

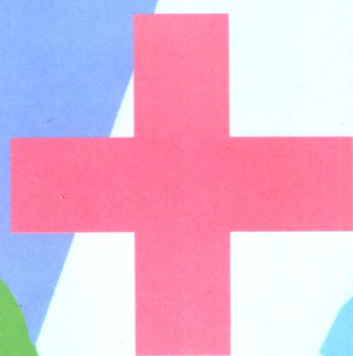
Medical Aid for the Poor
-Theories, a Case Study and Guidelines

贫困人群医疗救助

—— 理论、案例及其操作指南

主 编 杜克琳 张开宁

副主编 唐松源



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前 言

在和平与发展的世界背景下，对贫困人群的医疗救助，正作为一个重要的新领域引起社会各界尤其是医疗卫生界的日益关注。1997～2000年，由云南省卫生厅妇幼卫生项目办公室组织，昆明医学院健康研究所领衔，并与云南省妇幼保健院、昆明医学院第一附属医院及大理州南涧县、楚雄州南华县和曲靖市（原为曲靖地区）会泽县合作实施了世界银行-云南省卫生厅合作课题“贫困农村妇幼卫生扶贫资金的运作式研究项目”。昆明医学院健康研究所组织一批学者对贫困人群的医疗救助理论及方法学问题进行了较系统的研究，明确提出了以运作式研究（operations research）及参与性方法（participatory approach）为基本方法的项目运作、管理及评估的思路。项目组精心组织了关键问题识别及优先领域确定的研讨，及时确定了参与性规划、妇幼卫生扶贫技术服务中诊疗及用药规范的建立及实施等关键措施。上述3个县的政府对妇幼卫生扶贫资金项目给予了大力支持，各县卫生系统和妇幼卫生队伍则始终把妇幼卫生扶贫工作当作开创妇幼卫生工作的新局面，提高自身工作水平的大事来抓。广大农村妇女及群众对妇幼卫生扶贫项目表现了极大的热情和高度的参与性。所有这些，对项目的成功均起到了关键作用。

妇幼卫生扶贫资金项目，是云南省卫生厅在世界银行贷款卫生VI项目中的一个重要国际合作科研课题，它的设计、实施及评估均得到了国际、国内一批知名研究机构及专家的关切及支持。其中，美国疾病控制中心的流行病学专家麦卡锡博士（Dr. Brain McCarthy, CDC, USA）及北京大学医学部（原北京医科大学）流行病学专家李竹教授均倾注了大量心血，多次亲临云南进行科研讨论及现场指导，美加州大学洛杉矶分校健康促进及行为科学专家李滨教授（Prof. Virginia Li, UCLA）及北京大学医学部公共卫生知名学者王绍贤教授也对上述项目及科研课题提出了极其宝贵的意见。国内外知名专家、学者的技术支持，成为上述妇幼卫生扶贫项目科学性的一项重要保障。此项目及科研课题的设计、实施及评估均有详尽、严谨的记录，其丰富数据的科学处理也得到了世界银行专家的充分肯定及高度赞誉，项目关键问题的识别与处理，重要措施的设计及操作均得到了实践的考验并正得到推广。有鉴于此，本书以较大的篇幅介绍了上述案例，希望其思路、设计、操作、管理及评估能为广大读者起到抛砖引玉的作用。

本书分为三个部分。“理论篇”阐述了可持续发展框架下的健康与贫困问题，较系统地回顾了贫困人群的医疗救助这一全球关注的新领域的历史，论述了其中的关键问题，描述了当今世界对贫困人群开展医疗救助的现状与成功案例；对贫困人群医疗救助中的一个最关键的问题——卫生服务的公平性，系统地阐述了其理论框架，综述了全球发展趋势；对贫困人群医疗救助工作中极其重要的两种方法——运作式研究及参与性规划，也进行了深入浅出的论述，使贫困人群的医疗救助工作有高瞻远瞩的理论指导。世界银行—云南省卫生厅合作课题“贫困农村妇幼卫生扶贫资金的运作式研究项目”已

取得了令人瞩目的成果，积累了丰富经验，并得到了世界银行及国际专家的好评。“案例篇”以翔实的资料对这一成功的实例进行了较全面的介绍，旨在使读者通过案例更深刻地领会贫困人群医疗救助的组织及实际工作中的关键问题，以及具体的工作方法，并用以指导贫困地区对特困人群实施医疗救助的实践。通过对这个实例的研读，读者可以举一反三，对自己拟开展的贫困人群的医疗救助进行实际的规划和组织实施。“操作指南篇”则以妇幼卫生扶贫资金项目为例，从实际运作的需要出发，详尽地叙述了省、县、乡、村级项目领导机构实际操作的具体步骤及注意事项。这部分不仅可直接用于广大农村地区开展贫困人群的妇幼卫生相关的医疗救助工作，而且可使读者结合“理论篇”及“案例篇”融会贯通理论与实践，用于对贫困人群进行其它形式的医疗救助工作的项目之中。

贫困人群的医疗救助尚属一个新领域，其理论研究正在广度及深度两个层面展开，实现实际操作规范及程序化也还任重而道远。本书的编者虽努力在理论及实践两方面进行了总结与提炼，但疏漏之处实难避免。盼广大读者及同仁不吝指正，形成理论与实际工作者齐心协力共同攻关的局面，使贫困人群医疗救助这一功在当代、利在千秋的事业得以蓬勃发展，促进共享健康、共享发展成果、共享人类文明这一崇高目标的实现。

张开宁 杜克琳

2002年4月

Fore Word

There has been an increasing interest in Medical-Aid for the poorest of the poor in this world, with a consideration of the inequity in health care.

Forty (40) counties of Yunnan Province, China, were selected to participate in the Maternal and Child Health (MCH) Program funded by the World Bank Loan VI (WBLHP/VI 1995-2000). As a part of WBLHP/VI, a MCH Poverty Alleviation Fund (MCHPAF) has been implemented in these counties. This fund focuses on the impoverished pregnant women and children, approximately 5% of the total population in these poverty-stricken areas. The purpose is to improve of the current medical services in these areas and provide access to these services by the target population.

As part of the WBLHP/VI, an operations research study of the Poverty Alleviation of the MCH programme is being conducted. It focuses on improvement of access and utilization for pregnant women and children in economically deprived families to make MCH services available. Through this study of the MCHPAF, it's expected to find a set of practical operations and management models for MCHPAF in Yunnan Province, and to provide experiences for China and other developing countries when design and implement health service policies.

This book describes briefly the WBLHP/VI in Yunnan, followed by a fairly detailed book on the MCHPAF, as an intensive study under taken in Yunnan Province of China, in the broaden context of socio-economic change in China. Based on an analysis of the performance of the MCHPAF as a Health VI routine project activity in 40 Counties of Yunnan Province of China between 1995 and 1998, objectives of the carefully designed MCHPAF Study (1996-2000) are presented. Two study hypotheses are given followed by some specific study questions related to poverty alleviation and equity in health services. As an operations research, this study utilized a number of quantitative as well as qualitative methodologies, including questionnaire survey, enhancing the information management system and using the existing data, focus group as well as in-depth interview with key informants. Meanwhile, participatory approaches were used in planning, evaluation and routine operation the MCHPAF. These methods were discussed briefly in the book. Meanwhile, the book presents a rather detailed description of the study process. While the rich data are available for further comprehensive analysis in terms of medical aid for the poorest. The main results and research findings were presented in the part of Major findings. Evidences from the project outputs and outcomes of MCHPAF were given, based on data collected by a baseline survey and a comprehensive project information system.

Having summarized lessons learnt from the MCHPAF Study, a discussion on the major results and findings of the MCHPAF were given, followed by policy recommendations, summari-

zing lessons learnt from the MCHPAF Study. It is hoped that this book will be useful for the ongoing projects relating to poverty alleviation and health for the poorest in developing countries.

There are three main parts in this book. Part one gives a comprehensive literature review of the rationale and care concepts of the Medical-Aid for the poorest of the poor, followed by a description of several successful examples in this world. Inequity in health care is discussed intensively, with an emphasis placed on equity in health care for the poorest of the poor is provided, and the global tendency is described followed by a quite detailed review of the two methods widely used in Medical-Aid for the poorest of the poor: the Operation Research and Participant Planning. Guided by the framework and utilizing the Operation Research & Participant Planning, a significant achievement has been obtained in PAF. The process and lessons learnt seem be invaluable. Therefore, part two of this book gives a fairly detailed introduction of the PAF, in order to Share experiences and enable the audience to better understand part one through an example. It is hoped that the audience may get an insight of the PAF experiences. Finally part three provides with suggestions and guidelines of operations in Medical-Aid for the poorest of the poor at country, Township and village levels respectively.

We would like to express our sincere and heartfelt appreciation to Dr. Brain McCarthy at Centers for Disease Control and Prevention (CDC) USA, Dr. Li Zhu at the Peking Medical University, Prof. Virginia Li at University of California and Los Angeles (UCLA) and Dr. Wang Shaoxian at the Peking University, for their invaluable contribution to the MCHPAF study mentioned above. Acknowledgment also to them medical aid for the poorest of the poor.

The above mentioned MCHPAF study was funded by World Bank and Ministry of Health, China. Moreover, the authors would like to extend our genuine acknowledgement to World Bank and Ministry of Health, China, although the authors will be responsible alone for any information provided or judgments expressed.

Finally, our thanks to the People's Health Publishing House for their hard and effective work. Only with their help can this book be brought to fruition in such a short period.

Prof. Kaining Zhang and Dr. Kelin Du
April, 2002

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第一章 可持续发展框架下的健康与贫困问题

张开宁 杜克琳 李 军 唐松源

发展，人类社会的一个永恒主题。贫穷，21 世纪国际社会以及各国政府关注的焦点问题之一，全球面临的一个重大挑战。

2000 年 9 月，联合国千年首脑会议在联合国总部（纽约）隆重召开。20 与 21 世纪交替之际，来自 160 多个国家和地区的元首或政府首脑聚集一堂，共同探讨面向新世纪联合国的作用以及全球发展面临的一系列重大问题。

会议对“贫穷”这个全球现象以及世界贫困人群的状况予以了极大关注。联合国秘书长安南在题为“我们人民：21 世纪联合国的作用”的报告中指出：“极端贫穷是对全人类的侮辱”，“缺乏基本的医疗保健是穷人无法改变贫困状况的主要原因之一”。同时，他强调：健康的改善，将减少贫困，缩小收入的不平等。在公众医疗保健方面的投资特别有利于贫困人群。安南秘书长向各国首脑发出呼吁：“我们必须不遗余力，使我们的男女同伴摆脱凄惨的、有损人格的贫穷状态！”贫困人群的健康及卫生服务问题已作为一个跨世纪的重大议题，摆在联合国及各国政府的面前。

中国政府历来重视反对和消除贫困的工作，为减少和消除贫困作出了不懈的巨大努力。人们日益认识到，只有将贫困人群的健康问题置于可持续发展的深刻背景之下进行审视，才能全面正确地把握这一重大问题。迈入 21 世纪，如何改善对贫困人群的卫生服务状况，开展医疗救助，提高其健康水平，也应当在社会可持续发展的宏大构架之下全面审度，统筹解决。

第一节 可持续发展、健康与贫困

一、从发展到可持续发展

（一）发展：人类社会的一个永恒主题

人类社会由落后到进步，由野蛮到文明，由低级到高级的演变，体现了历史发展的

一个基本趋势。诸多学科的专家学者,对这个基本趋势和永恒不变的主题,进行了不懈的思索和探讨,并对“发展”提出了不同的定义和见解。如社会发展、经济发展、文化科技发展等概念。我国《辞海》中对“发展”的定义为:“它是一个哲学名词,指事物由小到大,由简到繁,由低级到高级,由旧质到新质的运动变化过程,事物的发展是量变到质变的统一^[1]。”显然,“发展”是一个内涵宽泛的,意义深刻的概念。许多学者也从各自的学科角度和背景出发,对“发展”提出了符合本学科的认识。例如,有的学者从系统科学的角度出发,提出:“发展”是一个极其复杂的巨系统,是人口、资源、环境、经济、社会五大子系统的组合状态和运作过程^[2];还有的学者认为“发展是一个降低脆弱性(vulnerability),增强能力的过程”^[3]。无论是何种定义,只要是尊重历史、正视现实的,均无一例外地承认发展对人类社会的重要意义:没有发展,人类社会就谈不上进步、文明;没有发展,人类就无法摆脱愚昧和贫困。发展推动着人类社会的巨轮滚滚向前,并在一定的历史阶段表现出明确的特征和主题。

第二次世界大战后的半个世纪以来,发展中国家为改变经济贫困和落后的状态,以不同的发展理论为指导,作出了艰苦的努力,取得了巨大的成就。然而,从整体而言,大部分发展中国家贫穷落后的面貌不但未得到根本性改变,而且与发达国家的差距还在不断扩大。摆脱贫困,已成为发展中国家社会经济发展的重要前提及目标之一。

世纪交替的历史时刻,面对全球经济、环境、人口、资源等各方面的机遇和压力,国际社会及各国政府更加重视发展领域表现出来的前所未有的紧迫性、严峻性和现实性。而解决困扰着广大发展中国家的贫困问题,并以此为切入点,进而克服发展所面临的一系列障碍,成为全世界迫切需要解决的重要任务之一。

(二) 可持续发展:跨世纪的议题

从根本上讲,发展应以满足人的需要为最终目的。但随着社会生产力的发展,全球范围内的竞争日趋激烈,一些国家走上了“为发展而发展”的道路,片面强调经济增长,追求增长速度,使发展偏离了满足人的需要这一根本方向。由此产生了一系列的全球性问题:环境污染不断扩大和恶化,有限的资源被过度地开采和浪费,人类的生存空间日趋缩小,发展中国家与发达国家,穷人与富人之间的差距越来越显著……这一系列由单纯强调“经济增长”的发展战略,即认为“传统的经济增长=发展”的战略导致了环境恶化和资源枯竭等后果,对人类的生存产生了极大的负面影响,已被事实证明这并非长远的、正确的发展战略。

世界各国政府及专家、学者为寻求新的发展战略进行了不断的探索和尝试。1976年,联合国教科文组织提出了一个新的社会发展目标,即社会的发展应当是“以人为核心的发展”。同时认为以人为核心的发展是多元的,社会的发展不能局限于经济增长这一内容,它应包括经济、文化、教育和科技等相互关联和相互补充的若干方面。只有将这些方面综合起来,才能保证社会的正常发展^[4]。

1980年7月,联合国首次使用了“可持续发展”这一概念。1987年,世界环境与发展委员会在《我们共同的未来》报告中对“可持续发展”作出了定义性解释:可持续发展为“既满足当代人的需要,又不对后代人满足其需要的能力构成危害的发展”。这一全新的思维是发展理论的一个历史性飞跃,一个根本性转变,它为全球发展之路开

辟了一条崭新的大道。

1992 年联合国在里约热内卢召开了“世界环境与发展大会”，以可持续发展为指南，讨论通过了《里约热内卢宣言》和《21 世纪议程》等重要文献，使可持续发展战略作为全球性发展战略的地位得到确认，并成为当今世界各国普遍接受的主导思潮，促使各国政府对可持续发展在国民经济中的重要地位给予了充分肯定和认识，并陆续将可持续发展理论引入了社会各部门、各项事业的发展思路和建设规划当中。

此后，众多学者对可持续发展的核心问题进行了大量论证。1994 年在开罗召开的联合国人口与发展大会（以下简称 ICPD）通过的《国际人口与发展大会行动纲领》第二章第二条原则中强调指出：“可持续发展问题的中心是人”，着重突出了人口在可持续发展中的地位和作用，强调可持续发展要确保当今和后世所有人公平享受资源的权利，充分认识和妥善处理人口、资源、环境与发展之间的相互关系，并使之协调一致，互动平衡。

可持续发展强调人口、环境、资源、经济、社会各方面之间发展的协调和有序，强调以人的全面发展为中心，它摒弃了片面强调经济增长的传统观念，突出了发展经济的目的是为人类服务。可持续发展包括 3 个重要原则：

（1）公平性原则：强调发展既要保证当代人之间的公平，又要保证代际间的公平；既要满足当代人的需要，改善生活质量，又不损害到后代人的需要，在当代人之间、当代人与后代人之间公平地分配有限的资源。

（2）持续性原则：强调人类社会发展不能超越资源和环境的承载能力，要坚持有益于代际延续的发展。

（3）共同性原则：强调全球的整体性和一体化，人口、环境、资源、经济、社会五大基本要素应协调发展，它们之间相互关联，相互制约，相互作用。可持续发展应使这五个要素的总和不断增加，而不仅仅是其中个别要素的增加。

可持续发展在理论上包含三个相互联系的重要方面：一是生态环境可持续发展。环境保护和生态平衡以及维护和提高生态系统的持续生产能力，直接关系到社会经济系统的全面发展。保持良好的生态环境，使之始终处于良好循环，是人类社会可持续发展的前提条件。社会经济的发展决不能以牺牲环境质量为代价。二是经济可持续发展。不仅要求经济结构的合理化，优化配置资源，而且要求经济的适度增长，提高经济发展水平和实力，这不但是社会发展的物质保证，而且是可持续发展的基础。三是社会可持续发展。通过个人的生活消费，尤其是计划生育实现适度的人口再生产，并通过科教、文化、医疗卫生等社会服务体系提高人口素质，建立持续进步的社会体系，满足适当的生活水平，改善社会福利，提高生活质量，是可持续发展的目标^[5]。

可持续发展作为一种新的发展观点，作为当代世界的最新发展战略，它的提出是基于人类对社会发展正反两方面经验、教训的深刻反省和总结，得到了包括中国在内的各国政府的高度重视。

早在 1993 年，我国制定的《中国 21 世纪议程》中就指出：“走可持续发展之路，是中国在未来和下世纪发展的自身需要和必然选择。”其后的政府工作报告中也明确提出：“必须把社会全面发展放在重要战略地位，实现经济和社会相互协调和可持续发展。”并对“实施可持续发展战略，推进社会事业全面发展”作了专门论述。党的十五