# Equity profile China

This analysis is based on a methodology developed from 2010 and 2020[[1]](#footnote-1) [[2]](#footnote-2) [[3]](#footnote-3).It uses international data sources to identify global wellbeing references, identifies the levels replicable to all and estimates the deficit from those by country, time-period, sex and age group.

This new way of looking at a country’s performance on ecology, economy and wellbeing within the feasible and sustainable parameters, can stimulate further subnational analysis and more precise and useful elements to drive local, national and international policies towards equity.

**Methodology**

The only global health objective agreed by all countries is the constitution of the World Health Organization, which aims at the “*best feasible level of health for all*”. With international data - from 1960-2020- we identified such “best feasible level of health” and selected countries with good health (life expectancy above world average) with “globally feasible” economic (GDP and wealth pcy < world average) and ecologic conditions (bio capacity < world average and ecological and carbon footprint < sustainable threshold) sustainable in time, hence safeguarding intergenerational equity.

Using those *healthy, replicable and sustainable* (HRS) models[[4]](#footnote-4), we adjusted mortality rates by age and sex published by the UN Population Division every five years. We call the excess mortality above that from the HRS models, the *burden of health inequity*. The analysis also allows setting the “*dignity threshold*” (below which no country has achieved that best feasible health) and the “*upper threshold*” (above which wellbeing does not improve). Those thresholds frame the *equity curve* between both and the level of *redistribution required* for those under the dignity threshold (in need of net support) or from those above the upper threshold (ethically responsible for net contribution).

Taking into account the negative impact on third countries by excess income pc or excess carbon emissions pc, we estimated the *Sustainable and Equitable Wellbeing (SEW) Index[[5]](#footnote-5).* The methodology we hereby propose challenges XXth century concepts such as high income-development models, constant GDP growth, poverty, ODA and the human development index. The hereby suggested “*equity lenses*” provide a useful tool to identify *alternative wellbeing models*, subnational analysis and policies towards territorial and fiscal equity and individual and collective conscious responsibility based on the ethical principle of equity.

Figure 1 Global equity curve between dignity and excess thresholds allowing best feasible level of health for all



Our analysis reveals that the best levels of wellbeing (through proxy life expectancy) can be achieved within the equity curve, which accommodates all countries, and within them, all peoples above the dignity threshold and below the upper threshold. In 2020 the equity scope was from 4,000-18,000 GDP pc CV, below which no country could achieve best feasible levels of health (right to health) and above which wellbeing did not improve any further while no country was ecologically sustainable and the excess income prevented others from the right to health.

## Comparison with neighbour countries and other with similar natural and economic means

The first attempt to assess a situation is to compare with others in similar situations and identify the potential to improve. The following table compare the ecological, economic and wellbeing indicators (including the burden of health inequity) with the closes countries (geographically and with historical and cultural links) to China:

Table 1 Comparative analysis with neighbouring countries

The above table shows how China has a bio capacity between the two neighbour countries, India and Russian Federation, and economic power (estimated though GDP CV) between the two. It uses natural resources (measured by the ecological footprint) at a rate between the two. The level of life expectancy at birth is above its neighbour countries neighbour countries.

Table 2 Comparative analysis with countries of similar natural and economic means

The countries with closest levels of GDP CV pcy (proxy of average income, subject to subnational inequities) and bio capacity pcy, are Mexico and Cuba. China has a life expectancy at birth between the two mentioned countries.

Table 3 Comparative analysis with the international average and the HRS reference indicators

The table above shows the relation of the ecologic, economic and health main indicators of China with the international average and with the Healthy-Replicable-Sustainable standards.

It reveals that the bio capacity of China is 59% of the world average, hence being replicable at global level. The ecological footprint of China is 130% of the international average and 222% of the recycling threshold, hence ecologically non-sustainable. As regards the balance with its own natural resources, the ecological footprint of China is 378% of its average bio capacity pcy, therefore it is non-sustainable at national level. The level of CO2 emissions pcy is 165% of the international level and 424% of the ethical threshold, therefore contributing to global warming.

As regards the economic indicators, Chinas GDP CV pc is 86% of the international average (hence economically replicable) and 240% of the HRS reference. Its cumulative wealth pcy is 96% of the international average and 335% of the HRS reference.

In terms of health, the life expectancy in China is 4.07 years above the international average (4.13 in women and 4.02 above in men) and 0.01 years above the HRS level (1.16 below in women and 1.18 above in men) with a proportional sex difference of 5.82%, higher than the world’s average.

## HRS indicators 1961-2020

### Ecologic indicators:

The following graphs represent the annual average levels of the nature’s recycling capacity in hectares pcy (bio capacity), the rate at which such resources are used (ecological footprint) and the level of CO2 emissions pcy in China. These indicators are compared with the international average and the recycling threshold above which the level is not replicable (bio capacity pcy) or not sustainable (ecological and carbon footprints), leading to nature’s depletion and (in the case of CO2 emissions) global warming.

Figure 2 Bio capacity pcy vs. world average 1961-2020

Figure 3 Ecological footprint pcy vs world average and recycling threshold 1961-2020

Figure 4 CO2 emissions pcy vs world average and ethical threshold 1960-2020

As the graphs above show, China has a bio capacity pcy replicable at global level, regarding its ecological footprint it is ecologically non-sustainable at global level and its present level of CO2 emissions is contributing to global warming above 1.5 degrees during this century. The use of natural resources is also non-sustainable at national level.

### Economic indicators:

The graphs below the annual average levels of economic flows measured by GDP constant value (CV) and Purchasing Power Parity (PPP) pcy.

Figure 5 GDP CV pcy vs international average, dignity and excess thresholds 1961-2020

The above figure shows the trend of the GDP CV pc in China in relation with the levels of the international average, the HRS reference (below which no country in 60 years has achieved the feasible best level of health for all –hence named “dignity threshold”-) and the upper limit (symmetrical level above which wellbeing does not increase further while it hampers others’ reach of the dignity level and is not compatible with respecting planetary boundaries –hence named “excess threshold”-). The overall GDP of China is $13024658490487, *15.9414%* of the world’s GDP (while being *18.4444%* of the world’s population), which translates in GDP pc $9403pcy, as mentioned above, 86% of the international average and 240% of the HRS reference.

 Figure 6 GDP PPP pcy vs equity thresholds 1986-2020

The graphs above show that the level of GDP CV and PPP pcy during the study period (1961-2020 for CV and 2000-2020 for PPP) in China is replicable globally considering the level of global economic resources.

Figure 7 ODA flow pcy (provided/received) 1961-2020

The figure above shows the levels of ODA pcy. In relation with none required international redistribution of $ 0 pcy to enable global economic and health equity, China received an annual average during 2016-2020 of $ 0.00 pcy .

### Health indicators:

The graphs below represent the level of life expectancy at birth evolving over time from 1961 until 2020, and comparing the levels of China with those of the international average and the HRS reference.

Figure 10 Life expectancy by sex and time periods vs. international average and HRS reference, 1961-2020

The graph above shows the relation of life expectancy in China, between 1961-2020; with the international average and the HRS reference. Such gap is today 4.13 above the international average in women and 4.02 above in men, and 1.16 years below in women and 1.18 above in men than the HRS reference.

Figure 11 Healthy life expectancy vs international average and HRS standard, 1996-2020

The estimates of the World Health Organization, of the healthy life expectancy (HALE), accounting for disability as well, reflect that the trend of HALE in China, in relation with the international and HRS average. At present, the estimated level of healthy life expectancy in China is 107% of the international average and 102% of the HRS level.

Figure 12 Life expectancy gap by sex, vs international average 1961-2020

Figure 13 LE % lower in men than in women, vs international average 1961-2020

What the graphs above show is the trend in the difference between life expectancy between men and women in China. It stands today at 4.59 years lower in men, which is higher than the world % difference (at present some 6%).

## Burden of health inequity

### Burden vs. HRS reference:

As mentioned in the methodology, we selected the country (Sri Lanka) which has maintained the ecological sustainability, economic replicability and the health above average as the reference to compare mortality rates by sex, age group and time period and estimated, through adjust mortality rates the excess mortality from those feasible standards.

Figure 15 nBHiE ref HRS by sex and time period 1961-2020

The above graph represents the excess mortality in China, (with 240% GDP CV pc of the HRS reference), that is, the net burden of health inequity (nBHiE). It decreased abruptly after 1961 and has been rather stable since 1976. Today it stands at 576200 in women and 377765 in men, a total of 953965, which is *5.9394%* of the world’s total (compared with China ‘s *18.4444%* of the world’s population).

Figure 16 nBHiE by sex and age group 2016-2020

The above figure represents the age distribution of the excess mortality in reference to the HRS feasible-for-all levels. It affects children under 5 ,women mainly from 60-85 years old and men from 75-85 years.

Figure 17 rBHiE by sex and time period vs international average, 1961-2020

The share of all deaths that was in excess in China when compared with the feasible mortality rates in the HRS reference, allows comparison in time and with other countries and the international reference as it is not influenced by the size and/or shape of the demographic pyramid. While it was close to 20% in 1091, it decreased gradually and it is today of 12.95% in women and 6.65% in men, an average of 9.80%, 35% of the world’s average.

Figure 18 rBHiE by sex and age vs international average, 2016-2020

The above figure represents the age distribution of the share of excess mortality in reference to the HRS feasible-for-all levels and reveals it affects children under 5, more boys than girls, women from 30-85 years old (10-20%) and men older than 75 years (10-15%).

### Burden vs. best SEW reference:

While the minimum aspiration of feasible health for all is the HRS reference, which uses 40% of the world’s average resources per person, the comparison with the best level of sustainable and equitable wellbeing (see below), Costa Rica, challenges to higher levels of wellbeing within the equity curve and void of negative impact from excess income or CO2 emissions.

Figure 19 nBHiE ref best SEW, by sex and time period 1961-2020

The above figure reveals how the comparison of mortality rates by sex, age group and time period between China and the best SEW reference (with 79.06% of its GDP CV pc). The trend reflects socioeconomic and ecologic conditions over the last 60 years in China and in the best SEW country (Costa Rica). Again, as with HRS reference, it decreased from 1961. It stands today at 1376295 in women and 1772202 in men, totalling 3131960 excess deaths (*13.9563%* of the world’s total burden ref. best SEW vs. being *18.4444%* of the population).

Figure 20 nBHiE vs best SEW reference by age and sex, 2016-2020

The above figure represents the age distribution of the excess mortality in reference to the best SEW reference. It reflects excess mortality increasing with age in older than 60 years, with highest rates in the 75-85 years old and decreasing in older than 85 years..

Figure 21 rBHiE by sex and time period vs international average, 1961-2020

The figure above shows the share of excess mortality ref. best SEW in relation to the total number of deaths, that is, the rBHiE. It evolved during the 1961-2020 period until today’s level of 30.90% (78% of the world’s level-close to 40%-), 30.93% in women and 31.18% in men.

Figure 22rBHiE ref best SEW by sex and age group vs international average, 1916-2020

The above figure represents the age distribution of the share of excess mortality in reference to the best SEW reference and reveals higher shares in under 10s (10-30%) and older than 65 years (30-40%).

## Sustainable and Equitable Wellbeing (SEW) index

Figure LYL on others by excess emissions and excess income, 1961-2020

Figure 24Sustainable and equitable wellbeing index, 1961-2020

This last figure of our analysis of the equity profile in China reveals the sustainable and equitable index, that is, the average life expectancy at birth after deducting the damage on other countries through excess income (in the present generations) and through excess CO2 emissions (in the coming generations). We estimated one week life lost per annual GDP pc 1000$ above the excess threshold and two life days lost per annual excess CO2 mTon above the ethical threshold[[6]](#footnote-6) [[7]](#footnote-7). With -2.03 impact through excess carbon emissions and 0.00 by excess income, it stands today at 76.52 life years, and ranks 23 in the world, 62 positions above the Human development Index (which does not limit CO2 emissions or excess GDP pc income).

Comparison between China and India trend of main features 1961-2020



*Figure 1: Comparative trend analysis of India vs China 1961-2020*

China and India add up one third of the world population and deserve comparative analysis of their trend in main HRS features 1961-2020 as their political and economic systems differed and influenced their divergence in the main indicators. While India had some 25% less of population in 1961, the one-child policy in China prevented population growth while India grew and both converge now around 1,400 million each. While the total GDP was very similar between India and China from 1961 to 2000, China’s exponential growth diverged from India’s GDP and is today over five times higher, as did the GDP CV pc. Interestingly, such divergence is very similar to the trend of Cos emissions pcy. Life expectancy was very similar between India and China in 1961 and soon diverged with higher increase in China in the 1960-1980s, long before the exponential economic growth, and thereafter have run parallel with similar life expectancy annual increase rates. Much the same happened with the trend of rBHiE. In summary, China´s main divergence to better health and wellbeing took place in the 1960-1980s, long before the exponential GDP growth after 2000.

Subnational analysis:

We can see three periods in the last 60 years in terms of China vs. global health equity: from 1961 to 1975, China was, yet with life expectancy below the world average (RS period). From 1976 to 1991 China had life remained economically replicable (GDP pc < world average) and ecologically sustainable (ecological and carbon footprint < world average) and increased its life expectancy to levels above the world average (HRS period). From 1991 until now, life expectancy continued to improve but at the expense of trespassing the environmental boundaries -ecological and carbon footprint above the sustainability thresholds- (HR period).

Not only China was from 1976-1991 a global HRS reference but its rapid increase in life expectancy, especially after 1980 (even before its exponential GDP growth) influenced a mild decrease in international life expectancy GINI index.

However, the national average such a large country hides many subnational inequalities. There are major geographical differences in Life Expectancy : Western and Northern China have a lower life expectancy, more similar to the levels seen in neighbouring India and Central Asian countries. Meanwhile, Eastern China (Life Expectancy increasing with a clear West to East gradient) has levels of LE closer to the levels of Korea and Japan. The highest levels are in Macau and Shanghai, with over 80 years of LE, some 16 years higher than the lowest in Tibet.

When we analysed HRS criteria at provincial level in China, we found in the last 10-year period five provinces which had Life Expectancy above the world`s weighted average and GDP pc below the world`s weighted average (simplified HR criteria), and CO2 emissions estimated (through the correlation with GDP pc at global level and for countries with GDP pc < 20,000 US $) at levels below the universal ethical threshold (UET). These HRS provinces in China (Shanxi, Guangxi, Anhui, Sichuan and Henan) are between the affluent East (non-replicable at national level) and the poorer West (non-healthy). They have a LE higher than the world`s average with GDP pc of 50-60% of the world`s average and estimated CO2 emissions very close (and growing -soon trespassing-) the ethical threshold.

When looking at the Life Expectancy and GDP pc by Chinese provinces in relation to Chinese national averages, the Healthy and Replicable provinces are Anhui, Heilongjiang, Hainan, Macau y Jilin. The only HR and sustainable province, by the indirect estimate of carbon emissions pc (by the GDP pc global correlation with CO2 em pc) would be Anhui, with life expectancy levels are very close to the HRS global levels and 4 years higher than the Chinese subnational weighted average. When we estimate the subnational NBHiE with subnational HR(S) models, we detect 770,815 avoidable deaths, slightly lower than the nBHiE ref. global HRS levels.

In summary, the equity profile of China, reveals that with 59% of the world average bio capacity pcy, its ecological footprint is 222% of the global recycling threshold (non-sustainable) and also 378% of its national recycling capacity (non-sustainable). The level of CO2 emissions pcy is 424% of the ethical threshold, therefore contributing to global warming. China ’s GDP CV pc is 86% of the international average and 240% of the HRS reference. Life expectancy is 4.07 years above the international average (4.13 in women and 4.02 above in men) with a proportional sex difference of 5.82% higher in women, higher than the world’s average. The present annual excess mortality in China, in relation to HRS reference (feasible for all), is of 953965 (576200 in women and 377765 in men), meaning 9.80% of all deaths (12.95% in women and 6.65% in men). When compared with the best level of sustainable and equitable wellbeing, the present annual excess mortality rises to 3131960, 30.90% of all deaths. The Sustainable and Equitable Wellbeing index, that is, life expectancy at birth after deducting the damage on other countries through excess income (in the present generations) and through excess CO2 emissions (in the coming generations) stands today at 76.52 life years, and ranks 23 in the world.

1. https://www.sciencedirect.com/science/article/pii/S0033350617301610 [↑](#footnote-ref-1)
2. https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-62?rskey=fNaAhA&result=2 [↑](#footnote-ref-2)
3. http://www.peah.it/2021/04/9658/ [↑](#footnote-ref-3)
4. From 1960-2010 the countries which met all criteria constantly were Albania, Armenia, Belize, Colombia, Costa Rica, Cuba, Grenada, Saint Lucia, Saint Vincent, Georgia, Paraguay, Sri Lanka, Tonga and Vietnam, from 1960-2015 they were reduced to Armenia, Colombia, Costa Rica, Paraguay, Sri- Lanka and Tonga and from 1960-2020 only Sri Lanka remains. [↑](#footnote-ref-4)
5. The country with best SEW index, within the equity curve is Costa Rica. [↑](#footnote-ref-5)
6. <http://www.peah.it/2021/04/9658/> [↑](#footnote-ref-6)
7. <http://www.peah.it/2018/07/5498/> [↑](#footnote-ref-7)