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Letter to the Editor

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Healthcare utilisation in migrant children with CHDs in China

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To the Editor,

We read with great interest the extremely informative and well-performed paper recently published in a current issue of this Journal by Willems and colleagues entitled "Real-world healthcare utilization in adult CHD: a systematic review of trends and ratios",[1] summarising the high and changing healthcare demands of CHD patients. They noticed high annual increases in the absolute number of hospitalisations and the hospitalisation rate per 100,000 general population. Their findings are relevant from a health policy point of view and will provide valuable lessons for China where rapid economic development, societal change, and transitioning health services pose challenges for health equity among vulnerable populations.

Our previous study showed that the CHD prevalence in migrant children is significantly higher than that in the local children.[2] However, the treatment rate of CHD in migrant children is much lower than that in the local children. About half of the migrant schoolchildren (52.79%) with CHD remained unrecognised or untreated. Unfortunately, five schoolchildren who had high irreversible pulmonary hypertension missed the best operation time of treatment. All of them were migrant schoolchildren. The vulnerability of migrants to CHD seems to be associated with unfavorable working and living conditions, low awareness of disease prevention, and lower economic status.[3,4,5,6]

The number of migrants in Dongguan city is 6.5 million, four times the number of local people. Migrants have made a major contribution to China's industrial development and economic growth, but they face a variety of public health problems.[7] The Chinese household registration system (hukou) classifies individuals as rural and urban citizens by law, and rural-to-urban migrants are classified as temporary urban residents regardless of their length of stay in cities. Employment opportunities and social welfare benefits differ according to the household registration status. Many social welfare benefits in urban areas are only available to registered urban citizens, but not to registered rural citizens who work and live in urban areas.[8]

Now is the time for the policymakers to seriously consider rural–urban migrants as a priority population for public health. They are a key group contributing to the economic success of China and also the key population who should be a priority in the national health reform plans, especially for health financing and service delivery. China's future research and policy responses to migrant health will provide valuable lessons for other countries where rapid economic development, societal change, and transitioning health services pose challenges for health equity among vulnerable populations.

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Conflict of Interest. None.

Ethical Standards. The authors assert that all procedures contributing to this work comply with the Helsinki Declaration of 1975, as revised in 2008, and has been approved by the institutional committees (the Ethics Committees of the Fifth People's Hospital of Dongguan).

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