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Written statement submitted by China Foundation for Human Rights Development, a non-governmental organization in special consultative status*

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[30 May 2025]

* Issued as received, in the language of submission only.

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Effective Measures Taken in the Tibet Autonomous Region (TAR), China to Protect the People's Right to Health

The right to health is a fundamental human right enjoyed by all citizens. With an average altitude of over 4,000 meters, Tibet Autonomous Region (TAR), China experiences extreme cold, low oxygen levels, and a harsh climate. It was once regarded as "one of the most inhospitable regions on Earth". For those residing on the Qinghai-Tibet Plateau, addressing climate-induced health issues and ensuring the realization of the right to health has become a top priority.

Prior to its peaceful liberation in 1951, old Tibet Autonomous Region (TAR), China was severely lack of medical resources and facilities. There was not a single modern medical or healthcare institution in the region. The limited Tibetan medical services and practitioners primarily served the aristocracy and government officials. When afflicted by illness, the vast population of serfs and slaves found themselves having neither the financial means nor access to proper treatment. Resorting to religious rituals and prayers was the main way for most people seeking to cure illnesses. Infectious diseases such as smallpox, cholera, typhoid, scarlet fever and tetanus, along with endemic illnesses such as high-altitude pulmonary edema, hydatid disease and Kashin-Beck disease were rampant across the plateau region, posing serious threats to the health and lives of the people. In old Tibet Autonomous Region (TAR), China, the average life expectancy was only 36 years, and population growth remained stagnant for a long period. Following the peaceful liberation in 1951, the Chinese government made significant efforts to develop the region's healthcare system. In June 1952, with the support of the Communist Party of China and the Central government, Tibet Autonomous Region (TAR), China's first public hospital——Chamdo People's Hospital was established. Subsequently, a large number of medical personnel were dispatched from inland areas to provide assistance to Tibet Autonomous Region (TAR), China. By 1959, seven prefectures of Tibet Autonomous Region (TAR), China had established medical institutions. Since 2012, the Chinese government has carried out the "Healthy Xizang" initiative in depth, leading to the steady enhancement of the region's healthcare service system. The protection of the right to health for people of all ethnic groups has been significantly reinforced, reaching its highest level in history. According to China's Seventh National Population Census, the average life expectancy in Tibet Autonomous Region (TAR), China increased from 68.17 years in 2010 to 72.19 years in 2020. The population of Tibet Autonomous Region (TAR), China has grown from approximately one million at the time of peaceful liberation to 3.7 million today.

A comprehensive healthcare service network has been established across the entire region. Since 2012, the central government and the Tibet Autonomous Region (TAR), China have invested nearly 7.6 billion RMB to develop a five-tier public health service system covering urban districts, prefectures, counties, townships, and villages. Over 400 serious diseases can now be treated within the autonomous region, more than 2,400 moderate illnesses are managed at the prefectural level, and the vast majority of minor ailments can be effectively treated at the township or sub-district level. By 2024, Tibet Autonomous Region (TAR), China had a total of 7,231 medical and health institutions -including 5,222 village clinic- with 21,551 hospital beds and 29,379 health professionals, representing increases of 29.79%, 112.66%, and 159.41% respectively compared to 2012.

Tibet Autonomous Region (TAR), China effectively safeguard the right to health of specific population groups. Tibet Autonomous Region (TAR), China autonomous region has introduced policy documents such as the Implementation Plan for the Maternal and Infant Safety Action and Implementation Plan for the Healthy Child Action. These initiatives have expanded the scope of maternal and child health services from individual programs to comprehensive care covering the entire life cycle of women and children, forming a continuous service chain that spans premarital, pre-pregnancy, pregnancy, postpartum, and childhood stages. Over 500,000 women have received breast and cervical cancer screenings. Preferential policies have been implemented to support hospital deliveries among pregnant women. In addition to full reimbursement of medical expenses, pregnant women from farming and herding communities are entitled to a one-time subsidy of 1,000 RMB for in-hospital childbirth and a 300 RMB allowance for pre-delivery living expenses.

As a result, the hospital delivery rate in Tibet Autonomous Region (TAR), China increased from 75.8% in 2012 to 99.15% in 2023. Nutrition packs have been distributed free of charge to children aged 6 to 36 months, benefiting approximately 160,000 children. Since 2013, pilot programs on child nutrition improvement have been implemented, achieving full coverage across all 74 counties (districts and cities) in Tibet Autonomous Region (TAR), China by 2016. The basic rehabilitation service coverage and assistive device adaptation rate for persons with disabilities in Tibet Autonomous Region (TAR), China have both surpassed 95%, ranking among the highest in the country. Moreover, participation rates in basic old age insurance and basic medical insurance among persons with disabilities, both in urban and rural areas have reached 100%.

Tibet Autonomous Region (TAR), China vigorously promoted of the preservation and development of traditional Tibetan medicine. Tailored to local conditions, Tibet Autonomous Region (TAR), China has introduced and implemented a series of policies aimed at preserving, innovating, and advancing traditional Tibetan medicine. These efforts have promoted the development of Tibetan medical services, education, research, and industry. From 2012 to 2024, the number of public Tibetan medicine institutions increased from 28 to 51, the number of health professionals in the field grew from 2,232 to 5,287, and the number of hospital beds rose from 1,364 to 3,260. The coverage rate of Tibetan medicine services at community health service centers, township health centers, and village clinics also improved significantly——rising from 50%, 71%, and 15% in 2012 to 100%, 94.4%, and 50.04% respectively by 2024. Additionally, a national clinical research base for ethnic medicine has been established in Tibet Autonomous Region (TAR), China, along with five national key clinical specialties and 17 key specialties designated by the National Administration of Traditional Chinese Medicine.

Medical assistance to Tibet Autonomous Region (TAR), China has played a crucial role in safeguarding the right to health for all ethnic groups in the region, exemplifying the institutional strengths of socialism with Chinese characteristics. Since the Third National Symposium on Work in the Tibet Autonomous Region (TAR), China held in 1994, China has decided to launched a paired assistance program for the Tibet Autonomous Region (TAR), China. In the field of healthcare, substantial human, financial, and material resources have been invested to establish a comprehensive medical and health service network that integrates traditional Chinese medicine, western medicine and traditional Tibetan medicine. Centered in Lhasa, this network now covers both urban and rural areas across the entire region. In 2015, the Central Committee of the Communist Party of China decided to implement a “team-based” assistance model in the field of medical human resources, making a shift from previous “individual-based” and fragmented model to a more coordinated and sustained pattern. Medical professionals were dispatched in organized teams to provide regular and systematic assistance. A total of over 2,000 medical experts from 203 hospitals in 17 paired provinces and municipalities were dispatched in batches to support healthcare institutions at all levels in the Tibet Autonomous Region (TAR), China. This has substantially improved the region’s medical diagnostic and treatment capabilities, also contributing to the training of 5,536 local healthcare personnel. Between 2012 and 2023, the total annual number of medical visits increased from 11.67 million to 15.7057 million. The number of tertiary-level hospital rose from 3 to 17. Now people of all ethnic groups in Tibet Autonomous Region (TAR), China are able to access high-quality medical services within the region itself, ensuring more effective protection of their right to life and the highest attainable standard of health.