PUBLIC HEALTH

IN THE PEOPLE'S REPUBLIC OF

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PUBLIC HEALTH IN THE PEOPLE'S REPUBLIC OF CHINA (1986)

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Preface

Presented here is the first volume of "Public Health in the People's Republic of China", published in 1986. The contents contained therein end up to December 1985. However, this publication will be compiled and published every five years or so.

The purpose of this publication is to give a comprehensive and precise picture of China's medical and health work and to promote international exchange and cooperation for the improvement of health of mankind as a whole. The publishing of this book is also the result of China's open policy and is, therefore, worth celebrating.

Over the past 36 years since the founding of New China, the Communist Party of China and the Chinese government have attached much importance to public health work and treated it as a significant issue concerning the life and death of millions of people and an important prerequisite for accelerating economic development and realizing socialist modernization of this country.

With the development of national economy, both the central and local governments, and the collective organizations have increased their annual investment in public health work, thus bringing about amazing changes in this field of endeavour.

Imagine that in a country so vast in territory and large in population there were only some 3,670 medical and health institutions of varying sizes, with a little over 80,000 beds before the nation-wide liberation in 1949. The number of medical and health workers was no more than 505,000. The few existing hospitals were confined to major cities and a shortage of doctors and medicine left most rural areas without medical and health services.

After the founding of New China, the Party and government have put forward the policy of developing medical and health work in both urban and rural areas, with emphasis on the latter. Thanks to the joint efforts of peoples of all nationalities, the number of medical and health institutions has grown to 198,000, with more than 2.41 million beds and 4.21 million staffs of which 3.34 million are of medical and health personnel. In the rural areas, almost every township has a hospital and 87 percent of the rural villages have a clinic. A fairly complete medical and health care network has taken shape, covering both cities and rural villages. The Chinese people have, for the first time in history, been brought under effective protection against diseases.

China has not only made tremendous success in the development of her medical and health services but also in the improvement of their quality. Thanks to the policy of combining prevention with treatment, with emphasis on prevention, and the principle of relying on the masses in struggling against diseases under the direction of professional personnel, the incidence of infectious and endemic diseases that had long been a serious threat to people's health has dropped sharply and some of them have been wiped out or put under control. The environmental sanitation has kept improving. To improve the health of mothers and children, great efforts have been made to popularize the hygienic method of baby delivery and to expand constantly the scope of their systematic health care.

Medical education at all levels have been developed. There are now more than 100 institutions of higher medical learning and more than 500 secondary schools of medicine and pharmacology, which have trained large numbers of medical personnel.

Medical research has yielded good results, of which some have reached advanced international levels. The production of drugs and biological products and medical apparatus has kept increasing. The research and development of new products have been constantly strengthened. The control over medicines and foodstuffs has been codified and health legislations are being perfected.

The traditional Chinese medicine is the summary of the rich experiences of the Chinese people in their struggle against diseases over the past thousands of years and important constituents of China's traditional culture. Thanks to the policy of uniting doctors of both traditional Chinese and Western medicine for an integration of both schools of medicine, the traditional Chinese medicine, which was on the verge of extinction before liberation, has been able to renovate and develop vigorously.

The flourishing situation in China's medical and health field is a full manifestation of the superiorities of the socialist system and the correctness of the health policies and principles put forward by the Party and government.

Over the past three decades, China has made an efficient use of investment and achieved satisfactory social results. The life expectancy of the Chinese people has risen from 35 years before liberation to 66.4 years for men

and 69.4 years for women in 1984. The death rate dropped from 25 per thousand before liberation to 5.5 per thousand in cities and 6.45 per thousand in rural areas in 1984. The infant mortality rate dropped from 200 per thousand before liberation to 13.4 per thousand in cities and 34.4 per thousand in rural areas in 1984. The major causes of death have been shifted from infectious and parasitic diseases to cerebral vascular and cardiovascular diseases and malignant tumours commonly shared by developed countries. These achievements are rare for a developing country like China.

But the development of China's medical and health work is not a plain sailing. For quite a long period of time, especially during the "cultural revolution" from 1966 to 1976, it suffered a great deal owing to the impracticable "leftist" practices. We have accumulated rich successful experience, but have a deep lesson to learn from past mistakes also.

After the third plenary session of the 11th Central Committee of the Chinese Communist Party in 1979, under the guidance of emancipating the mind, seeking truth from facts and proceeding from China's actual circumstances, we earnestly drew on historical experience, put things in order and implemented the Party's policy of opening to the outside world and invigorating the domestic economy, and steered the medical and health work back to the correct road of healthy development.

At present, an overall reform is unfolding in the medical and health work in both cities and countryside along with the reforms of the whole economic system. The reform is conducted mainly in the following two aspects:

1. to multiply ways of running medical and health services, that is, to change the past practice of relying solely on the state and encourage the collectives and individuals to join in the effort and run the services in a variety of forms, and at the same time welcome overseas Chinese and foreign friends to enter into joint ventures and run medical undertakings in China; 2. to make medical management more flexible, that is, to simplify administration and relegate powers, relax policies and give more autonomy to medical and health organizations with regard to the disposal of manpower, and financial and material resources; to institute the responsibility system that combines responsibility with powers and interests in all medical and health organizations so as to do away with the defects of the past practices of "everyone else eating from the same big pot"; to promote socialist medical ethics and mobilize the initiatives of all medical and health organizations and medical personnel; to change the irrational fee collecting system and set up different standards according to the quality of services offered in order to meet the demand of different groups of people. The purpose of the reform is to proceed from China's reality and build up a medical service with distinct Chinese characteristics so as to ensure the people of more convenient and more efficient medical and health services.

In China, medical and health service is a socialist welfare undertaking. Medical and health departments are not required to deliver funds to the state or to make profits. Their sole purpose is to protect the people's health. As China has a large population and her economy is not so developed, it is impossible for the state to cover the medical and health care expenses for all of the one billion people for quite a long time to come.

Over the past three decades and more, China has instituted the free medical care system and the labour protection system for all employees in government institutions and enterprises run by the state. In the rural areas, there are village clinics in most places and many peasants volunteered to organize cooperative medical services. At the same time, the state and collective economic organizations provide low-cost medical and health care services by subsidizing medical and health organizations. These multiforms of medical and health services are dictated by the actual conditions in China and they have played a positive role in protecting the people's health. But these medical and health service systems are far from being perfect. The main problem is waste and some changes are needed.

During the 7th five-year plan period that begins this year, we shall draw on both Chinese and foreign experience and set up a new social medical insurance system that varies in forms, items and standards so as to make an efficient use of the limited medical resources for even better results.

At the Party representative conference last year, senior Party leader Deng Xiaoping pointed out that "the ideological, cultural, educational and medical departments must all make social benefits the sole criterion for judging all their activities." For medical departments, social benefits must come first and economic results second. Economic results must be weighed against social benefits so as to achieve the unity of social benefits and economic results. This is the supreme principle we must follow. The Chinese medical workers will continue to uphold the principle of healing the wounded, rescuing the dying and practising revolutionary humanitarianism, constantly improve their services and attitude so as to meet the growing need of the people in medical and health care, effectively protect the manpower, improve the physique of the people and effectively support the nation's effort for modernization.

PART I Important Documents

The Seventh Five-Year Plan for Public Health Service (Extracts)

During the period of China's Seventh Five-Year Plan (1986-90), the general task of public health service includes further developing medical and health work by increasing medical facilities in both urban and rural areas and improving hygienic conditions of the country. It also includes the efforts to control or lower the incidence of major diseases, expand the contingent of medical and health workers and upgrade medical science and technology so as to provide the people with more convenient and effective medical service.

The task is aimed at laying a foundation with Chinese characteristics suitable for advancing urban and rural economy and the needs of ailments treatment and prevention, and preparing for the further development in the next 10 years.

The guidelines for the development of public health services are as follows:

Regarding the improvement of the social effects as the sole standard in evaluating medical service while sticking to reforms in medical structure;

Carrying out the principles of "prevention first", giving consideration to medical development in both cities and the countryside, developing modern medicine and the traditional Chinese medicine for the integration of the two;

Further relaxing controls over local medical institutions, trying to collect funds from different sources and relying on all departments at different levels and in varied forms in running medical service, laying emphasis on upgrading medical equipment and reconstruction and expansion of the existing medical units;

Relying on the progress of medical sciences, exploitation of intelligence and personnel training to promote the development of public health;

And enhancing the construction of socialist ethics, and training more professional health workers to be one with ideal, and with social moralities, culture and discipline.

Main guotas and detailed measures include:

To further strengthen preventive medicine and publicize medical science to improve the feature of public health. Measures will be taken to improve the quality of drinking water with the cooperation of other organizations. By 1990 safe drinking water will be available for 80% of the rural population in the coastal and economically developed areas and with favourable conditions.

Main focus shall be laid on the prevention and treatment of hepatitis, scarlet fever, rabies, malaria, tuberculosis, filariasis and schistosomiasis. Incidence of acute contagious diseases is expected to drop by 20% within 5 years. Technical transformation must be speeded up in the production of biological products, and the immunization coverage will be expanded to cover 85% of all children at the province level by 1988 and the same percentage at the county level by 1990. New methods in baby delivering and eugenic practices must be popularized.

China pays attention to the quality of people's health and strives to reduce the infant death rate so as to further prolong people's life span.

The country plans to increase the number of hospital beds by 400,000 in the Seventh Five-Year Plan period. It also plans to complete the rebuilding and expanding or 16 key hospitals specialized in certain areas and 2 hospitals equipped with modern facilities.

It will set up technical centers of medical and health care, medical education and research at most provinces, autonomous regions and municipalities.

The consolidation and strengthening of health services at the county level, especially the key counties will be undertaken and the building up of central township hospitals strengthened, making them primary centers for technical guidance in the rural three-tier health net-work. Multiform health services in the villages will be set up in line with local conditions. In the Seventh Five-Year Plan period, and greater efforts will be made to build up a medical system which will stimulate a more rational distribution of medical science and technology across the urban and rural areas.

Active studies and exploration shall be made on the health care system appropriate to the new economic conditions in the countryside, and similar efforts be made in the reforms of medical system for urban employees.

During the Seventh Five-Year Plan period, China will step up the integration of the traditional Chinese medicine and Western medicine, focusing on the building up of research bases of traditional Chinese medicine and pharmacology in Shanghai, Sichuan, Jilin and Tianjin.

It has been planned to increase 70,000 or 80,000 beds for traditional Chinese medicine. According to a plan, each of the cities and counties should have one hospital or clinic of traditional Chinese medicine.

Attention shall be paid to giving a fuller play of the specialities of acupuncture, massage, bonesetting, treatment of intestinal diseases, and ophthalmology.

Efforts shall be made further to support the effective components in traditional medicine of ethnic minorities such as the medicine of Uygur, Mongolia, Tibet and Dai, which are appreciated by local people.

In addition, efforts shall be made to run better the existing education institutions of traditional Chinese medicine. And prestigious elderly doctors are encouraged to take on apprentices.

The training of medical personnel shall be strengthened. It has been planned to increase 770,000 professional medical workers in the next 5 years (or some 150,000 every year).

The enrolment of high and secondary education shall be expanded, teaching facilities be improved and education and research levels be raised. The in-service training shall be strengthened continuously and focusing on the training of professionals, management officials and rural doctors and technicians in need. The aim is to give training, by 1990, to more than half of the village health workers raising their professional level to that equivalent to a secondary medical school graduate.

Scientific research shall be actively carried out on crucial technical problems including the treatment and prevention of major diseases which are seriously threatening people's health and life, and also on subjects of health care and family planning.

The country shall also strive to achieve results in attacking tumours, viral hepatitits, epidemic hemorrhagic fever, cadiopulmonary and vascular diseases.

Medical science structure shall be reformed gradually to strengthen the coordination and management of the study of medicine.

Supervision and control shall be tightened over the hygienic conditions of medicine and food. A state supervision system will be established throughout the process of production, circulation, and consumption of drugs and foodstuffs. The production or sales of fake drugs and rotten or pulluted food must be strictly banned.

Modern management must be actively promoted and introduced to all medical institutions, and international exchanges and cooperation in public health should be expanded further in a bid to use favourable world conditions to develop China's medical and health work.

Summary of the Work of the Ministry of Public Health in 1985 and Main Points for Work in 1986

Excerpts from the speech by Public Health Minister Cui Yueli at the 1986 National Conference of Health Bureau Directors

This year is the first in the Seventh Five-Year Plan period. The general task for the Seventh Five-Year Plan Period in our medical work is to further reforms in medical and health work, speed up the development of medical and health services, change the urban and rural health situation, further update medical sciences so as to make the more convenient and more efficient medical and health services available to the masses of the people.

New Situation in Medical Reforms

1985 saw a gradual development in the reform of medical work. The Party Central Committee and the State Council attached much importance to the development of medical and health work and its reforms. In April, last year, the State Council approved the circulation of the public health ministry's "Report on the Policy Problems Concerning Reform of Medical Work". More than 20 provincial, autonomus regional and municipal governments have approved the reform programs formulated by their health bureaus, thus accelerating the pace of reform.

1. Rural medical organizations have been revitalized

Last year, as the rural economic reform was going into depth, village medical and health organizations have diversified their organizational forms. Now the number of village medical and health organizations run by collectives or by rural doctors under contract accounts for 50.92 percent of the total; those run by rural doctors (medical orderlies) collectively account for 10.08 percent and those run by individuals, 31.5 percent; and those set up by township hospitals account for 3.39 percent; and those run in other forms account for 4.11 percent. The purpose of diversifying the forms of village medical and health organizations is to make them better adapted to local economic conditions and more convenient to the people. About 87 percent of Chinese rural villages have had medical and health organizations and many places have resorted to a variety of means to solve the pay problems of rural doctors and medical orderlies in providing prevention and health care services. Some 40 percent of the rural medical personnel have passed examinations and work performance assessment and obtained "rural doctor" certificates.

Through reforms, many township hospitals have brought forth the initiatives of their staffs and expanded their services in the prevention and control of diseases, and therefore boosted their vitality.

Medical organizations at the county level have improved their expertise and management skills and service work and have become step by step the centers for preventive health care, medical treatment, teaching and scientific research and personnel training bases of their respective counties.

2. Reforms in urban hospitals are spreading from selected units to all hospitals

Hospitals of both traditional Chinese and Western medicines above the county level conducted reforms to varying degrees. More and more medical units have instituted the system of hospital president assuming the sole responsibility and introduced the management responsibility system in a variety of forms. Many hospitals have done away with the quotas on the number of patients received every day, sped the turnover of hospital beds, expanded their services, added specialized outpatient departments and offered consulting services, and the doctor's name was made known to the patient while on duty, all for the purpose of improving the quality of services. The number of family hospital beds has increased to 912,000 and the management system has kept improving. A number of organizations and wards have been set up for rehabilitative medicine. To mobilize all the medical forces available in the society, private practitioners are encouraged. In 1984, more than 80,000 doctors and retired medical workers got the approval to open their own practices.

Medical coordination joint enterprises was spread last year. Such joint enterprises have many advantages and are operated in a variety of forms. There are joint operations between big and small hospitals, between rural and urban hospitals, among specialized hospitals, between local and army or factories hospitals. The medical joint enterprises can make best use of manpower and materials, with bigger hospitals helping the small ones and hospitals high in technical level helping those not so strong technically. The practice can both tap the potential of large hospitals and increase the vitality of smaller ones and give full scope to the roles of army and factory hospitals, thus opening up a new way for easing the strains on big hospitals and training technical force.

3. Fruitful results have been made in running medical undertakings through multiple channels

The pooling of funds have become an important measure to run medical undertakings in some places and units and in strengthening the medical service as a whole. In Shanxi Province , 16 provincial organizations pooled 12 million yuan to run a fraumatological and orthopedics center with 300 beds. The province also relied on the funds pooled by collectives or individuals in building more than 320 small specialized hospitals at the grassroots. In Hunan Province, the coal, chemical, labour and personnel and trade union organizations in the Xiangxi Tujia and Miao Autonomous Prefecture pooled funds to build a professional disease prevention and control center. Some units have solved their difficulties in the renewal of equipment and development of new services by pooling funds.

4. Disease prevention and health care service reform shows initial results

The experiments in the reform of epidemic prevention and maternal and child care organizations have been extended, achieving a certain measure of successes. Some counties are actively probing for new management systems in the light of actual local conditions and established unified disease prevention and health care organizations.

During the course of reform, epidemic prevention and maternal and child care organizations in many places persisted in the principle of putting prevention first and combining prevention with treatment and carried out extensive surveys and treatment of infectious, endemic and occupational diseases. The coverage of health care for women during pregnancy and childbirth and to infants has been expanded constantly. Premarriage care is also being carried out in urban and rural areas.

Marked achievements have been made in the control of acute communicable diseases, chronic diseases and parasitic diseases. The incidence of communicable diseases dropped by 16 percent from 1984. Of these, the incidence of diphtheria was down by 59 percent; of measles, by 37 percent; and of malaria, by 39 percent. Another 34 counties and cities announced eradication of Schistosomiasis. Shandong, Guizhou and Guangxi declared eradication of filariasis. The endemic goiter has been brought under control in 13 provinces and municipalities. The incidence of Keshan disease and brucellosis has also dropped sharply.

5. Traditional medicine is being revitalized in reform

Various places have begun to pay attention to revitalizing the traditional Chinese medicine. Meetings were held in Liaoning, Hubei, Sichuan, Gansu, Jiangsu, Jiangsu, Fujian, Tianjin, Shanghai, Shanxi and Guangdong to formulate programs for the development of traditional Chinese medicine and adopt measures to revitalize it. The governments at all levels in Sichuan Province appropriated 13 million yuan last vear to support the development programs. There have been also developments, to varying degrees, in the Tibetan medicine, and the medicines of Mongolians, Uygurs and Dais in the minority nationality regions. It can be said that we are experiencing the best period and the fastest development in traditional medicines since the founding of New China.

6. New progress has been made in the reform of medical science and education system

The Ministry of Public Health put forward "Proposals for the Reform of the Medical Science and Technology System". Following these proposals, the Ministry has increased investment in scientific research, established research funds, and changed the fund appropriation system — instituting the double track system of inviting tenders and policy appropriation. These measures have stimulated the spread and application of the research results. In 1985, six creations were awarded by the state; 52 got the technological progress award; and 104 were awarded at the ministerial level, thus opening the path for development and research results to enter the technical markets. Medical universities and colleges have opened multiple channels to train medical personnel while fulfilling the teaching programs set by the state. These channels include training personnel under contract, enrolling day students, joining hands with other units to run schools, opening evening universities, T.V. universities and running management classes for administrative cadres.

7. Health legislation has been strengthened

The enforcement of the "Law of Food Hygiene" over the past few years has achieved marked social results. More and more foodstuffs have met the prescribed food hygiene standards and a decline to varying degrees has been reported in the number of food poisoning cases and deaths from food poisoning and in the incidence of the infectious diseases of the digestive system caused by contamination of food. With the enforcement of the "Drug Administration Law", various places are beginning to strengthen the training of personnel in the management and inspection of medicine and in the enforcement of the law and have issued licenses to the production, management and preparations of medicine. However, our health legislation work has just begun and the tasks ahead are very arduous. Now we are racing against time to formulate a number of new laws and regulations, such as the traditional Chinese medicine law and the border health quarantine law, so as to codify the whole procedure of health management.

8. Some results have been achieved in the reform of medical fee collection system

Following the experiments in some provinces and cities, some more provinces and municipalities have readjusted in a small way part of the fee collection standards last year. Medical and health units have introduced

the system of operating under a fixed amount of budgetary funds, with a fixed amount of subsidy. A pay system has also been introduced in the use of large apparatus. The results have been satisfactory.

9. New ground has been opened in opening to the outside world

The international cooperation and academic exchange in the medical field has been increasing. Active efforts have been made to introduce foreign technology, equipment, funds and to train personnel. Traditional medicine and pharmacology have gradually found their way into the world.

Over the past year, we have signed 35 contracts for medical cooperation with foreign countries. In addition, we held ten large international symposiums and ran more than 50 workshops and seminars, involving nearly 1,500 people.

10. New rogress in Patriotic Health and Sanitation Campaign and other work

The Patriotic Health and Sanitation Campaign has been developing in depth toward improving the environment and wellbeing of the people. A large number of villages, streets, units and army camps have excelled themselves in purifying, greening and beautifying their environments. More than 30 cities have been commended as outstanding units for their good sanitation. The rural sanitary situation has been further improved and the drinking water purification projects completed between 1983 and 1985 have benefited as many as 50 million people in the rural areas. Some places have succeeded in controlling and reducing the density of the four pests and a number of ports, shipping fleets, railway stations and railway trains have freed themselves of the harassments by rats.

Medical publicity work has also been strengthened, with media constantly renewed and developed. More than 80 medical science films and telefilms were produced in the year, which helped promote the development of medical reforms and socialist spiritual civilization.

Unifying Our Thinking and Firming Our Confidence and Push Ahead with Reforms

In order to carry out in an all-round way the policies and principles on medical and health work and the guiding thinking and step up reform, it is necessary to further unify our thinking on the new problems cropped up during the reform and buttress our confidence in our reform efforts while having a correct understanding of the situation in the reform of medical and healthwork, so as to press ahead with our efforts to break new ground in the medical and health work.

Medical and health service is a socialist welfare undertaking, a matter of major importance that concerns the life and death of the people. All medical and health organizations should persist in making serving the people as their sole purpose instead of seeking profits. Medical and health personnel should display the spirit of healing the wounded and rescuing the dying and practising revolutionary humanitarianism and devote themselves to the country's medical and health services. All these are the concrete manifestations of the nature of our medical and health services as a socialist welfare undertaking.

Though the state has in recent years increased investment in medical and health services, it is impossible for the state to add much more in the short period of time for its present low level of economic development. Moreover, China is a big country with one billion people and the medical need is big. It is impossible for the state to cover all the expenses for medical and health care in a fairly long period to come. It is, therefore, up to medical and health units to meet part of their own needs and sustain their development by relying on their own income. Viewing the present actual situation, our policy for running this welfare undertaking can only be this: while the state steadily increases its investment with the improvement in the economic situation, it is necessary to take some money from the people and use it in their interests and to mobilize the initiative of the whole society to run the medical and health services well.

In view of the present insufficient funds, increased medical expenditure and low fee collection standards, it is necessary to change gradually the irrational fee collection standards and strive to achieve the goal of collecting fees according to costs so that the medical units may be duely compensated for and regain its vigor.

At the national Party conference last year, Comrade Deng Xiaoping pointed out: "All ideological, cultural, educational and health departments should take social effects as the sole criterion to judge all their activities, and all the enterprises they run should also take social effect as their supreme principle to action." What he said provides an extremely important thinking guide in carrying out medical work and reforms.

To protect the people's health is the purpose of all medical and health departments in all they do. The social effects of medical work manifest themselves mainly in the following: to satisfy the growing needs of the society for medical and health care by constantly improving services and service attitude so as to effectively protect manpower, people's health in support of the country's modernization efforts. It would mean the maximum social effects to get these done well, with the people benefited and the social productive forces protected. So, the result of medical work, its achievements, can only be gauged with the social effects it has brought about, which is the highest principle and guide to action for every medical and health worker.

Medical departments should put social effects in the first place and economic results, second. This does not mean negligence of economic results, because, like all other work, the prevention and control of diseases are also economic activities. In a society where economy prevails, the medical materials, equipment and all other materialized labour have to be realized through the exchange of commodities. Without taking costs into consideration, without paying attention to accounting and economic results, that is, without doing things according to the law of value, the medical and health services will suffer, or even fail to meddle along, let alone social benefits. Economic results mean achieving maximum return with minimum input. The economic results in medical and health departments should be realized on the basis of expanding the coverage and items of their services and ensuring the quality of medical and health service and constantly meeting the social needs. So ultimately, the economic results of medical and health units have to be gauged by their social effects.

In 1986, we must persist in putting reforms in the first place. For bigger achievements in our medical and health work this year and even for the next five years, we should still rely on, persist in and carry on in depth the reforms. The general guidelines for this year's reform, just as Premier Zhao Ziyang put it, will be to further consolidate, digest, supplement, improve what we have achieved and try to solve the most outstanding problems to retain the advantages and get rid of defects so as to make reform more fruitful. We should continuous implementing the guidelines set forth in the report by the Ministry of Public Health and approved by the State Council for circulation. It is necessary for various provinces, autonomous regions and municipalities to formulate detailed rules for its implementation in light of local actual circumstances.

There should be no misgivings or wavering on the question of reform only because it has entailed some concomitant negative elements. Problems cropped out during reforms can only be solved by improving and perfecting the reforms. There should be no going back.

Our medical and health workers at all levels should constantly sum up experience so as to promote the development of reforms. The open coastal cities, special economic zones and cities independent in planning should bring their advantages into full play and strive to march ahead of all other cities in the reform of medical and health work.

Further Efforts Needed to Improve Rural Medical and Health Service

With the development of commodity production in the rural areas, the rural medical and health service has entered a new stage of development, with the peasants desiring for higher standards of medical and health care. But the present medical and health service is unable to satisfy the rising demand and needs further improvements. Steps.should be taken to establish a complete medical and health system with Western medicine, traditional medicine and disease prevention and health care to be staffed by a technical force of compatible standards.

1. Attention should be concentrated on the reform, consolidation and readjustment of township hospitals

The general requirements: to further strengthen the development of central hospitals (branches of county hospitals). Each county should concentrate efforts on running a few central hospitals well in a planned way and in light of the development of rural commodity economy, build new medical and health organizations in new towns. Other hospitals should gradually be readjusted and consolidated, with the aim of further strengthening disease prevention and health care and raising the capability of preventing and controlling diseases and improving the quality of their services.

In the readjusting and consolidating work, rural hospitals should concentrate efforts on certain aspects of their work as dictated by each respective circumstances. For instance, some may put emphasis on the reorganization of the leading bodies, management, introduction of new technology or bringing their special skills into full play or further display the role of the traditional medicine; some may put emphasis on the rescheduling of their tasks to concentrate on epidemic prevention and maternal and child care; some may put emphasis on the problem of overconcentration of medical organizations or overextension of themselves by reducing the number of hospitals beds and cutting medical staff to run branch hospitals or carry out mobile medical services instead of staying in hospitals waiting for patients to come. Some may cooperate with other medical organizations or with village clinics.

In the course of reform, the practice of subsidy grants according to tasks should be continued in order to make more hospitals achieve self-support, with a certain amount of state grants Special policies and measures should be taken in old liberated areas, minority nationality regions, border areas and poor regions and more state grants should be given. Efforts should be continued to organize medical teams to these areas and regions to help them put an end to the state of being short of doctors and medicine.

As most of the township hospitals are collective undertakings, the key to reform lies in keeping to the principle of management for collective enterprises. It is essential to respect the autonomy of these undertakings. There should not be too much interference or too rigid control over them. It is also necessary to further display the roles of medical associations and rural doctors', associations and rely on medical personnel to run their own undertakings independently.

Township hospitals should strengthen technical guidance to and supervision over rural medical organizations and keep to the policy of running medical services in a variety of forms, collectively, jointly by rural doctors or under contract by collectives or individuals. Private practitioners should be allowed to open their own services and township hospitals may set up separate service centers. Cooperative medical services may be continued and the medical insurance system may be tried out. Whatever form it may be, the medical administrative departments should strengthen leadership and management over it, assess their medical and health services and consolidate the contingent of doctors and establish a complete three-tier rural medical service-network.

2. To explore a health care system best suited to rural situation

In carrying our reforms, it is necessary to strengthen the construction of health care organizations, changing the situation in which some sanitarian and antiepidemic organizations are overlapped; the primary health care organizations are incomplete; and sanitarian and antiepidemic and maternal and child care personnel are not stable. The reform of the present rural disease prevention and health care system should facilitate instead of weakening the development of health care service and preventive medicine and service quality and social effects. Some counties, which are small in area and poor in technical and economic conditions, may concentrate their manpower, and financial and material resources instead of separating them into small groups. But medical appropriations by the government should not be reduced accordingly.

To strengthen rural medical and health work, the health care personnel at the township level should be specialized in a certain field, and a professional contingent should be set up.

Continued efforts should be made to encourage and support disease prevention and health care organizations of all forms and ownerships and diversify their services. Disease prevention and health care organizations may carry out trans-regional paid services in the form of technical cooperation.

It is also necessary to strengthen publicity and education work as a basic prevention and health care service, with medical knowledge spread among all human groups, especially peasants. As disease prevention and health care is a work to serve the people, it has apparent social effects. Various places should rationally regulate the proportion of medical funds used for disease prevention and health care services.

The Patriotic Health and Sanitation Campaign is an effective preventive measure and can be carried out on the widest possible scale. It is, therefore, necessary to continue launching the campaign, with emphasis on eliminating pests and curing diseases, in order to markedly improve the sanitary conditions in the vast urban and rural areas. Medical departments at all levels should strengthen technical guidance over the campaign, step up research and encourage the application of new technologies and methods so as to fundamentally change the sanitary conditions and improve the management of the Patriotic Health and Sanitation Campaign.

3. The key lies in the training of medical personnel

In the future, steps will be taken to assign some college graduates to county and township hospitals and gradually achieve the goal that every county hospital has university or college graduates as its technical backbone, central hospitals will have some university or college graduates, and other hospitals will be mainly staffed by graduates from secondary professional schools and some college graduates. The existing institutes of higher medical learning should on the basis of fulfilling their teaching tasks run college courses for rural medical personnel according to needs. Some secondary Medical schools may also open college courses upon approval. The system of directional recruitment, training and assignment should be further perfected. More rural students should be enrolled by way of lowering the academic standards to varying degrees. City students may also apply for directional courses and proper measures are taken to ensure that they go to the countryside after graduation.