中国卫生发展绿皮书

Green Book on China Health Development

2010

中国农村卫生服务体系建设与发展

China Rural Health Service System Construction and Development

卫生部卫生发展研究中心
China National Health Development Research Center

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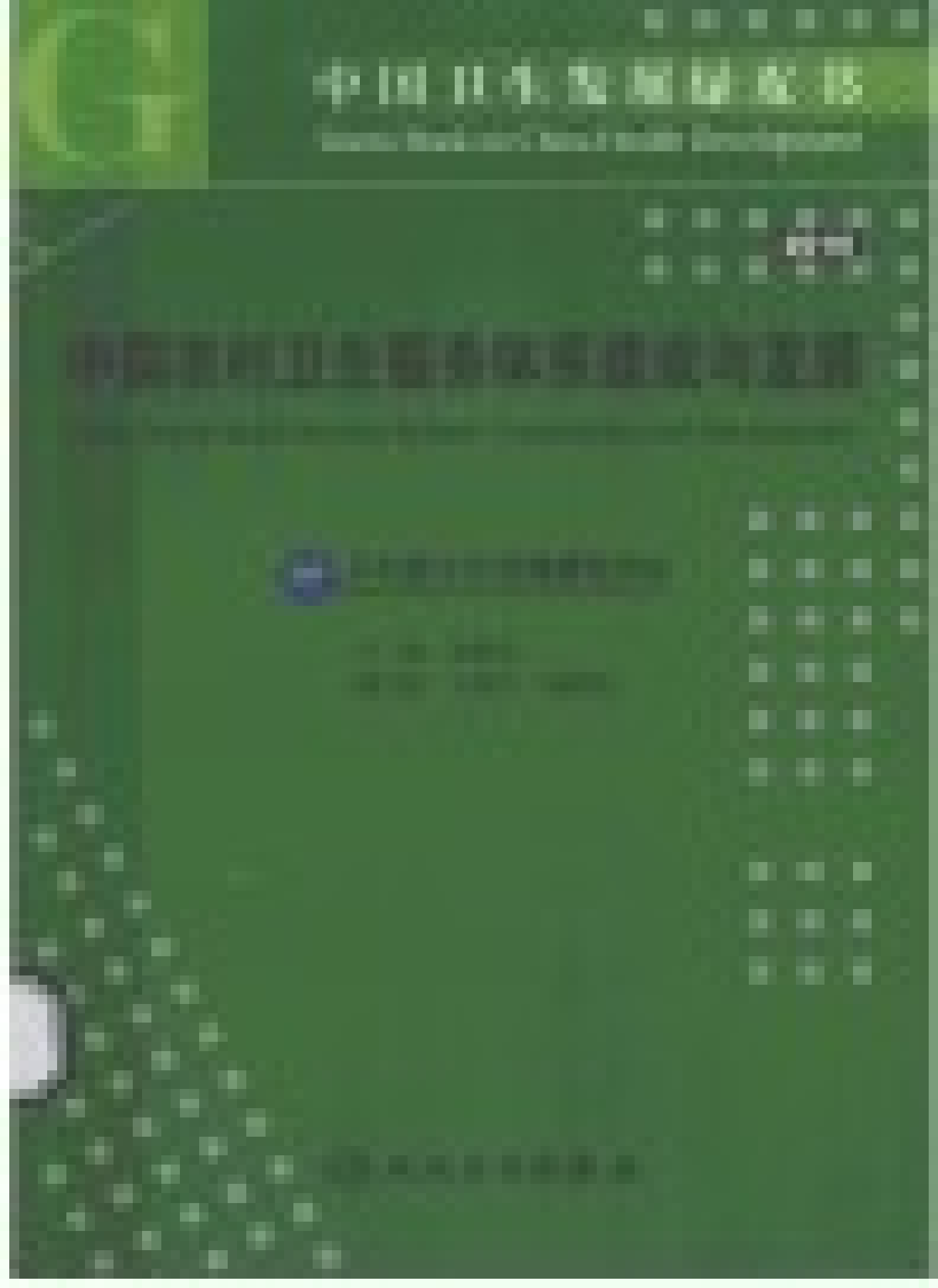

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《中国卫生发展绿皮书》

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Preface

For the purpose of raising the health level of the Chinese People, the Third Session of the Eleventh CPC National Central Congress proposed to establish the basic medical and health system. In compliance with that spirit, in April 2009, the State Council issued *the Central Committee of the Communist Party of China and the State Council's Opinion on intensifying Medical and Health System Reform* (hereinafter to be abbreviated as *Opinion*), in order to establish a health care system with Chinese Characteristics and to gradually achieve the universal coverage of basic medical and health services. *Opinion* clearly proposed three points: to perfect the four pillars of the health care system, to establish basic health care system covering both urban and rural residents and to push forward the reform in an active and prudent manner. Subsequently, General Office of the State Council issued *Recent Key Implementation Plan of Medical and Health System Reform (2009～2011)* (hereinafter abbreviated as *Implementation Plan*). In *Implementation Plan*, five key reform priorities were put out, one of which is to perfect the capacity of primary care facilities. Great emphasize were put on rural areas, including improving rural health service system and perfecting the rural medical and health service network that operates at the provincial, city and county levels, and protecting rural residents from inaccessibility and catastrophic medical expenses.

China has made great progress in health. The progress shows that deepening the health care system reform is a strategic choice to accelerate the development of health care undertakings. A good health care system would adhere to the people-first principle and attach primary importance to safeguarding the rights and interests of the people's health. All previous health reforms of our country also prove that, top priority of China health care system reform should be regarding the rural areas as the focal points, ensuring public health services be public goods provided to the entire population and solving rural residents' problem of inaccessibility and catastrophic medical expenses.

Since Reform and Opening-up, China's rural health care system has made great achievements, particularly in the following aspects. Firstly, the government has invested more in improving the infrastructure of rural medical institutions. As a result, the capacity of health facilities continued to improve significantly. For example, in 1991, Chinese government sponsored Central Rural Health Special Fund

to enhance the capacity of rural health institutions in the Midwest Poor Area. The Fund was used to maintain the buildings, purchase equipment, and develop professional health care talents. In 2006, Administration of Traditional Chinese Medicine, National Development and Reform Commission and Ministry of Finance jointly sponsored *Rural Health Service System Building and Development Plan*. The Plan targeted at poverty-stricken counties, ethnic autonomous counties, and counties near national border in Midwest Area. The Plan aimed to support the construction of township health centers, county-level hospitals, county-level traditional Chinese medicine hospitals, county-level maternity and child health centers, and Minority hospitals. From 2004 to 2008, Central Finance had input 16.952 billion to rebuild and establish rural health institutions. In *Implementation Plan* of 2009 to 2011, as a three-year key project of new Health Reform, Central Government has planned to input 46.15 billion to strengthen the building of 2,000 county-level hospitals(including hospital of traditional Chinese medicine), in order to ensure that every county has at least one fully-standardized hospital. After many years' investment and building, China's hardware condition of rural health institution has improved. For county-level hospitals, the average operational area has increased 58%, and the number of dangerous buildings has decreased to 11.90%. For township health centers, the operational area has increased 22% and the dangerous buildings have almost disappeared. Secondly, the development of rural professional health care talents has been strengthened year by year. The total number of health personnel has increased, preferential policies have been formulated and the structure and quality of health personnel has been improved. By the end of 2010, the number of health professionals in rural areas reached 2.9112 million, namely 49.54% of the national level, and almost equal to the urban level. Number of health professionals per thousand rural residents had increased from 2.69 in 2005 to 3.04 in 2010. In terms of rural health human resource development, the state has unveiled some policies encouraging outstanding health talents to provide their services in rural areas, such as "*10 Thousand Physicians Assisting Rural Health Project*", "*Orientation Training of Rural Service Talent for Free*" and "*Accumulative 1 Year Service in Rural Area for Urban Physician before Promoting to Attending Physician or Associate Chief Physician*".

Due to the efforts, the health personnel structure in rural areas was further improved and the percentage of health profesionals also increased. In 2010, the proportion of health professionals in health personnel at township level reached 84. 51% and 44. 35% of health professionals were registered doctors or assistant doctors. Thirdly, the government has played a leading role in compensation mechanism of rural health service system. This reflects the "Public Benefit Character" of health service in China. Since Health Reform started, the government financial investment has gradually increased. The ratio of government investment to county and township health institutions was 13. 71% in 2009, 1. 86 percentages more than 11. 85% in 2007. In 2010, central government special fund for rural health was about 68. 6 billion, 18 billion more than 2009. In addition, in some provinces, compensation mechanism for government-run rural grassroots health care institutions has improved from balance subsidy to full subsidy. The increased part was used for infrastructure construction, equipment purchase, personnel development and public health service provision. Their payment methods included fixed amount, item-based, government-purchasing and so on. These institutions were given performance assessment, but their revenue and expenditure were separated. Service scope of rural primary health care institution has extended to include home health services, basic public health service, and basic medical service. Fourthly, an integrated approach has been adopted to manage both the township health centers and village clinics in the rural areas. The approach changed from the previous three-level-competition way to a two-level-competition but three-level-management mechanism. At the end of November 2010, the percentage of township health centers piloted the integrated approach was 53. 3% (for village clinics the number was 40. 3%). In a word, along with continuous deepening of Health Reform, accessibility of rural health service will be further enhanced.

However, as a whole, we must be aware that Chinese economic development level is still relatively low; there are still big gaps between urban and rural areas and among different regions. These basic national conditions determine that the task of deepening the health care system reform is extremely complicated and arduous, and that it will be a gradual process. We are still facing certain problems, difficulties and challenges. For example, the operational areas and medical equip-

ments in some county-level hospitals are insufficient, however, some others have explored too fast; rural medical professionals are still insufficient either, and the gap between urban and rural area for medical professionals is still very big. Besides, general practitioner is cultivated slowly. Personnel of township health centers are low qualified, and cannot meet rural residents' demand for health service. Rural doctor's income, pension and medical problems cannot be solved properly with the identity issue. Since there is no incentive mechanism for village doctors to take part in medical practitioner qualification exam, it is difficult for them to shift to medical practitioner or general practitioner. Basic medicine compensation policy is still not perfect. Consequently rural doctor's income decreased and further influenced their condition of living, stay, and development. In addition, essential medicine system requires government-run grassroots health care institutions to use essential medicine. Therefore patients tend to visit superior medical institutions, which might be another reason for the decrease of the rural doctor's income. Carrying forward the separation between revenue and expenditure, town health center's autonomy for public funds decreased, and their work initiative also decreased significantly. As the proportion of performance pay is low, giving full play to township health centers personnel becomes difficult, In some areas, decreasing services and buckpassing patients have appeared.

Facing current reality and challenges ahead, Central government? has realized, in order to strengthen rural health care system building, great efforts must be put on increasing investment, setting upon mechanism, accelerating the new type of rural cooperative medical care system, innovating health talent building, improving essential medicine system, advancing basic public health service, perfecting rural health system and fully advancing rural health care.

Under the background of deepening the health care system reform, in order to give a systematic overview of China's rural health system development, to outlook China's rural health system in new period, to propose strategy for China's rural health system, *China Rural Health Service System Building and Development*, as the year 2010 version *China Health Development Green Book*, emerges. This book stresses on China's health care system establishment and development, opportunities and challenges in new period, as well as solutions and suggestions.

Meanwhile, this book outlooks the development of rural health care system in the future.

Slightly different from founded publication, this book does not introduce rural health care system theory or research method, but gives full comments on each key field development situation and outlooks for China's future rural health care system. The comments and outlooks are in accordance with China's social and economic development situation and trend, particularly with the new round health system reform. There are 10 chapters in this book, the first two chapters mainly introduce the challenge of rural health care system development brought by urbanization, aging and environmental issue in the transition process of China society; the two chapters also deal with the variation trend of rural resident's medical service demand; chapter 3 mainly summarizes the new breakthrough? and model in the reform process of China's new round health system; chapter 4 to 9 analyze and comment on current situation, progress and suggestion of China's rural health care system building process from the following 6 aspects: rural health care system hardware facility, personnel, running and compensation mechanism, service model, basic public health service and rural health service quality; chapter 10 is the summary part of this book, it outlooks the developing direction and focus for our country rural health service system in the future. The book forms the foundation for advancing China's health care to develop properly and achieve the ultimate goal of ensuring that health care services be available to the entire population.

Writers of this book mainly come from China National Health Development Research Center, Peking University Health Science Center, Service Center for Health Human Talent Exchange and other related units. As the chief editor, I express my sincere thanks to many experts and scholars' active participation and hard work. In the end, from the bottom of my heart, I appreciate health personnel working in rural area for long term, experts and scholars researching on rural health service system building and health policy for long term, and government department supporting and concerned rural health service system construction and development.

Wang Lusheng
August, 2011

前言

党的十七届三中全会提出建立基本医疗卫生制度，提高全民健康水平。按照党的十七大精神，为建立中国特色医药卫生体制，逐步实现人人享有基本医疗卫生服务的目标，2009年4月，国务院发布了《中共中央 国务院关于深化医药卫生体制改革的意见》（以下简称《意见》），明确提出完善医药卫生四大体系，建立覆盖城乡居民的基本医疗卫生制度，积极稳妥地推进医药卫生体制改革。紧随其后，国务院办公厅于2009年8月出台了《医药卫生体制改革近期重点实施方案（2009-2011）》（以下简称《实施方案》），提出五项重点改革任务，其中之一就是健全基层卫生服务体系，尤其强调要加强农村卫生服务体系建设，完善农村三级医疗卫生服务网络，解决农村居民看病难、看病贵的难题。

我国卫生事业发展历程表明，医疗服务体系建设及其运行状况在医疗卫生事业发展中有着决定性作用。一个结构合理，运行良好的卫生服务体系能提供更加优质的卫生服务，寻求更好的平衡，促进公平和公正的实现。我国历次卫生改革实践也表明，投资农村卫生服务体系建设，缩小城乡居民享有卫生资源的差距，解决农村居民的看病难、看病贵是我国医药卫生体制改革的重中之重，因此农村卫生服务体系建设从来都是我国历次卫生改革的首要焦点。

改革开放以来，我国农村卫生服务体系建设取得了很大的进展，突出表现在以下几个方面：一是政府对农村医疗机构的硬件设施建设投入力度不断增大，卫生服务的硬件设施条件得到了明显改善。从1991年开始，我国就设立了中央农村卫生专项资金，用于中西部困难地区农村卫生机构的房屋维修、设备购置和人才培养等工作。2006年，卫生部、国家中医药管理局、国家发改委和财政部联合下发的《农村卫生服务体系建设与发展规划》将乡镇卫生院和村卫生室纳入建设与发展规划，重点支持中西部地区的乡镇卫生院、贫困县、民族自治县、边境县的县医院、县中医院、民族医院和县级妇幼保健机构的建设。2004～2008年期间，中央财政实际投入169.52亿元，改造和新建农村卫生机构。2009～2011年的《实施方案》作为新医改三年重要项目，中央计划投资461.5亿元重点支持2000所县级医院（含中医院）建设，使每个县至少有1所县级医院基本达到标准化水平，完善乡镇卫生院建设标准。经过多年的投资建设，我国农村卫生服务机构的硬件条件得到了极大的改善，县级医院的业务用房面积平均增加了58%，危房面积比重降低到11.90%；乡镇卫生院业务用房面积增加了22%，基本消灭了危房。二是农村卫生人才队伍培养力度逐年加大，人员数量逐年增加，吸引和稳定模式不断创新，卫生人员结构和素质得到了进一步的优化和提高。到2010年底，全国农村地区卫生技术人员总量约为291.12万人，占全国卫生技术人员总量的49.54%，几乎与城市

卫生技术人员比例持平，每千人口农村卫生技术人员从2005年的2.69人提高到2010年的3.04人。从农村卫生人才吸引和稳定模式上看，国家相继出台了吸引鼓励和硬性调控政策以及人才支持项目，比如“万名医师支援农村卫生工程”和“免费订单定向培养农村卫生服务人才”，还有“城市医生在晋升主治医师或副主任医师职称之前要到农村累计服务1年”，这些培养和吸引模式的不断创新，为农村地区输送了大量的卫生技术人才，使得人才结构得到了进一步的优化，卫生技术人员比例不断上升。2010年乡镇卫生院卫生技术人员占其卫生人员的比例为84.51%，执业（助理）医师占卫生技术人员的比例为44.35%。三是农村卫生服务体系的补偿机制体现了政府主导，卫生服务“公益性”作用日益突出。自实施医改以来，我国政府逐渐加大了财政补助，2009年财政补助占县乡医疗机构收入比例为13.71%，比2007年的11.85%提高1.86个百分点，2010年中央财政补助农村卫生专项经费约为686亿元，比2009年提高了近180亿元。另外，在一些省份对政府办农村基层卫生机构的补偿模式已经由差额补助转变为全额补助，负责其基本建设、设备购置、人员经费及所承担公共卫生服务的业务经费，按定额定项和购买服务等方式补助，并实行绩效考核的“收支两条线”管理。农村基层卫生机构的服务模式也由原来的坐诊行医转变为主动服务和上门服务，以基本医疗为主转变为以基本公共卫生为主，兼顾基本医疗。四是农村卫生机构的管理体制改革推行了乡村一体化管理，原来的县、乡、村3个层面平行竞争的利益主体变成了县、乡两级管理，三级服务的体制。到2010年11月底，全国实行乡村一体化管理的乡镇卫生院占全国总数的53.3%，一体化管理的村卫生室占全国总数的40.3%。总之，随着医改工作的不断深入，农村卫生服务的可及性将得到进一步提高。

但从整体上看，由于中国经济发展水平还比较低，城乡差别与地区差别较大，中国农村卫生服务体系的建设和发展仍面临一些问题、困难和挑战。比如，一些地区县级医院的业务用房和医疗设备装备还没有达到标准，当然也有一些县医院床位数的规模扩张过快。部分乡镇卫生院仍然没有达到建设标准。农村卫生技术人员仍然缺乏，每千人口卫生技术人员的城乡差距仍然很大，城乡人均占有卫生资源的差距仍然较大。再加上全科医师队伍培养缓慢，乡镇卫生院人才总体缺乏，素质较低，难以满足农村居民的卫生服务需求。乡村医生由于身份的原因，收入、养老、医疗保障都得不到妥善解决，没有激励机制考取执业医师资格证，难以尽快转为执业医师或全科医师。基本药物零差率销售的补偿政策尚不完善，造成乡村医生收入减少，进一步恶化了乡村医生的生存、稳定和发展的条件。另外，

基本药物制度要求政府办基层医疗服务机构必须使用基本药物，病人向上级医疗机构流动有增加的趋势，业务收入显著减少。收支两条线管理制度的推进，降低了乡镇卫生院公用经费使用的自主性，其工作积极性明显降低，绩效工资比例偏低，难以调动乡镇卫生院职工的工作积极性，部分地区出现了减少服务、推诿病人的现象。

面对当前我国农村卫生服务体系建设过程中仍然存在的严峻现实以及面临的挑战，中央已经意识到，加强农村卫生服务体系建设，必须坚持加大投入与建立机制并举，加快推进新型农村合作医疗制度，创新卫生人才队伍建设、基本药物制度和基本公共卫生服务等相关政策措施，改革和完善农村卫生机构的管理体制、投入机制和运行机制，全面推进农村卫生工作。因此，在我国全力推进医改工作的大背景下，为了全面系统地总结我国农村卫生服务体系建设和发展的历程，展望新时期下我国农村卫生服务体系建设和发展，提出我国农村卫生服务体系建设和发展战略，以适应农村居民不断增长的卫生服务需求，《中国农村卫生服务体系建设与发展》作为2010年版《中国卫生发展绿皮书》应运而生，这本书着重对我国农村卫生服务体系的建设和发展，新时期面临的机遇和挑战进行了阐述，同时也提出了一些解决问题的方法和建议，并展望了今后农村卫生服务体系的发展。

与创刊篇不同的是，这本书并不着力介绍农村卫生服务体系的理论发展和研究方法，而是结合我国社会经济发展的现状和趋势，在新一轮的医药卫生体制改革背景下，全面评述我国农村卫生服务体系各个主要领域的发展情况和今后的展望。全书共10章，前两章主要介绍了中国社会转型过程中，人口城镇化、人口老龄化和环境问题对农村卫生服务体系发展带来的挑战，以及农村居民医疗服务需求的变化趋势；第三章主要是总结我国新一轮医药卫生体制改革过程中有哪些新的突破和新的模式；第四章至第九章分别从农村卫生服务体系硬件设施、人才队伍、运行与补偿机制、服务模式、基本公共卫生服务以及农村卫生服务质量共6个方面分析和评价了我国农村卫生服务体系建设过程中的现状、进展和建议；第十章是本书的总结篇，结合我国当前医改工作对农村卫生服务体系建设的具体要求和我国社会经济发展的实际情况，对我国农村卫生服务体系今后的发展方向和发展重点进行了展望，为推进我国农村卫生事业健康发展，实现我国人人享有基本医疗卫生服务的最终目标奠定了基础。

参与本书撰写工作的同志主要来自卫生部卫生发展研究中心、北京大学医学部、卫生部人才交流服务中心等有关单位。作为主编，我衷心感谢诸多专家、学者

的积极参与和辛苦工作。最后，向长期在农村基层工作的卫生工作者和长期致力于研究农村卫生服务体系建设和卫生政策的专家学者，向支持和关心农村卫生服务体系建设和发展的政府部门表示最诚挚的谢意！

王禄生

2011 年 8 月

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