

China Health Bibliography Update

April 2005

EASHD---China Rural Health AAA

***Contents in this update are from the following databases: [PubMed](#), [Social Science Citation](#), [EconLit](#), and [Factiva](#)

Special interests:

- [Community environment and HIV/AIDS-related stigma in China](#)
- [Analysis of factors affecting the epidemiology of tuberculosis in China](#)
- [The impact of China's retail drug price control policy on hospital expenditures: a case study in two Shandong hospitals](#)
- [Private and public cross-subsidization: financing Beijing's health-insurance reform](#)
- [Decentralization and Macroeconomic Performance in China: Regional Autonomy Has Its Costs](#)

In the news from [Factiva](#)

- [Asia Pulse: Chinese urban citizens saw income increase in the first quarter of 2005](#)
- [Reuters: Wu Yi steps down as MOH head, Gao Qiang takes over](#)
- [China Daily: Henan province sends health workers to AIDS-infested villages for one year to treat AIDS victims](#)
- [China Daily: Request for compensations for HIV infection is turned down by a Beijing court](#)
- [Xinhua: China migrants are highly risky to occupational illness](#)
- [AFP: China water supply to reach limit in 2030 as population grows](#)
- [Xinhua: MOH head says controlling medical costs a priority for all hospitals](#)
- [Biotech Week: Fudan University study: TB control program in China might have escaped poor people](#)
- [EIU: China: Healthcare and pharmaceuticals forecast](#)
- [Xinhua: Cancer has become top killer in China](#)
- [New Zealand Herald: Western firms are pouring into China to test new medicines without burdensome regulations](#)
- [US State Department Press Releases: China enlists US help in cleaning the air for 2008 Olympics](#)
- [AP: China Arrests 15 in AIDS Crackdown](#)
- [BBC via Xinhua: China sets up first health insurance company](#)
- [Xinhua: China faces widening gaps between poor and rich in terms of reaching MDGs albeit China still on track for MDGs, says WHO China head](#)
- [Xinhua: MOH official: rural women to deliver in hospital for free soon](#)
- [Reuters: China struggles against tide to stamp out drugs](#)
- [China Daily: Around 26M Chinese still in poverty despite progress](#)
- [Xinhua: China pilots medical assistance for urban poor](#)
- [Strait Times: Industrial pollution tarnishes China's economic prospective](#)
- [AIDS weekly: MedMira Inc. wins government tender for rapid HIV test in China](#)
- [BBC via Xinhua: China expands social security programs](#)
- [China Daily: Calls for uniform nationwide drug policy on the rise](#)
- [China Daily: MOCA announces plan on piloting medical assistance for urban poor](#)
- [USA Today: Looming pension crisis in China stirs fears of chaos ; Retirees-to-workers ratio rapidly growing lopsided](#)

- [China Medicine Daily: Why are the relationship between physicians and patients so tense? \(original in Chinese with English summary at the end\)](#)
- [Xinhua: Jiangxi to train village health workers](#) (originally in Chinese with English summary at the end)
- [Xinhua: Why there are so few reporting on negative drug reactions? \(originally in Chinese with English summary at the end\)](#)
- [Xinhua: China has set up the National Infectious Disease and Public Health Emergency Direct Reporting Network System](#) (originally in Chinese with English summary at the end)


All around the net from Chinese website

- MOH issues Notice on Launching 10,000 Physicians Supporting Rural Health Project

[Back to top](#)

 Note: Below are selected results from PubMed using EndNotes (search terms: 2005/04/01:2005/04/31, China)

(2005). "China must not neglect reform of primary care." *Lancet* **365**(9468): 1362.

Full-text : 

** Chen, J., M. K. Choe, et al. (2005). "Community environment and HIV/AIDS-related stigma in China." *AIDS Educ Prev* **17**(1): 1-11.

This article examines the contextual effects of community environment on individual stigmatizing attitudes toward people with HIV/AIDS in China. Multilevel logistic regression models are used to analyze data on 5,658 respondents aged 15-49 from 66 communities in the Baseline Information, Education, and Communication Survey for HIV/AIDS Prevention in China, conducted by the State Family Planning Commission in 2000. The results show that a high level of HIV/AIDS-related risk behavior in the community and a low level of community development are associated with increased HIV/AIDS-related stigma, after controlling for respondents' sociodemographic characteristics, including extent of knowledge about HIV/AIDS. The findings suggest that interventions for reducing HIV/AIDS-related stigma in China should take into account community characteristics, such as level of HIV/AIDS-related risk behavior and level of development in the community.

He, N., R. Detels, et al. (2005). "Characteristics and Sexually Transmitted Diseases of Male Rural Migrants in a Metropolitan Area of Eastern China." *Sex Transm Dis* **32**(5): 286-292.

GOAL: The goal of this study was to identify the correlates and determine the prevalence of sexually transmitted diseases (STDs) among male rural migrants in Shanghai, China. STUDY: The authors conducted a community-based cross-sectional study with an anonymous questionnaire interview and collection of blood and first-void urine samples for STD screening. RESULTS: One thousand eighty-six (85.3%) of 1273 male rural migrants approached were interviewed. Among the 986 sexually active migrants, the prevalence of chlamydia, gonorrhea, and syphilis was 3.5%, 0.5%, and 1.0%, respectively. None were infected with HIV. The prevalence of STDs was 3.2% for construction workers, 5.6% for market vendors, and 5.6% for factory workers. Risk factors for STDs were longer duration in Shanghai, frequent hometown visits, having multiple sex partners, and the desire to have multiple sex partners. CONCLUSIONS: The prevalence of STDs among male rural migrants is relatively low. Maintaining the current low prevalence can reduce the risk of an HIV epidemic among Shanghai migrants, but prevention messages need to be tailored to the low level of literacy in many migrants.

Hesketh, T., L. Duo, et al. (2005). "Attitudes to HIV and HIV testing in high prevalence areas of China: informing the introduction of voluntary counselling and testing programmes." *Sex Transm Infect* **81**(2): 108-12.

OBJECTIVES: To assess knowledge and attitudes towards HIV and its testing among pregnant women and health professionals in Yunnan Province, south west China, to inform the introduction of voluntary counselling and testing (VCT) programmes. **METHODS:** The study design was a cross sectional survey using self completion questionnaires. It was carried out in 12 hospitals in four high prevalence areas of Yunnan Province. Questionnaires were completed under examination conditions by health professionals, and at the routine antenatal examination by pregnant women. **RESULTS:** Completed questionnaires were obtained from 840 pregnant women and 780 health professionals. Knowledge of HIV and its modes of transmission were good in health professionals but patchy in pregnant women. The weakest area in both groups was knowledge of maternal to child transmission. There was strong support for compulsory testing in pregnancy and at the premarital examination. But attitudes towards HIV/AIDS were negative: 23% of health professionals and 45% of pregnant women thought HIV was a disease of "low class and illegal" people, 48% of health professionals and 59% of pregnant women thought that HIV positive individuals should not be allowed to get married, and 30% of the health professionals were not willing to treat an HIV positive individual. Levels of knowledge were higher and attitudes more positive in younger health professionals and better educated pregnant women. **CONCLUSIONS:** Community education programmes and intensive training of health workers must precede or accompany VCT programmes. They must particularly address negative attitudes towards people with HIV. Pilot VCT programmes are now under way in two of the areas studied.

[Back to top](#)

Ip, P. K. (2005). "DEVELOPING MEDICAL ETHICS IN CHINA'S REFORM ERA." Developing World Bioeth 5(2): 176-187.

ABSTRACT The paper gives an analytical synopsis of the problem of developing medical ethics in the early half of the 1990s in China, as perceived by Chinese scholars and medical professionals interested in medical ethics. The views captured and analyzed here were expressed in one of the two major journals on medical ethics in China: Chinese Medical Ethics. The economic reform unleashed profound changes in Chinese society, including in the medical field, creating irregularities and improprieties in the profession. Furthermore, the market reform also created new values that were in tension with existing values. In this transitional period, Chinese medical ethicists saw the need to rebuild medical morality for the new era. Using the code of conduct promulgated by the Chinese Ministry of Health in 1989 as a basis, assessment and education aspects of the institutionalization of medical ethics are discussed. In addition to institutional problems of institutionalising ethics, there are philosophical and methodological issues that are not easy to solve. After all, to institutionalize medical ethics is no easy task for a country as old and as big as China. Chinese medical ethicists seem ready to confront these difficulties in their effort to develop medical ethics in Reform China.

Li, J., W. Yang, et al. (2005). "Effort-reward imbalance at work and job dissatisfaction in Chinese healthcare workers: a validation study." Int Arch Occup Environ Health 78(3): 198-204.

Objective: The aim of this study was to test the reliability and validity of the Chinese version of the 23-item effort-reward imbalance (ERI) questionnaire and to analyze its association with job dissatisfaction in a sample of Chinese healthcare workers. **Methods:** A self-reported survey was conducted, in university hospitals of China, among 192 male and 608 female healthcare workers. **Results:** Appropriate internal consistencies of the three scales: effort, reward, and overcommitment, were obtained. Exploratory factor analysis replicated the theoretically assumed structure of the ERI construct in men and women. Evidence of criterion validity was obtained from cross-correlations of the scales and from their correlations with gender, education and job dissatisfaction. Finally, all three scales were associated with an elevated odds ratio of job dissatisfaction, and the effect was strongest for the ERI ratio as predicted by theory. **Conclusion:** Based on the results of this study the Chinese version of the ERI questionnaire is considered a reliable and valid instrument for measuring psychosocial stress at work. It is applicable to Chinese working populations and, in particular, to the healthcare sector.

[Back to top](#)

**** Liu, J. J., H. Y. Yao, et al. (2005). "Analysis of factors affecting the epidemiology of tuberculosis in China." *Int J Tuberc Lung Dis* 9(4): 450-4.**

SETTING: The tuberculosis (TB) epidemic situation is both a public health problem and a socio-economic issue in China. OBJECTIVE: To examine the effects of socio-economic development and of the TB control strategy on the TB epidemic in China. METHODS: Based on the four National Epidemiological Surveys of TB and the indices of socio-economic development in China, correlation co-efficiency was used to analyse the relationship between changes in the TB epidemic situation, the socio-economic level and the Health V TB control Project. RESULTS: The prevalence of smear-positive TB had significant medium correlation with the per capita net income of the rural population, the consumption level of the urban population, the per capita GDP, the population density, and the proportion of rural to total population, among which the correlation with the first four was negative and with the last was positive. The decline in prevalence in the project areas was much greater than in the non-project areas (44.4% vs. 12.3%), while their GDP increases were similar. CONCLUSION: With socio-economic development, correlation between the socio-economic indices and the TB epidemic becomes more significant. The TB control project is vital to reduce the prevalence of TB in China.

**** Meng, Q., G. Cheng, et al. (2005). "The impact of China's retail drug price control policy on hospital expenditures: a case study in two Shandong hospitals." *Health Policy Plan* 20(3): 185-96.**

In China, 44.4% of total health expenditures in 2001 were for pharmaceuticals. Containment of pharmaceutical expenditures is a top priority for policy intervention. Control of drug retail prices was adopted by the Chinese government for this purpose. This study aims to examine the impact of this policy on the containment of hospital drug expenditures, and to analyze contributing factors. This is a retrospective pre/post-reform case study in two public hospitals. Financial records were reviewed to analyze changes in drug expenditures for all patients. A tracer condition, cerebral infarction, was selected for in-depth examination of changes in prices, utilization, expenditures and rationality of drugs. In the two hospitals, a total of 104 and 109 cerebral infarction cases, hospitalized respectively before and after the reform, were selected. Prescribed daily dose (PDD) was used for measuring drug utilization, and the contribution of price and utilization to changes in drug expenditures were decomposed. Rationality of drug use post-reform was reviewed based on published literature. Drug expenditures for all patients still increased rapidly in the two hospitals after implementation of the pricing policy. In the provincial hospital, drug expenditures per patient for cerebral infarction cases declined, but not significantly. This was mainly attributable to reduced utilization. In the municipal hospital, drug expenditure per patient increased by 50.1% after the reform, mainly due to greater drug utilization. Three to five fold higher drug expenditure per inpatient day in the provincial hospital was due to use of more expensive drugs. Of the top 15 drugs for treating cerebral infarction cases after the reform, 19.5% and 46.5% of the expenditures, in the provincial and municipal hospitals, respectively, were spent on drugs with prices set by the government. A large proportion of expenditures for the top 15 drugs, at least 65% and 41% in the provincial and municipal hospitals, respectively, was spent on allopathic drugs without an adequate evidence base of safety and efficacy supporting use for cerebral infarction. Control of retail prices, implemented in isolation, was not effective in containing hospital drug expenditures in these two Chinese hospitals. Utilization, more than price, determined drug expenditures. Improvement of rational use of drugs and correcting the present incentive structure for hospitals and drug prescribers may be important additional strategies for achieving containment of drug expenditures.

Full-text:



Perry, M. J., B. X. Sun, et al. (2005). "Emergency Department Surveillance of Occupational Injuries in Shanghai's Putuo District, People's Republic of China." *Ann Epidemiol* 15(5): 351-7.

PURPOSE: Although the People's Republic of China has an enormous worker population, occupational injury data availability has been hindered by the lack of a national surveillance system. This study compared work with non-work-related injuries by diagnosis, cause, and demographic characteristics of cases treated in a moderate-sized emergency department (ED) in Shanghai. **METHODS:** Data on all injury cases presenting to the ED were collected prospectively from November 1, 1998 through November 31, 1999 at the Putuo District Hospital. **RESULTS:** A total of 5200 injuries were recorded; 3175 (61.1%) injuries occurred in individuals aged 18 to 60 years and of these, 38% occurred at work, 15.8% occurred going to or coming from work, and 46.2% were non-work-related. Top three causes of at-work-only injuries were cutting/piercing instruments, assault, and struck by/caught in objects. Injuries caused by machinery (prevalence ratio [PR]=2.4; 95% confidence interval [CI], 2.2-2.6) and being struck by a falling object (PR=1.8; CI, 1.6-2.1) were among those more likely to have occurred at work. **CONCLUSIONS:** These findings are an important first step in implementing injury surveillance in Shanghai hospitals to track injury patterns and to ultimately inform injury prevention efforts in this major international urban center.

Tucker, J. D., G. E. Henderson, et al. (2005). "Surplus men, sex work, and the spread of HIV in China." *Aids* **19**(6): 539-47.

While 70% of HIV positive individuals live in sub-Saharan Africa, it is widely believed that the future of the epidemic depends on the magnitude of HIV spread in India and China, the world's most populous countries. China's 1.3 billion people are in the midst of significant social transformation, which will impact future sexual disease transmission. Soon approximately 8.5 million 'surplus men', unmarried and disproportionately poor and migrant, will come of age in China's cities and rural areas. Meanwhile, many millions of Chinese sex workers appear to represent a broad range of prices, places, and related HIV risk behaviors. Using demographic and behavioral data, this paper describes the combined effect of sexual practices, sex work, and a true male surplus on HIV transmission. Alongside a rapid increase in sexually transmitted disease incidence across developed parts of urban China, surplus men could become a significant new HIV risk group. The anticipated high sexual risk among many surplus men and injecting drug use among a subgroup of surplus men may create bridging populations from high to low risk individuals. Prevention strategies that emphasize traditional measures--condom promotion, sex education, medical training--must be reinforced by strategies which acknowledge surplus men and sex workers. Reform within female sex worker mandatory re-education centers and site specific interventions at construction sites, military areas, or unemployment centers may hold promise in curbing HIV/sexually transmitted infections. From a sociological perspective, we believe that surplus men and sex workers will have a profound effect on the future of HIV spread in China and on the success or failure of future interventions.

Wu, Z., K. Rou, et al. (2005). "Acceptability of HIV/AIDS counseling and testing among premarital couples in China." *AIDS Educ Prev* **17**(1): 12-21.

Premarital counseling is required for couples wishing to be married in China. The counseling primarily provides information about contraception. We evaluated adding premarital HIV/AIDS counseling and voluntary HIV testing to the standard counseling. The test was offered free to one group and at the standard cost to the other. The proportion of those accepting HIV testing among all participants receiving premarital counseling was used as a measure of acceptability. Sixteen percent of participants not charged chose to accept testing versus 1.4% of those charged ($p < .001$). Lack of HIV/AIDS knowledge and charging for the test were correlated with refusal. Over 5% of participants admitted to premarital sex, most with their fiancée, and a significantly higher portion was female. Only 22% used condoms. Study participants were randomized for 1-year follow-up. Only four participants reported extramarital sexual activity during that year. Acceptance of HIV testing was disappointingly low. Implementing strategies to reduce stigmatization and increase knowledge of HIV/AIDS, in addition to not charging for testing, may increase the acceptance of HIV testing.

Yang, H., X. Li, et al. (2005). "HIV-related risk factors associated with commercial sex among female migrants in China." *Health Care Women Int* **26**(2): 134-48.

Data from 633 sexually experienced female migrants were analyzed to examine the sociodemographic and psychosocial factors and human immunodeficiency virus (HIV)-related behaviors associated with involvement in commercial sex. Six percent (40/633) of the participants reported having had sex for money. Compared with women who had not engaged in commercial sex, women who had sold sex were younger, less educated, and more likely to be unmarried. They were more likely to have engaged in HIV-related risk behaviors, such as becoming intoxicated with alcohol and using drugs. Among women engaged in commercial sex, only 28% of them consistently used condoms during the last three episodes of sexual intercourse. Women who had ever engaged in commercial sex demonstrated greater depressive symptoms than those without such as history ($p < .01$). Female migrants, especially those engaging in commercial sex, were vulnerable to HIV/sexually transmitted diseases (STDs). Sexual risk reduction and condom promotion are urgently needed among this population. Further studies are needed to examine the casual relationship between depression and HIV risk behaviors.

Yang, H., X. Li, et al. (2005). "Heterosexual Transmission of HIV in China: A Systematic Review of Behavioral Studies in the Past Two Decades." *Sex Transm Dis* **32**(5): 270-280.

OBJECTIVE: The objective of this study was to address the role of heterosexual transmission of HIV in China. GOAL: The goal of this study was to explore the prevalence of unsafe sex and the likelihood of HIV spread heterosexually from core populations to others. STUDY:: The authors conducted a review of behavioral studies. RESULTS: Drug users were more likely to be involved in higher-risk sexual behaviors than were those who abstained from using drugs. Most female drug users (52-98%) reported having engaged in commercial sex. Most female sex workers (FSWs) and individuals with sexually transmitted diseases (STDs) had concurrent sexual partners. Many continued to have unprotected sex after noticing STD symptoms in themselves or their sexual partners. From 5% to 26% of rural-to-urban migrants had multiple sexual partners and 10% of males patronized FSWs during migration. CONCLUSIONS:: Factors such as high rates of FSW patronage, low rates of condom use during commercial sex, having sex with both commercial and noncommercial sexual partners, and high rates of STD infection may promote a heterosexual epidemic in China.

[Back to top](#)

Note: Below are selected results from Social Science Citation using EndNotes (search terms: 2005, China, health)

Lou, C. H., B. Wang, et al. (2004). "Effects of a community-based sex education and reproductive health service program on contraceptive use of unmarried youths in Shanghai." *Journal of Adolescent Health* **34**(5): 433-440.

Purpose: To evaluate the effectiveness of a youth-friendly intervention in promoting one safe sex behavior-contraception and condom use among unmarried young people aged 15-24 years in Shanghai, China. Methods: The study was conducted in two towns of a suburban area of Shanghai (one as the intervention and the other as the control), with comparable socio-cultural-economic and demographic characteristics. The intervention intended to build awareness and offer counseling and services related to sexuality and reproduction among unmarried youths, in addition to the routine program activities, which were exclusively provided in the control site. Baseline surveys were conducted in both sites before the implementation of the intervention, and similar surveys were conducted in both sites 20 months after the intervention had been initiated to test the feasibility and effectiveness of the intervention. In total, 1220 unmarried young people from the intervention site and 1007 from the control site, including 1304 out-of-school youths and 923 high school students, were recruited, and about 92% of them were successfully followed up. Four main measures were examined (i.e., ever contraceptive use, current regular contraceptive use, ever condom use, and contraceptive use at onset of sexual intercourse-if it occurred during the course of the intervention). The reasons for nonuse of contraceptives, the status of joint decision on contraception and the first method used were also assessed. Data were analyzed using Logistic regression models with dichotomous measures of contraceptive use and Generalized Estimating Equations (GEEs) with repeated measures. Results: At baseline, there

was no statistical difference in contraceptive use between the intervention and control groups. After intervention, the proportions reporting regular contraceptive use and condom use in the intervention group were much higher than that in the control group ($p < .001$). A group X time interaction effect ($p < .0001$) was found for regular contraceptive use and ever condom use. Logistic regression analysis with dichotomous measures of contraceptive use and GEEs with repeated measures showed similar results. The regular contraceptive use and ever condom use were correlated with subject's occupation and family economic status, respectively. After adjusting for demographic factors, the subjects from the intervention group were 14.58 (OR) times as likely to use contraceptives at onset of intercourse as those from the control group (95%CI: 8.55-24.87, $p < .0001$). Similar results were found for both females and males. Conclusions: A multifaceted intervention program that provided information and skills, as well as counseling and services, appears to have positive influences on contraceptive practice and condom use among unmarried young females and males in suburban Shanghai. (C) Society for Adolescent Medicine, 2004

**** Wu, M., Y. Xin, et al. (2005). "Private and public cross-subsidization: financing Beijing's health-insurance reform." *Health Policy* 72(1): 41-52.**

In 1998, the Chinese government proposed a universal health-insurance program for urban employees. However, this reform has been advancing slowly, primarily due to an unpractical financing policy. We surveyed over 2000 families and evaluated the financial impacts of Beijing's reform on public and private enterprises. We found that most state-owned enterprises provided effective health insurance, whereas most private firms did not; overall, 33% of employees had little or no coverage. On average, employees of private firms were healthier and earned more compared to public firms. Because the premium was proportional to income, private firms would pay more for insurance than the predicted health-care expense of their employees. International firms subsidize the most, contributing more than 60% of their insurance premiums to the employees of the public sector. Such an aggressive cross-subsidization policy is difficult to be accepted by private firms. (c) 2004 Elsevier Ireland Ltd. All rights reserved.

Full-text:



[Back to top](#)

Below are selected search results from EconLit using EconLit Advanced Search (search terms: China, 2005, rank by date)

**** Feltenstein, A. and S. Iwata (2005). "Decentralization and Macroeconomic Performance in China: Regional Autonomy Has Its Costs." *Journal of Development Economics* 76(2): 481-501.**

We give an empirical examination of the impact of fiscal and economic decentralization in China on the country's economic growth and inflation, using a vector autoregressive (VAR) model with latent variables. Our econometric investigation offers strong evidence that there is a connection between decentralization and macroeconomic performance in China. Economic decentralization appears to be positively related to growth in real output for the entire postwar period in China. Fiscal decentralization seems to have adverse implications for the rate of inflation, especially after the late 1970s. Decentralization would therefore seem to be good for growth and bad for price stability.

Full-text:



Xu, L. C., T. Zhu, et al. (2005). "Politician Control, Agency Problems and Ownership Reform: Evidence from China." *Economics of Transition* 13(1): 1-24.

Using data from a recent national survey on the ownership reform of state-owned enterprises in China, we study the effects of reducing politician control and agency problems on a number of reform outcomes. Taking into account the endogenous nature of the reform, we find that these outcome measures of the reform's success are positively affected by the lessening of

politician control through increasing the firm's flexibility in labour deployment and by the mitigation of agency costs through the introduction of more effective corporate governance mechanisms such as one-share one-vote and shareholding-based board structure composition. Ownership structure also matters: relative to shareholding by the state, foreign ownership has a positive effect on reform outcomes; individual (mostly employee) shareholding has a negative or insignificant effect. Somewhat surprisingly, operating autonomy (excluding labour deployment flexibility) has a negative effect on firm performance, suggesting serious agency problems in the reformed enterprises.

[Back to top](#)

Note: Below are selected search results from Factiva using search builder for news in the last month. Search terms: China and health; China and medical and insurance; 卫生; 医疗, 医院, All sources, All companies, Subject: Analysis or Audio--visual links or Commentary/opinion or Country profile or Dow Jones/Reuters Top Wire News or Economic News or Editorial or Intl Pol-Econ Organizations or Interview or Letter or News Digest or Political/General News or Review or Routine General News or Transcript, Region: China, All industries, Language: Chinese simplified or traditional or English, Sort results by: publication date, most recent first

REVENUES, EXPENDITURES OF CHINA'S URBAN RESIDENTS RISE

240 words
27 April 2005
Asia Pulse
English
(c) 2005 Asia Pulse Pte Limited

BEIJING, April 27 Asia Pulse - Chinese citizens in cities and towns earned more and spent more in the first quarter of this year, said a report of the National Bureau of Statistics.

The report released on Wednesday showed that the average per capita disposable revenue of urban and town citizens reached 2,938 yuan (US\$355) in the period between January and March, a year-on-year increase of 11.3 per cent, or a real growth of 8.6 per cent when price factors are deducted.

Meanwhile, the average per capita consumption expenditure of urban and town citizens amounted to 2,020 yuan (US\$244) in the period, up 9.9 per cent over the same period of 2004, or a realrise of 7.2 per cent, said the report.

Among the expenditures, the money spent on foodstuff increased 10.9 per cent, that on meat, poultry, egg, and aquatic products was up 16.7 per cent; the expenditures on food services, grain and oil, and vegetables rose 15.2 per cent, 10.5 per cent and 5.3 per cent, respectively, in the first quarter.

Urban and town citizens' expenditures on clothing rose 16.7 per cent, that on medical care and **health**, 8.1 per cent. The money spent on education, cultural and recreational activities rose 2 per cent, and that on housing increased 3.7 per cent.

[Back to top](#)

China names health minister years after SARS crisis sacking.

185 words
27 April 2005

03:18
Reuters News
English
(c) 2005 Reuters Limited

BEIJING, April 27 (Reuters) - **China** named a new **health** minister on Wednesday, ending the tenure of Vice Premier Wu Yi who stepped in to take command after the previous minister was sacked two years ago for covering up the deadly SARS outbreak.

The Standing Committee of **China's** National People's Congress, or parliament, decided that Gao Qiang, executive vice **health** minister, would replace Wu, the state-run Xinhua news agency reported on Wednesday.

Wu, a member of the elite Politburo, took over the ministry after **Health** Minister Zhang Wenkang was sacked in April 2003, along with Beijing mayor Meng Xuenong, for their role in the initial coverup of an outbreak of Severe Acute Respiratory Syndrome (SARS).

SARS infected more than 8,000 people in nearly 30 countries and killed some 800 people, including about 300 in **China**, following an outbreak that first emerged in southern **China** in 2002.

People familiar with **China's** **health** ministry say Gao, made Executive Vice Minister of **Health** in May 2003, had already been handling its day to day affairs.

[Back to top](#)

HIV/AIDS VILLAGERS GET HEALTH TREATMENT

By Liu Chang

460 words

21 April 2005

China Daily

English

Copyright 2005 China Daily Information Company. All rights reserved.

A total of 114 provincial government officials and medical experts have gone to 38 villages in Central **China's** Henan Province that have been hit by HIV/AIDS.

They intend to work and live in the villages for a year, Xinhua News Agency reported yesterday.

The move is part of the government's efforts to contain the spread of the virus and help those already infected.

Henan Province is probably the worst hit area in **China** for HIV/AIDS due to illegal blood selling, sources said.

Several years ago illegal blood banks paid money to poor farmers for their blood donations, but lax hygiene standards led to many people becoming infected.

The team members are from 38 provincial government departments and 22 provincial medical organizations, according to Wang Jumei, vice-governor of Henan Province.

"The members are all capable and familiar with rural conditions," Wang was quoted as saying by Xinhua.

The 38 villages, which have the worst incidence of HIV/AIDS in the province, have had outside help since 2004.

The official assistance aims to help establish and improve local medical treatment for HIV/AIDS sufferers, Ma Jianzhong, director of the Henan Provincial **Health** Bureau, was quoted as saying.

"The official teams will provide free anti-virus medicine to HIV carriers and free examinations," Ma said.

"The team will also try to prevent babies from being infected by mothers who suffer from HIV/AIDS," the official said.

Furthermore, orphans of AIDS victims will receive free schooling.

It is reported that those sent last year to the villages will work with the second batch who arrived yesterday until the end of the month.

The **China** News Service reported that thanks to previous help from **health** workers in the villages, the annual average income there has increased by over 200 yuan (US\$24) per person.

Over 6,700 AIDS patients in the 38 villages have already had regular treatment.

An asphalt road, a well, a school, a clinic and an orphanage were also established in each village.

It is reported that a survey last year revealed that 25,000 blood donors have tested HIV positive in the province, according to the provincial **health** authority.

The Henan provincial government has stepped up efforts to prevent the spread of the disease.

A total of 232 million yuan (US\$28 million) was invested last year in medical treatment and assistance to victims.

The provincial government invested another 28 million yuan (US\$3.4 million) early this year, Xinhua reported.

Sources with the Ministry of **Health** said there are around 130,000 confirmed cases of HIV/AIDS in **China**, however, the real figure is thought to be more than 800,000.

(Copyright 2001 by **China** Daily)

[Back to top](#)

VIRUS COMPENSATION TURNED DOWN

By Di Fang

296 words

21 April 2005

China Daily

English

Copyright 2005 China Daily Information Company. All rights reserved.

A nine-year-old HIV carrier lost his lawsuit against the Stomatological Hospital affiliated to Peking University.

Xiao Jian, from Central **China's** Henan Province, said he believed he was infected with the virus after a blood transfusion at the hospital in 2002.

However, Beijing Haidian District People's Court decided on Tuesday that the hospital and blood supplier were not at fault.

The court also ruled out the possibility that the boy was infected with HIV at the hospital.

The court entrusted a professional medical research centre to investigate whether the boy's case was a medical accident.

"The result showed that it was not," the Beijing News quoted a judge as saying.

The trial was heard in closed session as the plaintiff is still a minor, sources with the court said.

Xiao Jian went to the hospital in August 2002 for treatment and received a blood transfusion due to his low blood platelet count.

The boy, seven years old at the time, left the hospital in September 2002.

He was then confirmed HIV positive by a local **health** quarantine station in Zhengzhou, capital of Henan Province, in November 2003.

The boy's parents were tested and found to be free of HIV/AIDS.

The family concluded the boy must have been infected at the hospital and filed a lawsuit demanding 2.3 million yuan (US\$283,000) in compensation.

When rejecting the plaintiff's claims, the court decided it would not enforce the court fees of 22,000 yuan (US\$2,600) due to the family's financial status, the Beijing News reported.

The medical appraisal fees of 3,500 yuan (US\$430) will be paid by the hospital and blood provider.

(Copyright 2001 by **China Daily**)

[Back to top](#)

Chinese migrant workers highly risky to occupational diseases

428 words

21 April 2005

Xinhua's China Economic Information Service

English

(c) 2005 Xinhua News Agency. All Rights Reserved

BEIJING, April 21 (CEIS) -- A Chinese **health** official said on April 20 that migrant workers are at high-risk for occupational diseases, and called for more energy to improve their working conditions.

At the 10th International Conference on Occupational Respiratory Diseases held in Beijing, Li Dehong, principal expert of occupational **health** at the Chinese Center for Disease Prevention and Control (CDC), said more and more migrant workers are doing jobs without any **health** protection measures or insurance.

He said that in the past, harmful jobs in chemistry, metal processing and the like were mostly done by employees in state-owned factories. Nowadays, however, more factories are signing short-term contracts with migrant workers and hiring them to do the harmful jobs. Most migrant workers used to be farmers and have no regular medical insurance or **health** service.

"Poor working condition and lack of a sense of protection pose threats to migrant workers' **health**. For instance, many workers got respiratory illness like pneumoconiosis or silicosis because they do not wear masks while doing chemical or toxic work," said Li.

The government must make more efforts to give migrant workers better **health** care and working insurance, he urged.

The same concern goes to workers in township enterprises, Li added, as township enterprises like small steel, cement and coal factories often fail to provide workers with a safe and qualified working environment. They lack money to insure employees or purchase advanced, healthy equipment.

Harmful discharges both in foreign-invested companies and some domestic companies pose dangers to workers' **health**. Some chemical materials and producing methods forbidden in other countries are still being used in **China**, according to Li and previous reports.

China is facing a severe occupational illness situation and efforts on the prevention and control of occupational diseases have lagged far behind the country's fast-growing economy, vice minister of the Ministry of **Health** Jiang Zuojun said earlier this week.

Figures from the ministry show more than 200 million employees from more than 16,000 Chinese enterprises are exposed to occupational **health** threats. In 2003

alone, **China** reported 10,467 occupational disease cases, 80 percent of which were pneumoconiosis cases and the rest acute and chronic poisonings.

China has reported 580,000 occupational pneumoconiosis cases, which are caused by long-term inhalation of dust, especially mineral or metallic dust, since the 1950s.

Figures from the World **Health** Organization show only 15 percent of laborers around the globe have access to occupational **health** services, and 170 million children are taking harmful jobs.

[Back to top](#)

China water supply to reach limit in 2030 as population grows: report

SAI

265 words

20 April 2005

00:30

Agence France Presse

English

Copyright Agence France-Presse, 2005 All reproduction and presentation rights reserved.

BEIJING, April 20 (AFP) - **China's** water supply is likely to be stretched to the limit by 2030 as the population expands above 1.6 billion and rivers and lakes run dry or become polluted, state press said Wednesday.

"**China's** water supply is in trouble due to the scarcity of water resources and worsening pollution after the country's rapid economic growth of the past two decades," Wang Hao, an official with the Global Water Partnership **China**, was quoted by the **China** Daily as saying.

China needs to quickly integrate its water resource management to balance urban and rural demand with the needs of the ecosystem to sustain itself, he said.

China is now capable of supplying 690 billion cubic meters of water annually, with 68 percent consumed by irrigation and less than one-seventh used for maintaining or rehabilitating ecosystems, the report said.

Urban and industrial use of water takes up an additional 20 percent of the supply, it said.

In a recent survey of 514 rivers, 60 of them ran dry in 2000, it said, while the water volume in lakes monitored in the survey fell by 14 percent.

"Of the 1,073 (sources) investigated, water quality in 25 percent of them was below grade III, the minimum standard for drinking water," it said.

Last month, Zhai Haohui, vice minister of water resources, said that more than 360 million rural Chinese already lack safe drinking water and cities are facing chronic shortages, raising serious **health** concerns.

[Back to top](#)

China to strictly control unreasonable medical expenses

248 words

20 April 2005

Xinhua's China Economic Information Service

English

(c) 2005 Xinhua News Agency. All Rights Reserved

BEIJING, April 20 (CEIS) -- Soaring medical expenses in recent years have become a serious problem in **China's health** care progress, which must be priority for all hospitals this year, Chinese Vice **Health** Minister Ma Xiaowei has said.

In the past eight years, total expenses at out-patient departments nationwide have increased by 1.3 times and the total expenses at in-patient departments have soared by 1.5 times. The annual average increase of medical expenses at both departments were 13 percent and 11 percent respectively, which exceeded the increase of people's income, said Ma at a working meeting on hospital management and control on April 18.

Currently, the average expenses of in-patient service in cities are 7,600 yuan (927 US dollars), while the urban citizens' annual average income is 6,500 yuan (793 US dollars). In the rural areas, the average expenses of in-patient service are 2,400 yuan, which is almost the annual income of a farmer, he said.

"Patients not only expect a good hospital to cure their illness, but also hope they can afford the expenses and keep living," said Ma. "Hospitals are responsible to cut down medical expenses as well as to provide a good environment and service."

The ministry and the State Administration of Traditional Chinese Medicine has set this year as "year of hospital management and control" and jointly urged all hospitals nationwide to improve medical services to patients.

[Back to top](#)

Fudan University, Shanghai; Tuberculosis control programs in China may exclude poor people

354 words

20 April 2005

Biotech Week

360

English

(c) Copyright 2005, Biotech Week via NewsRx.com

2005 APR 20 - (NewsRx.com) -- Tuberculosis control programs in **China** may exclude poor people.

According to recent research from **China**, "One quarter of all TB cases occur in **China**, which, during the past 20 years has moved from a planned economy to a socialist market economy.

"In the **health** sector, an important proportion of the financing originates from user payment. TB control is not an exception and different programmatic models are in place."

"This study examines, using a case study approach, three different TB programs, one supposed to provide free service, one subsidized service and one with full cost recovery.

"The aim was to better understand the driving forces for program performance in terms of case detection, case management and patient payments," wrote S. Zhan and coworkers at Fudan University in Shanghai.

"The study found for all models that control and case management approaches were, to some extent, adapted to generate maximum income to the providers.

"The drive for income led to fewer cases detected, administration of unnecessary procedures and drugs, and a higher than necessary cost to the patients. The latter possibly leading to exclusion of poor people from the services," investigators reported.

"If user charges are to stay, TB control programs need to be designed to take advantage of the financial incentives to improve performance. The referral system needs to be restructured, not to provide disincentives for good practices," the authors concluded.

Zhan and colleagues published their study in International Journal of **Health** Planning and Management (Revenue-driven in TB control - three cases in **China**. Int J **Health** Plan Manage, 2004; 19(Suppl. 1): S63-S78).

For additional information, contact S. Zhan, Fudan University, Shanghai 200433, People's Republic of **China**.

Publisher contact information for the International Journal of **Health** Planning and Management is: John Wiley & Sons Ltd., the Atrium, Southern Gate, Chichester PO19 8SQ, W Sussex, England.

Keywords: Shanghai, **China**, **Health** Care Reform, Provider Incentive and Tuberculosis Control.

This article was prepared by Biotech Week editors from staff and other reports. Copyright 2005, Biotech Week via NewsRx.com.

[Back to top](#)

China: Healthcare and pharmaceuticals forecast

1,153 words

19 April 2005

Economist Intelligence Unit - Executive Briefing

Executive Briefing

6

English
(C) 2005 The Economist Intelligence Unit Ltd.

FROM THE ECONOMIST INTELLIGENCE UNIT

	2004	2005	2006	2007	2008	2009	
Life expectancy, average (years)		72.0	72.3	72.6	72.9	73.2	73.5
Life expectancy, male (years)		70.4	70.7	70.9	71.1	71.4	71.6
Life expectancy, female (years)		73.7	74.1	74.5	74.8	75.2	75.5
Infant mortality rate (per 1,000 live births)	25.3	24.2	23.1	22.1	21.2	20.3	
Healthcare spending (Rmb bn)		738.6	806.7	873.4	955.1	1,032.9	1,127.3
Healthcare spending (% of GDP)		5.6	5.7	5.7	5.8	5.8	5.9
Healthcare spending (US\$ bn)		89.2	98.5	108.5	119.4	129.1	140.9
Healthcare spending (US\$ per head)		69	75	82	90	97	105
Physicians (per 1,000 population)		1.5	1.5	1.5	1.5	1.5	1.5
Pharmaceutical sales (US\$ m)		11,248	12,634	14,213	15,967	17,701	19,517

Sources: US Census Bureau; Economist Intelligence Unit.

Healthcare spending will rise relative to GDP

The continuous increase in expenditure on healthcare recorded in recent years is likely to continue during the forecast period. This will partly be because of a further rise in incomes (economies tend to spend a larger proportion of income on healthcare as standards of living rise). But the rise in spending will also be a reaction to the serious **health** issues facing **China**.

It seems unlikely, for example, that Severe Acute Respiratory Syndrome (SARS), an outbreak of which became public in mid-2003, will be the last flu-type disease to emerge from southern **China**. Partly because of the fact that humans live in such close proximity to livestock and poultry in the area, southern **China** is believed to have been the breeding ground for some of the major epidemics of the 20th century, such as Asian flu (1957) and Hong Kong flu (1968), outbreaks that together killed an estimated 1.5m people worldwide. In what was interpreted by some as confirmation that **China**'s role as an incubator for major diseases was far from over, in 2004 cases of bird flu were reported across the country. On this occasion other Asian countries suffered worse outbreaks, and **China** itself reported no human cases. The country may not be so fortunate next time, however.

HIV/AIDS is a major government concern

Even without the emergence of a new outbreak of flu, **China** still faces some large **health** challenges, notably from HIV/AIDS and smoking. Although confirmed cases of HIV/AIDS stood at only 89,067 in early 2005, the government said that the real figure, including suspected cases, was 840,000. The UN believes that **China** could have more than 10m HIV/AIDS sufferers by 2010. The take-off of HIV/AIDS in **China** follows the use of contaminated transfusion blood in the mid-1990s; drug abuse and prostitution have also contributed to the problem. In July 2004 **China** reached a deal with a UK-based pharmaceutical giant, GlaxoSmithKline, allowing it to purchase anti-retroviral drugs used to treat HIV/AIDS at a reduced price.

Awareness of the dangers posed by smoking is also much lower in **China** than in developed countries. More than 300m people smoke in **China**, and there is particular concern about the rise in the number of women smokers. Last but not least, **China's** population is ageing: the UN expects the proportion of the population aged over 65 to rise from 6.1% in 1995 to 9.3% in 2015, but then to more than double in the next 20 years to more than 19% in 2035. This process will inevitably increase demand for healthcare.

Far-reaching changes to the medical care system will be implemented

All these developments represent a great challenge to the government, and are likely during the next few years to prompt officials to implement far-reaching changes to the medical care system: hospitals will be reformed, the use of **health** insurance will be further encouraged, and community-based primary care and the full range of private healthcare services will be developed. The government will also hope to restructure and modernise the domestic pharmaceutical industry (comprising makers of both Western and traditional Chinese medicines), to bring manufacturing up to international quality standards and to maintain the dominance of local companies. This broad programme of reform will not be completed by the end of the forecast period, but changes implemented by then will be significant enough to affect the structure of the market for pharmaceuticals.

Foreign firms will play a greater role

Even without the completion of these facilitating reforms, the involvement of foreign firms in **China's** pharmaceutical market is likely to grow in the coming five years. As part of **China's** WTO obligations, average drug import tariffs were lowered to 4.2% in 2003, and in December 2004 foreign pharmaceutical firms officially gained the right to distribute drugs in **China**. **China's** first Sino-foreign pharmaceutical distribution joint venture was in fact launched before this date. Called Zuellig Xinxing Pharmaceutical, the company has a total investment of US\$14.5m, with **China** Xinxing holding a 51% stake and Zuellig Pharma of Switzerland holding the remaining 49%. Liberalisation of the distribution sector is important: as with local manufacturers, drug distribution has been controlled by the government for decades and is costly, inefficient and overcrowded (there are currently more than 16,000 drug distribution companies in **China**).

The gradual—but by no means wholesale—liberalisation of the sector, together with a slight improvement in the intellectual property rights environment, will encourage foreign drug firms to modify their **China** strategies. When foreign drugmakers first came to **China**, they tended to manufacture and sell their more “mature” products—that is, medicines that were off-patent and already facing generic competition in

home markets. Because patents were not recognised and intellectual property not protected, companies understandably withheld their most innovative drugs from the Chinese market—these drugs were certainly not manufactured in **China**, and in many cases were not even exported to the country.

This practice has, however, already begun to change. A US company, Pfizer, for example, offers 40 products in **China**, including all of its global bestsellers (Lipitor, Norvasc, Celebrex, Viagra, Diflucan, Zithromax and Zolofit). A Swiss company, Novartis, launched four new drugs in **China** in 2003—a record for the industry. During the forecast period foreign drug companies may include **China** in the global launch of all their new products, although this will depend on the evolution of **China's** regulatory environment (the current complexity of **China's** rules can delay the registration of a new drug in **China** by two or three years compared with registration in the US or Europe).

Executive Briefing 19 Apr 2005 (T00:10), Part 6 of 12

[Back to top](#)

Cancer has become top disease killer in China

496 words

16 April 2005

Xinhua News Agency

English

(c) Copyright 2005 Xinhua News Agency

BEIJING, April 16 (Xinhua) -- Cancer has become an effective killer not only in northern **China's** poverty-stricken Cixian county in Hebei Province, but also in Shanghai, **China's** most developed city, experts revealed on Friday.

There are 300 cases of various cancers in every 100,000 Shanghai residents, an incidence level close to that of western developed countries, said a recent report from the Shanghai Center of Disease Control and Prevention, according to Saturday's "**China Daily**".

And in Cixian county, among female residents alone, in 2002 rates of oesophagus cancer reached 136 per 100,000, said Wang Shijie, president of the Hebei Tumor Hospital.

Wang made the above remarks at the opening ceremony of a week- long nationwide campaign to raise public awareness of cancer control.

Cancer has become **China's** top killer, causing 1.5 million deaths annually, said Kong Lingzhi, director of the Division of Non-communicable Diseases Control and Management of the Ministry of **Health**.

The early diagnosis and treatment of the disease has been repeatedly shown as the most effective way to fight various cancers, said Peng Yu, director of the executive council of the **China** Cancer Research Foundation.

Unfortunately, the majority of Chinese cancer patients are only diagnosed after the cancer has reached a terminal stage due to a shortage of financial support from the government, the laggard public **health** service network, and poor public awareness, experts said.

In **China**, there are many remote areas such as Shexian county of Hebei Province, and Shenqiu county of Central **China's** Henan Province, which have outstanding incidence of certain kinds of cancer.

These villages are mostly located in central and western **China** and see a lot of cases of the cancer of the liver, stomach, and oesophagus.

The reasons for these villages' high cancer rates are still unknown, said Wang Shijie who has administrated cancer treatment and carried out research in Hebei for 30 years.

They might be caused by heredity, food and drink habits, environmental factors or water pollution, coupled with a serious lack of medical care, Wang said.

However, due to the poor support of the **health** authority, research into the causes of these cancer clusters has not been in depth enough to provide an explanation, or a plan for prevention, Wang said.

Without financial support, Chinese rural residents are not able to access early **health** tests and medical treatment, even if they have the awareness of prevention, Wang noted.

In **China**, more than 80 percent of farmers have no medical insurance at all.

In some developed cities like Shanghai and Beijing, the incidence of cancer is also quite high.

For example, the cancers with outstanding incidence in these cities are found in lungs and breasts.

Compared with the unknown causes of the rural cancer outbreaks, reasons for urban residents' cancers are quite clear: too much smoking, too much stress, too little exercise, and an unhealthy urban life style, experts said.

[Back to top](#)

Meds and miracles; Western firms are pouring into China to test new medicines without burdensome regulations.

Craig Simons reports

931 words

16 April 2005

New Zealand Herald

B12

English

(c) 2005 The New Zealand Herald

ZHEN SUXIA didn't even glance at the informed-consent form before signing it. All he knew was that his luck had changed. Zhen, a poor farmer, had been infected with HIV in 1995, when traders came to **China's** Henan province offering to buy blood.

The traders removed the plasma from Zhen's blood, then pumped what was left back into his body so he wouldn't be too weak, but not before mixing it with the other villagers' blood.

Since then, Zhen, 36, has watched scores of his neighbours die. When doctors from Beijing's Ditan Hospital invited him and 18 other villagers to receive free treatment with a new Aids drug, he was ``very happy''. Zhen says one doctor told them the medicine would allow them ``to live for 20 more years without any problems''. It seemed like a miracle.

During the three-month trial, however, hope began to fade. When Zhen and other patients received their first shot of VGV-1, a treatment developed by California-based Viral Genetics, they developed side-effects, including high fevers and rashes.

When two participants died shortly after leaving the hospital, Zhen and other villagers wanted to see their medical records but they say hospital officials refused. Worse, the villagers learned the drug had never been approved by **China's** State Food and Drug Administration (SFDA), the agency responsible for regulating drug trials.

No one is suggesting VGV-1 killed these patients - clearly, they died of Aids - but the experience left patients bitter.

China is reeling from an HIV and Aids epidemic that could infect 10 million people by the end of the decade, the United Nations says. Now, Western drug-makers are clamouring to begin clinical trials of new drugs.

China offers them a means of doing expensive trials on the cheap and the possibility of a potentially lucrative market for new drugs, which by some estimates will be worth US\$50 billion (\$70 billion) in five years. **China's** patients stand to benefit from new treatments, while doctors get experience running trials.

Experts say poor practices threaten to undermine this arrangement. The combination of an underfunded medical system, poor enforcement of regulations and widespread poverty is a ``perfect storm'' that could erode trust between **China's** sick and dying and its medical establishment, says Bates Gill, a Washington, DC-based **China** specialist.

It could also undermine confidence in the medical data that drug companies collect in **China**. The issue is especially important since **China's** drug firms are now doing cutting-edge research: the country began its first human trial of an Aids vaccine last month.

Rapid growth in new trials may overwhelm regulators. In the first half of 2003, applications for clinical trials soared 420 per cent over the year before, to almost 2500. The demand is so great that **China's** SFDA is adding dozens of hospitals to the 165 already permitted to conduct human clinical trials.

How drug trials are supposed to operate is clear. Foreign firms must apply to the SFDA, which makes sure the new drugs aren't harmful and the companies work with licensed Chinese hospitals.

Sponsors are beholden to Good Clinical Practice, an international standard for human trials that calls on companies to obtain informed consent, have trials vetted by independent ethics committees, provide onsite monitoring and give treatment for adverse effects during and after trials.

In practice, those requirements are often ignored in **China**. Participants in the Viral Genetics trial say that before they were given their first shots of VGV-1, they were not informed that the efficacy of the drug was uncertain. The doctors "just said it was a cure", says Pan Jirong, a patient. "They didn't say it was a trial."

The informed-consent form stated the drug was tested in three independent human clinical trials "with good clinical outcomes". But according to the journal *HIV & Aids Review*, in at least one trial, patients received VGV-1 and antiretroviral drugs already on the market.

Li Benfu, president of the Chinese Medical Ethics Association, says Viral Genetics and the hospital had a responsibility to make those facts clear.

Patients say the hospital that administered the trial never told them that VGV-1 is a "salvage therapy", in the words of a Viral Genetics spokesman - an option for patients who have failed regular antiretroviral therapy.

Viral Genetics also bears some of the blame for ethical lapses. All drug firms working in **China** should hire outside experts to monitor procedures, says Xiaomei Li Reckford, the local chief executive for Quintiles, a clinical-research organisation that specialises in human trials. Without an unbiased third party, she says, "how could you trust the data?"

Viral Genetics' chief executive Haig Keledjian disputes any suggestion the company was underhanded in obtaining data from its trial. It wasn't aware the SFDA should have approved the trial and relied on Ditan Hospital to clarify matters. "We thought we were in **China** being a hero," he says.

To make the system more accountable, Beijing is funding ethics workshops and requiring medical students to study ethics. The SFDA has issued a warning to Ditan Hospital.

China has a lot to lose. Drugs for diabetes, heart disease, respiratory illnesses and Aids are being tested there.

For Zhe the prospect of more trials is frightening. "I learned my lesson," he says, tugging bandages covering sores on his hand. The bigger question is what Chinese **health** officials have learned.

[Back to top](#)

Beijing Cleans Air for 2008 Olympics with U.S. Help - Efforts include major reductions in coal use, tough emission standards

715 words

15 April 2005

State Department Press Releases And Documents

English

Copyright (c) 2005 Federal Information & News Dispatch, Inc.

News from the Washington File

This article is one in a series on U.S.-**China** economic relations.

Washington -- The Department of Energy (DOE) is leading a U.S. multi-agency team to help Beijing keep its promise to the International Olympic Committee to achieve World **Health** Organization (WHO) standards for urban air quality by 2008, in time for the Summer Olympics.

The city's strategy for meeting this goal depends on major reductions in coal use, tougher fuel-quality and emissions standards and further development of a protective greenbelt that separates north **China** from an encroaching desert whose winds fill the city air with silt.

"The Chinese government intends to invest \$17 billion to \$23 billion for the 2008 Summer Olympic Games," said Lee Gebert, **China** desk officer in DOE's Office of International Science and Technology Cooperation.

"Beijing wanted to improve its image and upgrade its infrastructure, and they're using the Olympics as a catalyst to do this," she said.

In 2002, the vice mayor of Beijing and a top DOE official signed a statement of intent to cooperate on clean energy technologies. DOE also committed to provide technical assistance in energy and environmental policy and planning for the 2008 Olympics. The "Green Olympics Protocol," an official agreement between DOE and Beijing, was signed in 2004.

The first U.S.-**China** Joint Working Group (JWG) for the Green Olympics Protocol planning meeting took place in December 2002, with representatives from **China** and from the Environmental Protection Agency, the Federal Transit Administration, and the departments of Energy, State, Commerce and Agriculture.

The JWG identified 10 areas for cooperation - natural-gas technology; combined cooling, heating and power (CCHP); clean coal; hydrogen and fuel-cell vehicle demonstration; environmentally friendly buildings; urban transportation; air quality; water quality; solar photovoltaics; and a Beijing-Chicago Friendship Cities Initiative to promote local environmental activities.

The JWG has met three times and established 10 teams, one to work in each area of cooperation. U.S. companies participated in the third meeting, held in Chicago in November 2004 at the DOE Argonne National Laboratory.

"We indeed have a public-private partnership," Gebert said, "and we hope to continue to do this kind of work ' helping industry deploy clean energy technology for the Olympics and hopefully replicating the technology throughout **China**."

Gebert said a Hydrogen Park in the Olympic Village will demonstrate hydrogen technology by operating five buses using Hythane (R) technology ' a mix of hydrogen and natural gas.

General Motors has agreed to donate a zero-emissions electric bus to use during the Olympics, she said.

According to the U.S. Embassy in Beijing, the keystone of Beijing's commitment to reaching WHO urban air standards by 2008 is to reduce coal consumption in the capital to 15 million metric tons yearly, in contrast to an unconstrained consumption forecast of 33.6 million metric tons.

City officials plan to achieve this goal by substituting natural gas, electricity and liquid petroleum gas for coal as a household heating and cooking fuel. Other plans call for shutting down coking ovens in big industrial plants and substituting natural gas for coal in some electricity generation.

For example, the Chinese are very interested in CCHP technology, which combines cooling, heat and power.

"It's a stand-alone system," Gebert said, "like bringing a small-scale power plant into a building. You can provide electricity to a small building -- for example, a hospital or supermarket -- using natural gas, not coal, for cooling, heating and electricity, and you don't have to be connected to the grid."

Three buildings in Beijing might implement CCHP technology in time for the Olympics, she said.

Solar photovoltaics -- converting sunlight into electricity ' will also have a place in the Olympics. This technology will be used in the Olympic Village to light street lamps and heat swimming pools.

The aggressive program of improvements to air and water quality, transportation, energy production and more will probably be complete before the Olympics, by 2007, Gebert said.

(The Washington File is a product of the Bureau of International Information Programs, U.S. Department of State.)

[Back to top](#)

Report: China Arrests 15 in AIDS Crackdown

221 words

13 April 2005

22:35

Associated Press Newswires

English

(c) 2005. The Associated Press. All Rights Reserved.

BEIJING (AP) - Chinese police have arrested 15 people in connection with illegal blood-buying operations blamed for spreading the AIDS virus, a news report said Thursday.

The arrests are linked to 106 cases of unsafe blood collection, illegal plasma sales and "serious malpractice" in the blood market, the **China** Daily newspaper quoted Vice-Minister for **Health** Ma Xiaowei as saying Wednesday at a news conference.

The report did not disclose the charges or the identities of those arrested.

It mentioned a scandal in the central province of Henan over unsanitary blood-buying practices that infected 25,000 people with the AIDS virus in the 1990s, but it did not say whether the arrests were linked to those cases.

The government last month announced 30 arrests in a crackdown launched in May against illegal blood-buying. It was unclear whether the newly announced arrests were included in that group.

In Henan, companies that bought blood re injected pooled plasma into sellers after extracting red blood cells and other products, allowing the AIDS virus to spread from one infected seller to scores of people.

China has launched repeated campaigns to clean up its blood supply since the 1990s, banning most purchases of blood and forbidding donations by prostitutes, intravenous drug users and other high-risk groups.

[Back to top](#)

China sets up first health insurance company

249 words

8 April 2005

11:31

BBC Monitoring Asia Pacific

English

(c) 2005 The British Broadcasting Corporation. All Rights Reserved. No material may be reproduced except with the express permission of The British Broadcasting Corporation.

Text of report in English by official Chinese news agency Xinhua (New **China** News Agency)

Beijing, 8 April: **China's** first **health** insurance company, **China** People's **Health** Insurance Company Limited, was set up here Friday [8 April].

China People's **Health** Insurance, which will be headquartered in Beijing, is a joint venture company with registered capital of 1bn yuan. **China** Life Insurance Company Limited, the country's largest life insurance operator, holds 51 per cent of the

company's shares. Europe's largest commercial **health** insurance operator, German DKV, has 19 per cent of the company's shares. The rest of the shares are owned by three domestic companies.

The new company will develop three kinds of **health** insurance, which respectively target general medical treatment, serious diseases and accidents.

China Insurance Regulatory Commission (CIRC), **China**'s insurance regulator, has ratified five **health** insurance companies, of which **China** People's **Health** Insurance is the first to start operation.

Sources with the CIRC show that life insurance and asset insurance companies in **China** all run **health** insurance businesses.

Last year, the total income of **health** insurance fees accumulated to 25.99bn yuan, up 7.42 per cent year-on-year. In the first quarter this year, the national **health** insurance fees was 7.678bn yuan with a year-on-year rise of 23.78 per cent. (1 dollar = 8.27 yuan.)

Source: Xinhua news agency, Beijing, in English 1346 gmt 8 Apr 05

[Back to top](#)

China focus: poor, rich disparities affect women, children's health care

764 words

7 April 2005

Xinhua News Agency

English

(c) Copyright 2005 Xinhua News Agency

by Fan Xi and Li Xing

BEIJING, April 7 (Xinhua) -- **China** has made substantial progress in improving maternal and child **health**, but great disparities between developed eastern and underdeveloped western regions, urban and rural areas as well as the rich and poor may affect **China**'s drive to achieve better results, experts say.

China has been dedicated to **health** care of women and children, especially mothers, and is on track for achieving Millennium Development Goals, said Henk Bekedam, the World **Health** Organization's representative in **China**.

The progress can be seen in the marked drop of the maternal mortality rate (MMR), which fell from 1,500 per 100,000 in 1949 to 51.2 per 100,000 in 2003, and the infant mortality rate (IMR), which declined from 200 to 25.5 per 1,000 during the same period.

China now ranks 88th place among 191 countries in the world in the regard, ahead of many other developing countries.

However, big disparities between the east and west of **China**, between cities and countryside and between a floating population and residents in cities remain and may affect **China's** efforts if the poor do not have easy access to medical services, said Bekedam, who attended a ceremony in Beijing to mark April 7 the World **Health** Day, which focus on the theme of "Make every mother and child count."

According to the 2004 Children Development Report of **China** issued by the National Working Committee for Children and Women of the State Council, 29 million poverty-stricken people live in the countryside in 2003, most in western areas. The 2003 MMR and IMR in remote areas was 5.8 times and 4.4 times higher than in eastern coastal areas.

In Shanghai, for example, the IMR has dropped to 10 per 100,000, almost as low as developed countries, while in Tibet the rate is still 100 per 100,000.

Siri Tellier, United Nations Population Fund (UNFPA) representative in **China**, voiced the same concern. "Two-thirds of maternal deaths in urban areas appear to be of migrant women, who account for only 10 percent of total pregnancies. And more than 75 percent of maternal deaths are preventable," she said.

She warned that the downward trends may be stagnating in **China** and there are worrying signs that the child mortality rate may be declining more slowly for girls than for boys.

Koenraad Vanormelingen, senior program officer for **health** with the United Nations Children's Fund (UNICEF), warned that the disparities are in danger of increasing.

"Different indicators have shown remarkable declines, but changes are slowing down. Take IMR for example. Little progress has been made in the past five years in poor regions," he said.

The experts all urged the Chinese government to invest more money to ensure that everybody, especially those in poor, remote or ethnic minorities regions, has access to medical services and know how to make use of them.

In 2004, **China** spent a total of 84.8 billion yuan (10.2 billion US dollars) on public **health**, but urban areas remain the biggest receiver of the money, Bekedam said.

"**China** has incorporated market strategy very well, but **health** should not be made a market commodity," he said.

The high cost of medical services has kept many poor from getting sound services. WHO figures indicate that 39 percent of **China's** rural population and 36 percent of its urban population in need of medical care do not have access to it for financial reasons.

"It's important for the government to think about what should be done in ten years time and rethink where to focus its attention on **health**," said Bekedam.

To improve the **health** and safety of women and children in rural and western areas, the Ministry of **Health** (MOH) began a program in 2001 offer medicare services, purchase medical equipment, training medical personnel and setting up a fund to help distressed pregnant women. So far, a total of 400 million yuan (48 million dollars) has been invested in the program.

"The program has covered some 300 million people in 1,000 counties in all the 23 provinces and regions in central and western **China**," said Yang Qing, director of the Department of Maternal, Children and Community **Health** at the MOH.

The money, however, is still far from enough for rural families to cover their medical expenses.

"The government needs to ensure a minimum package of medical services for those in need for free or at subsidized rates," Koenraad said.

[Back to top](#)

Health official: rural women to deliver in hospital for free soon

377 words

7 April 2005

Xinhua's China Economic Information Service

English

(c) 2005 Xinhua News Agency. All Rights Reserved

BEIJING, April 7 (CEIS) -- Rural Chinese women have often been forced by hospital costs to deliver their baby at home. But an official with the Ministry of **Health** said on April 6 that the government is creating a program to cover the doctor's bill for them.

Yang Qing, head of the Department of Maternal and Children **Health** and Community **Health** under the ministry, said there are 15 million to 16 million newborns each year in **China**'s rural areas. Most mothers have no medical insurance and have to cover the delivery expenses.

"Hospital delivery is a big or even huge part of their income,"he said.

A normal deliver in rural hospital usually costs 100 to 200 yuan (12.2 to 24.4 US dollars) and a case of medical complications costs 1, 000 yuan (122 US dollars). But the average annual income of most rural families is only about 1,000 yuan. "Such a case could use up all the money they made in a whole year," said Yang.

"Therefore, many farmers choose to deliver at home with the aid of untrained delivery helpers in the village. Poor conditions and methods often cause accidents and seriously affect mother and child's **health**," said Yang.

"To enable rural women to delivery in hospital without charge is a task not only beneficial to farmers, but also beneficial to the nation. Hopefully it will come out soon with the support from the central and local governments," he said.

Henk Bekedam, representative of the World **Health** Organization in **China**, praised the plan as an "excellent effort" in providing free **health** service package to the Chinese people.

"It is great. We are very glad and encouraged by this approach," he said.

Both WHO and Chinese **health** departments are marking the 56th World **Health** Day, which falls on April 7. This year the theme of the Day is "Make every mother and child count," which focuses on global maternal, newborn and child **health** issues.

According to WHO 2004 statistics, every minute, a woman dies from complications in pregnancy and childbirth and 20 children under the age of five die. Among all child deaths each year, nearly 4 million are newborns. (?)

[Back to top](#)

China struggles against tide to stamp out drugs

379 words

5 April 2005

Reuters Health E-Line

English

© 2005 Reuters Limited. All rights reserved. Republication or redistribution of Reuters content, including by framing or similar means, is expressly prohibited without the prior written consent of Reuters. Reuters shall not be liable for any errors or delays in the content, or for any actions taken in reliance thereon. Reuters and the Reuters sphere logo are registered trademarks and trademarks of the Reuters group of companies around the world.

BEIJING (Reuters) - **China's** drug problems, which officials last year described as severe and deteriorating, have defied government crackdowns due to the increasing types and sources of narcotics on the market, state media said on Tuesday.

The vast majority of Chinese addicts in 2004, nearly 86 percent, were hooked on heroin, but 9.5 percent of drug abusers nationwide were using newer, synthetic drugs, up from just 2.5 percent in 2001, the **China** Daily said.

"There has been a dramatic rise in the number of abusers of new drugs such as ecstasy and ketamine," Zhang Xinfeng, vice minister of public security, was quoted as saying at a meeting of the National Narcotics Control Commission yesterday.

Ketamine is an anaesthetic often used in veterinary medicine.

Police nationwide cracked nearly 100,000 cases of drug trafficking, production and sales last year, 4.4 percent more than in 2003, and arrested more suspects, but the number of addicts also grew to 790,000, up 6.8 percent, the newspaper said.

The country is believed to have many more addicts who are not registered.

"**China** still faces major challenges in the fight against drugs as the forms of drug crimes have become more diversified and covert while the country's anti-drug forces still lack necessary equipment and knowledge to track them," Xinhua said.

Traffic of narcotics from neighbouring Afghanistan and the Southeast Asian "Golden Triangle" region, made up of bordering areas of Laos, Myanmar and Thailand, was rising, while synthetic drugs like ecstasy and "ice" were being produced in large amounts within **China's** borders, the **China** Daily said.

Seizures of the party drug ecstasy jumped 800 percent in 2004 to three million pills, and 11 tons of heroin, 13.6 percent more than in 2003, were confiscated last year, the paper said.

Last month, a Chinese gang accused of trafficking 12 million tons of methamphetamine, or ice, worth more than \$5.5 billion, between 1999 and 2002 went on trial in southern **China**.

China uses harsh methods to such fight its drug problem, such as forced rehabilitation and death sentences for traffickers and dealers.

[Back to top](#)

26M STILL IN POVERTY DESPITE PROGRESS

By Jiang Zhuqing

512 words

5 April 2005

China Daily

English

Copyright 2005 China Daily Information Company. All rights reserved.

Six hundred yuan (US\$72.3) is not a big sum, but it means the world to 39-year-old He Yufang, a poor villager from Zhoubai Township in Southwest **China's** Chongqing.

On February 10 last year, her family were thrown into poverty by unexpected hospital costs from the difficult delivery of her first child.

Fortunately, the **China** Foundation for Poverty Alleviation (CFPA) gave her a helping hand by providing a 600 yuan subsidy.

In 2004, the non-governmental organization (NGO) provided various subsidies for 2,891 pregnant women and saved 17 poor mothers whose lives were in danger at child delivery through the Maternal and Infant **Health** Project launched by CFPA.

The CFPA collected 112 million yuan (US\$13.5 million) in charity funding and material in 2004 to directly benefit 458,500 people living in poverty, Zheng Mengxiong, vice-president of the NGO, said yesterday at the first conference of CFPA's Fifth Council.

Besides the mother and infant project, the foundation also launched a micro-finance project to provide financial support and technical training to poor households, a "New

Great Wall Project" to help poor university students, a disaster relief project and "Project Angel" to improve building services for hospitals in poor regions.

More than 1.8 million people have benefited from the CFPA's instant aid projects since its founding in 1997, said CFPA's former President Wang Yuzhao.

Meanwhile, poverty alleviation remains an arduous and long-term task for **China** not only because there are still 26.1 million people living in poverty but also because those who have shaken off poverty are prone to becoming poor again.

In 2004, the rural population living in abject poverty with an annual income of less than 668 yuan (US\$80.5) decreased by 2.9 million, while those with an income of less than 924 yuan (US\$111) decreased by 6.4 million, said Liu Jian, director of the Leading Group Office of Poverty Alleviation and Development under the State Council.

But this is only half the story, he said.

"For the nearly 100 million people who live just above the benchmark of poverty, accidental changes, such as disease, would put them back into poverty again," Liu said at the conference.

It is a strategic mission for the nation to reverse the ideas of the rural poor, he said.

"People from all walks of life should be mobilized to combat poverty," Liu said. "And the NGOs could also play a crucial role that will speed up the government's effort in this regard."

Speaking at a national anti-poverty conference last week, the director said **China** has focused on poverty alleviation of one village after another, the training of migrant workers and the acceleration of the industrialization process.

He also disclosed that the central government will allocate 13 billion yuan (US\$1.6 billion) in financial funds this year with governments at all levels to earmark corresponding funds to help fight against poverty.

[Back to top](#)

China to offer medical assistance to urban poor

199 words

4 April 2005

Xinhua's China Economic Information Service

English

(c) 2005 Xinhua News Agency. All Rights Reserved

BEIJING, April 4 (CEIS) -- **China** will establish a trial medical assistance program in selected cities in the next two years.

"After that, the mechanism will be promoted across **China** in another two or three years," according to a government program formulated by the Ministry of Civil Affairs,

the Ministry of **Health**, the Ministry of Labor and Social Security and the Ministry of Finance.

Li Xueju, minister of civil affairs, said here on April 1 that the main recipients of the urban medical assistance will be those in need, who cannot afford costly medical costs.

"There are still a sizable number of urban needy that cannot afford medical treatment. They suffer from the illness without any timely treatment and, meanwhile, their families are dragged into a difficult situation," he said.

He went on to say that the mechanism will be funded mainly by local budgets, proceeds from lotteries and donations. The central budget will annually allocate 300 million yuan (approximately 36.14 million US dollars) for the trial program, he added.

Li called the move a major effort to improve the social security system, which plays an important role in **China's** reform. (?)

[Back to top](#)

Crying foul over industrial pollution

Chua Chin Hon, **China** Correspondent

992 words

4 April 2005

Straits Times

English

(c) 2005 Singapore Press Holdings Limited

BEIJING - OVER a glass of soda, farmer Wang Zhongfa relates the familiar story at the heart of **China's** growing pains.

For more than three years, pollution from a chemical industrial park has been killing off crops and poisoning peasants in his native Huaxiwu village in eastern Zhejiang province's Huashui county, he complains.

Last year, more than a dozen women in the village of about 2,000 people suffered miscarriages. The mortality rate spiked and many villagers complained of deteriorating **health**.

Mr Wang says he does not know what kind of pollutants have been dumped into the rivers near the village, but claims that farmers no longer dare eat the crops growing on their own land.

To rub salt into the wound, each villager was given only 120 yuan (S\$24) last year as compensation for 35ha of land - about half their village - acquired to build the industrial park.

The villagers have now mobilised for daily 'peaceful protests', blockading the entrance to the industrial park and facing down the police and village officials.

'There have not been any violent clashes yet, but the police will move in to remove people from the scene when the crowd thins out in the early morning,' says Mr Wang, 36, who travelled thousands of kilometres from his village to seek out foreign journalists in Beijing after losing patience with the official stonewalling.

He tells The Straits Times: 'This is my fourth trip to Beijing and still nothing has been done. We don't want to provoke unrest, but we will not give up until there's a satisfactory solution.'

Huaxiwu village is light years away from the glamour of metropolises like Beijing and Shanghai, but its plight is in many ways a neat summary of the developmental challenges that **China** will face in the years ahead.

The most apparent clash is that between environmental degradation and the 'economic results at all cost' model of growth that has driven large parts of **China**.

For local officials, whose fortunes and promotion through the ranks hinge on producing robust economic figures year after year, the question is not whether to set up an industrial zone or not, but rather how many more investors they can bring in. Huaxiwu village is just one on a long list of villages that are paying a high human cost for this approach.

China's Deputy Environment Minister Pan Yue minced no words when he outlined the extent of the environmental damage in a recent interview with German magazine Der Spiegel, warning that the Chinese economic 'miracle will end soon because the environment can no longer keep pace'.

The outspoken Mr Pan was quoted as saying: 'Acid rain is falling on one-third of the Chinese territory, half of the water in our seven largest rivers is completely useless, while one-fourth of our citizens do not have access to clean drinking water.'

'One-third of the urban population is breathing polluted air, and less than 20 per cent of the trash in cities is treated and processed in an environmentally sustainable manner. Finally, five of the 10 most polluted cities worldwide are in **China**.'

Inefficiencies in Chinese factories compound the problem. Mr Pan estimated that in order to produce goods worth US\$10,000 (S\$16,600), **China** took seven times more resources than Japan, nearly six times more than America and nearly three times more than India.

'Things can't, nor should they be allowed to, go on like that,' said the minister, one of the strongest advocates for sustainable development in the government.

Indeed, the top Chinese leadership has been pushing a series of 'green' policies in recent years that aim to do just that. A new law mandating the use and development of renewable energy was passed recently. Officials are working on introducing a 'green GDP' concept that would hopefully rein in officialdom's reckless pursuit of economic growth by including environmental degradation in their assessment.

More money and tougher enforcement are promised in the fight against pollution, but critics are sceptical.

Be it polluted rivers, smog-filled cities or devastated farmlands, these are problems with relatively obvious solutions, given sufficient political will.

What is less obvious is how the Chinese government will deal with the rising discontent and disaffection of people like Mr Wang, the farmer from Zhejiang.

As he recounts the suffering in his village, what strikes me most is his loss of faith in the government and judiciary's ability to address his problems and protect his family's interests.

And what Mr Wang is doing is hardly unusual. Last year, **China's** Supreme People's Court handled 147,665 petitions, up 23.6 per cent year-on-year, while the local courts dealt with 4.22 million cases, up 6.2 per cent over the same period.

The actual number of petitioners is believed to be higher, many of them now bypassing the courts or government agencies which they deem unresponsive.

How **China** mends these institutional defects will determine in large part its success in healing the growing social fissures, such as the widening wealth gap and rural poverty.

Will another decade of sterling economic growth address these issues?

Even some government officials are no longer so sure.

'We are convinced that a prospering economy automatically goes hand in hand with political stability,' says Mr Pan. 'I think that's a major blunder. The faster the economy grows, the more quickly we will run the risk of a political crisis if the political reforms cannot keep pace.'

'If our democracy and legal system lag behind the overall economic development, various groups in the population won't be able to protect their own interests.'

As Mr Wang leaves, he makes one last plea, saying: 'Please come to our village soon. We'll even pay your travel expenses.'

Perhaps he should invite Mr Pan instead.

[Back to top](#)

HIV/AIDS Prevention; Manufacturing company wins government tender for rapid HIV test in China

442 words

4 April 2005

AIDS Weekly

32

English

(c) Copyright 2005 AIDS Weekly via NewsRx.com

2005 APR 4 - (NewsRx.com) -- MedMira Inc. (MIR, MMIRF) announced that it has won the first rapid HIV test tender in the province of Jilin in the People's Republic of **China**.

The tender is structured as an annual standing order through which all levels of provincial public **health** organizations in Jilin will be able to order MedMira's MiraWell Rapid HIV Test. The first shipment against this standing order is expected within the next 30 days and is estimated to be for approximately 100,000 tests.

"We are very excited about this achievement, and would like to congratulate our sales and marketing team as well as our distributor in Jilin province," said Stephen Sham, chairman and chief executive officer of MedMira.

Sham added, "Although we anticipated our success in winning this public tender, as part of the next step in our **China** marketing plan, this accomplishment has reassured us of the **China** government's commitment to control HIV by using only the highest quality and best performing rapid HIV test in the front lines of public **health**."

According to the Chinese National CDC 2004 evaluation report, MedMira's MiraWell Rapid HIV Test performed the best of the ten rapid HIV tests evaluated, and was found to be as accurate as traditional testing methods.

Sham continued, "We anticipate that the demand for our rapid HIV test will reach new levels in 2005 as the **China** government continues its battle to reduce HIV transmission within its population of approximately 1.3 billion. We expect that many more **China** provinces will offer similar public tenders and we are confident that MedMira's proven rapid HIV test will lead this market."

China has been reported to be battling one of the most rapidly increasing HIV-infection rates in the world (rising 30% yearly since 1998). It is currently estimated that 1 million Chinese are HIV-infected and that, without intervention, **China** can anticipate this to increase to 10 million by 2010.

Home to 26 million people, Jilin is the most urbanized province in **China**. The provincial capital, Changchun, is remembered in history as the capital of Manchukuo - "land of the Manchus" - the puppet state established by the Japanese in 1932 after invading Manchuria in September 1931. Changchun is a major food-processing center that serves the agriculturally rich Songhua River valley.

MedMira is a global manufacturer and marketer of in vitro flow- though rapid diagnostic tests for the clinical laboratory market.

This article was prepared by AIDS Weekly editors from staff and other reports. Copyright 2005, AIDS Weekly via NewsRx.com.

[Back to top](#)

China expands social security programmes

328 words

22 April 2005

05:41

BBC Monitoring Asia Pacific

English

(c) 2005 The British Broadcasting Corporation. All Rights Reserved. No material may be reproduced except with the express permission of The British Broadcasting Corporation.

Text of report in English by official Chinese news agency Xinhua (New **China** News Agency)

Beijing, 21 April: The coverage of **China's** major social security programmes, old-age, **medical**, maternity and industrial injury, expanded to reach 165.5m, 127m, 44.9m and 70m people by March, according to statistics released Thursday [21 April] by the Ministry of Labour and Social Security.

The figures are 1.49m, 3.04m, 1.04m and 1.64m more than those of the last year.

The statistics also showed that the old-age **insurance** fund paid retirees a total of 99.2bn yuan (11.97bn US dollars) in the first three months and there were no records of delaying pensions throughout the country.

"The rapid economic development in recent years has contributed to the rise in the balance of the old-age **insurance** fund. Many companies have been able to make up delayed pensions for their retirees," said the ministry's spokesman, Hu Xiaoyi, at a press conference.

China had 37.5m enterprises retirees by this March, and 23.2m, or 61.7 per cent of them, are cared for by residential communities.

Hu said that the ministry will further standardize the premium payment by employees of private enterprises or people with no fixed jobs and promote the establishment of the enterprise annuity system.

According to the statistics, **China** had 104.4m people covered by unemployment **insurance** by March, with 4.1m having received **insurance** payment.

"Our next work is to take more people from non-public sectors into the coverage of unemployment **insurance** and set up an unemployment early-warning system," Hu said.

He pointed out that funds for the old-age **insurance**, unemployment **insurance**, **medical insurance** and industrial injury **insurance** had all increased rapidly in the first quarter, amounting to 102.8bn yuan, 6.7bn yuan, 29.8bn yuan and 1.6bn yuan.

Source: Xinhua news agency, Beijing, in English 1511 gmt 21 Apr 05

[Back to top](#)

CALLS TO FORM UNITED STATE DRUG POLICY ON THE RISE

By Miao Minsheng

529 words

15 April 2005

China Daily

English

Copyright 2005 China Daily Information Company. All rights reserved.

Officials and experts are calling on **China** to establish a State-level drug policy for the better administration of drugs and healthcare.

A State-level drug policy would target the comprehensive administration of drug research, production, marketing, consumption and pricing.

In **China**, drug affairs are overseen by regulations made by nine departments under the State Council, said Wu Yongpei, a pharmacy expert of the National Institute of Hospital Administration.

The absence of necessary policies and poor co-ordination between different departments have become main reasons for the drug-related problems being seen today, said Yan Min, director of the Department of Drug Safety and Inspection of the State Food and Drug Administration (SFDA).

These problems include runaway and random competition in the drug market, high prices, medicine abuse, and a shortage of basic medication in rural areas.

Yan said her administration has proposed the establishment of a State drug policy.

To improve the basic medicine regulation is a key part of the State-level policy, said Yan.

Raised by the World Health Organization (WHO) in 1975, the concept of basic drugs aims to ensure the public can get all necessary safe and effective drugs at comparatively low prices.

Like another 159 countries and regions around the world, **China** now has its own list of basic drugs.

The list includes 759 kinds of Western medicine and 1,242 varieties of traditional Chinese medicine.

However, in **China**, the basic medicine regulation is just an initial step and only focuses on making a list without related essential rules, said Yan.

For example, the majority of these listed medicines are cheap, but for those drugs with little profit and that combat rare diseases, the State has no subsidizing policies.

Meanwhile, there are no measures urging doctors to use the drugs rationally, nor ask for the **medical insurance** fee.

Medicine abuse has become a serious problem in **China**, where more than 80 per cent of rural residents, and about 40 per cent of urban people have no **medical insurance**, experts said.

Medicines covered by **medical insurance** are not listed according to the State list of basic medicines, which was put together by the SFDA.

The **medical insurance** system's drug list is made by the social security department, and includes 2,960 kinds of drugs.

The two lists have many of the same medicines, leading many to think the formulation of two lists was a waste of time and money.

The list of basic medicines should be enlarged and be the same as the one covered by **medical insurance**, said Zhou Chaofan, a well-known pharmacy expert in **China**.

China has approved 14,000 kinds of drugs to be marketed, but only 2,001 have been listed as basic medicines, and only 2,960 are covered by **medical insurance**.

A State-level drug policy needs to give more financial and other support so more drugs are made available to more people, said Zhou.

To formulate such a drug policy, a group should be established under the State Council to co-ordinate the different departments, Yan said.

(Copyright 2001 by **China** Daily)

[Back to top](#)

GOV'T EYES MEDICAL AID FOR LOW-INCOME RESIDENTS

By Wu Chong

403 words

5 April 2005

China Daily

English

Copyright 2005 China Daily Information Company. All rights reserved.

China is to bring all its low-income residents under a **medical** assistance umbrella, the Ministry of Civil Affairs has announced.

The main three groups targeted by the plan, which is to be rolled out over the next five years, are those living in urban areas who claim minimum living allowance but are excluded from the **medical insurance** system, those who take out **medical insurance** but with a heavy economic burden, and those who have special difficulties in making a living.

The system will introduce subsidies in order to make **medical** services more affordable.

The ministry's statistics indicate about 22 million urban Chinese are registered recipients of the minimum living allowance.

The majority of these are unemployed workers and their relatives living in northeast, central and western **China**, according to the ministry.

Initial pilot projects will be launched this year continuing until 2007 in a number of cities and counties across the nation, said the ministry.

Over the next two years, the State will allocate 300 million yuan (US\$36 million) towards running the projects.

Each province, municipality and autonomous region should choose at least one-fifth of its cities or counties to be included in the pilot studies.

Under the system, each area will have an urban **medical** aid fund to be raised through local government budgets, lottery funding and social donations.

The system is supplementary to the current basic **medical insurance** system for urban people, and represents an effort by the State to narrow the gap between the rich and the poor, said Mi Yongsheng, a senior official with the ministry.

"We expect to expand the system to the rural areas and finally weave a whole **medical** security net," he said.

But Mi admitted it would be difficult to ensure the "right" people to receive **medical** funding because it is hard to define "heavy economic burdens" and "special difficulties."

Since different places have different levels of minimum living subsidy, it will be left to local governments to decide who qualifies for **medical** aid, he said.

Pilot studies have already started in cities such as Dalian and Shanghai, both of which have included rural people into the system from the very beginning.

"They have provided a lot of good ideas such as setting up zero-profit drug stores and pre-treatment subsidies," Mi said.

(Copyright 2001 by **China** Daily)

[Back to top](#)

Looming pension crisis in China stirs fears of chaos ; Retirees-to-workers ratio rapidly growing lopsided

David J. Lynch

1,243 words

20 April 2005

USA Today

FIRST

A.16

English

© 2005 USA Today. Provided by ProQuest Information and Learning. All Rights Reserved.

XIAOTANGSHAN, **China** -- Just 62, Guan Yuru already has been comfortably retired for more than a decade. Living in a light-filled apartment in the new Sun City retirement complex, she divides her time between gardening, reading and staging fashion shows for fellow residents.

Sun City offers an unusually plush retirement by Chinese standards, boasting amenities such as a supermarket, hospital and a planned four-star hotel for visiting

relatives. Guan, who worked for 24 years in a provincial government office in western **China**, can afford such luxury thanks to her monthly pension of about \$217.

"People of my age, we don't have to worry about that," she says, sipping tea in her apartment. "We don't have to worry about not getting the pension."

China's future retirees might not be so lucky. The country is hurtling toward a retirement crisis that makes financial problems with Social Security in America look tame.

A quarter-century ago, when **China** began abandoning central planning, it did more than free its economy. It also shattered the country's traditional cradle-to-grave social welfare system. Since 1997, Beijing has been laboring to replace the collectivist model with a new system that combines smaller guaranteed pensions with individual retirement accounts.

In theory, the retirement accounts should make up the difference between the traditional pension that is being phased out and the new, slimmed-down version. But the government, which manages the accounts, so far has parked the funds in low-yielding, conservative investments.

"They're not earning nearly enough," says Stuart Leckie, a Hong Kong-based pension expert who's authored a new book on **China's** pension crisis.

Beijing's **reform** effort is stumbling even as the population is fast getting older. The number of retirees in **China's** cities will soar from 48.2 million last year to 70 million in 2010 and 100 million by 2020, according to the Ministry of Labor and Social Security.

Unlike the United States and Europe, which prospered before their elderly populations expanded, **China** is in danger of growing old before it gets rich. "Today, we're using money from younger and middle-aged workers to pay for retirees' pensions. But when these younger people get old, there's no money for them," says Tao Liqun, director of the social security division at the **China** Research Center on Aging.

Government officials last month told state-run **China** Daily newspaper that the national pension fund lacks \$300 billion needed for current retirees.

Premier Wen Jiabao warned, "We must speed up the development of a social security system that is suitable for **China's** reality."

Today's problems are the legacy both of **China's** "one-child" policy and the collectivist welfare system introduced by Mao Zedong and the Communists after they seized power in 1949.

By limiting families to a single child, the controversial population-control measure created what the Chinese call the "1-2-4" problem: one worker supporting two parents and four grandparents. Amid surging economic development, a more mobile society also is eroding the custom of older parents living with, and relying on, their working-age children for support. That's an especially big problem for rural dwellers, who aren't covered by social security.

Like the United States, **China** recognizes that relying on workers to fund the pensions of current retirees isn't viable once the ratio of retirees to workers gets too large. In 1970, there were eight Chinese workers for every retiree. Today, there are about six. By 2040, there will be just two -- fewer even than in the far more prosperous U.S., where the ratio is projected to be 2.3 to 1. From 1949 until **China** began opening its economy in the late 1970s, individual work units, called danwei, provided people with housing, **medical** care, education and, ultimately, retirement income along with their salaries.

Pensions during that so-called "iron rice bowl" era were a generous 80% of a worker's final salary -- and workers typically retired before age 60. Today, the retirement age for men is still just 60 years old. Women officially can quit at 55, though people of both sexes often retire at even younger ages.

Zhang Bin, an engineer, took early retirement at age 40 when the government research center where she worked began downsizing. Today, only 57, she goes dancing and plays the piano while living at Sun City on a monthly pension of \$205.

"I enjoy my retirement. Everything here is very good. I have a place to work out and I have new friends," she says. "I'm very busy every day."

China could afford to promise comparatively generous pensions back when most people didn't live long enough to collect them. But Chinese today live to an average of 70 years, up from just 41 years in 1950.

As **China** has increasingly turned to market-oriented economic reforms, many of the state-owned factories that were the backbone of the old system also have gone bankrupt. Surviving enterprises have shed millions of workers in a desperate bid to stay alive.

Last October, in Bengbu city in Anhui province, several thousand retirees from a state-owned textile factory poured into the streets demanding higher monthly stipends.

Today, the private sector is the source of almost all new job growth. But private companies are reluctant to participate in **China's** new social security system because the required contributions are a steep 24% of wages -- twice the level of U.S. social security payroll taxes.

Barely 10% of the urban workforce is covered by the new system, says Richard Jackson, senior fellow at the Center for Strategic and International Studies, a Washington think tank.

Some provincial governments, responsible for paying pensions, have begun raiding the individual retirement accounts that are intended to supplement workers' social security payments. About \$72 billion from the accounts of today's workers has been used to pay current retirees' pensions, government officials told **China** Daily.

Younger workers are beginning to worry. "We're different from our parents. . . . We're in a society that's full of competition, and we're not working for the government. So I guess the only way is to save and make as much money as we can," says Wang Yao, 30, a marketing manager at a public relations firm.

Chinese leaders recognize the need for more **reform**, including raising the retirement age. But implementing changes is potentially destabilizing. A higher retirement age would keep older workers employed, but also make it harder to find jobs for the roughly 10 million new workers entering the labor force each year.

That risks what Chinese leaders fear most: luan, or chaos.

"Ultimately, the pension issue becomes an issue of social instability. The government sees that -- they can't help but see that," Jackson says. "But they don't know what to do."

World; Rethinking Social Security

[Back to top](#)

医患关系缘何紧张--医患关系管理现状调查分析

BJPHCN0020050429e14s0001z

要闻

2766 Words

28 April 2005

中国医药报 (简体)

16

Chinese (Simplified)

Copyright 2005. CINIC. All rights reserved. 版权所有 中国产业经济信息网

编者按:

国家的财政支持有限,医院的生存必须靠市场化运作来维持,但医疗卫生的公益性质又让医院处于道德和经济的矛盾之中。医院如何处理好市场化和公益事业的关系?

在4月26日举行的“中国国际医药交易会暨医院与医药企业峰会”上,艾力彼管理顾问公司总裁庄一强在峰会举办的“中国医疗体制改革论坛”上就医患关系管理问题发布了翔实的调查数据,描述出了我国医患关系的矛盾及医院对医患关系如何进行管理的现状,这对解决当前医患关系紧张的矛盾是很有帮助的。

为了对医患关系这一问题进行深入探讨,希望医院、医药企业等各个领域的读者朋友们踊跃来信来稿发表看法,仁者见仁,智者见智,我们将编选精彩内容择期刊发。

医患关系的现状

中国医师协会2004年最新统计的《医患关系调研报告》显示:74.29%的医师认为自己的合法权益不能得到保护,认为当前医师执业环境“较差”和“极为恶劣”的分别达到47.35%和13.28%。平均每家医院发生医疗纠纷66起,发生患者打砸医院事件5.42起,打伤医师5人;单起医疗纠纷最高赔付额达300万元,平均每起赔付额为10.81万元。

近年来,医患关系日趋紧张,医患矛盾有激化趋势。全国范围内医疗纠纷数量明显上升,但医疗事故并没按比例上升。这反映技术问题不是主要原因,而是有深刻的社会根源。

艾力彼公司通过在北京、上海、广州、武汉、天津等几大城市十几家医院研究发现,导致医患关系紧张的原因有如下几点。

(1) 政府因素卫生部常务副部长高强在 2005 年全国卫生工作会议上表示, 造成目前医疗卫生现状的五大原因如下: ①医疗资源总体不足: 占全球人口 22% 的中国医疗资源仅为全球的 2%。

②医疗资源分布不均: 80% 在城市, 20% 在农村。

③医疗保障覆盖面小: 44.8% 的城镇人口和 79.1% 的农村人口没有任何医疗保障。

5 医疗费用上涨快: 近 8 年来, 门诊和住院费用平均增长 13% 和 11%, 大大高于人均收入的增长幅度。

⑤政府对医疗的投入不足: 医疗费用占 GDP 不到 5%, 2002 年医疗费用约 60% 靠居民自费, 25% 是集体负担, 政府投入仅占 15%。2000 年世界卫生组织对全球 191 个成员国进行了排名, 中国在“财务负担公平性”方面, 排名 188 位, 被列为卫生系统“财务负担”最不公平的国家之一。

由于国家社会保障发展相对滞后和医疗费用大幅度上涨, 有很多患者看不起病、吃不起药, 矛盾直接转化成医患冲突, 医院成为冲突的发生点。

(2) 媒体因素医疗问题因其涉及面最广, 受众面最宽, 炒作医疗问题所产生的政治风险最小而成为媒体报道的首选对象。

由于公众对医学知识的相对缺乏, 对医疗工作高风险和局限性的不理解, 加上部分媒体片面地把医患关系理解为简单消费行为关系。在媒体过度炒作中, 医生和患者被人为划成对立的两面。

媒体强调患方的弱势群体地位, 放大部分医生的收“红包”拿回扣现象, 媒体对医患冲突直接起着推波助澜的作用。

(3) 患方因素消费者维权意识高涨。人们的健康意识加强。患者对医疗过程参与意识加强。“就医感受”对医疗满意度的影响。(4) 医方因素医院补偿机制不到位。医方举证倒置。医护人员收入偏低。医生工作量大。医方的工作心态出现问题。

医患关系管理现状调查结果

下面是艾力彼公司对医院进行医患关系管理的现状调查。

(一) 病人投诉处理 100% 的医院设有病人投诉中心或投诉管理机构, 但很少有医院具有系统性危机预防管理机制。

接待过下列投诉的医院百分比 (见下表):

(二) 病人随访制度 72.3% 的医院建立了不同形式、不同程度的病人随访制度, 但有系统的、全院性的、有书面记录的随访制度的医院不多。

随访制度的不同形式及比例 (见下表):

(三) 问卷调查评分标准 1-7 分: 7 分为最认同 1 分为最不认同 4 分为中位数医院员工问卷

调查分析①医院员工认为医院花时间处理患者投诉的必要性（见下图）

有 8% 的医院员工认为没有必要花时间和人力来处理患者的投诉，这表明有小部分人对患者的投诉抱抵触态度。

在回答有必要的医院员工中有 56% 评分在 5-7 分，持正面积极态度，反映出大部分员工愿意看到患者的投诉被重视。另外有 14% 的人评 4 分，持中立态度，不置可否。

②医院员工心目中的医患矛盾集中点（见下图）

22% 医院员工认为，患者投诉最主要的原因因为无理取闹，其次为医疗质量（21%）；居第三、四位的分别是候诊时间（16%）和服务态度（15%）。

③医院员工认为接受投诉处理或危机管理培训的必要性（见下图）

有 10% 的人认为没有接受投诉处理或危机管理培训的必要；58% 的医院员工打了 5-7 分，其中评 7 分的人占 25%，表达了他们迫切需要医院提供应对患者的技巧培训。

5 投诉途径指引清楚程度（见下图）

有 24% 的医院员工认为目前医院并未设立类似的指引或标志；认为目前医院并未设立类似的指引或标志在被调查患者中占 78%，说明患者对医院的投诉指引不是很清楚。

⑤医院员工认为投诉处理效果与医疗纠纷或医患冲突的关系（见下图）

认为没关系的医院员工占被调查员工的 5%，虽然比例不大，但由于处理患者投诉的观念不正确，可能会导致潜在的医患危机。

评 5-7 分的人有 78%，其中 7 分占 46%，反映绝大多数医院员工处理患者投诉的观念积极正确，说明医院投诉管理有良好的基础。

患者问卷调查分析①患者认为投诉是否有用（见下图）

被调查的患者中，包含有投诉经验和没投诉经验的人，有 41% 的患者认为投诉是没用的，说明部分患者对投诉能否解决问题有疑问；59% 患者认为投诉还是有用的，而且 35% 的患者评分在 5-7 分，持认可态度，反映出患者对医院投诉管理抱有信心。

②患者是否知道投诉途径的比例（见下图）

如上图所示，78% 的被调查患者不清楚该去哪里投诉。

有严重情况需要大投诉时，患者即便不清楚投诉渠道，也会投放精力去寻找投诉渠道；但有小投诉或意见和建议时，根据消费者行为研究，患者不会投放过多的精力。

医院投诉系统的两个功能一个是防止大投诉产生的危机早期预防和介入；一个是收集小投诉以及意见和建议，总结经验，做到及时的系统纠偏。

上述调查结果对医院管理者试图收集患者意见和小投诉、帮助系统纠偏的愿望不利。

③医院对患者投诉途径的指引是否清楚（见下图）

如上图所示，78%的患者认为没有投诉指引。在被调查的患者人群中，只有3%的人评7分，认为投诉途径的指引很清晰。

5 患者愿意选择的投诉渠道（见下图）

被调查的患者中52%的人投诉首选面对面投诉，其次为电话投诉（31%），再次是意见箱（10%）。

从调查结果可以看到，患者最愿意接受面对面投诉这种投诉方式，最不愿意采取信件和EMAIL等事后总结性投诉。

患者最愿意到门诊大厅投诉，医院应该加强门诊大厅的投诉管理。

⑤患者认为最方便的投诉接待点（见下图）

36%的患者选择门诊大厅为第一投诉点，可能是这里最为患者熟悉；门诊办公室（22%）和院长办公室（23%）也是患者愿意去寻求帮助的地方。

可以看到，改善门诊的服务，加强门诊患者投诉管理，可以较大程度提高患者满意度。

⑥患者希望的投诉反馈方式（见下图）

54%的患者希望得到医院电话回复，超过被调查的患者总数的一半；电话回复的优点是时效性较好，能尽快解决问题。

17%的患者选择登门拜访；这样比较能体现医院的诚意。最少人选择的反馈方式是电子邮件，只有1%的比例。

⑦目前医患矛盾集中点（见下图）

医疗质量（19%）和候诊时间太长（17%），分别处于医患矛盾的第一、二位。

⑧患者来源（见下图）

71%的患者来自本市，加上14%本区的患者，来自市内的患者有85%。

⑨是否推荐家人、朋友去自己看过的医院看病（见下图）

95%的患者选择会推荐家人朋友去自己看过的医院看病，说明他们对该医院的忠诚度高。患者之间的口碑相传是医院品牌最好的宣传之一，有忠实的消费者在市场中就有竞争力。

注：作者系国际著名咨询公司PWC（普华永道）特约专家、中山大学MBA客座教授、中国人民大学卫生管理特聘教授。

English Summary: **Why the relationship between physicians and patients is so tense in China?**

Beijing, April 28 2005 (China Medicine Daily by Eric Chong) ---- According to a recent survey by Physicians Association of China, about 74.29% of the physicians interviewed considered that their legal rights were endangered, about 47.35% and 13.28% of the physicians responding considered the practice environment around them "bad" and "very bad" respectively. In the past three years, on average every hospital interviewed had 66 open conflicts with their patients, about 5.42 of these cases involved patients inflicting property damages to the hospital, and on average 5 physicians were physically assaulted and injured by patients in these cases. The maximum compensation rendered by hospitals following an open medical conflict topped 3 million yuan, and the average compensation was 108,000 yuan.

Why did the conflicts between patients and physicians rise so quickly?

- 1) Government factors, which include low government health spending, low insurance coverage and failure to control the rapidly rising medical costs.
- 2) Overexposure by media
- 3) Increased awareness of patients' right.
- 4) Low earning level of physicians, the unbalanced distribution of workload among hospitals (hospitals of different level charge more or less the same for similar services, causing high-level hospital being overcrowded with patients while leaving lower-level hospitals empty), etc.

[Back to top](#)

江西对乡村卫生服务人员进行培训

XPHHCN0020050415e14f000m9

203 Words

15 April 2005

新华社经济信息-中外医药卫生信息 (简体)

Chinese (Simplified)

(c) 2005 新华通讯社版权所有，未经协定授权，禁止下载使用。

新华社信息南昌4月15日电(杨溢)为了提高农村基层卫生机构应对突发公共卫生事件能力和合作医疗管理能力，江西省今年将对乡村卫生服务人员及新型农村合作医疗管理人员进行培训，并对乡村卫生机构提供一批基础医疗设备。

据悉，江西省将在全省范围内着重培训1533名卫生院院长，1533名传染病主检医师，15854名掌握传染病防治基本知识的乡村医生。此外，为缓解农村基础医疗设施的不足，这个省卫生部门还将捐献抢救床、接生包、制氧机等医疗设备。

English Summary: **Jiangxi province provides training for village health workers**

Nanchang, Jiangxi. April 15th 2005 (Xinhua) ----Jiangxi provincial government announced that it planned to provide training for its 1533 township hospital presidents, 1533 chief lab testers whose work involves testing for infectious diseases, and 15854 village doctors. In addition, the provincial health department will also donate some medical equipment for rural health facilities.

[Back to top](#)

为何我国药品不良反应报告如此之少？

XPHHCN0020050426e14q000gp

1091 Words

26 April 2005

新华社经济信息-中外医药卫生信息 (简体)

Chinese (Simplified)

(c) 2005 新华通讯社版权所有，未经协定授权，禁止下载使用。

新华社信息北京4月26日电（记者刘菊花）据国家药品不良反应监测中心统计，去年全国共收到7万份不良反应监测报告，平均每百万人口报告数不足60份，而根据国际经验，这个数字应该不低于200份—400份。为什么我国药物不良反应报告如此之少？

据了解，发达国家有一整套完善的药品监督体系和相关立法，如果企业上报不良反应晚于消费者，就会被追究法律责任并处以巨额罚款，因此每年都能从企业收集到大量的不良反应报告。而在我国，企业报告总数和比例都偏低。对于医药企业，我国虽然实行的是药品不良反应强制报告制度，但在实际执行当中，企业的报告数只占总报告数的1%，而这一比例在美国是90%以上。

2004年3月15日国家药监局和卫生部就联合发布并开始实施《药品不良反应报告和监测管理办法》规定，药品不良反应的上报工作由药品生产企业和药品经营企业主要承担，违反规定者将视情节轻重处以1000元到3万元的罚款。然而这点罚款太微不足道了。协和医院风湿免疫科教授董怡说：“让药厂报很难，他们的心态是你不来追究我就太好了，我才不报呢，报告不良反应不就是自投罗网吗？”

国家药监局药品安全监管司药品评价处处长颜敏说，国外药品上市后，生产企业进行跟踪监测是其分内的事，但在我国大部分企业对药品上市后的作为基本上只是“在销售”。

我国医疗机构对药品不良反应的报告力度也明显不够。以药品不良反应监测工作较好的上海市为例，2001年该市31家三级医院中有19家是“零报告”。2004年在山西省和武汉市进行的“医务人员对药品不良反应认知度调查”表明，我国医务人员对药品不良反应缺乏基本常识，对自愿报告体系缺乏了解，同时药品不良反应机构建设也还存在一定的问题。

董怡教授介绍说：“我在英国看到，不管是大小是新旧，医生碰到一个不良反应就马上报一个。他们是强制性的，报了会得到奖励，不报则会受到很重的处罚。”我国的医生对报告药品不良反应普遍有很多的顾虑，怕被别人看成是医术欠佳或治疗有误，所以就多一事不如少一事了。“其实报告药品不良反应应该是医生的责任，是为了以后更多人的健康，跟‘犯错’毫无关系。”董怡说。

对于消费者的安全意识而言，我们与发达国家也存在很大差距。我国绝大部分消费者缺乏相关的科普知识，不知道如果个人出现了不良药品反应应该向什么部门汇报、如何汇报。

近年来，我国主要依靠自愿报告方式来完成药品不良反应的收集，这种方式投资少、覆盖面广，在国际上被普遍采用，但其自身存在著漏报率高、无法统计发生率等缺陷。国家药监局药品评价中心、药品不良反应监测中心副主任曹立亚透露，根据世界卫生组织的标准，一个成熟的药品风险评估中心，其报告的30%应该是新的、严重的病例，而目前国家药品不良反应监测中心收到的报告中，大部分是已知不良反应，其中真正有警戒信号提取意义的新的严重的报告仅占报告总数的2%

— 3 %，远远没有达到监测体系发现信号进而开展风险管理的要求。

English Summary: **Why are there so few reports on negative drug reactions in China?**

Beijing, April 26th 2005 (Xinhua) ----According to figures from the Center of Surveillance on Negative Drug Reaction, in 2004 there were only in total 70,000 cases of reported negative drug reactions in China, an average of less than 60 cases per 1 million populations. While among other countries this figure is usually between 200 to 400 cases per 1 million populations. Why is this?

- 1) Weak regulation and law enforcement. According to the *Methods on Negative Drug Reactions Reporting and Surveillances* issued by State Drug Supervision Administration and MOH on March 15th 2004, drug manufacturers are to report any negative drug reaction cases and non-compliance carries a fine between 1000 yuan to 30,000 yuan. With such an insignificant amount of fine, manufacturers would rather be caught and pay the fine and risk their sales.
- 2) Physicians don't have the incentives or awareness for reporting such cases.
- 3) Patients lack necessary knowledge and awareness of their rights. They also don't know where to report.

[Back to top](#)

网络直报提高中国传染病与突发公共卫生事件应对能力

XPHHCN0020050421e14I00031

986 Words

21 April 2005

新华社经济信息-中外医药卫生信息 (简体)

Chinese (Simplified)

(c) 2005 新华通讯社版权所有，未经协定授权，禁止下载使用。

新华社信息北京4月20日电（记者李星）记者20日从卫生部获悉，经过近两年的时间，中国已初步建成“全国传染病与突发公共卫生事件网络直报系统”，疫情监测报告的及时性、准确性和分析能力都得到了显著提高。卫生部副部长王陇德在“全国传染病与突发公共卫生事件网络直报工作研讨会”上说，截至去年底，全国进入网络直报的卫生机构总数已超过4万家，覆盖了93%的县级以上医院，42%的乡镇卫生院，3000多所疾病控制中心和3000个各级卫生行政部门。王陇德说，网络直报系统使卫生部能够按日进行传染病疫情报告分析，并按月向社会公布法定报告传染病疫情。直报还提高了疫情监测报告的及时性和准确性。据悉，以前从医疗机构发现疫情到县级疾病预防控制机构收到疫情报告平均需要5天的时间；县级疾病预防控制机构经过逐级汇总报告，最终到达国家疾病预防控制中心平均需要24天。实行网络直报后，从医疗机构做出诊断到国家收到疫情报告的平均时间缩短到不足1天。2002年中国的疫情发现报告率为180/10万，2004年则提高到了244/10万，比实施网络直报前提高了近36%。此外，网络直报还提高了疫情分析能力，并使各级政府和卫生部门能够及时了解疫情信息，应对各种疾病和自然灾害。王陇德说，今年1月安徽出现关于流脑疫情报道后，卫生部通过网络直报系统迅速收集信息并进行疫情分析后，及时向社会公布了全国流脑疫情态势，指出安徽流脑尽管发病率升高，但属于局部个案，全国没有出现大范围流脑疫情和疫区。及时准确的结论保持了社会的稳定。20

04年1月，全国开展了37种传染病和突发公共卫生事件网络直报试运行，4月份正式启用。今年3月，全国艾滋病和结核病网络直报工作相继启动。王陇德表示，今后其他各种疾病监测工作将逐渐构建在公共卫生信息网络平台上，逐步实现公共卫生信息资源整合和共享。预计将来全国网络直报用户数将增加至8万个。“网络直报系统是中国传染病报告和疾病监测的历史性变革，是卫生基础设施建设的成功范例。”他说。2002年11月卫生部发布的《全国卫生信息化2003—2010年发展规划纲要》提出在2010年前建成比较完善的以公共卫生信息系统为重点的国家卫生信息系统。2003年非典的暴发和蔓延，暴露出中国疫情报告和疾病监测时效性差、卫生信息网络覆盖面小、医疗救治系统信息不灵、卫生执法监督信息系统建设滞后等公共卫生系统诸多缺陷。2003年9月，卫生部制定的国家《公共卫生信息系统建设方案（草案）》提出，公共卫生信息化建设要互联互通、资源共享，要通过全国联网等方式全面提高突发公共卫生事件监测、应急响应、医疗救治、执法监督和指挥决策的能力。

English Summary: China has set up “National Infectious Disease and Public Health Emergencies Network Direct Reporting System”.

Beijing, April 20th 2005 (Xinhua) ---By the end of 2004, more than 40,000 health facilities around the nation had registered in this system, covering over 93% of county- and above hospitals, around 42% of township health centers, more than 3000 CDCs and 3000 government health administration offices. The establishment of the network dramatically has sped up the reporting of health emergencies. Now it only takes less than one day for national CDC to be notified of any infectious disease emergency occurring in a rural area, comparing to 24 days when the network didn't exist.

MOH issues Notice on Launching 10,000 Physicians Supporting Rural Health Project

<http://www.moh.gov.cn/>

Summary: Provinces (cities/counties) participating in this project should start sending physicians to rural areas no later than the end of June 2005 and will continue to send physicians in the next three years. The rural health institutes receiving these physicians are 600 county hospitals located in 529 national poverty counties, of which 10% are TCM hospitals. Central, provincial and local governments will collectively subsidize this project.