune barrier, continuously improve detection, diagnosis, and treatment rates, continuously reduce new infections, effectively control the prevalence of viral hepatitis, reduce the incidence of viral hepatitis-related cirrhosis and liver cancer, and the resulting deaths …'[128]

Back to Contents

17.3 Access to treatment for liver conditions

17.3.1 Peer-reviewed journal Infectious Diseases and Therapy published an article in July 2022 titled 'Eliminate Hepatitis C as a Public Health Threat: A Narrative Review of Strategies, Gaps, and Opportunities for China', authored by Yuanyuan Song and others. The article noted:

'Although China's primary health care system has been strengthened through reforms of the healthcare system since 2009, the capacity to treat

[121] WHO, Hepatitis, no date
[122] WHO, Hepatitis, no date
[123] Coalition for the Global Hepatitis Elimination, About the Coalition, no date
[124] Coalition for Global Hepatitis Elimination, National Hepatitis Elimination Profile …, 21 March 2025
[125] Coalition for Global Hepatitis Elimination, National Hepatitis Elimination Profile …, 21 March 2025
[126] Coalition for Global Hepatitis Elimination, National Hepatitis Elimination Profile …, 21 March 2025
[127] IRODat, IRODaT database- China, no date
[128] NADCP and others, Chinas Action Plan for the Prevention and Control of …, 3 September 2025

[hepatitis C] HCV infection is still inadequate in primary care. Treatment is still mainly provided by large speciality and general hospitals. Patients in less developed areas still need to go through one or more referral procedures to access effective treatment. These obstructions in the referral system further reduce the treatment rate. The complexity of the current treatment model for HCV and the inadequate capacity of primary care are the major barriers to primary care playing an important role in the management of HCV. This lack of good-quality primary care physicians with a sufficient knowledge of HCV to diagnose the infection and initiate antiviral treatment is linked to a high proportion of HCV treatments still being dominated by herbal treatments for liver protection.'[129]

17.3.2 The Coalition for Global Hepatitis Elimination noted that, in 2022, only 15% of those diagnosed with HBV were receiving the appropriate treatment (the appropriate treatment refers to one year of standard antiviral treatment per person). They also noted that in 2021 there were 3,000,000 treatments for HBV[130].

Back to Contents

17.4 Health facilities for the treatment of liver conditions

17.4.1 Since 2010, China has designated a number of sentinel hospitals in different provinces as centers for HCV management. Such hospitals manage blood donors, health examiners, patients receiving invasive diagnoses and interventions, hemodialysis patients, and those attending family planning sessions. Currently, there are 87 HCV sentinel hospitals nationwide, including 31 for blood donors in 31 provinces, 20 for health examiners in 16 provinces, 13 for patients receiving invasive diagnoses and interventions in 13 provinces, 12 for hemodialysis patients in 12 provinces, and 11 for family planning outpatients in 11 provinces.'[131]

17.4.2 West China Med gives details of Liver Cancer Treatment in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Chronic Hepatitis B - Treatment in China, Chronic Hepatitis C - Treatment in China, Liver Cirrhosis - Treatment in China and Liver Cell Carcinoma - Treatment in China. CPIT have used information from these sources to produce the map below, showing the location of the above-mentioned hospitals:

[129] Song Y and others, Eliminate Hepatitis C as a Public Health Threat: A Narrative …, 11 July 2022
[130] Coalition for Global Hepatitis Elimination, National Hepatitis Elimination Profile …, 21 March 2025
[131] Coalition for Global Hepatitis Elimination, National Hepatitis Elimination Profile …, 21 March 2025



Back to Contents

17.5 Medication for liver conditions

17.5.1 The 2022 article by Yuanyuan Song and others noted:

‘At present, the cost of [direct-acting antiviral agents] DAA treatment for HCV in China is its lowest level ever, which means that most patients do not have to make catastrophic payments for treatment. However, hundreds of dollars of out-of-pocket payments may still be a large expense for patients in financial hardship. According to the civil affairs statistics published in 2021, 34,892,000 people in China were still living under the poverty line, and the average minimum government subsidy is only $75 [£56.67[132]] per person per month. For type 1b HCV patients, even those who are treated with the DAAs at the lowest price level of $200 [£151.14[133]] per 3-month period, with the additional cost of genotype testing, which is not reimbursed in the basic health insurance program, the amount to be paid out-off-pocket is almost equivalent to nearly 2 months of the minimum living subsidy. Patients with HCV other than type 1b infections will encounter an even heavier financial burden of $1500 [£1,133.55[134]] per 3-month period.’[135]

17.5.2 For medicines included on the Essential Medicines List that are specifically used to treat liver conditions, see the section on Drugs for Liver Disease in Annex A.

Back to Contents

18. Mental health, behavioural and neurodevelopmental conditions

18.1 Prevalence of mental health, behavioural and neurodevelopmental conditions

18.1.1 The 2024 DFAT report noted:

‘The WHO estimated that approximately 4 per cent of people in China are living with depression, and 3 per cent with an anxiety disorder. Although demand for mental health services is growing, many people remain reluctant

[132] OANDA, Historical Currency Converter 1 USD = 0.7557 GBP, 29 September 2026
[133] OANDA, Historical Currency Converter 1 USD = 0.7557 GBP, 29 September 2026
[134] OANDA, Historical Currency Converter 1 USD = 0.7557 GBP, 29 September 2026
[135] Song Y and others, Eliminate Hepatitis C as a Public Health Threat: A Narrative …, 11 July 2022

to seek help due to stigma. According to a study exploring mental health stigma and mental health knowledge amongst China's population published in BMC Psychology in 2020, approximately 45 per cent of participants thought most people would not accept a former patient of a mental health facility as a close friend, 70 per cent thought that most young women would not date a man who had been hospitalised with a serious mental health condition, and almost 55 per cent of participants would not employ a person who was a former patient of a mental health facility.'[136]

Back to Contents

18.2 National programme for control and treatment

18.2.1 The 2024 DFAT report noted:

'China's Mental Health Law (2012) is aimed at protecting the human rights of people living with mental health conditions by requiring psychiatric treatment to be voluntary in the majority of circumstances, and noting seclusion and restraints should only be used if there were no alternatives. However, a 2022 study published in the International Journal of Mental Health Systems reported that involuntary admission to psychiatric hospitals continued to occur in 70 per cent of cases, while a 2016 study published in the Psychiatry Research journal stated that physical restraints were still used in 22 per cent of cases in psychiatric hospitals.

'… The Government of China has increased investment in mental health services in recent years and stated plans for at least 80 per cent of people living with depression to have access to treatment by 2030 …'[137]

18.2.2 The Commonwealth Fund China country profile noted that:

'Since 2009, there have been significant efforts to expand and integrate mental health care into the broader health system. That year marked the incorporation of community-based mental health services into basic medical insurance, including follow-up care and rehabilitation guidance for patients with severe mental disorders. The 2012 Mental Health Law formalized patients' rights and outlined who was responsible for service provision.

'… As part of the Healthy China 2030 strategy, in 2019, China launched the Healthy China Action (2019–2030) initiative, which is centered on prevention and health promotion. It focuses on prevailing health determinants, at-risk populations, and leading health concerns. In 2023, the government set a target for 95 percent of schools and universities to be staffed with psychology teachers by 2025, alongside mental health evaluations for students and expanded counseling services. [CPIT could not find any published national data confirming whether this target was met].

'To further improve access, a nationwide psychological support hotline was rolled out in early 2025. By May 2025, the hotline was operational in all 31 provinces. Additionally, the central government plans to implement outpatient services for psychological and sleep disorders in at least one hospital in every prefecture and city by 2025.'[138] China Food and Drug Network, a news source focusing on national measures in the supervision

[136] DFAT, Country Information Report- China (paragraph 2.42), 27 December 2024
[137] DFAT, Country Information Report- China (paragraph 2.41 and 2.43), 27 December 2024
[138] Commonwealth Fund, Country profile China, 1 May 2026

and management of the food and drug sector originally in Mandarin[139], noted in December 2025 that: '… 87 districts and counties across 333 prefecture-level cities and municipalities nationwide have completed the establishment of psychological and sleep clinics…'[140]

Back to Contents

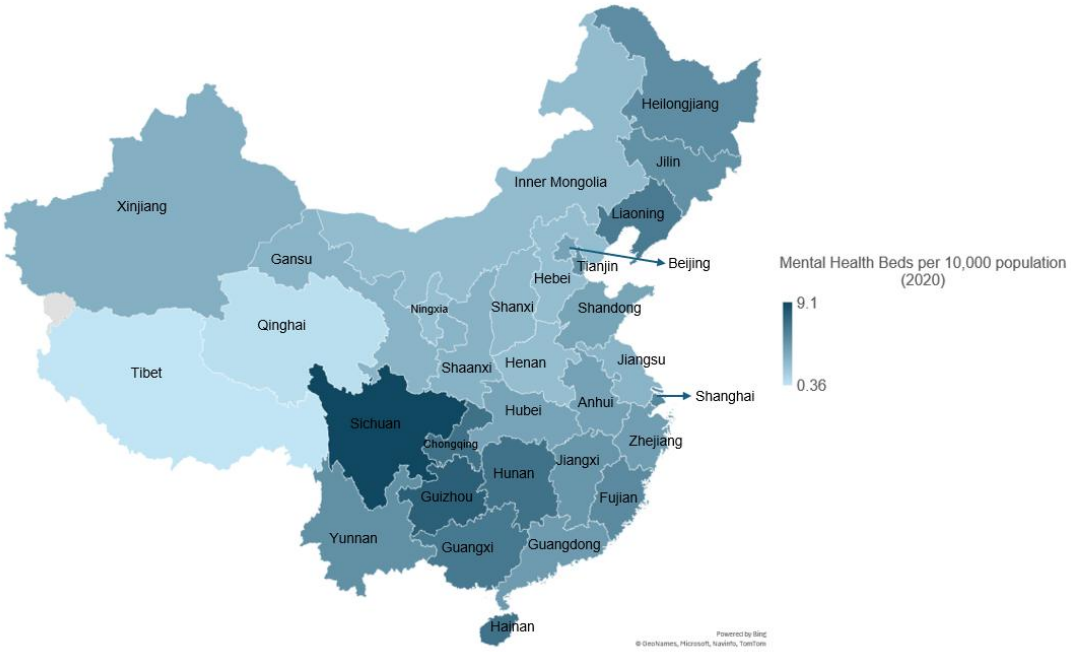
18.3 Mental health facilities, beds and personnel

18.3.1 Using information from a 2022 study by Fan X, Zhang W and others., published in BMC Health Services Research, examining the distribution of mental health beds in China between 2011 and 2020[141], CPIT produced the below table showing the number of mental health beds per province in China in 2020:

Province	Total mental health beds (2020)
Beijing	8,777
Tianjin	6,856
Hebei	18,806
Liaoning	26,577
Shanghai	13,577
Jiangsu	26,091
Zhejiang	27,945
Fujian	22,313
Shandong	39,871
Guangdong	56,301
Hainan	6,798
Shanxi	9,610
Jilin	12,044
Heilongjiang	16,519
Anhui	25,041
Jiangxi	21,445
Henan	25,322
Hubei	23,105
Hunan	44,731
Inner Mongolia	6,292
Chongqing	21,733
Guangxi	31,879
Sichuan	76,108
Guizhou	29,964
Yunnan	23,902
Tibet	131
Shaanxi	12,462
Gansu	7,696
Qinghai	424
Ningxia	1,801
Xinjiang	8,642

[139] China Food and Drug Network, About Us, no date
[140] China Food and Drug Network, By 2025, the number of psychological and …, 26 December 2025
[141] Fan X, Zhang W and others, Equity assessment of the distribution of mental health beds …, 2022

18.3.2 Using information from the same study[142], CPIT produced the below map showing the distribution of mental health beds in China per province, per 10,000 of the population, in 2020:



18.3.3 The Commonwealth Fund China country profile noted that:

'In 2020, there were 35 mental hospital beds per 100,000 people, significantly higher than the 18-bed average in upper-middle-income countries.

'In 2020, there were three psychiatrists per 100,000 people, higher than the average of two in upper-middle-income countries.

'In 2020, there were nine mental health professionals per 100,000 people, lower than the average of 15 in upper-middle-income countries

'The diagnosis, treatment, and rehabilitation of mental health conditions are undertaken in special psychiatric hospitals and in the psychology departments of tertiary hospitals. Patients with mild illnesses are often treated at home or in community clinics; only severely ill patients are treated in mental hospitals.'[143]

'… By 2020, psychiatric departments had been established in over 3,000 general hospitals — four times the number in 2010 — and the number of psychiatrists had increased by nearly 145 percent.'[144]

18.3.4 Lui Z and others, in a study titled 'A minority among Chinese psychiatrists: the current state of development of child and adolescent psychiatrists', published in 2025 in peer-reviewed journal Frontiers in Psychiatry, noted:

'According to the "China Health and Wellness Statistical Yearbook 2023", by the end of 2022, there were a total of 2,277 mental hospitals across the country, with a total of 840,871 beds (accounting for 8.62% of all beds in medical and health institutions), and a total of 56,166 registered practicing

[142] Fan X, Zhang W and others, Equity assessment of the distribution of mental health beds …, 2022
[143] Commonwealth Fund, Country profile China, 1 May 2026
[144] Commonwealth Fund, Country profile China, 1 May 2026

(assistant) psychiatrists, among whom 50,005 were practicing psychiatrists, accounting for 1.7% of the total number of physicians in the country. There are 33 mental health prevention and treatment institutions (stations, centers) nationwide, with 314 registered practicing psychiatrists. As of 2022, the number of registered psychiatric nurses across the country was 146,451, an increase of approximately 5% compared to 2020.'[145]

18.3.5 The same source went on to note that despite improvements to mental health services: '… mental health services are still unevenly distributed, with rural and less-developed regions facing shortages in trained personnel and infrastructure. Psychotherapy services, in particular, are underdeveloped because of a lack of standardized training, unclear pricing mechanisms, and limited integration into public health coverage.'[146]

Back to Contents

18.4 Access to treatment for mental health conditions

18.4.1 The 2024 DFAT report noted:

'While mental health services were typically covered under [basic health insurance] BHI, availability and quality varied depending on location. … The majority of mental health resources were found in provincial capitals in the more developed east coast of the country. Mental health services were generally concentrated in large specialty hospitals, rather than within the community and primary healthcare sector. The workforce was primarily made up of psychiatrists and nurses, with few counsellors or therapists generally available. Services were typically provided on an outpatient basis. International academics reported that the centralised system of mental healthcare was not adequate to meet China's mental healthcare needs in 2022.'[147]

Back to Contents

18.5 Medication for mental health conditions

18.5.1 The 2024 DFAT report noted: 'Required medications to treat most mental health conditions were generally available in 2023.'[148]

18.5.2 For medicines included on the Essential Medicines List that are used to treat mental health conditions, see the section on Drugs for mental health disorders in Annex A.

Back to Contents

19. Musculoskeletal conditions (including orthopaedic and rheumatological conditions)

19.1 Prevalence of musculoskeletal conditions

19.1.1 In March 2026, Hu Y and others, in an article on 'Current status and Joinpoint regression analysis of the burden of musculoskeletal diseases in China from 1990 to 2023', noted: 'In 2023, the five major musculoskeletal diseases collectively accounted for approximately 25.0% of all-cause prevalence in China. Among these, osteoarthritis contributed the most

[145] Liu Z and others, A minority among Chinese psychiatrists: the current state of …, 24 July 2025
[146] Commonwealth Fund, Country profile China, 1 May 2026
[147] DFAT, Country Information Report- China (paragraph 2.43), 27 December 2024
[148] DFAT, Country Information Report- China (paragraph 2.43), 27 December 2024

(11.68%), followed by low back pain (6.89%) and neck pain (3.52%). Gout (1.28%) and rheumatoid arthritis (0.36%) had relatively lower contributions.'[149]

Back to Contents

19.2 Health facilities for treatment of orthopaedic and rheumatological conditions

19.2.1 West China Med gives details of the Best Orthopedic Hospitals in China: Spine, Joint & Trauma and The Top 10 Rheumatology Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Rheumatology - Top Hospitals in China and Best Orthopedic Hospitals in China - Joint & Spine Surgery. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

19.3 Medication for musculoskeletal conditions

19.3.1 For medicines included on the Essential Medicines List that are specifically used to treat pain, see the section on Pain relief, fever reduction, anti-inflammatory, anti-rheumatic, anti-gout medicine in Annex A.

Back to Contents

20. Oral and dental conditions

20.1 Prevalence of oral and dental conditions

20.1.1 The World Health Organization gave the following information on the prevalence of oral diseases in China in 2019, and the prevalence of lip and oral cancers in 2020[150]:

[149] Hu Y and others, Current status and Joinpoint regression analysis of the burden of …, March 2026
[150] WHO, Oral health China 2022 country profile, 2022

ORAL DISEASE BURDEN

Prevalence of oral diseases (2019)[1]			
Prevalence of untreated caries of deciduous teeth in children 1–9 years (%)	Prevalence of untreated caries of permanent teeth in people 5+ years (%)	Prevalence of severe periodontal disease in people 15+ years (%)	Prevalence of edentulism in people 20+ years (%)
47.2	24.6	17.5	5.7

Lip and oral cavity cancer, all ages (2020)[1]	Female	Male	Total
Number of new cases	11 571	18 546	30 117
Incidence rate (per 100 000 population)	1.0	1.7	1.3

Back to Contents

20.2 Medical personnel and health facilities for the treatment of dental conditions

20.2.1 The World Health Organization noted that in 2017 there were 637,000 dentists in China[151].

20.2.2 Originally in Mandarin, Zhang Xueyuan and others, in an article published in the Chinese Journal of Stomatology on 9 November 2022, titled 'Analysis of the Fairness in the Number, Structure, and Allocation of Human Resources Among Stomatologists in China', noted: 'In 2020, the total number of dental practitioners (assistants) reached 278,000.'[152]

20.2.3 West China Med gives details of the China's Top 10 Dental Hospitals. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Stomatology - Top Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

21. Neurological conditions

21.1 Prevalence of neurological conditions

21.1.1 Xinhua, in an article published by the State Council, noted in 2025 that:

'The total number of people suffering from Alzheimer's disease, the most

[151] WHO, Oral health China 2022 country profile, 2022
[152] Zhang Xueyuan and others, Analysis of the Fairness in the Number, …, 9 November 2022

common type of dementia, and other kinds of dementia across the country surpassed 16 million in 2021, according to an official report released in 2024.

'The number of dementia patients in China accounts for nearly 30 percent of the global total, the report showed.

'Alzheimer's disease shows a high prevalence rate but is accompanied by low rates of screening, diagnosis and treatment, according to Shi Jiong, a dementia expert.'[153]

21.1.2 According to the World Health Organization, strokes were the leading cause of deaths in China in 2021, with 177.8 deaths per 100,000 people[154].

21.1.3 Chen Zhang and others, in a 2025 article titled 'Burden of neurological disorders in China and its provinces, 1990–2021: Findings from the global burden of disease study 2021' noted that:

'In 2021, the estimated number of prevalent cases of neurological disorders was 468.29 million in China, accounting for 32.91% of the total Chinese population and 34.35% of the total prevalence from all causes in China ... The number of deaths caused by neurological disorders was 3.28 million in China, accounting for 28.04% of total deaths from all causes.

'… Among neurological disorder categories in 2021, the five most prevalent diseases were tension-type headache (TTH) …, migraine …, ischemic stroke …, Alzheimer's disease (AD) and other dementias …, and Parkinson's disease (PD) … The five leading causes of death were intracerebral hemorrhage …, ischemic stroke …, AD and other dementias …, PD …, and subarachnoid hemorrhage …'[155]

21.1.4 Research articles note that there are approximately 10 million people in China with epilepsy[156] [157].

Back to Contents

21.2 National programmes for neurological conditions

21.2.1 In 2005, China launched the China Rural Epilepsy Management Project (CREMP). The project established a national model for epilepsy management in rural areas[158].

21.2.2 Xinhua, in an article published by the State Council, noted in 2025 that:

'China has rolled out a national action plan to address senile dementia, which poses significant challenges to the well-being of elderly people and their families, amid a rapidly aging population in the country.

'The action plan, jointly launched by 15 Chinese institutions including the National Health Commission and the National Development and Reform Commission, outlines seven key tasks to combat senile dementia and sets a series of targets to be achieved by 2030.

'According to the plan, a comprehensive and continuous prevention and control system for dementia, covering prevention, screening, diagnosis,

[153] Xinhua, China launches action plan to tackle dementia amid aging population …, 4 January 2025
[154] WHO, China, no date
[155] Chen Zhang and others, Burden of neurological disorders in China and its …, 8 August 2025
[156] The Lancet Neurology, Epilepsy in China: major progress in the past two decades, April 2021
[157] Lu L and others, National Strategies on Bridging Gaps and Health Equity in… , 13 March 2026
[158] Lu L and others, National Strategies on Bridging Gaps and Health Equity in …, 13 March 2026

treatment, rehabilitation and care, will be established by 2030.'[159]

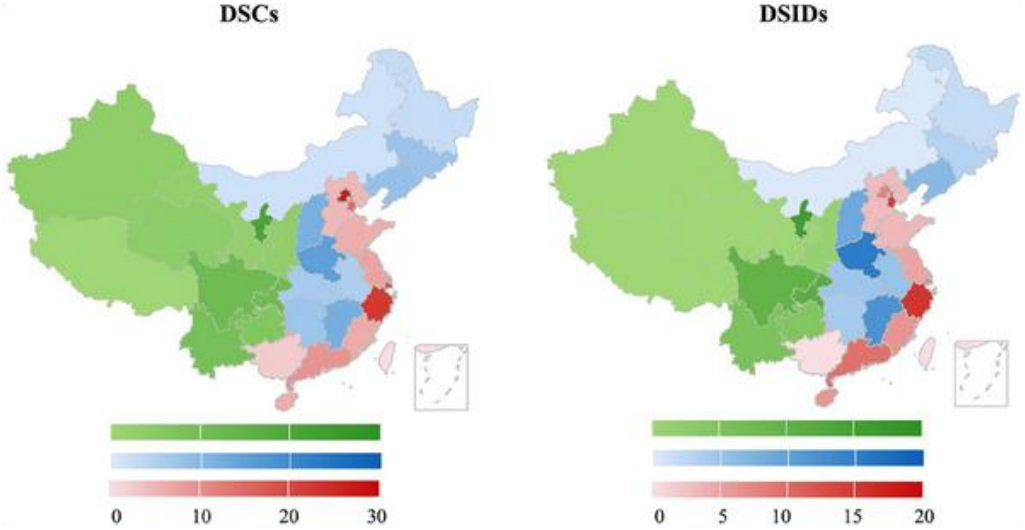
Back to Contents

21.3 Health facilities for the treatment of neurological conditions

21.3.1 Lu L and others in an article on 'National Strategies on Bridging Gaps and Health Equity in Epilepsy Care', published in March 2026, noted that:

'By 2021, CREMP achieved full nationwide coverage, operating in 310 counties across all 32 provincial-level regions. The program screened over 300,000 individuals and provided long-term follow-up for 66,607 patients with convulsive epilepsy … The program [CREMP] addressed the human resource gap by cumulatively training 23,892 primary care doctors through an average of 89 specialized training sessions annually, establishing a permanent epilepsy care network in rural China.'[160]

21.3.2 Alzheimer's & Dementia, The Journal of the Alzheimer's Association, published an article in September 2024 on 'Current status of professional memory clinics, inpatient services, and health professionals in China' by Jinghuan Gan and others. The article contained the maps below which show the distribution of dementia-specific clinics (DSCs) and dementia-specific inpatient departments (DSIDs) across regions in China. The measurement value represents the proportion (%) of those facilities, with the colours ranging from light to dark, where dark indicates more facilities in that area[161]:



21.3.3 West China Med gives details of the Top 10 Hospitals for Neurology in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Neurology & Neurosurgery Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:

[159] Xinhua, China launches action plan to tackle dementia amid aging population …, 4 January 2025
[160] Lu L and others, National Strategies on Bridging Gaps and Health Equity in …, 13 March 2026
[161] Gan J and others, Current status of professional memory clinics, inpatient …, 26 September 2024



Back to Contents

21.4 Medication for neurological conditions

21.4.1 For medicines included on the Essential Medicines List that are specifically used in neurological conditions, see the section on Nervous System Drugs in Annex A.

21.4.2 For information on strokes, see Cardiovascular conditions.

Back to Contents

22. Palliative care

22.1 National programmes for palliative care

22.1.1 The Asia-Pacific Journal of Oncology Nursing published an article on ‘Advancements in hospice and palliative care in China: A five-year review’ authored by Yuhan Lu and others and published in March 2024. The article noted:

‘The government has shown significant interest in the development of hospice care, evident in the issuance of the “Healthy China 2030 Outline,” which explicitly states the need to strengthen the construction of hospice care and other medical institutions to achieve comprehensive health services from fetuses to the end of life. Under the guidance and impetus of the government, hospice and palliative care in China have experienced accelerated development in institutional construction, drug supply, health provider training, and public education.

‘… The Chinese government has provided robust policy support to facilitate the organized advancement of hospice care. In February 2017, the National Health Commission of the People's Republic of China issued documents regarding the basic standards, management norms, and practice guidelines for constructing hospice care centers, offering clear policy guidance on the structure, facilities, environment, and service content of hospice care institutions.

‘In September of the same year, the National Health Commission released a “Notice on Conducting Pilot Hospice and Palliative Care Programs”

designating Beijing's Haidian District, Shanghai's Putuo District, Changchun City in Jilin Province, Luoyang City in Henan Province, and Deyang City in Sichuan Province as the first pilot centers, aiming to develop a model of hospice care service that will serve as models across China.

'… In 2019 and 2023, the government initiated more pilot institutions for hospice and palliative care, covering multiple provinces and a total of 185 cities (districts). The government-led pilot plan not only promoted the development of hospice care in various provinces and cities but also effectively increased the accessibility of hospice and palliative care services to the Chinese population.'[162]

Back to Contents

22.2 Access to palliative care

22.2.1 The 2024 article by Yuhan Lu and others noted: 'With a large population and vast geographical expanse, there remains a gap between the resources for hospice care services for terminal patients and the demand for end-of-life care in China. Despite the gradual increase in hospice care institutions nationwide, which has alleviated the pressure on large hospitals by receiving late-stage cancer patients, further efforts are needed to achieve a balanced distribution of resources.'[163]

Back to Contents

22.3 Palliative care facilities

22.3.1 In May 2024, Sixth Tone, an English-language media website covering news and contemporary issues in China[164], published an opinion piece on hospice care by Tu Jiong, a professor of medical sociology based in Guangzhou[165]. The article noted:

'… the number of medical and health institutions in China with hospice care departments increased from 276 in 2018 to 4,249 by the end of 2022.

'… There are still only a few thousand hospice care institutions in China, most of which are embedded in hospitals. However, due to the fact that many hospice services are not currently included in the country's medical insurance system, all of the existing hospice care institutions I surveyed face difficulties funding their work. Doctors joke that anyone who specializes in hospice care will go broke. Medical institutions prioritize curative treatment when allocating resources, while limiting the number of beds and the manpower they invest into their hospice units or else treating it as a luxury service for wealthy patients.

'… Many hospitals that offer hospice care choose to integrate it into relevant departments of oncology, geriatrics, and rehabilitation, for instance. One hospice care department at a hospital my team and I surveyed initially only admitted critically ill patients, but later began to work on cancer rehabilitation. The medical staff there said that this allowed them to feel like they could still do something for the patients, and it also better met the expectations of the patients' families. Given the cultural taboos surrounding death in China, as well as the ethics of filial piety, such vague and mixed practices make it

[162] Lu Y and others, Advancements in hospice and palliative care in China: A five-year …, March 2024
[163] Lu Y and others, Advancements in hospice and palliative care in China: A five-year …, March 2024
[164] Sixth Tone, About Us, no date
[165] Sixth Tone, Tu Jiong, no date

easier for patients and their families to choose and receive hospice care.'[166]

Back to Contents

22.4 Medication

22.4.1 The 2024 article by Yuhan Lu and others noted: 'Over the past five years, there has been a gradual standardization of drug management for hospice and palliative care in China. This process ensures a reliable supply of analgesic medications for cancer pain patients while preventing the illegal circulation and misuse of opioid drugs.'[167]

22.4.2 For medicines included on the Essential Medicines List that are specifically used to treat pain, see the section on Pain relief, fever reduction, anti-inflammatory, anti-rheumatic, anti-gout medicine in Annex A.

Back to Contents

23. Paediatric conditions

23.1 National programmes for paediatric conditions

23.1.1 The China National Program for Child Development (2021-2030) looks at improving 7 key aspects of child development. One aspect is specifically related to healthcare and includes improving children's access to health services, improving the capacity of children's health services, preventing and treating birth defects, prevention and control of key children's diseases and the protection of children's physical and mental health[168].

Back to Contents

23.2 Paediatric health facilities and personnel

23.2.1 China's National Bureau of Statistics' reporting on the implementation of the National Program for Child Development (2021-2030) noted in January 2024 that: 'As of the end of 2022, the number of maternity and child care institutions amounted to 3,031 and the number of children's hospitals amounted to 158 across China. The number of staff of the maternity and child care institutions increased to 627,000 and the population of pediatric doctors reached 226,000 with the number of pediatric beds of up to 568,000.'[169]

23.2.2 West China Med gives details of the Top 10 Pediatric Internal Medicine Hospitals in China and Top 10 Pediatric Surgery Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Best Children's Hospitals in China - Pediatric Care & Surgery and Pediatric Surgery - Top Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:

[166] Sixth Tone, Is China Ready for Hospice Care?, 1 May 2024
[167] Lu Y and others, Advancements in hospice and palliative care in China: A five-year…, March 2024
[168] National Bureau of Statistics of China, Statistical Monitoring Report of China …, 1 January 2024
[169] National Bureau of Statistics of China, Statistical Monitoring Report of China …, 1 January 2024



Back to Contents

23.3 Medication for paediatric conditions

23.3.1 For medicines included on the Essential Medicines List that are specifically used in paediatrics, see the section on Paediatrics medicine in Annex A.

Back to Contents

24. Respiratory conditions, including tuberculosis (TB)

24.1 Prevalence of respiratory conditions

24.1.1 China CDC Weekly, the national public health bulletin for China[170], reported in November 2025 that:

'… chronic obstructive pulmonary disease (COPD) ranks as the third most prevalent non-communicable disease in China … and currently affects 99.9 million people. Substantial regional disparities in disease burden exist, with higher prevalence rates observed in rural areas and among populations with lower educational attainment. At the provincial level, economically less developed regions demonstrate elevated COPD prevalence. The disease burden increases markedly with age, particularly in adults aged 50 years and above, with prevalence rates of 12.8% in males and 5.7% in females.'[171]

24.1.2 In March 2026, peer-reviewed journal Tropical Medicine and Health published an article on 'Tuberculosis incidence and mortality trends in mainland China, 2004–2024: control program and elimination progress', authored by Caini Mu and others. The article noted that: 'In 2023, 741,000 TB cases were reported in mainland China, with a mortality rate of 0.283 per 100,000 population. The incidence rate declined to 49 per 100,000 population in 2024, which, although significantly lower than that in 2004 (74.644 per 100,000 population), still ranks China as the fourth-highest TB-burden country globally.'[172]

Back to Contents

24.2 National Programmes for respiratory conditions

[170] China CDC Weekly, About CCDC Weekly, no date
[171] China CDC Weekly, Investing in Primary Care to Reduce the Burden of …, 20 November 2025
[172] Mu C and others, Tuberculosis incidence and mortality trends in mainland China…, 2 March 2026

24.2.1 China CDC Weekly noted:

'Over the past decade, China has implemented a comprehensive series of policy interventions and public health initiatives designed to improve COPD prevention, diagnosis, and management outcomes nationwide. … The inclusion of COPD management within the National Basic Public Health Programme represents another important milestone toward achieving Healthy China 2030 goals. These include an anticipated decline in premature death rates from respiratory diseases to 8.1 per 100,000 and a potential increase in disease awareness to 30%. This policy enables China's primary care services to assume a pivotal role in addressing the COPD burden, reflecting a broader structural shift toward preventive and equitable healthcare delivery.'[173]

24.2.2 The WHO noted that since 2021 China has implemented a strong national framework for tuberculosis preventive treatment (TPT)[174].

Back to Contents

24.3 Costs of treatment8 for respiratory conditions

24.3.1 In March 2023, China CDC Weekly noted:

'Tuberculosis (TB) is often regarded as "a disease of poverty". In China, a basic package of free services (including chest radiography, sputum smear test, and first-line drugs) is provided to TB cases, while other costs are covered by public-funded medical insurance schemes. However, there is limited information available on whether the current policy is sufficient to avoid the heavy economic burden of TB care. To address this, a cross-sectional study involving primary data collection was conducted in 41 counties in China in 2020 to obtain a nationally representative assessment of the financial burden of TB care. The results showed that the direct costs, indirect costs, and total costs due to TB care were 1041.3 USD [£786.91[175]], 12.7 USD [£9.59[176]], and 1185.5 USD [£895.88[177]] per patient, respectively. Direct costs accounted for 88% and 37% of costs incurred before patients arrived at TB-designated hospitals.'[178]

24.3.2 Frontiers in Public Health published an article on 'The patient-level economic burden of COPD in China: a systematic review of determinants and consequences', authored by Jian Tian and others, in June 2026. The article noted:

'For individuals and their families, a diagnosis of COPD is associated with a significant and sustained patient-level economic burden. This burden includes direct medical costs related to recurrent hospitalizations, long-term oxygen therapy, inhaled maintenance medications, and regular outpatient care. Indirect costs, including productivity loss, disability-related income reduction, and caregiver burden, may further exacerbate household financial strain. As COPD is a chronic and progressive condition, these costs often accumulate over time, generating persistent financial strain that can escalate into catastrophic health expenditure for households. The extent of this

[173] China CDC Weekly, Investing in Primary Care to Reduce the Burden of …, 20 November 2025
[174] WHO, TB preventive treatment in China, no date
[175] OANDA, Historical Currency Converter 1 USD = 0.7557 GBP, 29 September 2026
[176] OANDA, Historical Currency Converter 1 USD = 0.7557 GBP, 29 September 2026
[177] OANDA, Historical Currency Converter 1 USD = 0.7557 GBP, 29 September 2026
[178] China CDC Weekly, Financial Burden of Tuberculosis Patients — China, 2020, 23 March 2023

economic burden is strongly influenced by healthcare financing structures, insurance reimbursement policies, and access to chronic disease management services. In China, regional disparities in healthcare financing and insurance reimbursement may further exacerbate the economic impact of COPD on affected households. Although public insurance schemes have expanded population coverage, high out-of-pocket (OOP) payments for outpatient medications and long-term care remain common, particularly in rural areas.'[179]

Back to Contents

24.4 Health facilities for the treatment of respiratory conditions

24.4.1 West China Med gives details of the The Top 10 Respiratory Hospitals in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Pulmonology - Top Hospitals in China and Best Respiratory & Lung Hospitals in China - Pulmonology. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

24.5 Medication for respiratory conditions

24.5.1 For medicines included on the Essential Medicines List that are specifically used to treat respiratory conditions, see the section on Respiratory System Drugs in Annex A.

Back to Contents

25. Skin conditions

25.1 Health facilities for the treatment of skin conditions

25.1.1 West China Med gives details of the Best Dermatology Hospitals in China for Foreign Patients. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Dermatology - Top Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:

[179] Tian J and others, The patient-level economic burden of COPD in China: a …, 29 June 2026



Back to Contents

25.2 Medication for skin conditions

25.2.1 For medicines included on the Essential Medicines List that are specifically used to treat dermatological conditions, see the section on Dermatological Medicines in Annex A.

Back to Contents

26. Urological conditions

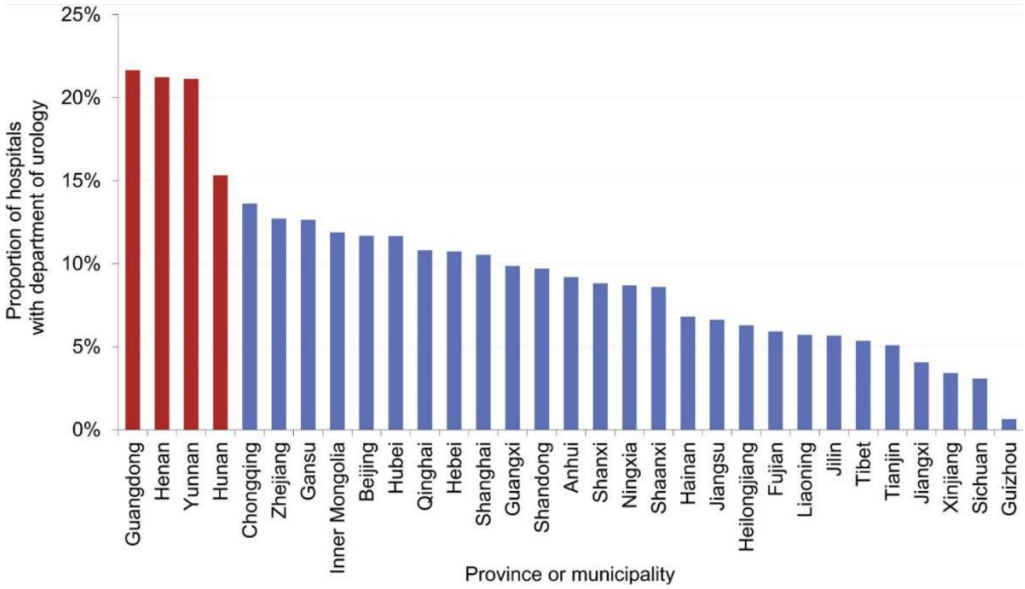
26.1 Medical personnel and health facilities for the treatment of urological conditions

26.1.1 The Asian Journal of Urology published an article in December 2019 titled 'Census report on Chinese urological surgeons', authored by Yinghao Sun and others. The article reported that there were 18,981 urological surgeons in China in 2015, of whom 15,875 participated in the study. CPIT created the map below using data from the article[180] to show the geographical distribution of the 15,875 participating urological surgeons (as a %).



[180] Sun Y and others, Census report on Chinese urological surgeons, 10 December 2019

26.1.2 The 2019 article by Yinghao Sun and others noted that: 'Among 25 860 hospitals in China, 2 602 hospitals (10.06%) possessed the department of urology and were able to carry out the urological surgery.'[181] The graph below is taken from the 2019 article and shows the proportion of hospitals with a urology department in each province.



26.1.3 West China Med gives details of the Top 10 Hospitals for Urology in China. Medora gives details of the 2025 Fudan Hospital rankings broken down by medical speciality - Urology - Top Hospitals in China. CPIT have used information from these sources to produce the map below, showing the locations of the mentioned hospitals:



Back to Contents

26.2 Medication for respiratory conditions

26.2.1 For medicines included on the Essential Medicines List that are specifically used to treat urological conditions, see Urinary System Drugs in Annex A.

Back to Contents

[181] Sun Y and others, Census report on Chinese urological surgeons, 10 December 2019

Annex A National essential medicines list (2026 edition)

The below table has been compiled using information taken from the 2026 national essential medicines list[182]. The National Health Commission stated that essential medicines are medicines that meet basic healthcare needs and should be available, accessible and affordable. The National Essential Medicines List guides the medicines used by medical institutions[183]. The names of drugs are included in the list in English. The other details in the list were originally published in Mandarin and have been translated using free online translation tools.

△ indicates that the medicine should be used by a doctor with the appropriate prescribing qualifications or under the guidance of specialists, with increased monitoring and evaluation. The antimicrobial drugs listed in the directory must be managed in accordance with relevant regulations governing the clinical application management of antimicrobial drugs.

Antimicrobial Drugs	
Penicillins	
	Dosage form and strengths
Benzylpenicillin	Potassium salt, sterile powder for injection: (400,000 units) 0.5 g (800,000 units) Sodium salt, sterile powder for injection: 0.24 g (400,000 units) 0.48 g (800,000 units) 0.96 g (1.6 million units) 2.4 g (4 million units)
Benzathine Benzylpenicillin	Sterile powder for injection 600,000 units, 1.2 million units
Oxacillin	Tablets, capsules: 0.25 g Sterile powder for injection: 0.5 g, 1.0 g, 2.0 g
Ampicillin	Sterile powder for injection: 0.5 g, 1.0 g, 2.0 g
Piperacillin	Sterile powder for injection: 0.5 g, 1.0 g, 2.0 g, 4.0 g
Amoxicillin	Tablets, capsules, granules, dry suspension: 0.125 g, 0.25 g
Amoxicillin and Clavulanate Potassium	Tablets Amoxicillin: Clavulanate = 2:1, Amoxicillin: Clavulanate = 4:1, Amoxicillin: Clavulanate = 7:1 Granules 125 mg: 31.25 mg (4:1), 200 mg: 28.5 mg (7:1) Dry suspension 250 mg: 62.5 mg (4:1), 200 mg: 28.5 mg (7:1)

[182] National Health Commission, Notice on Issuing the National Essential Medicines List, 9 July 2026
[183] Xinhua, China updates national essential drug list after 8 years, 10 July 2026

	Sterile powder for injection 250 mg: 50 mg (5:1), 500 mg: 100 mg (5:1), 1000 mg: 200 mg (5:1) (Amoxicillin: Clavulanate)
Piperacillin Sodium and Tazobactam Sodium	Sterile powder for injection 2.25 g (Piperacillin 2.0 g + Tazobactam 0.25 g), 4.5 g (Piperacillin 4.0 g + Tazobactam 0.5 g)
Cephalosporins	
Cefazolin	Sterile powder for injection 0.5 g, 1.0 g
Cefradine	Capsules 0.25 g, 0.5 g
Cefalexin (Cephalexin)	Tablets, capsules: 0.125 g, 0.25 g Granules: 0.05 g, 0.125 g
Cefuroxime	Cefuroxime axetil tablets, dispersible tablets, capsules, dry suspension: 0.125 g, 0.25 g Cefuroxime sodium sterile powder for injection: 0.25 g,0.5 g, 0.75 g,1.5 g
Cefixime △	Tablets: 50 mg, 100 mg Dispersible tablets: 100 mg Capsules: 100 mg Granules: 50 mg Dry suspension: 50 mg, 100 mg
Ceftriaxone	Sterile powder for injection: 0.25 g, 0.5 g, 1.0 g, 2.0 g
Ceftazidime △	Sterile powder for injection: 0.25 g, 0.5 g, 1.0 g, 2.0 g
Aminoglycosides	
Amikacin	Injection 1 ml: 0.1 g (100,000 units), 2 ml: 0.2 g (200,000 units)
Gentamicin	Injection 1 ml: 40 mg (40,000 units), 2 ml: 80 mg (80,000 units)
Tetracyclines	
Doxycycline	Tablets 50 mg, 100 mg
Minocycline	Tablets: 50 mg Capsules: 50 mg, 100 mg
Macrolides	
Erythromycin	Enteric-coated tablets/capsules: 0.125 g (125,000 units), 0.25 g (250,000 units) Erythromycin ethylsuccinate tablets/capsules: 0.125 g, 0.25 g Sterile powder for injection: 0.25 g (250,000 units), 0.3 g (300,000 units), 0.5 g (500,000 units)
Azithromycin	Tablets, capsules: 0.25 g (250,000 units)

	Granules, dry suspension: 0.1 g (100,000 units) Sterile powder for injection: 0.5 g (500,000 units)
Clarithromycin	Tablets, granules: 0.125 g (125,000 units), 0.25 g (250,000 units)
Other Antibiotics	
Clindamycin	Clindamycin hydrochloride capsules: 0.075 g, 0.15 g Clindamycin hydrochloride palmitate granules: 75 mg Clindamycin phosphate injection: 1 ml: 150 mg, 2 ml: 300 mg, 4 ml: 600 mg, 6 ml: 900 mg
Fosfomycin	Fosfomycin sodium sterile powder for injection: 1.0 g (1 million units), 2.0 g (2 million units), 4.0 g (4 million units) Fosfomycin trometamol powder: 3.0 g (3 million units)
Fusidic Acid △	Sterile powder for injection 0.125 g, 0.25 g, 0.5 g
Sulfonamides	
Compound Sulfamethoxazole	Tablets: 400 mg: 80 mg Injection: 5 ml: 400 mg: 80 mg (Sulfamethoxazole: Trimethoprim)
Sulfadiazine	Tablets: 0.5 g Injection: 2 ml: 0.4 g, 5 ml: 1 g
Quinolones	
Norfloxacin	Tablets, capsules 0.1 g
Ciprofloxacin	Ciprofloxacin hydrochloride tablets: 0.25 g, 0.5 g Ciprofloxacin lactate sodium chloride injection:100 ml: 0.2 g
Levofloxacin	Tablets: 0.25 g, 0.5 g Sodium chloride injection: 50 ml: 0.25 g, 100 ml: 0.5 g
Moxifloxacin	Tablets: 0.4 g Sodium chloride injection: 250 ml (0.4 g moxifloxacin + 2.0 g sodium chloride)
Nitroimidazoles	
Metronidazole	Tablets, capsules: 0.2 g Sodium chloride injection: 100 ml: 0.5 g
Tinidazole	Tablets 0.5 g
Nitrofurans	
Nitrofurantoin	Enteric-coated tablets 50 mg
Anti-Tuberculosis Drugs	

Tuberculosis Medicines △	(Note 1 - Tuberculosis medication refers to the drugs used for treating tuberculosis that are listed in the national tuberculosis prevention and control technical guidelines).
Anti-Leprosy Drugs	
Dapsone	Tablets 50 mg, 100 mg
Antifungal Drugs	
Fluconazole	Tablets, capsules: 50 mg, 100 mg, 150 mg Sodium chloride injection: 100 ml: 0.2 g
Itraconazole	Dispersible tablets: 0.1 g Granules: 0.1 g Capsules: 0.1 g Oral solution: 150 ml: 1.5 g
Amphotericin B	Sterile powder for injection: 5 mg (5,000 units), 25 mg (25,000 units), 50 mg Liposomal injection: 50 mg (50,000 units)
Caspofungin	Sterile powder for injection 50 mg, 70 mg
Other Antibacterial Drugs	
Berberine	Tablets 50 mg, 100 mg
Antiviral Drugs	
Aciclovir (Acyclovir)	Tablets: 0.1 g, 0.2 g Capsules: 0.2 g Sterile powder for injection: 0.25 g
Ganciclovir	Sterile powder for injection 0.05 g, 0.15 g, 0.25 g, 0.5 g
Oseltamivir	Capsules: 30 mg, 45 mg, 75 mg Granules: 15 mg, 25 mg Dry suspension: 0.36 g
Entecavir △	Tablets, dispersible tablets: 0.5 mg, 1 mg Capsules: 0.5 mg Oral solution: 210 ml: 10.5 mg
Ribavirin	Tablets, capsules 0.1 g
Sofosbuvir and Velpatasvir △	Tablets, each tablet contains: Sofosbuvir 400 mg, Velpatasvir 100 mg
Tenofovir Disoproxil △	Tablets, capsules 0.3 g
Tenofovir Alafenamide △	Tablets 25 mg
Human Interferon △	Human Interferon α1b

	Injection: 10 μg/0.5 ml; 30 μg/1 ml Sterile powder for injection: 10 μg; 30 μg Human Interferon α2a Injection or sterile powder: 3 million IU, 5 million IU Human Interferon α2b Injection or sterile powder: 3 million IU, 5 million IU
HIV/AIDS Medicines △	(Note 2- “AIDS Medications” include both anti-retroviral drugs and medications for treating opportunistic infections associated with AIDS. Anti-retroviral drugs refer to medicines provided under the national free AIDS treatment program; while medications for opportunistic infections are those used, according to regulations, to treat opportunistic infections in AIDS patients).
Antiparasitic Drugs	
Antimalarial Drugs	
	Dosage form and strengths
Chloroquine	Tablets: 250 mg Injection: 5 ml: 322 mg
Hydroxychloroquine △	Tablets- 0.1 g, 0.2 g
Primaquine	Tablets- 13.2 mg
Pyrimethamine	Tablets- 6.25 mg
Artemisinin drugs	(Note 3. "Artemisinin drugs," refers to artemisinin-based combination preparations, drugs used in combination regimens, and artemisinin-based injections that are listed in the ‘Principles and Treatment Regimens for the Use of Antimalarial Drugs [Revised Draft]’*)
Anti-amoebic and Anti-trichomonal Drugs	
Metronidazole	Tablet, capsule: 0.2g Sodium chloride injection: 100ml: 0.5g
Anti-leishmaniasis drugs	
Sodium Stibogluconate	Injection- 6 ml containing 0.6 g antimony (approximately equivalent to 1.9 g sodium stibogluconate)
Anti-schistosomiasis medicine	
Praziquantel	Tablets- 0.2 g
Worm medicine	

Albendazole	Tablets, capsules: 0.1 g, 0.2 g

Anaesthetic Drugs	
Local Anaesthetics	
	Dosage form and strengths
Lidocaine	Carbonate injection: 5 ml: 86.5 mg, 10 ml: 0.173 g Hydrochloride injection: 2 ml: 4 mg, 5 ml: 0.1 g, 10 ml: 0.2 g Gel: 2% Oral/Topical paste: 10 g: 0.2 g
Bupivacaine △	Injection- 5 ml: 25 mg, 5 ml: 37.5 mg, 10 ml: 75 mg
Ropivacaine △	Hydrochloride injection- 10 ml: 75 mg, 10 ml: 100 mg
Tetracaine △	Sterile powder for injection: 10 mg, 25 mg, 50 mg Gel: 1.5 g: 70 mg
General Anaesthetics	
Ketamine △	Injection- 2 ml: 0.1 g, 10 ml: 0.1 g
Propofol △	Emulsion injection- 10 ml: 0.1 g, 20 ml: 0.2 g, 50 ml: 0.5 g, 50 ml: 1 g
Remifentanil △	Sterile powder for injection: 1mg, 2mg, 5mg
Sevoflurane △	Inhalation solution: 100ml, 12ml, 250ml
Muscle Relaxants	
Rocuronium Bromide △	Injection- 2.5 ml: 25 mg, 5 ml: 50 mg
Suxamethonium (Succinylcholine) Chloride	Injection- 1 ml: 50 mg, 2 ml: 100 mg
Vecuronium Bromide	Sterile powder for injection- 4 mg

Pain relief, fever reduction, anti-inflammatory, anti-rheumatic, anti-gout medicine	
Analgesics	
	Dosage form and strengths
Fentanyl △	Injection: 2 ml: 0.1 mg Transdermal patch
Pethidine (Meperidine) △	Injection- 1 ml: 50 mg, 2 ml: 100 mg
Morphine △	Tablets Sustained-release tablets Oral solution

	Injection
Oxycodone △	Sustained-release tablets: 5 mg, 10 mg, 40 mg Injection: 1 ml: 10 mg
Pregabalin	Capsules: 75 mg, 150 mg Oral solution: 100 ml: 2 g
Antipyretic, Analgesic, Anti-inflammatory and Antirheumatic Drugs	
Paracetamol (Acetaminophen)	Tablets: 0.3 g, 0.5 g Oral solution: 100 ml: 2.4 g Granules Suspension Dry suspension Suppository
Aspirin	Tablets: 0.3 g, 0.5 g Enteric-coated tablets: 0.3 g
Ibuprofen	Tablets/granules: 0.1 g, 0.2 g Capsules: 0.2 g Sustained-release tablets/capsules: 0.3 g Suspension: 60 ml: 1.2 g 100 ml: 2 g
Diclofenac Sodium	Enteric-coated tablets: 25 mg Sustained-release tablets: 50 mg, 75 mg, 100 mg Sustained-release capsules: 50 mg, 100 mg
Loxoprofen Sodium	Tablets- 60 mg
Flurbiprofen Axetil	Injection- 5 ml: 50 mg
Indometacin (Indomethacin)	Suppositories- 25 mg, 50 mg, 100 mg
Hydroxychloroquine △	Tablet: 0.1g, 0.2g
Leflunomide △	Tablets- 5 mg, 10 mg, 20 mg
Mesalazine	Enteric-coated tablets: 0.25 g, 0.5 g Sustained-release tablets: 0.5 g Suppositories: 0.5 g, 1 g Sustained-release granules: 0.5 g Enema: 60 g: 4 g
Penicillamine △	Tablets- 0.125 g
Anti-Gout Drugs	
Allopurinol	Tablets- 0.1 g

Febuxostat	Tablets- 20 mg, 40 mg, 80 mg
Colchicine	Tablets- 0.5 mg
Benzbromarone	Tablets/Capsules- 50 mg

Nervous System Drugs	
Anti-Parkinson Drugs	
	Dosage form and strengths
Amantadine	Tablets- 0.1 g
Trihexyphenidyl	Tablets- 2 mg
Levodopa and Benserazide Hydrochloride	Tablets/Capsules- 0.125 g (100 mg/25 mg), 0.25 g (200 mg/50 mg)
Pramipexole △	Tablets: 0.125 mg, 0.25 mg, 1.0 mg Sustained-release tablets: 0.375 mg, 0.75 mg, 1.5 mg, 3.0 mg, 4.5 mg
Entacapone	Tablets- 0.2 g
Bromocriptine	Tablets- 2.5 mg
Anti-Myasthenia Gravis Drugs	
Neostigmine	Injection- 1 ml: 0.5 mg, 2 ml: 1 mg, 4 ml: 2 mg
Pyridostigmine Bromide	Tablets- 60 mg
Antiepileptic Drugs	
Carbamazepine	Tablets: 0.1 g, 0.2 g Sustained-release tablets: 0.1 g, 0.2 g, 0.4 g
Oxcarbazepine	Tablets: 0.15 g, 0.3 g Oral suspension: 60 mg/ml
Sodium Valproate	Tablets: 0.1 g, 0.2 g Sustained-release tablets: 0.5 g Oral solution: 300 ml: 12 g Concentrated injection: 3 ml: 0.3 g, 4 ml: 0.4 g, 5 ml: 0.5 g
Phenytoin Sodium	Tablets- 50 mg, 100 mg
Phenobarbital	Tablets: 15 mg, 30 mg, 100 mg Injections: 1 ml: 0.1 g, 2 ml: 0.2 g Sterile powder for injection: 0.1 g
Lamotrigine	Tablets: 25 mg, 50 mg, 100 mg Dispersible tablets: 25 mg, 50 mg
Levetiracetam	Tablets: 0.25 g, 0.5 g Sustained-release tablets: 0.5 g, 0.75 g

	Oral solution: 100 ml: 10 g, 150 ml: 15 g, 300 ml: 30 g Concentrated injection: 5 ml: 0.5 g
Drugs for Cerebrovascular Disorders and Intracranial Pressure	
Nimodipine	Tablets/capsules: 20 mg, 30 mg Injection: 50 ml: 10 mg
Mannitol	Injection- 50 ml: 10 g, 100 ml: 20 g, 250 ml: 50 g Irrigation solution: 3000 ml: 150 g
Betahistine	Betahistine hydrochloride tablets: 4 mg Betahistine mesylate tablets: 6 mg
Flunarizine	Tablets/Capsules- 5 mg
Butylphthalide △	Soft capsules: 0.1 g Sodium chloride injection: 100 ml: 25 mg
Edaravone and Dexborneol △	Concentrated injection 5 ml containing: Edaravone 10 mg, Dexborneol 2.5 mg
Central Nervous System Stimulants	
Citicoline Sodium	Injection- 2 ml: 0.25 g, 4 ml: 0.5 g
Nikethamide	Injection- 1.5 ml: 0.375 g, 2 ml: 0.5 g
Lobeline	Injection- 1 ml: 3 mg, 1 ml: 10 mg
Anti-Dementia Drugs	
Huperzine A	Tablets/Capsules 50 μg
Donepezil	Tablets: 5 mg, 10 mg Dispersible tablets: 5 mg Orally disintegrating tablets: 5 mg

Drugs for Mental Disorders	
Antipsychotic Drugs	
	Dosage form and strengths
Perphenazine △	Tablet: 2mg, 4mg Injection: 1ml: 5mg
Chlorpromazine	Tablet: 12.5mg, 25mg, 50mg Injection: 1ml: 10mg, 1ml: 25mg, 2ml: 50mg
Haloperidol △	Tablet: 2mg, 4mg Injection: 1ml: 5mg
Sulpiride	Tablet: 10mg, 50mg, 100mg
Amisulpride △	Tablet: 50mg, 200mg
Fluphenazine Decanoate △	Injection: 1ml: 25mg

Clozapine △	Tablet: 25mg, 50mg Orally disintegrating tablet: 25mg, 100mg
Olanzapine △	Tablet: 5mg, 10mg Orally disintegrating tablet: 5mg
Risperidone △	Tablet: 1mg, 2mg Orally disintegrating tablet: 1mg Oral solution: 0.1%
Paliperidone △	Extended-release tablet: 3mg, 6mg, 9mg (Palmate) Injection: 0.75ml: 75mg, 1.0ml: 100mg, 1.5ml: 150mg
Quetiapine △	Tablet: 25mg, 100mg
Aripiprazole △	Tablet: 5mg, 10mg
Penfluridol △	Tablet: 20mg
Lurasidone △	Tablet: 20mg, 40mg, 80mg
Antidepressants	
Paroxetine △	Tablet: 20mg Enteric-coated extended release tablets: 12.5mg, 25mg, 37.5mg
Fluoxetine △	Tablet: 10mg Capsule: 20mg Dispersible tablet: 20mg
Amitriptyline	Tablet: 25mg
Doxepin △	Tablet: 25mg
Mirtazapine △	Tablet: 15mg, 30mg
Clomipramine △	Tablet: 10mg, 25mg Injection: 2ml: 25mg
Escitalopram △	Tablet: 5mg, 10mg, 20mg
Venlafaxine △	Tablet, capsule: 25mg, 50mg Extended-release tablet: 75mg Extended-release capsule: 75mg, 150mg
Sertraline △	Tablet: 25mg, 50mg, 100mg Capsule: 50mg
Anti-anxiety medication	
Diazepam △	Tablets: 2.5 mg, 5 mg Injection: 2 ml: 10 mg
Clonazepam △	Tablets: 0.5 mg, 2 mg

Lorazepam	Tablets 0.5 mg, 1 mg
Estazolam	Tablets 1 mg, 2 mg
Alprazolam	Tablets 0.4 mg
Tandospirone	Tablets/Capsules 5 mg, 10 mg
Buspirone	Tablets 5 mg
Mood stabilizers	
Lithium Carbonate △	Tablets: 0.25 g Sustained-release tablets: 0.3 g
Tranquilizer	
Diazepam	Tablet: 2.5mg, 5mg Injection: 2ml: 10mg
Zopiclone	Tablets 3.75 mg, 7.5 mg
Dexzopiclone	Tablets 1 mg, 2 mg, 3 mg
Midazolam △	Tablets: 15 mg Oral solution: 0.2% Injection: 1 ml: 5 mg, 2 ml: 10 mg
Zolpidem △	Tablets 5 mg, 10 mg

Cardiovascular Drugs	
Antianginal Drugs	
	Dosage form and strengths
Nitroglycerin	Tablets: 0.5 mg Sublingual tablets: 0.6 mg Injection: 1 ml: 5 mg
Isosorbide Dinitrate	Tablets: 5 mg Injection: 10 ml: 10 mg Sodium chloride/glucose injection: 100 ml: 10 mg
Isosorbide Mononitrate	Tablets: 10 mg, 20 mg Sustained-release tablets: 30 mg, 40 mg, 50 mg, 60 mg Sustained-release capsules: 40 mg, 50 mg Injection: 1 ml: 10 mg, 5 ml: 20 mg
Nifedipine	Tablets 5 mg, 10 mg
Diltiazem	Tablets: 30 mg Sustained-release capsules: 90 mg
Nicorandil	Tablets 5 mg

Trimetazidine	Tablets: 20 mg Sustained-release tablets: 35 mg
Antiarrhythmic Drugs	
Mexiletine	Tablets 50 mg, 100 mg
Propafenone	Tablets: 50 mg, 100 mg, 150 mg Injection: 10 ml: 35 mg, 20 ml: 70 mg
Propranolol	Tablets 10 mg
Atenolol	Tablets 12.5 mg, 25 mg, 50 mg
Metoprolol	Metoprolol Tartrate tablets: 25 mg, 50 mg Metoprolol Succinate sustained-release tablets/capsules: 47.5 mg Injection (tartrate): 5 ml: 5 mg
Esmolol	Injection- 1 ml: 0.1 g, 2 ml: 0.2 g, 10 ml: 0.1 g
Sotalol	Tablets 80 mg
Amiodarone	Tablets: 0.2 g Injection: 2 ml: 0.15 g, 3 ml: 0.15 g
Verapamil	Tablets: 40 mg Injection: 2 ml: 5 mg
Ibutilide △	Injection 10 ml: 1 mg
Moracizine	Tablets 50 mg
Drugs for Heart Failure	
Digoxin △	Tablets: 0.25 mg Oral solution: 10 ml: 0.5 mg, 30 ml: 1.5 mg, 50 ml: 2.5 mg, 100 ml: 5 mg Injection: 2 ml: 0.5 mg
Deslanoside	Injection 2 ml: 0.4 mg
Ivabradine	Tablets 5 mg, 7.5 mg
Milrinone △	Injection 5 ml: 5 mg, 10 ml: 10 mg
Anti-hypertensive Drugs	
Captopril	Tablets 12.5 mg, 25 mg
Enalapril	Tablets 2.5 mg, 5 mg, 10 mg (Note 4- "Enalapril" includes enalapril and enalapril-folic acid)
Lisinopril	Tablets/Capsules 5 mg, 10 mg
Perindopril tert-Butylamine	Tablets 2 mg, 4 mg, 8 mg

Valsartan	Tablets/Capsules 80 mg
Telmisartan	Tablets: 20 mg, 40 mg, 80 mg Capsules: 40 mg
Irbesartan	Tablets: 75 mg, 150 mg Dispersible tablets: 150 mg
Valsartan and Amlodipine	Tablets- Type I: Valsartan 80 mg + Amlodipine 5 mg Type II: Valsartan 160 mg + Amlodipine 5 mg
Sodium Nitroprusside	Sterile powder for injection 50 mg
Magnesium Sulfate	Injection- 2 ml: 1 g, 10 ml: 1 g, 10 ml: 2.5 g, 10 ml: 5 g, 20 ml: 10 g
Nitrendipine	Tablets 10 mg
Nifedipine	Tablet: 5mg, 10mg Extended release tablet: 10mg, 20mg, 30mg
Felodipine	Tablets/Sustained-release tablets 2.5 mg, 5 mg
Amlodipine	Tablets 5 mg
Levamlodipine	Besylate tablets: 2.5 mg, 5 mg Maleate tablets: 2.5 mg
Bisoprolol	Tablets 2.5 mg, 5 mg
Labetalol	Tablets 50 mg, 100 mg
Urapidil	Sustained-release tablets/capsules: 30 mg Injection: 5 ml: 25 mg, 10 ml: 50 mg
Indapamide	Tablets: 2.5 mg Sustained-release tablets: 1.5 mg
Phentolamine	Injection: 1 ml: 10 mg Sterile powder for injection: 10 mg
Prazosin	Tablets 1 mg, 2 mg
Bosentan △	Tablets: 125 mg Dispersible tablets: 32 mg
Anti-Shock Drugs	
Epinephrine (Adrenaline)	Injection 1 ml: 1 mg
Norepinephrine	Injection 1 ml: 2 mg, 2 ml: 10 mg, 4 ml: 8 mg
Isoprenaline	Injection 2 ml: 1 mg
Metaraminol	Injection- 1 ml: 10 mg, 5 ml: 50 mg

Dopamine	Injection- 2 ml: 20 mg, 2.5 ml: 50 mg, 5 ml: 100 mg, 5 ml: 200 mg
Dobutamine	Injection- 2 ml: 20 mg, 5 ml: 100 mg
Lipid-Lowering and Anti-Atherosclerotic Drugs	
Simvastatin	Tablets 10 mg, 20 mg
Atorvastatin	Tablets 10 mg, 20 mg
Rosuvastatin	Tablets/Capsules 5 mg, 10 mg, 20 mg
Fenofibrate	Tablets/Dispersible tablets: 0.1 g Capsules: 0.1 g, 0.2 g
Ezetimibe	Tablets 10 mg

Respiratory System Drugs	
Expectorants	
	Dosage form and strengths
Bromhexine	Tablet: 8mg Oral solution: 40ml: 80mg Injection: 2ml: 4mg
Ambroxol	Tablet, dispersible tablet, capsule: 30mg Oral solution: 0.3%, 0.6% Inhalation solution: 2ml: 15mg Injection: 2ml: 15mg
Eucalyptol, Limonene and Pinene	Enteric-coated capsule: 0.12g, 0.3g
Carbocysteine	Tablet: 0.1g, 0.25g Oral solution: 10ml: 0.2g, 10ml: 0.5g
Acetylcysteine	Granules: 0.1g, 0.2g Effervescent tablet: 0.6g Inhalation solution: 3ml: 0.3g
Antitussives	
Compound Liquorice Preparation	Tablet, oral solution
Pentoxyverine	Tablet: 25mg
Codeine △	Tablet: 15mg, 30mg
Dextromethorphan △	Tablet: 15mg Granules: 15mg Oral solution: 10ml: 15mg

Compound Methoxyphenamine Hydrochloride Capsules	Capsule: each tablet contains methoxyphenamine hydrochloride 12.5mg,
Bronchodilators	
Aminophylline	Tablet: 0.1g, 0.2g Extended-release tablet: 0.1g Injection: 2ml: 0.25g, 2ml: 0.5g, 10ml: 0.25g
Theophylline	Extended-release tablet: 0.1g
Salbutamol	Inhaler: 200 press: every press 100μg, 200 press: every press 140μg Inhalation solution: 2.5ml: 5mg
Ipratropium Bromide	Aerosol: 14g: 8.4mg Inhalation solution: 2ml: 0.5mg
Tiotropium Bromide	Inhaler: 18μg
Montelukast	Tablets: 10 mg Chewable tablets: 4 mg, 5 mg Granules: 4 mg Oral dissolving film: 4 mg, 5 mg
Fluticasone Propionate	Inhalation aerosol: 50 μg per actuation, 125 μg per actuation Nebuliser suspension: 2 ml: 0.5 mg
Budesonide	Inhalation aerosol: 100 actuations per inhaler, 200 μg per actuation, 200 actuations per inhaler, 100 μg per actuation Inhalation powder: 0.1 mg/inhalation, 0.2 mg/inhalation Nebuliser suspension: 2 ml: 1 mg
Budesonide and Formoterol	Inhalation powder- 80 μg / 4.5 μg per inhalation, 160 μg / 4.5 μg per inhalation, 320 μg / 9 μg per inhalation
Indacaterol and Glycopyrronium	Inhalation powder 110 μg / 50 μg per capsule
Budesonide, Glycopyrronium and Formoterol	Inhalation aerosol 120 actuations per inhaler Each actuation contains: Budesonide 160 μg, Glycopyrronium 7.2 μg, Formoterol fumarate 4.8 μg
Others	
Tetrandrine △	Tablets: 20 mg Injection: 2 ml: 30 mg
Nintedanib △	Soft capsules 100 mg, 150 mg

Digestive System Drugs	
Antacids and Anti-Ulcer Drugs	
	Dosage form and strengths
Compound Aluminium Hydroxide	Tablets
Ranitidine	Tablets/capsules: 0.15 g Injection: 2 ml: 50 mg
Famotidine	Tablets/capsules: 20 mg Injection: 2 ml: 20 mg Sterile powder for injection: 20 mg
Omeprazole	Enteric-coated tablets/capsules: 10 mg, 20 mg Sterile powder for injection: 40 mg
Esomeprazole	Enteric-coated tablets/capsules: 20 mg Enteric-coated dry suspension:10 mg, 20 mg, 40 mg Sterile powder for injection: 40 mg
Rabeprazole	Enteric-coated tablets 10 mg, 20 mg
Bismuth Potassium Citrate	Tablets/capsules: 0.3 g (containing 0.11 g bismuth) Granules: each sachet contains 0.11 g bismuth
Colloidal Bismuth Pectin	Capsules: 50 mg (as bismuth), 100 mg (as bismuth) Granules: 150 mg (as bismuth)
Hydrotalcite	Chewable tablets 0.5 g
Digestive Enzymes	
Lactasin	Tablets 0.15 g, 0.3 g
Pancreatin	Enteric-coated tablets: 300 mg Enteric-coated capsules: 150 mg
Gastrointestinal Antispasmodics and Prokinetics	
Anisodamine	Tablets (including racemate): 5 mg, 10 mg Injection (including racemate): 1 ml: 2 mg, 1 ml: 10 mg
Atropine	Tablets: 0.3 mg Injection: 1 ml: 0.5 mg, 1 ml: 1 mg, 1 ml: 5 mg, 2 ml: 1 mg
Domperidone	Tablets 10 mg
Metoclopramide	Tablets: 5 mg Injection: 1 ml: 10 mg, 2 ml: 10 mg
Mosapride	Tablets 5 mg

Pinaverium Bromide	Tablets 50 mg
Antiemetics	
Ondansetron	Tablets: 4 mg, 8 mg Injection: 2 ml: 4 mg, 4 ml: 8 mg
Laxatives and Anti-diarrheal	
Enema Preparation	Contains glycerine and sorbitol
Lactulose	Oral solution- 15 ml: 10 g, 100 ml: 66.7 g, 200 ml: 133.4 g
Loperamide	Capsules 2 mg
Montmorillonite	Granules 3 g
Macrogol	Granules
Drugs for Liver Disease	
Arginine	Injection 20 ml: 5 g
Bifendate	Tablets: 25 mg Pills: 1.5 mg
Diammonium Glycyrrhizinate	Capsules 50 mg
Silymarin	Tablets: 70 mg Capsules: 140 mg
Polyene Phosphatidylcholine △	Capsules: 228 mg Injection: 5 ml: 232.5 mg
Probiotics	
Live Bacillus licheniformis	Capsules: 0.25 g Granules: 0.5 g
Live Combined Bacillus subtilis and Enterococcus faecium	Enteric-coated capsules: 250 mg
Bifid Triple Viable Bacteria	Capsules/enteric-coated capsules: 0.21 g
Live Combined Bifidobacterium, Lactobacillus, Enterococcus and Bacillus cereus	Tablets: 0.5 g
Choleretic Drugs	
Ursodeoxycholic Acid	Tablets: 50 mg, 250 mg Capsules: 250 mg Suspension: 250 ml: 12.5 g
Inflammatory Bowel Disease Drugs	

Sulfasalazine	Enteric-coated tablets: 0.25 g Suppositories: 0.5 g

Urinary System Drugs	
Diuretics and Dehydrating Agents	
	Dosage form and strengths
Furosemide	Tablets: 20 mg Injection: 2 ml: 20 mg
Torasemide	Tablets: 5 mg, 10 mg, 20 mg Injection: 2 ml: 10 mg, 4 ml: 20 mg
Hydrochlorothiazide	Tablets: 6.25 mg, 10 mg, 25 mg
Spironolactone	Tablets: 12 mg, 20 mg
Triamterene	Tablets: 50 mg
Finerenone	Tablets: 10 mg
Glycerol Fructose	Sodium chloride injection: 250 ml, 500 ml
Drugs for Benign Prostatic Hyperplasia	
Tamsulosin	Sustained-release capsules: 0.2 mg
Terazosin	Tablets/capsules: 2 mg
Finasteride	Tablets/capsules: 5 mg
Dialysis Drugs	
Peritoneal Dialysis Solution	Injection (for peritoneal dialysis)

Haematological System Drugs	
Anti-Anaemia Drugs	
	Dosage form and strengths
Ferrous Sulfate	Tablet: 0.3g Extended-release tablet: 0.45g
Iron Dextran	Oral solution: 5ml: 25mg (Fe), 10ml: 50mg (Fe) Injection: 2ml: 50mg (Fe), 2ml: 100mg (Fe)
Ferrous Succinate	Tablet: 0.1g
Vitamin B12	Injection: 1ml: 0.25mg, 1ml: 0.5mg
Folic Acid	Tablet: 0.4mg, 5mg
Cobamamide	Tablet: 0.25mg Capsule: 0.5mg
Mecobalamin	Tablet, capsule: 0.5mg

	Injection: 1ml: 0.5mg
Human Erythropoietin	Injection: 2000IU, 3000IU, 10000IU
Roxadustat	Capsule: 20mg, 50mg
Antiplatelet Drugs	
Aspirin	Enteric-coated tablet 25mg, 50mg, 0.1g, 0.3g
Clopidogrel	Tablet: 25mg, 75mg
Indobufen	Tablet: 0.1g, 0.2g
Ticagrelor	Tablet: 60mg, 90mg
Cilostazol	Tablet: 50mg, 100mg
Haemostatic medicine	
Thrombin	Powdered medicine: 200 unit, 500 unit, 2000 unit
Vitamin K_1	Injection: 1ml: 10mg
Menadiol	Tablet: 2mg, 4mg
Aminomethylbenzoic Acid	Injection: 10ml: 0.1g, 5ml: 50mg
Tranexamic Acid	Injection: 2.5ml: 0.25g, 5ml: 0.25g, 5ml: 0.5g
Protamine	Injection: 5ml: 50mg, 10ml: 0.1g
Haemophilia Medicines △	(Note 5 “Hemophilia medications”, includes human coagulation factor VIII, human prothrombin complex, and human fibrinogen.)
Anticoagulants and Thrombolytics	
Heparin	Calcium heparin injection: 1 ml: 5,000 units, 1 ml: 10,000 units Sodium heparin injection: 2 ml: 5,000 units, 2 ml: 12,500 units
Low Molecular Weight Heparin	Injection
Warfarin △	Tablets 1 mg, 2.5 mg, 3 mg, 5 mg
Urokinase △	Sterile powder for injection 100,000 units, 250,000 units
Dabigatran Etexilate	Capsules 110 mg, 150 mg
Rivaroxaban	Tablets 10 mg, 15 mg, 20 mg
Recombinant Human Tissue-Type Plasminogen Activator Derivative △	Sterile powder for injection 18 mg
Volume expander	
Hydroxyethyl Starch 130/0.4	Sodium chloride injection 250 ml: 15 g, 500 ml: 30 g
Others	
Eltrombopag Olamine △	Tablets 25 mg

Human Granulocyte Colony-Stimulating Factor △	Injection 75 µg, 100 µg, 150 µg, 200 µg,300 µg

Hormones and Endocrine Medicines	
Pituitary and Hypothalamic Hormones	
	Dosage form and strengths
Chorionic Gonadotrophin	Sterile powder for injection 500 units, 1,000 units, 2,000 units, 5,000 units
Desmopressin	Tablets: 0.089 mg, 0.178 mg Oral solution: 15 ml: 5.4 mg Injection: 1 ml: 3.56 µg, 1 ml: 13.35 µg
Human Growth Hormone △	Sterile powder for injection 0.85 mg, 1.0 mg, 1.2 mg, 1.33 mg, 1.6 mg, 2.0 mg, 3.7 mg, 4.0 mg
Somatostatin	Sterile powder for injection 3 mg
Adrenal Cortex Hormones	
Hydrocortisone	Tablets: 10 mg, 20 mg Injection: 2 ml: 10 mg, 5 ml: 25 mg, 20 ml: 100 mg Hydrocortisone sodium succinate sterile powder: 50 mg, 100 mg
Prednisone	Tablets 5 mg
Methylprednisolone	Tablets: 4 mg Methylprednisolone sodium succinate sterile powder: 40 mg, 125 mg, 500 mg
Dexamethasone	Tablets: 0.75 mg Injection: 1 ml: 2 mg, 1 ml: 5 mg
Insulin and Antidiabetic Medicines	
Insulin	Injection, Short-acting, intermediate-acting and premixed (30R) 300 units, 400 units
Insulin Glargine	Injection 3 ml: 300 units
Insulin Aspart	Injection 3 ml: 300 units
Insulin Degludec	Injection 3 ml: 300 units
Metformin	Tablets, enteric-coated tablets/capsules, sustained-release tablets: 0.25 g, 0.5 g Capsules and sustained-release capsules: 0.25 g
Glibenclamide	Tablets 2.5 mg
Glipizide	Tablets, Sustained-release tablets, Capsules 5 mg
Glimepiride	Tablets 1 mg, 2 mg
Gliquidone	Tablets 30 mg

Gliclazide	Tablets: 80 mg Sustained-release tablets: 30 mg, 60 mg
Acarbose	Tablets/Capsules 50 mg
Dapagliflozin	Tablets 5 mg, 10 mg
Empagliflozin	Tablets 10 mg, 25 mg
Liraglutide	Injection 3 ml: 18 mg
Semaglutide	Injection (pre-filled pen) 1.34 mg/ml, 1.5 ml, 1.34 mg/ml, 3 ml
Repaglinide	Tablets 0.5 mg, 1 mg, 2 mg
Pioglitazone	Tablets/Capsules 15 mg, 30 mg
Sitagliptin	Tablets 25 mg, 50 mg, 100 mg
Linagliptin	Tablets 5 mg
Thyroid and Antithyroid Medicines	
Thyroid Tablets	Tablets 40 mg
Levothyroxine Sodium	Tablets 25 μg, 50 μg, 100 μg
Thiamazole (Methimazole)	Tablets 5 mg, 10 mg
Propylthiouracil	Tablets 50 mg, 100 mg
Antiparathyroid Medicines	
Cinacalcet △	Tablets 25 mg, 75 mg
Androgens and Anabolic Steroids	
Androgens and Anabolic Steroids	Injection 1 ml: 25 mg
Testosterone Undecanoate	Soft capsules: 40 mg Injection: 2 ml: 0.25 g
Oestrogens, Progestogens and Anti-progestogens	
Nilestriol	Tablets 1 mg, 2 mg, 5 mg
Estradiol	Gel 0.06%
Progesterone	Capsules: 50 mg Soft capsules: 100 mg, 200 mg Injection: 1 ml: 10 mg, 1 ml: 20 mg
Medroxyprogesterone △	Tablets: 2 mg, 4 mg, 100 mg, 250 mg Capsules: 100 mg
Dydrogesterone	Tablets 10 mg
Dienogest	Tablets 2 mg
Calcium Metabolism Regulators and Anti-Osteoporosis Medicines	

Alfacalcidol	Tablets/capsules/soft capsules: 0.25 μg, 0.5 μg Drops: 20 ml: 40 μg △
Vitamin D_2	Soft capsules: 0.125 mg (5,000 units), 0.25 mg (10,000 units) Injection: 1 ml: 5 mg (200,000 units), 1 ml: 10 mg (400,000 units)
Calcium Carbonate and Vitamin D_3	Tablets containing: Calcium carbonate 1.5 g, Equivalent calcium 600 mg, Vitamin D_3 125 IU Granules containing: Calcium carbonate 1.25 g Equivalent calcium 500 mg Vitamin D_3 200 IU (5 μg)
Alendronate Sodium △	Tablets 10 mg, 70 mg

Anti-allergy Medicines	
	Dosage form and strengths
Chlorphenamine	Tablet: 1mg, 4mg
Diphenhydramine	Tablet: 25mg Injection: 1ml: 20mg
Cyproheptadine	Tablet: 2mg
Promethazine	Tablet: 12.5mg, 25mg Injection: 1ml: 25mg, 2ml: 50mg
Loratadine	Tablet: 10mg Capsule: 5mg, 10mg Syrup: 1mg/ml
Cetirizine	Tablet: 10 mg Oral solution: 1mg/ml Drops: 10 mg/ml

Immunosuppressants	
	Dosage form and strengths
Azathioprine	Tablets 50 mg, 100 mg
Ciclosporin △	Capsules, soft capsules, oral solution
Tacrolimus △	Capsules/sustained-release capsules: 0.5 mg, 1 mg Granules: 1 mg
Mycophenolate Mofetil △	Tablets/dispersible tablets: 0.25 g, 0.5 g Capsules: 0.25 g
Telitacicept △	Sterile powder for injection: 80mg

Adalimumab △	Injection: 0.8ml: 40mg
Tofacitinib △	Tablet: 5mg Extended-release tablet: 11mg

Anti-cancer drugs	
Alkylating agent	
	Dosage form and strengths
Semustine △	Capsule: 10mg, 50mg
Cyclophosphamide △	Tablet: 50mg Sterile powder for injection: 100mg, 200mg, 500mg
Ifosfamide △	Sterile powder for injection: 0.5g, 1.0g
Busulfan △	Tablet: 0.5g, 2mg Injection: 10ml: 60mg
Temozolomide △	Capsule: 20mg, 100mg Sterile powder for injections: 100mg
Antimetabolite	
Methotrexate △	Tablet: 2.5mg Injection: 2ml: 50mg, 10ml: 1g Sterile powder for injection: 5mg, 100mg
Pemetrexed △	Sterile powder for injection: 0.1g, 0.2g, 0.5g
Mercaptopurine △	Tablet: 25mg, 50mg
Cytarabine △	Sterile powder for injection: 50mg, 100mg, 500mg
Hydroxycarbamide △	Tablet: 0.5g
Fluorouracil △	Injection: 10ml: 0.25g, 10ml: 0.5g
Gemcitabine △	Sterile powder for injection: 0.2g, 1.0g
Anti-tumour antibiotics	
Etoposide △	Injection: 2ml: 40mg, 5ml: 100mg
Doxorubicin △	Sterile powder for injection: 10mg
Daunorubicin △	Sterile powder for injection: 20mg
Bleomycin A5 △	Sterile powder for injection: 4mg, 8mg
Anti-tumour plant compounds medicine	
Vincristine △	Injection: 1ml: 1mg Sterile powder for injection: 1mg
Paclitaxel △	Injection: 5ml: 30mg, 10ml: 60mg (Albumin-bound) Sterile powder for injection: 100mg
Homoharringtonine △	Injection: 1ml: 1mg, 2ml: 2mg

Anti-tumour hormones	
Tamoxifen △	Tablet: 10mg
Letrozole	Tablet: 2.5mg
Other Antitumour medicines	
Cisplatin △	Injection: 1 mg/ml, 5 mg/ml Sterile powder for injection: 10 mg, 20 mg, 30 mg
Oxaliplatin △	Injection: 10 ml: 50 mg Sterile powder for injection: 50 mg, 100 mg
Carboplatin △	Injection: 10 ml: 100 mg Sterile powder for injection: 50 mg, 100 mg
Arsenic Trioxide △	Injection: 5 ml: 5 mg; 10 ml: 10 mg Sterile powder for injection: 5 mg, 10 mg
Asparaginase △	Sterile powder for injection 5,000 units, 10,000 units
Calcium Folinate △	Injection: 10 ml: 100 mg Sterile powder for injection: 3 mg, 25 mg, 50 mg, 100 mg
Tretinoin △	Tablets 10 mg
Capecitabine △	Tablets 0.15 g, 0.5 g
Bortezomib △	Sterile powder for injection 1 mg, 2.5 mg, 3.5 mg
Detoxifying drugs for anti-tumour treatment	
Mesna △	Injection: 2ml:0.2g, 4ml:0.4g
Anti-tumour targeted drugs	
Gefitinib △	Tablets: 0.25 g
Imatinib △	Tablets: 0.1 g, 0.4 g Capsules: 0.05 g, 0.1 g
Icotinib △	Tablets: 125 mg
Osimertinib △	Tablets: 40 mg, 80 mg
Rituximab △	Injection: 100 mg/10 ml, 500 mg/50 ml
Trastuzumab △	Sterile powder for injection: 60 mg, 150 mg, 440 mg
Bevacizumab △	Injection: 4 ml: 100 mg, 16 ml: 400 mg
Olaparib △	Tablets: 100 mg, 150 mg

Vitamins and Minerals	
Vitamins	
	Dosage form and strengths
Vitamin B1	Injection: 2 ml: 50 mg, 2 ml: 100 mg

Vitamin B2	Tablets: 5 mg, 10 mg
Vitamin B6	Tablets: 10 mg Injection: 1 ml: 50 mg, 2 ml: 100 mg
Vitamin C	Injection: 2 ml: 0.5 g, 5 ml: 1 g
Multivitamin (12) △	Sterile powder for injection
Minerals	
Calcium Gluconate	Tablets: 0.5 g Injection: 10 ml: 1 g
Compound Potassium Hydrogen Phosphate	Injection 2 ml containing: Potassium dihydrogen phosphate 0.4354 g Dipotassium hydrogen phosphate 0.639 g

Nutritional Preparations	
Parenteral Nutrition	
	Dosage form and strengths
Compound Amino Acid Injection (18AA)	Various adult and paediatric amino acid formulations.
Fat Emulsion, Amino Acids and Glucose Injection △	Multi-compartment parenteral nutrition formulations.
Medium and Long Chain Fat Emulsion △	Injection 250 ml formulations containing soybean oil and medium-chain triglycerides.
Enteral Nutrition	
Intacted Protein Enteral Nutrition Powder△	Powder 320 g per can

Medicines for Water, Electrolyte and Acid-Base Balance	
Water and Electrolyte Regulators	
	Dosage form and strengths
Oral Rehydration Salts	Formulations I, II and III
Sodium Chloride	Injection- 0.9%: 10 ml, 50 ml, 100 ml, 250 ml, 500 ml, 1000 ml 10%: 10 ml, 100 ml
Glucose	Injection 5%, 10%, 25% and 50% formulations Various container sizes
Glucose and Sodium Chloride Injection	50 ml, 100 ml, 250 ml, 500 ml
Compound Sodium Chloride Injection	250 ml, 500 ml

Potassium Chloride	Sustained-release tablets: 0.5 g Injection: 10 ml: 1 g, 10 ml: 1.5 g Granules
Acid-Base Balance Regulators	
Sodium Lactate Ringer's Injection	500 ml
Sodium Bicarbonate	Tablets: 0.3 g, 0.5 g Injection: 10 ml: 0.5 g, 50 ml: 4.2 g, 100 ml: 1.4 g, 250 ml: 12.5 g
Sevelamer △	Tablets 0.8 g

Antidotes	
Cyanide Poisoning	
	Dosage form and strengths
Sodium Thiosulfate	Injection: 10 ml: 0.5 g, 20 ml: 1 g, 20 ml: 10 g Sterile powder: 0.32 g, 0.64 g
Organophosphate Poisoning	
Pralidoxime Chloride	Injection: 2 ml: 0.25 g, 0.5 g
Pralidoxime Iodide	Injection: 20 ml: 0.5 g
Penehyclidine	Injection: 1 ml: 0.5 mg, 1 ml: 1 mg, 2 ml: 2 mg
Nitrite Poisoning	
Methylene Blue (Methylthioninium Chloride)	Injection: 2 ml: 20 mg, 5 ml: 50 mg, 10 ml: 100 mg
Opioid Poisoning	
Naloxone	Injection: 1 ml: 0.4 mg, 1 ml: 1 mg 2 ml: 2 mg Sterile powder: 0.4 mg, 1 mg, 2 mg
Rodenticide Poisoning	
Acetamide	Injection: 2 ml: 1 g, 5 ml: 2.5 g, 10 ml: 5 g
Other Antidotes	
Flumazenil	Injection: 2 ml: 0.2 mg, 5 ml: 0.5 mg, 10 ml: 1 mg
Penicillamine △	Tablet: 0.125g

Biological Products	
	Dosage form and strengths
Tetanus Antitoxin	Injection: 1,500 IU, 10,000 IU

Rabies Antiserum	Injection: 400 IU, 700 IU
Antivenom Serum	Injection (Note 6- "Antivenom," includes antivenom for pit viper, antivenom for five-step snakes, antivenom for banded krait, and antivenom for cobras).
Human Tetanus Immunoglobulin	Injection: 250 IU (2.5 ml), 500 IU (5 ml)
National Immunization Programme Vaccines	(Note 7- "Vaccines for the National Immunization Program", refers to vaccines that are part of the national immunization schedule).

Diagnostic Agents	
Contrast Media	
	Dosage form and strengths
Barium Sulfate	Dry suspension (Types I and II)
Iodised Oil	Injection: 10 ml
Iohexol	Injection: 20 ml: 6 g iodine, 50 ml: 15 g iodine, 100 ml: 30 g iodine, 100 ml: 35 g iodine
Ioversol	Injection: 20 ml: 6.4 g iodine, 50 ml: 16 g iodine, 100 ml: 32 g iodine, 100 ml: 35 g iodine
Gadobutrol	Injection: 7.5 ml, 10 ml, 15 ml
Other Diagnostic Agents	
Purified Protein Derivative (PPD) Tuberculin	Injection

Dermatological Medicines	
Anti-Infective drugs	
	Dosage form and strengths
Erythromycin	Ointment: 1%
Aciclovir (Acyclovir)	Cream: 3%
Silver Sulfadiazine	Cream: 1%
Miconazole	Cream: 2%
Terbinafine	Tablets: 0.125 g, 0.25 g Cream: 1%
Triamcinolone Acetonide and Econazole	Cream: 1g (Triamcinolone 1mg with Nitrate Itraconazole 10mg), 10mg, (Econazole nitrate 0.10g with Triamcinolone 10mg), 15g (Nitrate Itraconazole 0.15g with Triamcinolone 15mg, Triamcinolone Acetonide 16.5mg with Isoconazole Nitrate 150mg)

Mupirocin	Ointment: 2%
Keratolytics	
Urea	Ointment/Cream: 10%, 20%
Ichthammol	Ointment: 10%
Salicylic Acid	Ointment: 2%, 5%
Corticosteroids	
Hydrocortisone	(Acetate) Cream: 1% (Butyrate) Cream: 0.1%
Mometasone Furoate	Cream: 0.1%
Others	
Calamine	Lotion
Tretinoin	Cream: 0.025%, 0.05%, 0.1%
Ethacridine	Topical solution: 0.1%
Stapokibart △	Injection: 2ml: 300mg

Eye Medications	
	Dosage form and strengths
Erythromycin	Eye ointment: 0.5%
Chloramphenicol	Eye drops: 8ml: 20mg
Levofloxacin	Eye drops: 0.3%, 0.488%
Gatifloxacin	Eye drops, Eye gel: 0.3%
Aciclovir	Eye drops: 8ml: 8mg
Rifampicin	Eye drops: 10ml: 5mg, 10ml: 10mg
Glaucoma medication	
Pilocarpine	Injection: 1ml: 2mg Eye drops
Tafluprost	Eye drops: 0.0015%
Timolol	Eye drops: 5ml: 12.5mg, 5ml: 25mg
Acetazolamide	Tablet: 0.25g
Others	
Atropine	Eye ointment: 1%
Cortisone	Eye ointment: 0.25%, 0.5%, 1% Eye drops: 3ml: 15mg
Compound Tropicamide	Eye drops: 1ml (Topiramate 5mg, Desoxynorepinephrine hydrochloride 5mg), 5ml (Topiramate 25mg, Naphazoline hydrochloride 25mg)

Conbercept △	Eye injection: 10mg/ml, 0.2ml branch: 10mg/ml, 0.05ml branch (pre-filled)

ENT Medications	
	Dosage form and strengths
Ephedrine	Nasal spray: 1%
Ofloxacin	Ear drops: 5ml: 15mg
Difenidol	Tablet: 25mg
Oxymetazoline	Nasal spray: 3ml: 1.5mg, 5ml: 2.5mg, 10ml: 5mg Spray: 5ml: 1.25mg, 10ml: 5mg
Fluticasone Propionate	Nasal spray: 0.05% (50μg/spray)
Mometasone Furoate	Nasal spray: 50μg/ spray (0.05%）
Stapokibart △	Injection: 2ml: 300mg

Gynaecology and obstetrics medications	
Uterine contraction medication	
	Dosage form and strengths
Oxytocin	Injection: 1ml: 5 unit, 1ml: 10 unit
Ergometrine	Injection: 1ml：0.2ml, 1ml：0.5mg
Posterior Pituitary Injection	Injection: 0.5ml 3 unit, 1ml: 6 unit
Mifepristone	Tablet: 10mg, 25mg, 200mg
Misoprostol	Tablet: 200μg
Ethacridine	Injection: 2ml: 50mg
Carboprost Methylate	Suppository: 0.5mg, 1mg
Others	
Miconazole	Suppository: 0.2g, 0.4g Vaginal soft capsule: 0.4g
Metronidazole	Suppository: 0.5g Vaginal effervescent tablet: 0.2g
Clotrimazole	Suppository: 0.15g Vaginal tablet: 0.5g
Bromocriptine	Tablet: 2.5mg
Birth control pill	(Note 8- “Birth control pill” refers to contraceptive drugs included in the national basic public health services, which are centrally procure by the government and provided for free)

Paediatric Medicine	
	Dosage form and strengths
Caffeine △	(Citrate) Injection: 1ml: 20mg
Calf Pulmonary Surfactant △	Sterile powder for injection: 70mg
Pegaspargase △	Injection: 2ml:1500IU, 5ml: 3750IU
Chloral Hydrate △	Syrup: 10ml: 1g Syrup combo pack: Chloral hydrate concentrate 1.342g:1g/syrup (dilution), 9ml, Chloral hydrate concentrate 0.671g: 0.5g/syrup (dilution) 4.5ml Enema: 1.34g:0.5g
Methylphenidate △	Tablet: 10mg, 100mg Extended-release tablet: 18mg, 27mg, 36mg Extended-release capsule: 5mg, 10mg, 20mg, 30mg, 40mg △

Terms of Reference

A ‘Terms of Reference’ (ToR) is a broad outline of the issues relevant to the scope of this note and forms the basis for the country information.

The following topics were identified prior to drafting as relevant and on which research was undertaken:

- overview of the structure of the healthcare system including patient access to:
    - public - free or subsidised at point of entry
    - private - pay at point of entry
    - health insurance system - private, public and community based insurance systems, cost and contributions
    - non-government organisation (NGO) provision and assistance
    - costs to: consult a general practitioner, consult a specialist and receive treatment, contribute to an insurance scheme
- infrastructure and staffing
    - number, location and type of medical facility (and specialism) - primary, secondary and tertiary
    - number and location in absolute and per head of population of nurses and doctors, including specialists
    - provide links to medical, dental and other healthcare practitioners, and hospitals
- pharmaceutical sector
    - availability of therapeutic drugs
    - accessibility of therapeutic drugs, cost and other factors affecting access
    - number and location of pharmacies
- specific diseases/conditions in alphabetical order including:
    - cancer
        - national programme for control and treatment
        - availability of treatment: facilities, personnel and location
        - accessibility: cost of treatment and other factors affecting access, such as location of particular treatment centres
        - support in obtaining treatment from state, private or civil society sectors

[For each subsequent health condition research information as set out for cancer above. Note: some conditions may fit under more than one heading, for example, liver cancer]

    - blood and immune system conditions, including sickle cell disease
    - cardiovascular conditions
    - Diabetes and other endocrinal, nutritional and metabolic conditions
    - digestive tract conditions

- eye conditions
- gynaecological conditions
- HIV/AIDS
- kidney conditions
- liver conditions, including hepatitis
- mental health, behavioural and neurodevelopmental conditions
- musculoskeletal conditions
- oral and dental conditions
- neurological conditions
- palliative care
- paediatric conditions
- respiratory conditions, including Tuberculosis
- skin conditions
- urological conditions

Back to Contents

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Back to Contents

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Back to Contents

Version control and feedback

Clearance

Below is information on when this note was cleared:

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Official – sensitive: Not for disclosure – Start of section

The information in this section has been removed as it is restricted for internal Home Office use.

Official – sensitive: Not for disclosure – End of section

Back to Contents

Changes from last version of this note

Updated country information

Back to Contents

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Back to Contents