

China Health Bibliography Update

December 2004

EASHD---China Rural Health AAA

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- [Xinhua: China plans to provide free AIDS treatment for 20-30,000 patients by 2005 \(original in Chinese\)](#)
- [China Medicine Daily: 2004: An expansionary year for medical insurance \(original in Chinese\)](#)

All around the net: [news from Chinese websites](#)

Note: Below are selected results from PubMed using EndNotes (search terms:
2004/12/01:2004/12/31, China)

Hesketh, T. and W. X. Zhu (2004). "Effect of restricted freedom on health in China." Bmj **329**(7480): 1427.

Li, L. and H. J. Duanmu (2004). "[The epidemic of childhood tuberculosis in China]." Zhonghua Yi Xue Za Zhi **84**(20): 1678-80.

OBJECTIVE: To analyze the epidemic situation of children Tuberculosis (TB) in China. METHODS: To sum up the data of four times national TB epidemic survey from 1979 to 2000, and analyze the epidemic situation of children whose age were between 0 and 14. RESULTS: The TB prevalence rates in children were 8.8%, 9.6%, 7.5% and 9.0% in 1979, 1984/85, 1990, 2000. The active pulmonary TB (PTB) prevalence rates in children were 241.7/100 000 172.1/100 000, 91.8/100 000 in 1979, 1990 and 2000, the bacteriological positive PTB prevalence rates were 12.7/100 000, 12.3/100 000 in 1990 and 2000, the smear positive PTB prevalence rates were 7.5/100 000, 7.5/100 000 and 6.7/100 000 in 1979, 1990 and 2000; It was estimated there were 26.08 million children who were infected by microbacterial TB, 266 thousands children active PTB cases, 36 thousands children bacteriological positive PTB cases and 19 thousands children smear positive PTB cases in 2000 according to the data of the national population survey. the rates were 4.5%, 5.9%, 1.8%, 1.3% when comparing them to the all patients. the ratio of children TB prevalence rates between city and country were 1.8, 1.8, 1.7 and 1.2 in the four survey. CONCLUSIONS: The TB prevalence rates in children had not obvious decrease from 1979 to 2000 were not allowed to optimize to the epidemic of children TB. The bacteriological negative PTB had a bigger. The difference of children TB prevalence between city and country reduced gradually. The quantity of sample and other factors influenced the forecast value of PPD to disease, so it would be a trend of using the routine surveillance to replace the national epidemic survey. BCG still would be the an important content in our national TB control before the emergence of the new and more efficient vaccine.

Li, X., X. Fang, et al. (2004). "HIV/STD risk behaviors and perceptions among rural-to-urban migrants in China." AIDS Educ Prev **16**(6): 538-56.

Data from 2,153 sexually active rural-to-urban migrants in China were analyzed to examine the relationship between the movement of rural-to-urban migration and increased HIV/STD (sexually transmitted disease) risk and the applicability of constructs of a Western-based theory of behavioral change to the study population. Measurements included migrant mobility, sexual risk, and the seven constructs of the protection motivation theory (PMT). Data in the current study suggest that high mobility among rural-to-urban migrants was associated with increased sexual risk. The PMT constructs are applicable in identifying perceptions and attitudes associated with sexual risk behaviors in this culturally distinct population. Increased sexual risk was associated with increased perceptions of extrinsic rewards, intrinsic rewards, and response cost. Also consistent with PMT, increased sexual risk was associated with perceptions of decreased severity, vulnerability, response efficacy, and self-efficacy. After controlling for a number of key confounding factors, all seven PMT constructs were associated with sexual risk in the manner posited by the theory. The association between mobility and sexual risk underscores the importance of effective HIV/STD prevention efforts among this vulnerable population. The social cognitive theories including the PMT may form a logical base for prevention intervention programs targeting rural-to-urban migrants in China.

Wang, W. (2004). "Mainland Chinese students' concept of health." Asia Pac J Public Health **16**(2): 89-94.

This investigation, which was part of a larger project, was to describe and explain the concept of health as perceived by Chinese students. Data were collected through a questionnaire from students from two primary schools, two high schools and two universities (N=946) in Shanghai, China. The results showed that Chinese students not only considered themselves healthy but also viewed adolescents as the healthiest people in comparison with children, the

middle and the old-aged. Their health concept consisted of components relating to physical, psychological, and social/moral dimensions. There were more boys than girls who considered mental health to be part of general health and a tendency for boys to perceive health status as poorer along with the increase in age. The categories of the concept of health and students' views on how to enhance health status are presented.

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Note: Below are selected results from Social Science Citation using EndNotes (search terms: 2004, China, health)

Li, X. M., C. D. Lin, et al. (2004). "HIV/AIDS knowledge and the implications for health promotion programs among Chinese college students: geographic, gender and age differences." Health Promotion International **19**(3): 345-356.

Data were collected in 2000 from 1081 students from eight colleges in China to assess the overall level of AIDS knowledge, and to explore regional, gender and grade differences in AIDS knowledge. The data indicate an inconsistent level of AIDS knowledge among students, with a significant gender and grade difference. More than one-third of the students perceived themselves as having limited knowledge of AIDS. While the students could identify transmission modes, they were less knowledgeable about symptoms, activities that did not transmit the virus, treatment and preventive measures. The majority of the students reported having discussed AIDS issues with their peers and friends, but few of them had done so with their parents or teachers. AIDS knowledge varied among students by site of residence, with the highest knowledge among students from the urban areas and the lowest among those from rural areas. The data underscore the urgent need for HIV/AIDS-related health promotion and prevention efforts targeting college students as well as younger age groups in China.

Schreyogg, J. (2004). "Demographic development and moral hazard: Health insurance with medical savings accounts." Geneva Papers on Risk and Insurance-Issues and Practice **29**(4): 689-704.

In times of ever-rising health expenditures it is becoming more and more obvious that conventional models for funding health care are increasingly experiencing difficulties in meeting this challenge. The concept of Medical Savings Accounts ("MSAs") represents an innovative and so far rarely analysed alternative for the funding of health care systems. In this concept an anticipated amount of money needed is saved up ex ante by each individual in a special account set aside to cover health care expenses. Since, however, health care expenses for certain kinds of treatment frequently exceed the financial capacity of the individual, Medical Savings Accounts are normally introduced in combination with health insurance covering defined services with higher financial risk. From a theoretical point of view the MSA concept helps to counteract the phenomenon of moral hazard in health insurance systems, at the same time coping with the future challenges posed by demographic development. This paper also examines experience gained so far in the implementation and use of Medical Savings Accounts in different countries. It draws a mixed but positive picture of the results. Therefore it could be feasible to integrate certain elements of this concept into health care systems of European countries.

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Below are selected search results from EconLit using EconLit Advanced Search (search terms: China, 2004, rank by date)

Appleton, S. and et al. (2004). "Contrasting Paradigms: Segmentation and Competitiveness in the Formation of the Chinese Labor Market." Journal of Chinese Economic and Business Studies **2**(3): 185-205.

An urban labour market is in the process of being formed in China. The objective of this paper is to analyse the stage that it has reached. A 1999 household survey is used to investigate whether the labour market has three tiers comprised of recently retrenched and re-employed

urban workers, non-retrenched urban workers, and rural-urban migrants. It tests whether wage levels and structures differ across these categories of worker. Panel data are used to model the evolution of the wage structure and, specifically, the impact of retrenchment and re-employment. The results indicate that non-retrenched urban workers enjoy a wage premium, although migrants receive similar returns to education. Reemployed workers receive no return to education and appear to have lost out on the wage rises enjoyed by the non-retrenched. There is evidence to suggest that the urban labour market is segmented into these categories, which differ in their openness to market competition. The urban labour market has a long way to go before it is fully competitive.

Liang, Z. and Z. Ma (2004). "China's Floating Population: New Evidence from the 2000 Census." *Population and Development Review* 30(3): 467-88.

This article uses tabulations from the 2000 Population Census of China along with a micro-level data sample from the census to provide a picture of China's floating population: migrants without local household registration (hukou), a status resulting in significant social and economic disadvantages. By 2000, the size of China's floating population had grown to nearly 79 million, if that category is defined as migrants who moved between provinces or counties and resided at their destinations for six months or more. Intra-county floating migration is similarly large, contributing another 66 million to the size of the floating population. The article also discusses the geographic pattern of the floating population and the reasons for moving as reported by migrants. Policy implications are noted.

Meng, X. (2004). "Economic Restructuring and Income Inequality in Urban China." *Review of Income and Wealth* 50(3): 357-79.

Economic transition from a planned to a market oriented economy is often associated with a widening of income inequality. The nature of this change, however, may differ during different stages of the economic transition. This paper investigates the increase in income inequality in urban China during two phases of economic reform: a moderate reform era (1988-95) and a radical reform era (1995-99). It is found that although income inequality increased considerably during both stages, the nature and causes of the increase are different. In the moderate reform period, the increase in inequality was a result of some parts of society sharing more of the economic gain than others, and the main cause of this inequality is regional income dispersion. During the radical reform period income reductions at the lower end of the distribution is observed and it is mainly due to the large-scale unemployment generated by labor reallocation.

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Note: Below are selected search results from Factiva using search builder for news dated Dec. 1-31. Search terms: China and health; China and medical and insurance; 中国, 卫生; 中国, 医疗, 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

China: 13 Insurance Companies Set Up In Shanghai

115 Words

04 January 2005

Asia Insurance Review

English

(c) 2005 Asia Insurance Review.

CIRC has approved the setting up of 13 insurance companies in Shanghai this year. Out of these, two have started accepting business while the other 11 are in the midst of setting up their offices. The 13 companies include two professional pension insurance companies (Ping An and Taiping), two professional health insurance companies (Ping An and Sunshine), two insurance asset management companies (China Reinsurance and Huatai Insurance), two China-funded life insurance companies, two co-invested life insurance companies (one between Travelers Insurance and Shanghai Alliance Investment, and the other between Taiwan Cathay Life and China Airline Group), and one professional motor insurance company (Tianping Automobile Insurance).

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Fiscal reform to favor the poor in China

309 Words

31 December 2004

Business Daily Update

English

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The Chinese government wants to distribute its fiscal resources more equally across the country, to reduce the disparities between the rich and the poor. That is why it has joined forces with the United Nations Development Program and launched a project to support the government's on-going fiscal reform.

As the national economy develops, the Chinese government is making sure that poor people's basic rights to education and medical services are not left behind.

To ensure that low-income and disadvantaged citizens can benefit from the economic growth, the Chinese government and the UNDP in China have jointly launched a four-year program and invested US\$10 million in fiscal reforms.

Wang Li is deputy administrator of the State Administration of Taxation. He says the project will provide technical support to the ongoing reforms in budget planning and taxation management.

"It covers important aspects of tax administration work including tax-payer service, organizational restructuring, human resource allocation, environmental taxation and international taxation."

He says the program will also help ease the government's capacity constraints in implementing fiscal reforms at the sub-national levels, especially in less-developed regions.

The United Kingdom's Department for International Development or DFID is one of the sponsors of the project. Adrian Davis, head of DFID China, says their main interest in the project is to create a fiscal system that delivers resources to disadvantaged groups.

"Our role is always to help government reduce poverty. We think fiscal reform is very important for that because the transfer of fiscal resources to poor and poor regions is a very important way for them to access health and education services, which now they increasingly have to pay for."

Other sponsors of the program include UNDP, the Ministry of Finance, and the State Administration of Taxation

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China's Guangdong sets up emergency committee for public health threats

207 Words

30 December 2004

11:47 GMT

BBC Monitoring Asia Pacific

English

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

Guangzhou, 30 December: Guangdong Province in south China has set up an expert emergency committee in its latest move to fight possible emergency public health crisis, such as SARS (severe acute respiratory syndrome) and bird flu in this winter and next spring.

The committee consists of 123 experts and scholars from 28 medical institutions and hospitals at the provincial level, hospitals and health institutions based in the cities of Guangzhou and Shenzhen and military hospitals.

The committee has nine expert panels in charge of dealing with infectious and unidentified diseases, medical treatment, food poisoning, professional poisoning, nuclear accident and radiation, fire biological and chemical threats, health education and psychological consoling, and information collection, respectively.

Zhong Nanshan, adviser of the committee, called on people of various social circles to be vigilant, saying there is the possibility that SARS may return this winter and spring.

Huang Fei, deputy head of the Guangdong Provincial Health Bureau, said that the province has made more than 110 emergency plans against possible public health crisis.

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Liaoning to improve public health infrastructure with loans from Japan

162 Words

30 December 2004

Xinhua's China Economic Information Service

English

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SHENYANG, December 30 (CEIS) -- Northeast China's Liaoning Province has just launched a project to improve its public health infrastructure with 2.366 billion yen (about 20.15 million US dollars) in loans from Japanese government.

Japan reached an agreement with Chinese government to provide the loans in June 2003 when China was severely hit by Severe Acute Respiratory Syndrome (SARS).

According to sources with the local government, the project covers 32 medical institutions at provincial and municipal levels.

The project aims to improve the province's public health emergency response system and help train medical staff at diseases prevention and control institutions.

China plans to build an effective, rapid and accurate emergency response system and a public health information network across the country next year.

Experts believe that public health incidents such as the outbreak of SARS and bird flu make it imperative to improve the public health emergency response system. (?)

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China allows township hospitals to do birth control operations

394 Words

27 December 2004

Xinhua's China Economic Information Service

English

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BEIJING, December 27 (CEIS) -- China allows township hospitals to give clinical services of birth control, which was provided at hospitals of county level or higher, if they have qualified personnel and facilities.

Township hospitals are allowed to do birth control operations, including inserting and taking out Intrauterine Device (IUD), vasectomy, tubectomy and induced abortion within 12 weeks of pregnancy, according to a newly-amended government regulation on birth control techniques, released by the State Council on December 26.

The regulation also required hospitals to hire at least one practicing doctor and equip themselves with relevant facilities, medicines and management if they want to do vasectomy, tubectomy and induced abortion. Those that only conduct IUD operations must hire at least one assistant practicing doctor.

The country only allowed hospitals of county and higher levels to do birth control surgeries and consultation before the regulation was amended.

In many places of China township hospitals are grass roots medical service institutions while villages have individual doctors.

Couples in rural areas will enjoy free birth control operations funded by the government and the central government will give subsidies to less developed regions in west China, according to the regulation.

Hospitals that violate this rule will be fined twice to five times that of the charge and hospital directors will be demoted or dismissed for a serious violation.

The health authorities across the country are asked to check up all township hospitals in their districts for their qualification to do birth control surgeries in the six months after the amendment was issued.

Individual doctors are banned from doing any birth control operation, the regulation said. They will be fined 5,000 to 20,000 yuan (604 to 2,418 US dollars), if earning less than 5,000 yuan from the illegal operation, and twice to five times if the illegal income is more than 5,000 yuan.

The hospitals are also forbidden to hire unqualified workers in birth control operations and those treating sterility must have licenses granted by provincial health authorities.

The regulation also banned any operation to identify the gender of unborn babies without clinical needs.

China has adopted birth control policies for more than 20 years encouraging one couple to have one child in a bid to slow down the growth of its population, which now topped 1.3 billion. (?)

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IN 2004, WE FELT LIFE WAS BETTER

By 1223 Words

27 December 2004

China Daily

English

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So far the most recognized barometer of the nation's socio-economic well-being, the Chinese Academy of Social Sciences' annual blue book, found nearly 80 per cent of the public "very" or "fairly satisfied" with life in 2004.

That is almost 10 percentage points higher than the findings a year ago.

Money counted. Additional disposable income enabled more convenience, freedom, confidence, and ultimately life satisfaction.

Holidaying overseas or owning a private vehicle was no longer considered to be inaccessible and things like this quite simply made people happier this year. But the correlation between financial well-being and happiness is trickier than it might first appear.

Money is not the be-all and end-all of life nor the only way to reach satisfaction.

The new-generation national leadership's proposal of a "scientific perspective on development," or the idea that economic progress should promote public welfare and social harmony, was a powerful and effective dose of hope and optimism for the public psyche in 2004. From its enthusiasm for "green GDP" to the ideal of "harmonious society," the leadership made it crystal clear that people count more heavily than account books.

The national legislature made a historic breakthrough in March, updating the Constitution to stipulate that the State respect and guarantee human rights, and lawful private property was made inviolable.

Adoption of these once alien concepts in the national Constitution has started chain reactions at national and local levels to review and revise outdated laws and rules. As citizens more assuredly cite the constitutional clause to defend their legitimate rights and interests, State power and State functionaries, on the other hand, put on a more humane face. Even the once condescending government decrees and clerks are undergoing change.

Though some overseas observers have labelled the constitutional amendment as primarily a response to the "new capitalists' call" for legal guarantees, the rest of the year proved otherwise.

The amendment was intended as an umbrella of constitutional protection for all citizens, whether they are government employees, farmers, criminals, or beggars.

The bulk of the year's new policy initiatives and legislation have demonstrated a high fidelity to

the new leadership's signature concern for the underprivileged.

Blatant refusal to pay transient rural workers' wages by building contractors, a nationwide headache that has several times prompted Premier Wen Jiabao to personally intervene on behalf of desperate farmers, has finally had some response this year.

National and local authorities have worked out various schemes to ensure migrant workers are paid. The Ministry of Justice has even issued a special document on providing free or low-cost legal assistance for rural workers in financial difficulties.

In addition to that, affirmative action against discrimination and for transient rural workers' equal rights with urban residents has evolved into a natural part of society's awakening public consciousness of civil liberties.

It is unprecedented that such things as the right to education of children of transient workers, and even workers' sexual depression, have become topics of public discourse.

More inspiring for the entire rural populace could be the government's decision to get rid of agricultural tax in five years. That means the removal of a 7-billion-yuan (US\$856.40 million) financial burden each year. Some provinces have already done away with such a tax.

Drawing lessons from the severe acute respiratory syndrome epidemic, the authorities' endeavour to improve public health emergency services has also been particularly beneficial to people living in the countryside.

While more than doubling its input in AIDS prevention since 2003, the government has begun offering free testing and treatment for poor AIDS patients.

Children orphaned by AIDS have been promised free schooling. Most live in rural communities.

If the amendment to the Constitution features the empowerment of people, the Administrative Licensing Law, which came into effect on July 1, is another substantial piece of legislation, after the State Compensation Law and the Administrative Procedure Law, to discipline State power.

It has been appropriately defined as the government's "self-revolution."

By strictly defining the scope and procedure of matters subject to government permission, civil liberties have come to end only at specific bans by law.

In response to the new law, government agencies have cancelled numerous previous restrictions on civil liberties, making the once tedious examination and approval process a lot simpler and easier.

Now when you want to launch a business, you no longer have to repeat the time-consuming and nerve-numbing journey for official seals of approval.

Efforts to regulate State power were not limited to redefining its scope of jurisdiction.

The manner of law enforcement, a major target of public resentment over the years, became a key focus of rectification in 2004.

Procuratorial authorities launched a high-profile campaign to clear overtime custody. Public

security authorities defined the scope, procedure and time limits for continued interrogation. The Supreme People's Court, in its new rules on sealing-up, withholding and freezing assets, exempted suspects' daily necessities and expenses, as well as materials necessary for the fulfilment of basic education.

Chief Judge Xiao Yang of the Supreme People's Court urged his colleagues nationwide to make sure "the innocent are not subject to criminal punishment."

That is the very basic principle of jurisprudence, as well as an essential prerequisite to safeguarding civil liberties.

The mayor of Beijing once told his colleagues that the essence of rule of law is containment of government power and promotion of civil rights. The scholarly commonplace sounded refreshing from his mouth, because it shows an invaluable shift in officials' way of thinking.

Respect for civil rights and freedom cannot establish a spontaneous suggestion in a State functionary's heart until he or she dumps the idea that State power overrides all.

One phenomenon that distinguished this year from past years is the growing responsiveness State organs have demonstrated to public opinion.

Earlier this year, Beijing municipal authorities came up with the idea to set up "no-beggar zones" at some busy commercial districts and transport hubs.

They finally gave up in the face of a negative public uproar. Debates resulted in a consensus that beggars' rights deserve equal respect as those of other citizens.

In August, the Ministry of Personnel stipulated in a draft regulation on physical examinations for recruiting public servants to disqualify all candidates who had contracted AIDS/HIV.

The article incurred fierce criticism for discrimination. In the second draft the ministry published on its official website, the article had gone.

Increasingly, public hearings are becoming a standard approach and procedure for government agencies in making decisions of public interest.

In a transitional society like ours, conflict of interest abounds. Meanwhile, our mechanism for civil rights guarantees is young and inadequate. Compared with the traditional strength of State power, the individual's rights and freedom remain fragile and vulnerable.

The willingness the authorities have displayed to listen and respond to the public's voice is conducive to the cohesion of society and a popular sense of efficiency.

That sense in turn breeds satisfaction.

The less they suffer from intrusive State power, the more respect they feel, and the happier people will be.

We hope the blue book compilers report an even higher satisfaction with life next year.

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HEALTHCARE UMBRELLA TO COVER FARMERS

By Li Fangchao

484 Words

22 December 2004

China Daily

English

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HARBIN: Tian Si'en, an old farmer in Harbin, capital of Northeast China's Heilongjiang Province, never expected he would have part of his huge medical treatment costs reimbursed.

Thanks to a pilot project in a new rural co-operative medical system launched in Hulan of Harbin, 260,000 farmers of the county will have financial aid to help them relieve the heavy burden of medical fees if they confront serious maladies.

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New rural medical service system set up for Chinese farmers

503 Words

20 December 2004

Xinhua's China Economic Information Service

English

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HANGZHOU, December 20 (CEIS) -- Ye Liangbiao, 50, has become more light-hearted lately, as he is recovering from a kidney transplant operation.

The medical treatment cost the farmer, who lives in Kaihua County, east China's Zhejiang Province, 120,000 yuan (14,458 US dollars), more than 30 times the per-capita income of farmers in the county. Though he has a son and a daughter working outside the town and sending earnings back, he had to borrow from relatives and friends.

The pressure of repayment did not affect his life significantly. Shortly after his operation, he received 20,000 yuan (2,410 US dollars) in compensation in a lump sum from the local rural medical welfare office.

Ye's case is not unique. Eighty percent of the farmers in the county are covered by the local medical service system for rural dwellers, part of a nationwide cooperative medical service program being woven in China that will help make medical services available and affordable to the nation's 900 million farmers.

The program is currently being operated on a trial basis in 310 counties and cities across China, covering a rural population of 95.04 million.

According to Zhu Shusheng, head of Kaihua County's health bureau, China established an effective rural medical service system on the basis of communes in the 1960s, an outgrowth of rural collectivization. But as the communes collapsed in the 1980s, the old rural medical service system paralyzed gradually due to absence of continuous financial support.

China plans to take eight years to build a new medical service system for rural people.

"Of the poor families in Kaihua County, 64.5 percent fell into poverty after suffering serious

diseases," Zhu Shusheng said. "Eighty percent of poor children who dropped out from school were because that they had patients in their families to look after," Zhu added.

To give the farmers access to medical services, Zhu said, the new system started trial operation in three townships in Kaihua County in

April 2003, and extended to the whole county in July three months later.

The funding for the new system comes from the central coffer, the local government and the farmers' own payment. Zhu said every farmer in the county had to pay only 20 yuan (2.4 US dollars), then he or she would get an account with the cooperative medical service system.

The figure is 50 percent less for farmers in the economically underdeveloped central and western regions of China. But it was as much as 60 yuan (7.2 US dollars) in the suburban areas in Hangzhou, the provincial capital of Zhejiang, an economic engine in eastern China.

According to Zhu Shusheng, Kaihua County had had 81.9 percent of its farmers registered with the medical service system by the end of last year.

"The system has begun to be well received by farmers, and its service should be improved in time," said the county's party leader Ma Dongquan. (?)

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World Bank pledges to continue working with China to fight poverty

360 Words

20 December 2004

Xinhua's China Economic Information Service

English

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BEIJING, December 20 (CEIS) -- The World Bank President said at an ongoing meeting that the bank will continue to work with the Chinese Government to eradicate poverty.

"Although China has made extraordinary progress reducing poverty over the last 25 years, we are all aware that there are still 30 million poor people in the rural areas who lack adequate food, clothing, shelter, education, and health services," said James D. Wolfensohn in his message to the national meeting on two massive poverty-reduction projects in China.

The president said that China has reduced poverty at an unparalleled scale. By quadrupling per capita income in 20 years, China has brought more than 220 million citizens out of poverty.

"This dramatic success has been achieved through an extended period of reform-driven economic growth coupled with a strong and well-funded poverty reduction program."

China's reform and opening up policy introduced in 1978 has helped boost grain production and farmers' income. The country's economy has been growing at an annual average rate of slightly more than 9 percent since then.

But with little fertile land, education and skills, millions of Chinese people in remote and mountainous areas still have difficulty obtaining enough food and clothes.

In their first joint poverty reduction projects, China and the World Bank launched two massive

anti-poverty projects a decade ago, which Chinese officials Friday declared a great success as they lifted 5.8 million poor out of poverty in China's poorest 61 countries.

A total of 7.2 billion yuan (878 million US dollars) was used for the two projects, including loans worth 420 million US dollars from the World Bank.

One of the projects, known as Southwest Project, covers part of the Guangxi Zhuang Autonomous Region, south China, and Guizhou Province and Yunnan Province in southwest China. The other project is also known as Qinba Mountains Project, involving part of the areas in Qinling and Daba Mountains in Sichuan Province, southwest China, and

Shaanxi Province and the Ningxia Hui Autonomous Region in the northwest.

The president said the two projects have made contributions to those "astounding achievements."

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SHANGHAI AIMS TO BECOME LEADING BIOMEDICINE PRODUCTION BASE

250 Words

15 December 2004

Asia Pulse

English

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SHANGHAI, Dec 15 Asia Pulse - Shanghai is to accelerate the construction of a biomedicine industrial base to make one of the world's leading biomedicine development bases, according to a handout at the ongoing conference of the leading group in charge of national biomedical technology industrial bases.

The base, being jointly constructed by the Ministry of Science and Technology, the Ministry of Public Health, the State Food and Drug Administration, the Chinese Academy of Science and the Shanghai Municipality, has become a new industrial platform for the development of new medicines and modern TCM after eight years construction.

It has become a host to a dozen Chinese and foreign research institutions and drug screening centers.

In order to accelerate construction, the base will provide favorable policies concerning fast approval for projects devoted to the development of new medicines, including TCM preparations, new natural drugs, new medicines for diagnosing and treating AIDS and tumors.

The production base will also provide more facilities for clinical testing of new drugs.

The production will gather technical forces and funds not only from Shanghai but also from all over China and even the world to concentrate on the R&D of TCM compound preparations.

The Chinese Academy of Science has moved its Shanghai Drug Research Institute to the production base and plans to inject more technical forces and funds into a 100,000-compound drug screening center and into a key state drug laboratory.

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DJ China Further Opens Insur Indus To Foreign Players On WTO

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Dow Jones Chinese Financial Wire
English
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SHANGHAI (Dow Jones)--China's top insurance regulator said over the weekend it was further opening its insurance sector to foreign competition, in line with the country's pledges with the World Trade Organization.

Foreign life insurance companies will be allowed to offer health and group insurances, as well as start insurance business related to pensions and corporate annuities, the China Insurance Regulatory Commission said in a statement on its Web site.

The geographic restrictions on foreign insurance companies have been lifted and the ceiling on the foreign stake in an insurance brokerage joint venture on the mainland has been raised to 51%, the CIRC said.

The moves are in line with the country's commitments to the WTO, which China entered on Dec. 11, 2001.

As part of its pledges, China pledged that within three years of its accession to the global trade body, it would remove all geographic restrictions on foreign insurers, as well as allow them to provide health, group, pension and annuities insurance.

For insurance brokerage, China said it would allow the foreign equity share in an insurance brokerage joint venture to be raised to a maximum 51% within three years, from 50% at the time of its accession.

-By J.R. Wu, Dow Jones Newswires; 8621 6218-3268; jr.wu@dowjones.com

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Collaborations; Alliance to fight one of China's most pressing health problems: hepatitis B

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12
English
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2004 DEC 13 - (NewsRx.com & NewsRx.net) -- Bristol-Myers Squibb Foundation and the China Foundation for Hepatitis Prevention and Control (CFHPC) announced the results of a collaborative grassroots education and vaccination program designed to fight the spread of one of China's most pressing health problems- hepatitis B.

Cosponsored by both organizations, the China Rural Area Hepatitis B Prevention Education Project has resulted in the education of 2.37 million people living in rural China about hepatitis B, a chronic infection that may lead to liver disease and can result in a death rate of up to 50% in Chinese men who are infected with hepatitis B.

Since the program was initiated in 2002, 4351 healthcare professionals have been trained on hepatitis B vaccination. In the Chinese counties where the program is focused, 23,000 newborns have been vaccinated, which is an increased rate of 88.2% from the 32.7% vaccination rate

documented before initiation of the project.

Bristol-Myers Squibb Foundation, the charitable arm of the Bristol-Myers Squibb Company (BMY), presented the results of the successful grassroots program at the 55th American Association for the Study of Liver Diseases (AASLD) conference in Boston, Mass.

When the China Rural Area Hepatitis B Prevention Education Project began, the hepatitis B awareness rate of people living in the Chinese provinces of Shan'xi and Gansu was difficult to measure. Through the efforts of the program, the disease's awareness rate among parents and guardians living in the region is now documented at 87.4%. Among healthcare professionals, hepatitis B awareness has grown from 72.6% to 97.1%.

"Although an effective vaccine for hepatitis B exists, the vaccination rate in Western China rural communities remains at just 35%-compared with an 85% vaccination rate in the cities," said professor Hui Zhuang, chairman of the China Liver Disease Society and standing council member of the China Foundation for Hepatitis Prevention and Control (CFHPC).

"This unfortunate disparity can be attributed to a lack of awareness about the disease among people living in rural China and resources for local healthcare providers. Through this program, Bristol-Myers Squibb and the CFHPC are making great strides to halt this epidemic and empower the Chinese people to take the necessary actions to prevent the further spread of this devastating disease," Zhuang said.

Among the 350 million people worldwide who are chronically infected with hepatitis B, 75% reside in Asia. In China, more than 100 million people are chronically infected with hepatitis B, a viral infection that may lead to liver disease.

The country has the greatest burden of hepatitis B and liver cancer in the world-and liver cancer is the second-leading cause of death by cancer in China. Chronic hepatitis B is spread in China primarily via mother-to-infant transmission during childbirth and during early childhood close personal contact. The disease severely affects regions in western China.

"The BMS Foundation's mission is to create meaningful and sustainable improvements for patients living with chronic diseases such as hepatitis B, and as far as possible help prevent further infection," said Anders Hedberg, director, Bristol-Myers Squibb Foundation.

"We are pleased to have the opportunity to work with organizations such as the CFHPC to increase education and awareness of chronic hepatitis B among the people living in rural China, physicians and local healthcare workers. In particular, we take pride in the results achieved and the cooperation model we have set up, which can be easily adapted and replicated in larger populations of rural China in coming years," Hedberg said.

Hepatitis B is a potentially life-threatening viral infection that may lead to liver disease. Ninety percent of young children who are infected with the hepatitis B virus progress to chronic infection. Those who develop chronic infection have an increased risk of liver scarring (cirrhosis) and liver cancer.

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China unveils state spending priorities for 2005.

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Reuters News
English
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BEIJING, Dec 9 (Reuters) - China will continue spending on key projects such as a railway between Qinghai and Tibet and south-to-north water transfers next year while shoring up the lagging countryside, health and education, the China Securities Journal said on Thursday.

The pledge by Ma Kai, head of the State Development and Reform Commission, came as the government is expected to cut the amount of special bonds to help cool investment.

More money would be spent on agriculture infrastructure, grain production, basic education, public health, environmental protection and development of the Western regions, Ma said.

The government would continue to curb investment in some sectors, such as iron, cement, aluminum industry, Ma said.

The government has yet to announce the size of special bond issues for 2005, but some analysts expect the amount to be cut to 80 billion yuan (\$9.7 billion) from the planned 110 billion yuan for this year.

China has pledged to implement a stable fiscal policy, a final departure from the expansionary policy adopted since the country took a hit from the 1997/1998 Asian financial crisis.

China issued an accumulated 800 billion yuan in special bonds between 1998 and 2003 to build infrastructure projects to help economic spur growth.

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LACK OF MEDICAL INSURANCE, HIGH COST DETER POOR PATIENTS

By Zhang Feng
893 Words
09 December 2004
China Daily
English
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A lack of medical insurance and financial difficulties, plus high medical costs, are deterring an increasing number of people from seeking medical help and going to hospital, a recently released survey indicates.

The Third National Health Survey, which was conducted between September and October last year, estimates that 13.83 million people with ailments who needed to be hospitalized in 2003 failed to do so, which is 2.46 million more compared with 1993 and 5.89 million more than 1998.

Even though the number of sick people has been increasing, with a total of 5 billion cases of illness reported in 2003 - 710 million more than during the second survey in 1998 - the actual medical consultation rate has been decreasing.

It is estimated that people consulted medical advice 4.8 billion times in 2003, which was 540 million and 580 million times less than during the two previous surveys in 1993 and 1998.

Rao Keqin, director-general of the centre for health statistics and information at the Ministry of Health, attributed the situation to the low number of people who have medical insurance, the rapid increases in medical costs and limited access to healthcare for low-income groups.

The survey indicates the coverage rate of medical insurance in urban areas has been decreasing, while the rate in rural China has been climbing.

Last year, more than 55 per cent of the urban population had medical insurance, which is down dramatically from the 1993 figure. At that time, almost 73 per cent of the urbanities enjoyed some kind of medical subsidies.

Rao says it is because the country's medical reform has kicked in and the market economy has been introduced.

At present, medical care plans differ greatly as only government employees and workers at State enterprises are eligible for government medical care subsidies. For others, some are given medical insurance policies by their employers while some buy medical insurance themselves.

In rural areas, thanks to the co-operative insurance programme which has been running since 2001, the coverage rate of medical care has increased from almost 16 per cent in 1993 to 21 per cent last year.

However in most cases, it is the rural poor who suffer the most as they have to fend for themselves.

As there are almost 768 million people in rural areas, the percentage of the population who are not covered by insurance is huge.

Rao says it is easy to understand that people who are covered by insurance are more willing to seek medical treatment at hospitals.

And conversely, for people who have no insurances, especially the rural poor, being hospitalized will almost certainly create heavy financial burden and leave them in debt.

Medical costs have been rising steadily over the years. The annual outpatient medical cost per person between 1993 and 2003 has increased from 30 yuan (US\$3.60) to 66 yuan (US\$8).

And the costs for inpatient medical services have also doubled during this period.

When the average income of the country's rural residents was only 2,622 yuan (US\$315) last year, the average inpatient hospital costs for a farmer ran as high as 2,236 yuan (US\$270).

It means those average households which may have just been beginning to get ahead financially are rapidly dragged back into dire poverty when a family member falls seriously ill.

In 2003, among those patients who were not fully recovered but discharged by a doctor, almost 64 per cent of them left hospital due to the financial difficulties.

Of all the people who have been in Chinese hospitals, more than 43 per cent have discharged themselves without doctors' consent.

Another reason for the increasing number of patients is due to the rise in people's health

awareness as society rapidly develops, Rao said.

Urban residents are mainly threatened by chronic diseases such as heart illness and diabetes.

And the rural population is often decimated by chronic diseases and infectious diseases like HIV/AIDS and tuberculosis.

Progress of public health service

Despite the problems, the survey indicates that great progress has been made in public health, which includes greater awareness of the need to live a healthy life and maternal and children's healthcare.

According to MOH statistics, the infant mortality rate has decreased from 47 per 1,000 to 29 in 2002. And during the same period, the maternal mortality rate has dropped from 77 to 43 per 100,000.

The survey also shows that 38 per cent of women in rural areas give birth at home in 2003, although it was down considerably from 1993's 78 per cent.

In 2003, about 20 per cent of rural residents still had to drink unsanitary water. Ten years ago, the rate was 48 per cent.

Efforts for the mass immunization of children have dropped off in recent years especially at the grassroot level, although the coverage is still regarded as quite good.

According to the survey, 90 per cent of children had been vaccinated against diseases such as polio and the measles. However, 20 per cent of them have not had Hepatitis B shots, despite the central government listing it as a must have in 2002.

The survey sampled 57,023 households, including 193,689 people.

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China expects more international development assistance

231 Words

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Xinhua's China Economic Information Service

English

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BEIJING, December 8 (CEIS) -- China is expecting more international assistance to relieve poverty, to address health issues and the AIDS epidemic, a senior Chinese official said here on December 7.

Yi Xiaozhun, assistant minister of commerce, told a group of delegates from international organizations and local Chinese officials that China is still a developing country and needs assistance.

There are 30 million people in China's rural areas in urgent need of adequate food and clothing. The average income of the Chinese people just reached 1,000 US dollars, far from the standard set by the United Nations for medium and lower income countries, he said.

"China is still a developing country with a huge population," Yi said at a meeting. "China's productivity level is relatively backward and regional differences in development still big. China also has an increasing number of senior citizens and migrant laborers."

China has received altogether 5.6 billion US dollars of assistance from international bodies and foreign countries since 1979. The assistance was destined for 1,000 projects ranging from poverty reduction to prevention and control of HIV/AIDS.

The contributors were the UN Development Programme, the UN Population Fund, the UN Children's Fund, the World Bank, the European Union and the Asian Development Bank, and more than 20 countries including Britain, Germany, Canada, Belgium, Japan and Australia.

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Attempt to end malaria; in five years

FT News, Education

Vivien Cui

133 Words

08 December 2004

South China Morning Post

9

English

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China is working to become the first country in the world to eradicate malaria, an epidemic spreading unchecked in some southern parts of the country, officials said yesterday.

Vice-Minister of Health Huang Jiefu hoped malaria, which afflicts from 100,000 to 200,000 citizens each year, would be wiped out in less than five years.

"China should take a leading role in the fight against malaria to get rid of the epidemic as soon as possible," Mr Huang said.

Richard Feachem, the head of the United Nations' Global Fund to Fight Aids, Tuberculosis and Malaria, also expressed hopes that Beijing would "become a true leader in the region and in the world in pushing strongly for the eradication of malaria".

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East Asia, CHINA ON TRACK TO ACHIEVE A MILLENNIUM GOAL - ILO

By Marwaan Macan-Markar

1011 Words

07 December 2004

Inter Press Service

English

(c) 2004 Global Information Network

BANGKOK, Dec. 7, 2004 (IPS/GIN) -- China's rapid march towards economic prosperity is helping East Asia guarantee its place as one region in the developing South that would meet a 2015 deadline of halving the number of people living on less than one U.S. dollar a day.

That optimistic forecast in a new report from the International Labour Organisation (ILO) contrasts with the odds faced by other regions to help millions of their poor rise out of abject poverty by getting a decent and secure job.

According to the Geneva-based U.N. labour agency, the reality is worst for those living below two dollars a day in the South. "Current estimates for 2003 show that 1.39 billion people in the world work but are still unable to lift themselves and their families above the two U.S. dollar poverty line," states the 'World Employment Report - 2004-05.'

"Among them, 550 million cannot even lift themselves and their families above the extreme one U.S. dollar a day poverty threshold," added the 256-page report, which was released on Tuesday.

Little of this is true in East Asia, says the report, since it "is on track" to achieve the Millennium Development Goal (MDG) of halving the number of people living on less than one dollar a day.

"In fact China has already achieved the goal," states the report. "Additionally, because China's workforce represents 95 percent of the labour force in the region, the region has also halved the number of working poor since 1990."

By 2003, China's economy had cut the number of the working poor to 139 million from 242 million in 1990, a 43 percent reduction, adds the report.

The Asian giant's success is rooted in its agriculture and industrial sector. Agriculture productivity increased since reforms aimed at reducing poverty were introduced in 1978, the report notes. They led to "higher rural incomes through change in the marketing system and employment structure and encouraged the outflow of workers from agriculture into rural non-farm activities."

The dramatic drop in the number of the rural poor reflects this achievement. By 2000, the rural poor only amounted to 30 million people, or only 3.7 percent of the rural population, as against the high of 250 million people, or 33 percent of the rural poor -- the year agriculture reforms were introduced in 1978.

"A reduction in poverty on this scale and within such a short time is unprecedented in history," states the ILO report.

The growth of the industrial sector in urban areas due to foreign investments has also helped reduce poverty, Elizabeth Morris, a senior employment specialist at the ILO's Asia-Pacific regional office, told IPS. "You can see it in the jobs generated by the construction sector."

In the rest of East and South-east Asia, small-and-medium-scale businesses have been the engines of growth, providing employment and helping to reduce those living in poverty. "Most jobs have been created by these private sector enterprises," said Morris.

Vietnam, she adds, is typical, where 80 percent of the new jobs have been created by the small-scale businesses.

China is the region's best economic performer, achieving annual growth rates of around eight percent for years, while Vietnam follows close behind, with annual growth rates of six percent.

The MDG on halving poverty is one of eight targets agreed upon by the world's leaders at a U.N. summit in 2000. At that meeting in New York, heads of governments also pledged to halve the number of global poor living in hunger by 2015.

They also pledged to ensure all girls and boys will have access to and complete a full course of primary education by the deadline, along with promoting gender equality and empowering

women, reduce by two-thirds child mortality and improve maternal health.

Currently more than 1.2 billion people - almost one in every five people - live on less than one dollar a day. And that the Asia-Pacific region will serve as a major test for these goals stems from it being home to almost 768 million - or two-thirds --of the world's people who live in extreme poverty.

The ILO argued in its report that the creation of "decent and productive employment is vital for reducing global poverty" as called for in the MDGs.

However labour rights activists are not as sanguine as the ILO about China being the panacea to aid those living in abject poverty across East and South-east Asia.

"The labour market in China is not a safe indicator for the region because it is not sustainable," Junya Yimprasert, coordinator of the Thai Labour Campaign, a Bangkok-based labour rights lobby, told IPS.

The lack of freedom to associate and some other internationally recognised labour rights are denied to the Chinese workers, she said. "There is no law to make the employers accountable to labour rights issues and it has already begun to cause problems. Some Chinese workers have started to protest."

Meanwhile, other activists worry that the stress on China's achievement may conceal the pockets of poverty across East and South-east Asia that remain ignored in the MDG campaign.

"There is a danger that the achievements in China will mask what is happening in the region towards an underclass living in poverty in villages and cities," Ashvin Dayal, regional programme manager for the British development agency Oxfam, told IPS.

At the same time, there is a fear that the anticipated dominance of China next year in producing clothes for export will affect poor Asian countries that have depended on the garment sector for foreign exchange and as a source of employment.

"Cambodia is very vulnerable," said Dayal, since that South-east Asian country may see companies producing garments leaving for China when an agreement to protect the garment sector market ends this year. "That could lead to more poverty, particularly for women."

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Qian Qian's Tale: In Beggars' Village, Disabled Girl Fell Into Con Man's Net --- Left Behind in Booming China, He Used Her for Profit -- Until She Fought Back --- A Showdown in Guangzhou

J000000020041207e0c70003c

By Peter Wonacott

4301 Words

07 December 2004

The Wall Street Journal

A1

English

(Copyright (c) 2004, Dow Jones & Company, Inc.)

Every day for two months, 13-year-old Qian Qian positioned herself on a footbridge near the glass office towers of Guangzhou, one of China's wealthiest cities. Amid cigarette butts and

candy wrappers, she tucked her immobile, pipe-stem legs under her body and placed a red plastic bowl in front of her, begging for money. Blood from cuts hardened on the soles of her feet, recalls Qian Qian and a man who saw her there.

"My home is in Anhui," Qian Qian remembers telling people who asked. "My family was wiped out by the floods."

Her real home, more than 2,000 miles to the north, wasn't in Anhui, nor was her family killed in floods. Qian Qian, born with a protruding spinal cord and deformed legs, was given away by her unwitting father, a small farmer struggling to pay medical bills, in return for some money and a promise that she would be cared for.

Instead, her new guardian took her to Gongxiao, a nearby village that has made a lucrative specialty out of begging, just as others have trained fortune tellers or basket weavers. Some locals say more than half of the village's 1,500 residents have begged to build houses or pay school tuition. The village regularly procured disabled children to help beg, a role Qian Qian was forced to play while her father thought she was working in a store.

Qian Qian says her new guardian, a man named Gong Qingping, gave her a razor blade and told her to cut her feet and legs to appear more destitute. Sometimes he gouged them himself, she says. Mr. Gong's daughter, now 17 years old, deposited Qian Qian at the Guangzhou bridge in the morning, watched her during the day and picked her up at night.

With little feeling in the lower half of her body, Qian Qian was unable to control her bowels or move very far and often she sat in her waste. She typically earned the equivalent of \$5 a day, which she would hand over in a small plastic bag. Eventually, Qian Qian was able to fight back, in a way that transformed her life for a second time.

Qian Qian's story reflects the wrenching social changes under way in booming China, most notably a growing gap between newly industrialized wealth and the rural poor. For many stuck in the time warp of the Chinese countryside, begging is becoming an increasingly appealing profession. A beggar's income can be as much as 10 times that of a farmer.

Economic reforms of the late 1970s let China grow at a staggering pace -- close to 10% a year -- but the new wealth was spread unevenly. At the same time, to reduce the government's burden, China dismantled its Communist-inspired system of benefits. Now, only 13.5% of the population is covered by health insurance, 8.1% by unemployment insurance and only 16.3% receive pensions, according to the 2003 annual report of the Ministry of Labor and Social Security. The number of people considered by China to be living below the poverty line rose last year for the first time since the early 1980s, says China's Poverty Alleviation and Development Office.

"Many farmers lack even the most basic forms of security," says Feng Xingyuan, a researcher at the Rural Development Research Institute, a think tank in Beijing.

The Chinese have traditionally given small alms to show sympathy for disabled children, or spiritual support to Buddhist monks, two common sources of begging. In recent years, as China has grown richer, urbanites have started complaining that beggars have become too aggressive and organized. Some children, under guidance from adults, wait outside luxury-goods stores. Some beggars latch onto the legs or arms of passersby.

From August 2003 through the end of June 2004 -- the latest available data -- police across China picked up 80,000 child beggars, according to the state-run Xinhua News Agency. That number likely underestimates the total by a wide margin because of the lack of reliable data and the government's reluctance to spotlight social problems. Major cities including Beijing, Shanghai

and Guangzhou lifted a prohibition on begging last year after a college graduate was mistaken as a vagrant, jailed and beaten to death. Authorities quickly reinstated the ban after beggars flooded in.

The Chinese government is planning to introduce a nationwide system to tackle the problem of children begging, according to an official at China's Communist Youth League, the group that is drafting the rules. The arrangement would require authorities to build shelters, reconnect families, resettle orphans and punish adults who force children to beg.

The account of Qian Qian's journey, from the village of Zhangbei in China's central Henan province to the metropolis of Guangzhou, is based on extensive interviews with Qian Qian, her family, local police officials, the family of Gong Qingping, and other firsthand witnesses.

Mr. Gong has been jailed for abducting Qian Qian and couldn't be reached for comment. The prison holding him referred interview requests to Guangdong's provincial Public Security Bureau where a press official denied the application. The judge presiding over Mr. Gong's case also declined a request to speak with the prisoner. Mr. Gong's family members say they loved and cared for the girl and, through begging, provided her with a legitimate escape from poverty.

XU QIAN QIAN (pronounced "Shoe Chien Chien") was born crippled with spina bifida and couldn't walk, although her mental health was unimpaired. Her mother's deficient diet likely caused the physical defects, say local doctors who treated similar cases. When she was born, doctors told the family she wouldn't live more than five years and said her care would be costly.

Qian Qian's family has been farming in the same village for generations and currently grows cotton, chili peppers and corn. Their annual income wavers between \$125 and \$250 and is supplemented by an annual \$20 military pension that her grandfather receives for having fought in the Korean War. Even at its height, their income is two-thirds the rural average and less than a quarter that of a city dweller.

One doctor told the new parents: "Get rid of her," Qian Qian's father, Xu Hongwei, recalls.

They refused. Qian Qian learned to speak before others her age and would drag herself past the family's gates to be with other kids, her grandfather, Xu Gongran, recalls. When her young brother started school, Qian Qian swiped his books to study. "None of us could bear to get rid of her," her grandfather says. "We didn't believe what the doctors told us."

Doctors in the provincial capital of Zhengzhou said a lump on her lower spine was growing and could burst, likely killing her. The Xus rejected the doctors' offer to operate because the cost was too high, opting instead for a smaller county hospital. They borrowed \$600 to pay for travel, accommodation and medical expenses.

The surgery removed the lump but Qian Qian was left unable to control her bladder or bowels. The family soon learned that neighbors whispered to each other about how the Xu house reeked of feces.

"My wife complained that life was too difficult, that she couldn't manage," says Mr. Xu, now 35 years old.

Qian Qian says her mother, Li Yu'e, often argued tearfully with her father. In November 2000, Qian Qian found her mother slumped in a chair. The girl cried for her father, who came running in from the fields. Her mother had swallowed a bottle of cotton pesticide, the family says, and

slipped into a coma.

The Xus say they spent more than \$2,400 trying to revive Ms. Li but she died two weeks later, leaving two children and large hospital bills.

Qian Qian's father sought financial relief from village authorities. Since 1990, the central government has given tax breaks to parents with disabled children. Village leaders told Mr. Xu the law encompassed only children older than 16. Qian Qian was 10 at the time. Although villages have some discretion to bend the rules, the authorities told Mr. Xu to pay the full agricultural tax, which totaled about \$10.

Asked why the village didn't make an exception for Mr. Xu, a Zhangbei civil-affairs officer, Nie Yundong, says the village can barely afford to pay the salaries of officials.

In spring 2001, a man arrived from the village of Gongxiao, a three-hour bus ride away, offering to help the Xu family. Gong Qingping presented his plan to expand a wine and cigarette business, Mr. Xu recalls. Mr. Gong explained he could receive tax breaks by employing Mr. Xu's crippled daughter. Once Qian Qian started working, Mr. Gong promised to send \$24 a month, Qian Qian's father recalls. He agreed to pay a visit to the Gongs' residence to check it out.

A single dirt road slices through Gongxiao, dividing fields of wheat and soybeans and clusters of houses surrounded by high gates. A few older men, the most visible of 1,500 residents, till the fields with their pant legs rolled up.

Begging, a staple of life in Mr. Gong's village for more than a generation, moved to a new level when a blind neighbor struck it rich five years ago, according to local residents. Villagers began planning their own begging forays and quickly discovered that using handicapped children boosted returns.

Some scouted the villages of neighboring Henan, one of China's poorest provinces. According to Wang Ronggui, head of the Gongji Township Police Station, residents concentrated on areas near the Xu family's house, following rumors that polluted river water there caused an inordinate number of birth defects.

Locals estimate that 60% of Gongxiao's residents beg with the help of disabled children. Mr. Wang says even the village chief participated. Police started a formal investigation into the chief's family but didn't bring charges. The village chief, Gong Qinggan, denies in an interview that he begged with disabled children. He also denies he is the village chief, although the local township government confirms he was elected to the position in 2002. (He isn't related to Gong Qingping; many people in the village are called Gong.)

(MORE)

Police Chief Mr. Wang, who spent two years investigating local begging rings, says residents from neighboring villages dropped by Gongxiao to learn the trade. He says farmers are often tricked into renting their children for \$40 to \$60 a month. He calls stories about tax breaks a common recruiting ruse and "a complete lie."

Gong Qingping heard about Qian Qian from his neighbors and thought her potential begging skills might help lift his family from their own economic straits. He had little interest in farming and was already gravitating to big cities, scavenging construction sites and garbage dumps for cardboard and tin that could be resold, according to his father.

The idea wasn't universally accepted in the Gong household. More than 40 years earlier, Mr. Gong's 74-year-old father had taken another son on a begging trip to a provincial capital and says now: "It was not the right thing to do." Mr. Gong's father, Gong Jike, says he opposed using Qian Qian as a begging prop. "I offered to take care of her," Mr. Gong's father says, adding that his objections were overruled by his son.

Qian Qian's father went to visit the Gong family in April 2001. They had a tractor, a television and a telephone. Mr. Gong repeated the village's well-worn recruiting lines. "He told me Qian Qian would be better off with them," recalls Mr. Xu, who says Mr. Gong assured him it "wasn't a real adoption," merely a tax arrangement. Qian Qian could return to Henan at any time, Mr. Xu says he was told.

On a piece of rice paper, dated April 23, 2001, Mr. Gong wrote in blue pen: "Xu Qian Qian from Zhangbei Sub-village, Gaoxian Village, Taikiang County is adopted by Gong Qinping of Gongxiao Sub-village, Gongji Village, Taihe County. If accidents occur, I will not bear responsibility." Mr. Xu sealed the document with his thumbprint, an accepted stamp among Chinese farmers. Mr. Gong sent the Xu family \$120 to buy medicine for their elderly father.

A few days later, Mr. Xu repeated the three-hour journey to Gongxiao, this time with Qian Qian alongside. The fields they passed were filled with maize. Red chili peppers were piled on the roadside. Her father told her she was going to "good place," where a doctor could fix her legs, Qian Qian recalls.

The courtyard houses of Gongxiao, with walls of packed straw and mud, looked similar to those in her own village. Qian Qian's father carried her through the crimson gates of the Gong family compound. Pinned above the wooden mantel was a portrait of Mao Zedong. The next morning, her father took a bus home. Only then, Mr. Xu says, did he tell his father and sisters what he had done, fearing they would have objected if he'd told them earlier.

The Gongs did own a wine and cigarette shop but they closed it soon after Qian Qian arrived. Instead, they set about folding her into the family. They gave her a new name, Gong Xuan Xuan, and drilled her to memorize their address and phone number in case she should get picked up outside the village, recalls Qian Qian and Mr. Gong's daughter, Gong Cuiqin. The Gong family also asked Qian Qian to call Mr. Gong "Dad."

At night, the young girl slept on a board underneath the family bed so she wouldn't soil any sheets. During the day, she occasionally visited Mr. Gong's parents but was mostly confined to a small room beside the kitchen, Qian Qian and Mr. Gong's daughter remember. Qian Qian says she often overheard Mr. Gong arguing with his father about her treatment.

NOT LONG AFTER she arrived, in mid-2001, Qian Qian traveled with Mr. Gong and his daughter to the central Chinese city of Wuhan, 180 miles away. They met neighbors from the village on the city's outskirts and took lessons from more experienced beggars, recalls Qian Qian and Mr. Gong's daughter. Mr. Gong asked Qian Qian to practice putting her legs behind her head, a gruesome pose that exaggerated her deformities. When she couldn't do it, Mr. Gong's daughter slapped Qian Qian on the back, Qian Qian says.

Every morning, Ms. Gong delivered Qian Qian to a spot on a sidewalk. Mr. Gong monitored her daily take.

"He said if I didn't get enough money, he'd cut me," recalls Qian Qian. Sometimes, she says, Mr. Gong or his daughter, acting on Mr. Gong's instructions, cut her heels and legs. Ms. Gong says she never slapped Qian Qian and that neither she nor her father ever cut the girl. She says the

razor blade was for protection.

Even though begging boosted the Gongs' income, the family ran into financial trouble. While the team was still in Wuhan, Mr. Gong's wife began to bleed internally after taking a locally prescribed medicine to reduce a swelling in her cheek. The Gongs had no health insurance and borrowed \$2,000 from neighbors and friends to cover medical expenses. Ms. Gong died on a visit home from the hospital while traveling in the back of a pedicab. Mr. Gong, his daughter and Qian Qian returned to Gongxiao after the death to take care of the funeral arrangements. They stayed for about a month.

In early 2002, they took Qian Qian begging again, this time to Sichuan province in southwest China. In the town of Chengdu, Qian Qian was picked up by police who put her in an emergency shelter. Ms. Gong says she pleaded with officials to release her "sister" and Qian Qian returned to her surrogate family.

Qian Qian remembers making other trips about this time but can't recall precise places or times. She says she received a daily ration of a steamed bun. Mr. Gong's daughter says they went to Mianyang, which is in the same province as Chengdu, as well as other nearby cities.

After Sichuan, Mr. Gong and his daughter expanded their enterprise. Their neighbors procured a boy with cerebral palsy, called Gong Xiaozi -- no relation -- who barely spoke. Police say he was abducted from Henan province, as was Qian Qian. Mr. Gong promised to pay the neighbors \$600 over three years for providing the boy, according to Ms. Gong.

At the end of 2003, the newly expanded group arrived in one of China's wealthiest cities, Guangzhou. A few miles up the Pearl River delta from Hong Kong, the town has long served as a gateway into China. In the 19th century, British traders arrived selling opium. In the late 20th century, the city's foreign trade helped pull China from its isolation. Guangzhou's annual per capita income is about \$1,875, but like the rest of China, it is also a place of ostentatious wealth and conspicuous poverty.

Qian Qian, now 13, typically sat on a bridge in a bustling commercial and shopping district, dressed in an oversized green sweater to guard against the winter cold. She recalls telling people the story about how her family was killed in floods. In the evenings, she returned to an apartment the Gongs rented in town. Some people bought her sodas, but fearing she was diseased, few got close.

In January 2004, Liu Ruohan, a 33-year-old local resident, decided to help. Mr. Liu says he is a small businessman and practicing Christian, without providing further details, and says his motivation was religious. He went to the neighborhood police station and waited an hour before officers paid him any attention. They advised Mr. Liu to stay out of the matter. "This girl has parents," Mr. Liu says one officer told him. A duty officer at Guangzhou's Xinshi police station says officers declined to be interviewed.

A week later, Mr. Liu returned to the bridge and scooped up the little girl. Qian Qian struggled. She says she was terrified the Gongs would think she was escaping. By chance, Mr. Gong's daughter recalls, she had left her watch post. Mr. Liu rushed the girl to a hospital. He says a doctor who conducted a cursory exam estimated that basic treatment would cost about \$12,000.

Unable to pay, Mr. Liu took Qian Qian to his home and hid her. The next day, after a bath, a meal and some sweets, Qian Qian abandoned the fictional account of her family background and told Mr. Liu how she came to Guangzhou, they both recall. Since he had no luck with the police, Mr. Liu called a local newspaper, the Guangzhou Information Times, in a bid to publicize Qian Qian's

story.

Retracing the journey she made every morning on the back of Ms. Gong's bicycle, Qian Qian led a reporter from the paper to the Gongs' apartment, according to Qian Qian, the reporter and Mr. Liu. The reporter called the police, who broke in and found four children -- three of them disabled -- and two adults. They were all from Gongxiao or nearby villages. The adults were released and the police took the children, including Qian Qian, to the hospital.

Mr. Gong's daughter says she and her father weren't in the apartment at the time, having gone searching for their ward. After hearing about the raid, Mr. Gong immediately caught a bus to Henan to see Qian Qian's father, his daughter says. Back in Guangzhou, Qian Qian says she caught glimpses of Mr. Gong's daughter staking out the hospital and occasionally arguing with security guards.

When Mr. Gong arrived in Henan, he told Qian Qian's family that the girl had been hospitalized and he was having trouble getting access to her, according to Mr. Xu and his elder sister. Earlier, whenever Qian Qian's family called the Gongs asking about the girl, they were told she was out on business, Mr. Xu and his sister say. This time, Mr. Gong persuaded Mr. Xu to hand over his identity cards, saying they would provide support for the handwritten adoption agreement and facilitate Qian Qian's release, says Mr. Xu.

Before making the long return trek to Guangzhou, Mr. Gong stopped by his village. Police were waiting for him, recalls Police Chief Mr. Wang, who participated in the raid. They stormed through the gates of the family's compound. Mr. Gong brandished an empty bottle of rice wine and threatened to bash it over his own head, Mr. Wang says. Mr. Gong's daughter admits she punched one of the police officers.

(MORE)

After arresting Mr. Gong for child abduction, the police staked out a series of nearby villages but detained only one man and found no disabled children. "Villagers were tipped off," says Mr. Wang. "They either hid the disabled children or sent them back to hometowns for a while."

Mr. Xu says police investigators arrived at his home in February, one month after the arrest, asking about Mr. Gong's begging operation. He says that was the first time he had any notion that something was amiss with his daughter, more than two years after she had left home.

In June, the Guangzhou Baiyun District People's Court sentenced Mr. Gong to eight years in prison for abducting children and operating a begging ring. Qian Qian didn't testify at the trial.

Mr. Gong's parents say the rules against begging, only recently reintroduced, have been retroactively applied to their son. They haven't been in contact with him since February. When a Wall Street Journal reporter showed them a newspaper photograph of Mr. Gong, with a shaved head and a striped prison vest, the family started to sob. Mr. Gong's daughter, tears streaming down her cheeks, said begging helps poor rural kids earn money.

"We never harmed those children," said Ms. Gong, "We never forced people to put money in their bowls." Cried Mr. Gong's mother: "We loved Qian Qian."

Police initially confined Ms. Gong to her house pending trial. In early October, she returned to Guangzhou to visit her father in jail and remained in the city, her grandfather says, "to work." Asked whether this meant begging, he says, "I don't know what she's doing." It's not yet clear if

she will be tried.

AFTER SEVERAL CHINESE newspaper articles appeared about Qian Qian, a U.S. charity, Children's Hope International, offered to sponsor her medical care. In August, she moved to a hospital in Beijing where she will undergo a series of surgeries. An American couple who run a nearby foster home say they might be able look after Qian Qian as she recuperates but it's possible she will later have to return to her family's home in Henan.

Doctors list her ailments as hepatitis B, skin cankers on her heels and dislocated hip joints. Although she probably won't ever walk and will continue to wear diapers, she may someday stand up on her own, her doctors say.

"Things might be different if she received good treatment earlier," says Liu Xiangchun, a 32-year-old orthopedic surgeon treating her. She travels the hospital hallways in a donated wheelchair, greeting doctors and nurses and playfully bumping into other patients. Now that her bedsores have healed, Qian Qian is expected to undergo surgery this week to repair her mangled spinal cord, according to the surgeon.

In her bright hospital room, Qian Qian keeps a newspaper article about her plight in a drawer. She can't read very well but recognizes a picture of Mr. Gong. She refers to him not as Dad, but "the bad egg." She has drawn a gun and a single bullet striking the back of his head. As for her real father, Qian Qian is cool toward him. "My Dad knew he wasn't taking me to see a doctor," she says.

In August, Mr. Xu asked village officials for financial help to see his daughter. The officials declined. After receiving inquiries from The Wall Street Journal about their decision, they changed their minds and offered Mr. Xu the equivalent of \$60 -- enough for two round-trip bus tickets.

Later that month, Mr. Xu and his sister arrived at the Lotus Pond bus station in western Beijing wearing matching grey suit jackets. They made their way to the hospital as the sun rose.

Upon seeing her awake, Mr. Xu's sister smothered the groggy girl with a hug and teary kisses. Her father, wearing a sheepish smile, followed with a light touch to her shoulder and sat down near a window. He hadn't seen his daughter since he left her at the Gong compound three years earlier.

As a nurse's attendant swabbed the deep cuts on one of Qian Qian's heels, Mr. Xu knelt down and pulled off the powder-blue sock on her other foot. He looked at the puncture marks and bruises below the ankle.

"Did he do this to you?" he asked. "Did he do this to you?"

Qian Qian didn't say a word. She twisted her face away from her father and with eyes wet, stared up at the hospital lights.

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Head of Global Fund for AIDS says disease 'growing rapidly' in China

By STEPHANIE HOO
Associated Press Writer
395 Words
07 December 2004
07:08 GMT

Associated Press Newswires
English

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BEIJING (AP) - The head of a global AIDS group warned Tuesday that the disease is spreading rapidly in China, disputing government figures that suggest the infection rate has remained the same since last year but praising Beijing's newly aggressive efforts to fight the illness.

China has said for more than a year that 840,000 people in the country are HIV-positive and 80,000 have developed AIDS. Those figures haven't changed even as a chorus of international AIDS experts has said the true numbers could be far higher.

"The official figures must be wrong," said Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

After years of denying that AIDS was a problem, China has launched efforts over the past 18 months that include promises of free testing and treatment for the poor and public education campaigns.

"I have been very pleased to learn about the rapid scaling-up of the response to HIV-AIDS in China which has been occurring over the past two years," Feachem said at a news conference.

Despite its disease-fighting efforts, the communist government still harasses activists who agitate for better measures and state media are allowed to report only statistics that the government has already acknowledged.

The United Nations has warned that 10 million people could be infected in China by 2010 without better prevention.

Feachem, who was in Beijing to meet with health officials, said, "the HIV-AIDS epidemic in China is growing rapidly."

"There can be no chance at all that the HIV-AIDS epidemic is remaining the same," he said. "That is absolutely not possible."

Chinese Vice Health Minister Huang Jiefu defended the government's figures, saying they were based on a "randomized sampling method" conducted in 2003.

"We cannot say we will conduct this survey every year," Huang said at the news conference. He said the health ministry doesn't have enough staff.

The Global Fund is spending US\$270 million (euro202 million) in China over five years to fight AIDS, tuberculosis and malaria.

China is committed to match at least 20 percent of that spending, Huang said. He said that in addition, it will give the fund US\$10 million (euro7.5 million) over five years.

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Central China's town governments succeed in challenging reform

390 Words

06 December 2004

Xinhua's China Economic Information Service

English

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WUHAN, December 6 (CEIS) -- Central China's town governments are enjoying higher work efficiency and healthier financial conditions after reducing government departments and employees. They also claim to have solved the problems caused by heavy lay-offs.

Four leadership groups in each town of Xianning City in Hubei Province were integrated into one in a reform beginning early 2003, and offices responsible for housing administration, public health, water conservancy and cultural activities under the four groups were cut back or merged with other departments.

"Over-sized and over-staffed governments are one of the reasons why Chinese peasants have been economically over-burdened," said Cai Jiming, an economist with Beijing-based Qinghua University.

Though it is widely acknowledged that the reforms have produced more efficient town government, critics expressed concern about the loss of jobs.

"Where the reduced staff go is one of the difficulties in China's town-level reform," said Dai Junliang, an official with Ministry of Civil Affairs of China.

According to the towns' leaders, the laid off staff have gone to coastal developed areas to study management or technology at their own expense, gone to work for private companies or found other government jobs.

"No one in my town complained, because everyone went wherever he wanted," said Liu Qingbo, head of Panjiawan town.

Some cadres complained about the loss of jobs in the town of Xinjie, said the town head Jiang Ming, but they were calmed after "heart-to-heart" talks with leaders and colleagues.

A report published by Development Research Center of State Council in early November showed departments and staff in Chinese towns were two to three times what they should be and towns' financial crises are prominent after investigation into 1,020 towns nationwide.

The Henggouqiao town eased its fiscal burden by 900,000 yuan (about 108,000 US dollars) per year by reducing its government staff to 78 from 195. But Cheng Chuanli, the town's head, now faces the pressure of the national convention that the institutional frameworks are all the same in every level government.

"Our obligation doesn't lessen just because departments and staff did," Cheng said.

There are five levels of government in China -- central, provincial, city, county and town. As of 2003, the country had 38,290 towns.

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China Fears a Baby Bust; After 25 years of the one-child policy, the nation risks producing too few children. But many parents have decided one is enough.

Main News; Foreign Desk
Don Lee
Times Staff Writer

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SHANGHAI

Zhang Xiaofeng, a 28-year-old who runs a steel business here, doesn't need anyone to tell him about the joys of fatherhood. He eagerly pulls out his wallet and displays pictures of his 2-year-old son, Chengqi, with his mother's big, round eyes.

Zhang often passes up nights out with his buddies so he can race home to play with Chengqi.

"I bathed him, fed him and changed his diapers. I did all those things," he says proudly.

But ask Zhang whether he and his wife want another child, and his jaw tightens. Raising another child would be tiring, time-consuming and expensive, Zhang protests.

He sums it up: "One is enough."

For the last quarter-century, China's one-child decree has been criticized by citizens and outsiders alike as draconian. But as the nation takes steps to ease its policy, with some cities encouraging certain families to have a second child, people like Zhang illustrate how difficult it will be for the government to root out ingrained attitudes.

Having only one child is now widely accepted, especially among urban residents. In Shanghai, China's largest city, a recent government survey of about 20,000 young people found that more than 80% preferred to have just one child. Another 5% said they wanted no children at all.

The findings worried officials all the more because this metropolis of 17 million was already grappling with plummeting births. Last year, about 57,000 babies were born in Shanghai, but there were nearly twice as many deaths. Such a large gap has profound implications for the future workforce and for an aging society. At the current rate, the city would face labor shortages, even with its sizable inflow of migrants.

Shanghai, with its affluence, fast-paced lifestyle and gleaming skyscrapers, isn't a typical Chinese city. But researchers believe that its demographic quandary typifies what other areas in China will confront in coming years: a society with too few children.

Shanghai Eases Policy

Keenly aware of that, Shanghai's Population and Family Planning Commission reformed parts of the one-child law last spring, making it easier for people such as remarried couples to have more children. Zhang and his wife can have a second child because they come from one-child households.

Shanghai officials added 11 exemptions to the one-child policy, including removing the waiting period for certain families. Also, in the fall the city scrapped a financial reward that had long been given to childless couples.

So far, the changes in Shanghai have spurred only about 100 more people a month to seek government permission for a second child. The commission's director said her office was prepared to handle 10 times that number.

"It's a big problem," said Zhang Henian, associate professor at the Shanghai Academy of Social Sciences, a government think tank. Rapid economic growth and the rise of urban society are major factors underlying Shanghai's low fertility rate, but Zhang said it's hard to reverse 25 years of heavy promotion of the idea that one child is best.

"In the past, the goodness of the one-child policy was overly stressed," he said.

Shanghai's prevailing attitude toward childbirth isn't representative of all of China. Couples living in some rural areas have long been allowed to have two or more children, and many continue to prefer larger families.

In the mountainous southern province of Yunnan, there were 17 births per 1,000 residents last year -- compared with four for Shanghai, five for Beijing and 12 for the country as a whole. (The U.S. birthrate was about 14 per 1,000 residents.) To bring Yunnan's birthrate more in line with the nation's, the government is rewarding some families that stick to one child with a pension and cash for school tuition.

At the same time, other regions of China are experimenting with ways to encourage childbearing. Beijing's municipal government recently drafted new regulations that would increase time off and improve insurance policies for older women taking maternity leave. In east China's Zhejiang province, one city sharply lowered penalties for those who break the one-child rule, which are typically several times a family's annual income.

Such geographical disparities make it difficult for the central government to formulate a new national birth-control policy. At this point, Beijing hasn't spelled out what local jurisdictions can do, but it's understood they can't stray too far from the existing national policy.

Officials say the one-child law has reduced births by about 300 million and lifted living standards. China, with 1.3 billion people, remains the world's most populous country.

But the policy has been condemned for leading to female infanticide and forced sterilization, and it has produced a troubling gap in the number of boys and girls. Male heirs are considered desirable. Enforcement of the law has been uneven and often cruel. Last month, a couple in Jiangxi province complained that local officials destroyed their home after they were unable to pay a fine of 16,000 yuan (about \$1,935) because their daughter broke the one-child policy.

Seeking a New Rule

Today, scholars say, there is agreement among academics and leaders of the Communist Party that the one-child rule is no longer good for China.

Two years ago, Beijing took an important symbolic step in softening the harsh language of the law, saying that those having unauthorized babies would no longer pay "fines" but a "social compensation fee." More recently, discussions of overhauling the family-planning policy have grown more intense, fueling speculation that the government will adopt something akin to a two-child law.

But no one knows when the one-child rule will be discarded. Most experts think it's several years away, and even then there would be no guarantee that a change would make a difference in

places where the effects of the law are most problematic.

"Whether a new policy could be implemented is another issue," said Peng Xizhe, a Fudan University professor who is among about 300 scholars advising the Chinese government on population planning.

"A low family fertility rate is very difficult to raise," he said. "Even when you ask young people to have one child, they will refuse. That's a big change in social pattern."

Even many older Chinese who grew up with multiple siblings and had several children are convinced that one is enough.

Steven Liang's mother feels that way. That means when the 30-year-old engineer gets married, she won't be pressuring him and his wife to give her more than one grandchild.

"Because the one-child policy has been around for so long, we're all used to it," said the 63-year-old woman, who asked that her name not be used. "In my generation, two or three was a good number," she said. As she spoke in the lounge of a Shanghai theater, Liang sat beside her and nodded. "Nowadays, one child is good."

But for people like Jessica Zhang, even one is too many.

A 30-year-old editorial director of a Shanghai fashion magazine, Zhang said she and her husband had decided not to have a baby. Their reasons: They can remain the center of their home, focus on their careers and enjoy more free time. They don't have to deal with the rising cost of educating a child, and they can decorate their home as they wish.

"Of course I may feel lonely when I'm old and be envious of people with children," Zhang said. "But I will have earned much more happiness when I was young."

She also takes issue with those who believe that having kids will provide financial security. "It's a stupid idea that children will take care of you," she said.

But who will? That's a question many are asking nowadays in China. With improved healthcare and living standards, the elderly population has grown sharply in such places as Jiangsu and Zhejiang provinces and the city of Tianjin.

In Shanghai, 2.6 million seniors make up about 16% of the city's population, which far outstrips the worldwide average of 7%. Their swelling ranks are straining the city's pension and social service systems. At the end of last year, there were only about 450 senior nursing facilities in Shanghai, with enough beds for just 37,000 people. Although a higher birthrate won't solve this problem, more young people entering the labor force would generate taxes to help pay for health and social services.

Shanghai officials downplay the severity of the population imbalance, saying the city's troubles will be cushioned by its 3 million migrants. But surveys show that group, many of them young workers from hardscrabble rural areas, isn't more inclined to have children than Shanghai's registered residents.

In any case, it is unlikely that Shanghai will see many more couples producing more than one child.

That worries Zhang Qi, an assistant headmistress of a middle school in the city. She observes the students in her school -- almost all from one-child families -- and fears for the future.

"Every student thinks she's in the middle of the circle. They consider little of others," Zhang said. "I think it's a great harm to our nation."

Zhang, 43, has only one child, a daughter in her teens. She grew up with five brothers and sisters and yearns for another child. But she doesn't qualify for any of the exemptions to the one-child policy. She was willing to pay the social compensation fee but decided against it because she would feel immense pressure to give up her government job, as lawbreakers typically do.

"The condition in China seems to be improving to have another child, but I think it's impossible for me now," Zhang said, noting that violators of the one-child law are still scorned by co-workers.

On a recent Saturday afternoon, Guo Xiaoli sat beside her 7-year-old daughter, Jiayi, at a McDonald's restaurant in Shanghai's fashionable Huaihai Road shopping district.

Jiayi was among a handful of children at the two-story restaurant, which was jammed with customers.

Guo, 33, comes from the southern province of Guangdong, where people tend to have larger families. But her husband is a native of Shanghai, and he's dead set against that. Part of it is social pressure, she said.

"My husband's mother keeps saying, 'One is enough,' because everybody around us has just one."

As time has passed, Guo has come to agree with her husband. Child-rearing is costly, exhausting and frequently annoying, she said.

Sometimes, Jiayi pleads with her mom for a sibling to play with. For such occasions, Guo said she has a ready answer: "If you have a little sister, I will like her, not you."

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Surge in number of women catching HIV

FT

Vivien Cui

424 Words

02 December 2004

South China Morning Post

4

English

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The number of HIV cases among women is surging on the mainland, rapidly outpacing the growth of the disease among men.

In 1998, there were more than five male HIV sufferers for every woman who tested positive. But by September, men and women were afflicted in almost equal numbers, according to a joint report by the central government and a group of United Nations agencies.

A separate report released yesterday by the All-China Women's Federation said there were eight

times more men found with the disease than women when the epidemic was in its earliest stages on the mainland.

Xinhua reported that the joint report concluded the rise in prevalence among women reflected better detection methods.

But Aids specialists warned that the rise in prevalence among women showed the disease was no longer confined to mostly male high-risk groups.

"These [high-risk] groups included drug users, three-quarters of whom are male, people who hire prostitutes and young gay men," said Jing Jun , an Aids expert from Tsinghua University.

He pinned most of the blame for the increase in HIV prevalence among women on men passing the disease on to their partners.

"This is to say heterosexual intercourse has become one of the major ways of contracting Aids," Professor Jing said.

While no statistics are available to indicate the ages of women most affected by the disease, Professor Jing said sexually active married women aged between 20 and 40 were the most likely victims.

Studies have found that many women in rural provinces contract sexually transmitted diseases from husbands who have sex with prostitutes while working away from home in urban areas.

Speaking at the launch of a public campaign to promote Aids awareness among women, Health Vice-Minister Wang Longde acknowledged that Chinese women were facing an increased threat from the disease.

"They need more care and more help, and they need to acquire knowledge and skills about Aids prevention and control," Mr Wang said.

"Despite the general low prevalence of the disease nationwide, Aids is beginning to spread from high-risk groups to the rest of the population."

The joint report maintains that HIV carriers comprise 0.07 per cent of the population, a figure disputed by many academics and activists.

The All-China Women's Federation's report also predicted a rise in mother-to-baby infections.

The joint report said in some areas of the mainland, 5 per cent of pregnant women had tested positive for HIV.

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HIV CASES RISING; REAL FIGURES UNKNOWN

By Zhang Feng

700 Words

01 December 2004

China Daily

English

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More than 20,000 new HIV positive cases have been officially reported in China since 2002, but estimates of a far greater number of still unknown carriers present a huge challenge in quelling the epidemic.

The number of officially reported HIV positive cases in China has now climbed to 89,067 including 20,786 AIDS patients, according to a Ministry of Health report released yesterday in Beijing.

The new numbers, which are through September of this year, may vastly understate the extent of China's AIDS and HIV problem, however. Both China and the United Nations estimated last year that as many as 840,000 HIV carriers exist in the country.

That figure is based on estimates that .07 per cent of the population is likely infected, with the disease spreading rapidly. Yet the true extent of the problem is still unknown.

A major reason for the sharp increase in reported cases since 2002 is enhanced HIV screening among commercial blood and plasma donors in Central China's Henan Province and among intravenous drug abusers in Yunnan Province, Southwest China.

Henan finished a review this year among 280,000 commercial blood donors from the early 1990s, and 25,000 HIV carriers and AIDS sufferers were discovered.

Since the increase only refers to the reported infections from the 1990s, it cannot be a basis upon which to judge the ongoing expansion of the epidemic in the country, said Qi Xiaoqiu, director of the Disease Control Department of the Ministry of Health.

The exact expansion rate of the deadly disease is still unknown, he told China Daily when the report was released, but experts say the expansion rate is likely more than 30 per cent annually.

The assessment was completed by a special working committee on HIV/AIDS control under the State Council and the UN Theme Group on HIV/AIDS.

The ministry says that it does not know how many of the individuals who are registered HIV positive cases are still alive.

The ministry and related departments have been working to strengthen various control measures, such as offering free treatment, and fighting against sources of infection, including illicit drugs and illegal blood collections.

There is great urgency, since the epidemic is spreading quickly in the country, Wang Longde, vice-minister of health, said.

There is lots of evidence showing the virus is spreading from high-risk people to common residents, especially through unsafe sex. More and more women are suffering from infection through that means.

According to Ministry of Health surveillance, the prevalence of HIV among intravenous drug abusers is from 5 to 8 per cent. In the Ili area of Xinjiang Uygur Autonomous Region, the rate has reached to 89 per cent, the report says.

Up to September 2004, except for the Tibet Autonomous Region, all provinces, municipalities and autonomous regions on the Chinese mainland were found to have people infected with the virus through commercial blood donations.

Yet, alarmingly, the reports show that only about 10 per cent HIV/AIDS sufferers have been registered in China.

Where are they?

"The reality is that we still do not know where the 90 per cent are, which bring us great difficulty in controlling the disease," said Hao Yang, vice-director of the ministry's Disease Control Department.

Up to now, there has not been a nationwide survey on HIV infections, but only in special groups of people.

Another problem is that people hesitate to take HIV tests, even though they are free in many places, Hao noted.

Meanwhile, an effective and nationwide surveillance and reporting network in China is still under construction.

More than 1,000 surveillance spots have been set up in the country in the past year.

China has built 34 clinics and 50 spots to provide Methadone and clean syringes for drug users.

More than 10,000 AIDS patients have been given free anti-retroviral therapy, a kind of anti-virus treatment, this year.

The total central government investment on HIV/AIDS amounted to about 390 million yuan (US\$47 million) in 2003.

The budget for 2004 was 810 million yuan (US\$98 million).

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China Orders Local Officials To Learn More About AIDS

557 Words

01 December 2004

05:23 GMT

Dow Jones International News

English

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BEIJING (AP)--Chinese leaders ordered local officials to learn about AIDS as the government Wednesday tried to show its commitment to fighting the disease by broadcasting television scenes of President Hu Jintao visiting AIDS patients.

Criticized for its slow response to AIDS and for harassing health activists, the government marked World AIDS Day by publicizing efforts to slow the spread of the disease among prostitutes and intravenous drug users - the two highest-risk groups in the country.

China says it has an estimated 840,000 people infected with the AIDS virus and that 84,000 have the full-blown disease. The U.N. AIDS agency has warned that the country could have as many

as 10 million people infected by 2010 if it doesn't take urgent action.

Hu called on "leaders of various levels to enhance their HIV/AIDS knowledge," the official Xinhua News Agency said.

The central government has distributed 100,000 copies of a pamphlet meant to educate local officials about the disease in hopes that it will encourage them to promote anti-AIDS work, Xinhua said.

"Officials ... may have limited knowledge of disease and feel scared," Hou Peisen, director of National Health Education Institute, was quoted as saying. "It is hoped that by educating them on related policies and dispelling their concerns the state policies can be followed and implemented locally."

State television devoted the first half of its 30-minute midday newscast to showing Hu on Tuesday visiting a Beijing AIDS ward - the first time the Chinese leader has been shown meeting AIDS patients.

Wearing a red AIDS awareness ribbon on his blue windbreaker, Hu was shown shaking hands and chatting with one patient, and nurses were shown singing.

The communist government has promised free testing and free treatment for the poor. But it still detains and harasses activists who campaign for better treatment.

Xinhua reported on a needle-exchange program for drug users and efforts to teach prostitutes about the disease in the southern region of Guangxi, which borders Vietnam.

But in many parts of the country, local officials are reluctant to take action for fear of acknowledging that their areas have drug use and prostitution.

A joint report released Tuesday by a U.N. agency and the Chinese Cabinet's AIDS task force warned that the virus is spreading out of such risk groups as drug users and into the general population.

Official squeamishness prompted the elite Peking University to cancel a plan to give out free condoms on Tuesday. School officials reportedly said doing it so openly was inappropriate.

In Shanghai, universities went ahead with plans to hand out condoms on campus.

"As a form of publicity about AIDS prevention, condom distribution on campus is especially effective," said Wang Xifang, a Communist Party official at Shanghai Jiaotong University, as quoted by the Shanghai Youth Daily newspaper.

In Beijing, a spokesman for the International Federation of the Red Cross, criticized the government's strategy of creating separate prison sections for inmates with the AIDS virus as "discriminatory and unnecessary."

"You don't get AIDS from sharing a glass or sitting next to someone," said Red Cross spokesman John Sparrow. "There's no more reason to isolate infected people in prisons than there is in the general population." [01-12-04 0523GMT]

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Premier Wen admits China facing "stark" AIDS situation

MP

318 Words

01 December 2004

04:28 GMT

Agence France Presse

English

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BEIJING, Dec 1 (AFP) - Premier Wen Jiabao Wednesday called for "unremitting efforts" in China's fight against AIDS, admitting the country was facing a "stark situation" in tackling the epidemic.

In a message, Wen called for "still greater, substantial efforts in creating public awareness about the issue and making strenuous efforts to curb the spread of HIV/AIDS."

While praising China's "remarkable progress" in its HIV/AIDS prevention and control work, Wen acknowledged that the country was facing a worsening crisis.

He urged government departments at all levels to "give priority" to the issue, by "utilizing all sorts of resources and conscientiously implementing all preventive and control policies and measures," Xinhua news agency said.

China for years denied AIDS was an issue and only started seriously addressing the problem in the past two years.

Even so, ignorance about AIDS remains rife, with sufferers routinely facing widespread discrimination by local police, health authorities and the public.

In an effort to bring the problem into the open, President Hu Jintao Tuesday publicly shook hands with AIDS patients and called for an end to discrimination.

Wen made a similar gesture a year ago.

China's state-run media also gave blanket coverage to the problem in the past two years during World AIDS Day on December 1, but previously had refused to report about a scandal involving poor farmers contracting the virus from selling blood in unsanitary, government-backed schemes.

China estimates it has 840,000 HIV/AIDS sufferers although international AIDS experts say the actual number is much higher.

Leading United Nations officials warned in Washington Tuesday that the number of HIV infections in countries like China, India and Russia were on the verge of exploding.

They warned it could create a crisis leading to tens of millions of new cases, threatening the stability of the world economy.

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China still not doing enough to combat AIDS, critics say

BOC

635 Words

01 December 2004

02:19 GMT

Agence France Presse

English

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BEIJING, Dec 1 (AFP) -

Despite growing political will to combat the march of HIV/AIDS in China, efforts to stem the deadly scourge and improve care for sufferers are still insufficient, victims and officials fighting the epidemic say.

In the past year, since the government finally acknowledged it had a serious problem on its hands, efforts have focused primarily on identifying HIV positive people and highlighting the issue rather than physically helping them.

"It is necessary today to move on from the political decision to recognise the problem to taking action and to move from pilot projects to scaling up," said Zhao Pengfei, an AIDS expert at the World Health Organisation in Beijing.

While China appears to be taking the message on board, it has its work cut out.

China has an estimated 840,000 HIV/AIDS sufferers, although international AIDS experts say the actual number is much higher and warns there could be 10 million cases by 2010.

In a joint report released Tuesday by the State Council AIDS Working Committee Office and the United Nations, China pointed to "considerable achievements" being made over the past year.

Yves Marchandy, head of mission of Doctors Without Borders in southern Guangxi autonomous region, said this was true but still more needed to be done.

"There has been a political awakening, but the battle today is making it work," he said.

In the report, Vice Health Minister Wang Longde said contamination by blood transfusions, which helped spark the crisis in the 1980s and 1990s, was being brought under control.

Despite these claims, activists claim the practice is still widespread.

"The disease continues to be spread because of the sales of blood," said China's most outspoken AIDS campaigner, Gao Yaojie, 77, who was one of the first physicians to bring the scandal to public attention.

Farmers had been selling blood since the mid-1980s and a decade later many had begun to die. Local hospitals turned them away, not knowing what the disease was.

Gao recently returned from a tour of eastern Shandong province and said "the sales of blood are still made openly". She claimed government figures were backing the traders.

Nevertheless, UNICEF representative in Beijing Christian Voumard said he thought China was taking adequate measures to halt this avenue of contamination.

Instead, he sees the problem of intravenous drug use as more alarming. Hard drugs are readily

available in China, which borders major heroin producing countries like Myanmar and Laos.

Officially, China has one million drug addicts, with three-quarters of them heroin users. Like HIV/AIDS, these figures are widely thought to be an underestimation.

Voumard said it was also crucial that prostitutes be better educated about the risks of HIV/AIDS.

"Condom use remains low," he said.

A UN official this week warned the AIDS epidemic in China was rapidly spreading from high-risk groups to the general population.

Xu Wenqing, national project officer with UNICEF in China, said in particular the number of HIV positive females had been rising steadily, infected by men having sex when visiting prostitutes.

"The high percentage of women infected means the virus will then spread more quickly to other people," she said.

In a statement, the International Federation of Red Cross and Red Crescent Societies identified stigma and discrimination as the key areas that need to be targeted.

"Unless stigma and discrimination are removed, the International Federation believes it will be extremely difficult -- if not impossible -- to control China's HIV/AIDS effectively," it said.

"China's leaders are making major efforts to mobilize the nation against AIDS. Legislation this year banned discrimination against people living with infectious diseases. One can only advocate for the law to be enforced firmly throughout the country."

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New medical policy

Shanghai

273 Words

05 January 2005

Shanghai Daily

English

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Yang xiaojun and Cai Wenjun

The first surgical operation accident insurance policy issued in Chinese mainland is expected to hit the market later this month. Medical officials said such policies will benefit any parties involved in a surgery accident.

The policy, issued by Beijing-based SinoTao Insurance Broker Co, will compensate patients when death or a handicap happens due to a surgical operation.

Three domestic insurers, including China Life Insurance Co, China Pacific Life Insurance Co and China Ping An Insurance Co, have agreed to sell the policy, said Su Xiaoming, a SinoTao official.

"We are in talks with several other insurers on the Chinese mainland to sell the product."

The policy will be offered at the end of this month, SinoTao said.

Local medical industry professionals hailed the insurance and claimed it was good for insurance companies to share the risks with hospitals and medical staff. It will also allow patients to receive compensation whenever there are unexpected situations during surgery.

Doctors said the possibility of such accidents in surgery was not as high as people may have thought.

"Brain surgery is the most dangerous approach. Only 5 percent of such surgeries may encounter accidents," said Dr Wang Guisong, a Renji Hospital neurosurgeon. "More than 80 percent of accidents are because of patients' individual problems or unexpected reaction."

Currently, hospitals and medical staff have professional insurance. They buy premiums and insurance companies pay the compensation.

"Compensation is only given when a professional appraisal confirms the fault of a hospital or medical staff," Wang said. "Sometimes, hospitals give a certain subsidy out of humanity to patients from needy families."

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MAKING HOSPITALS SERVE BETTER

By Zhu Qiwen

1227 Words

15 December 2004

China Daily

English

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"I haven't claimed back a single yuan in medical expenses since I joined the university more than 10 years ago," said Zhang Weiyong, a professor of Peking University, at a recent forum held in Beijing on China's macroeconomics and hospital reforms.

Zhang, an economist with the university's Guanghua School of Management, said he could not afford the time and energy to go to see a doctor in an overcrowded public hospital, let alone claiming reimbursement for the medical costs from the university.

His remarks would invite criticism since many ordinary Chinese consider the cost of medical services itself more of an obstacle to seeking treatment than anything else.

The third national health service survey, conducted between September and October in 2003, estimated that almost one in two people who should go to a doctor choose not to do so, mainly because of the cost.

The findings are strange when one considers that the country's per capita gross domestic product (GDP) exceeded US\$1,000 last year.

Other findings also point to this unbelievable fact.

The survey found that as many as 44.8 per cent of urban residents and 79.1 per cent of rural

residents were not covered by medical insurance of any kind last year.

In the past five years, the annual income of urban residents rose by 8.9 per cent, of rural people 2.4 per cent, while medical expenses in urban and rural areas soared by 13.5 per cent and 11.8 per cent.

There are many reasons for the lack of medical insurance beyond just cost.

Inadequate medical resources and regional disparity in their allocation are two.

At the moment, China supports one fifth of the world's population, with only about 2 per cent of the world's total medical resources.

In terms of healthcare efficiency, this is remarkable.

In fact, in the early 1980s, China outperformed most other countries with low medical expenses and relatively high provision of basic healthcare.

But alongside its rapid economic growth over the past two decades, the country has become a mediocre performer, according to Liu Guoen, dean of the Department of Health Economics and Management of Peking University.

Meanwhile, the other side of "efficiency" is a serious short supply of medical services to the 1.3 billion people.

More disturbingly, only 20 per cent of the country's limited medical resources were allocated to farmers, who accounted for more than two-thirds of the population.

Such an urban-rural disparity has even prompted Gao Qiang, deputy minister of health, to urge the central government to include rural healthcare in the top priorities it has placed on agriculture and rural economic development as well as an increase of farmers' incomes.

The deputy health minister also said that fiscal expenditure on medical services was too low.

Though the country's overall expenditure on public healthcare has reached 5.5 per cent of GDP, around US\$55 per person, the government paid only for 15 per cent of it.

In some welfare states of Europe, overall medical expenditure amounts to 10 per cent of their GDP, of which the government covers as much as 80 to 90 per cent.

As a developing country, China certainly cannot afford that much for public healthcare.

But when one considers that US\$240 fiscal revenue will be collected from each person this year, the US\$8 per capita government expenditure on medical service is extremely small, Gao said.

To ensure a fair and basic health service for the public is a prime goal for the Ministry of Health, but it is not confined to it.

As one of the few State sectors lagging far behind the country's market-oriented economic reforms, the public hospital system requires an immediate and thorough overhaul to meet the

ever-growing and changing needs of the public.

While most observers readily agree on the necessity of hospital reforms, opinions are divided on what prescriptions to give in terms of implementation.

From the patient's point of view, by citing his personal experience, Zhang Weiying intended to draw attention to the fact that while most of the public are complaining about high medical costs, a portion of rich people are quite dissatisfied with crowded public hospitals.

Zhang suggested a differential pricing system where the rich are taxed to subsidize people who can hardly afford medical costs.

The argument does have a point.

Since all public hospitals charge more or less the same rates, people naturally choose those with a better reputation instead of going to small hospitals, resulting in a serious waste of the country's limited medical resources.

A differential pricing system would divert patients to different hospitals so the country's resources could be used more efficiently.

Nevertheless, while addressing the problem of efficiency, the proposal of better but more expensive medical services for the rich will not sell morally since inequality is now widely considered one of the biggest problems facing the medical service system.

From the hospital's view, Mao Yu, president of Beijing Ditan Hospital, insisted that property ownership reform should be accelerated to grant hospitals autonomy in management.

In name, public hospitals are State-owned and mainly funded by government expenditure. But due to the government's meager expenditure on medical services in recent years, hospitals have to make money from providing medical services and selling medicine. Since medical services are under prices set by the government, hospitals have no choice but to inflate the price of their medicines.

Small operations such as appendectomies, which need five medical workers, are charged at just 326 yuan (US\$39.4), not enough to cover the cost of the man power.

The Ministry of Health is keenly aware of the inadequacy of government investment in medical resources. But it still hesitates to introduce private investment in the sector.

Property ownership reform should not take the central stage in hospital system reform, said Liu Xinming, director of the Department of Health Policy and Laws under the Ministry of Health.

He said the main task was to perfect the allocation of medical resources between the few key hospitals and many community-level hospitals while strengthening the government's regulations.

Because of the vital significance of public medical services to the people and the asymmetry of information in this special market, the government must step in, agreed Liu Guoen.

"But the problem is how and for whom will the government intervene," said Liu.

The government is currently still a service provider, directly running public hospitals.

Liu suggested it should change itself into a service buyer to provide basic medical services for the public. In doing so, all sorts of hospitals will be encouraged to compete with each other, raising the overall efficiency of the sector.

Challenges facing China's hospital reforms are multi-faceted. Given the complex interests involved, no one expects a one-size-fits-all solution, or that it will be done overnight.

Considering the country's growing economic prowess, the government should be and is able to fix the hospital system to allow it to serve the people better.

What the third national health service survey needs to find out should not be seen as a cause for awkwardness, but rather a cause for action.

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控制医药价 卫生部提出今年卫生工作 5 大任务

HUASHC0020050103e11300011

553 Words

03 January 2005

华声日报 (简体)

Chinese (Simplified)

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华声报讯：中国卫生部常务副部长高强 1 月 1 日发表的新年寄语称：中国卫生系统今年将全面落实科学发展观，推进卫生事业改革与发展。

据中新社报道，他说，新的一年全系统要进一步提高领导能力、管理能力、统筹能力和协调能力，加强和改善卫生行业监管，大力推进改革开放，加快医疗卫生资源调整，加强农村和社区卫生工作，推进卫生事业全面、协调、可持续发展。

他提出，今年重点要完成的五项中心任务是：继续加强公共卫生体系建设；进一步加强重大疾病防治工作；加强农村卫生工作，逐步改善农村卫生条件；稳步开展城市医疗服务体制改革试点；从源头上控制医药价格，坚决纠正行业不正之风。

高强强调：当前卫生事业面临的矛盾和问题集中反映在四个方面：一是突发公共卫生事件的有效应急处置机制还需要不断完善；二是加强重大疾病防治的任务十分繁重；三是改善农村医疗卫生条件刻不容缓；四是解决群众“看病难”的问题需要坚持不懈的努力。

高强要求各级卫生部门和广大医疗卫生工作者要牢固树立维护群众利益观念，时刻想着广大群众特别是低收入群众的基本医疗、健康保障和生老病死问题；在制订方针、政策、措施和办法都要优先考虑群众的健康利益，考虑群众能不能受益，受益面和受益程度有多大。要树立正面典型，查处违规行为。广大医疗卫生工作者要努力做到“以病人为中心”，“视病人如亲人”，努力做到“想患者之所想，急患者之所急”，努力为病人解除痛苦，减轻负担。

Summary:

Controlling medical costs: MOH head outline five major tasks for 2005

China News Agency via Huasheng News Electronic Edition: According to Gao Qiaong, executive vice minister of MOH, the five major tasks are the following: to continue strengthening the building of public health system; to further strengthen the prevention and control work of major diseases; to strengthen rural health work and to improve rural health conditions gradually; to continue steadily carrying out the pilots of urban medical system reform; to control the medical costs from “upstream” and to take a firm stand in correcting wrong practices endemic to the health sector.

Gao added that in the new year Chinese health system needs to further improve its leadership, management capacity, planning and coordination capabilities, to strengthen and improve health regulation and to vigorously push forward health reform. The pace of health resources adjustment needs speeding up and the work in rural and community health needs strengthening to achieve a comprehensive, concerted and sustainable health development.

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中国疾病控制体系存在七个难题

CNACCN0020041221e0cl0015v

696 Words

21 December 2004

中央社中文新闻 (简体)

Chinese (Simplified)

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(中央社台北二十一日电) 中国卫生部副部长王陇德指出，体制不健全、制度不完善、机制不齐全、资讯不灵敏、人力资源不充分、法制建设不适应以及支撑条件不保证，是中国疾病控制体系七个难题。

香港文汇报今天报导，影响中国传染病控制的七大因素包括：

一、体制不健全。王陇德表示，医院、基层医疗卫生机构不被视为疾病防控的职能单位，疾病控制机构单打独斗局面突出，大部分医院无感染科筛查传染病人，基层医疗卫生机构无专人负责传染病人诊疗，传染病报告执法监督缺位。

二、制度不完善。据指出，中国大陆医院预防保健科工作质量考核缺乏相应规定，疾控部门对疫情报告管理未建立责任制，医院等有关机构疾病控制职责不清，缺乏工作规范，疾控工作督促检查少，科学性不强，无定期定量检查规定。

三、机制不齐全。中国卫生知识宣传教育未被视为疾病控制的治本措施，力度、深度及广度不够，发现传染病人仍处于被动、偶然局面，缺乏敏感、健全的检出传染病人工作机制，分类指导工作机制尚未建立，各地工作任务不明确。

四、资讯不灵敏。中央及省一级资讯滞后，数量不足，资讯不能及时更新，欠缺病例个案及相关资讯库，对疫情资讯分析与利用不够，无法预测、预报、预警。

五、人力资源不充分。中国医务人员普遍缺乏传染病诊疗、防控知识，传染病防控专业人才不足，专家发挥的作用不够。

六、法制建设不适应。据指出，一些与疾病控制相关的法律法规，例如「医疗机构管理条例」，不

能适应新形势要求，而「预防接种管理条例」、「预防控制艾滋病管理条例」等还未制定。卫生执法监督不力、监督缺位问题普遍，一些地方和单位有法不依、违法不纠，瞒报、缓报、不报疫情。

七、支撑条件不保证。中国对预防战线和农村基层投入不足，欠帐过多，工作条件简陋，人员待遇不高。一些疾病控制单位需解决部分工资，不务正业，行为扭曲，加上执法、服务不分，依靠自身权力「寻租」现象时有发生。931221

China CDC system faces seven problems

Taipei, Dec. 21, 2004 (Central News Agency) – Vice Minister Wang Longde of MOH pointed out that the seven major problems facing China CDC system are ill-designed system, unsound institutional structure, weak mechanism, poor information system, insufficient human resources, unadjusted legal framework and uncertain support.

Specifically, the seven major problems include the following:

1. Ill-designed system. Hospitals, grassroots medical facilities are not considered part of CDC system and CDCs have to fight on their own. Most hospitals have no mechanism to screen patients of communicable diseases and at grassroots medical facilities there is no body responsible for reporting and handling communicable diseases.
2. Unsound institutional structure. There is no regulation on quality control at hospitals' preventive care departments. No one is accountable for diseases monitoring and reporting.
3. Weak mechanism.
4. Poor information system. The building of information infrastructure is far lagging behind in CDC system than what is required for it to fulfill its in disease prediction and forewarning.
5. Insufficient human resources.
6. Lack of legal framework and enforcement capacity.
7. Uncertain and insufficient support which have caused dilapidated buildings, low morale and aggressive rent-seeking behaviors.

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新华社信息北京12月8日电（记者常爱玲）中国卫生部官员7日说，中国计划到2005年为2到3万的艾滋病患者提供免费抗病毒治疗。

XNIECN0020041208e0c8000jh

483 Words

08 December 2004

新华社经济信息-综合经济信息（简体）

Chinese (Simplified)

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计划到2005年为2到3万的艾滋病患者提供免费抗病毒治疗。

卫生部疾病控制司副司长郝阳在卫生部和全球艾滋病、结核和疟疾基金联合新闻发布会上说，自2003年至今年6月，中国共有10388名艾滋病患者接受了免费抗病毒治疗，覆盖中国18个省。

中国估计有艾滋病病毒感染者84万，其中病人8万。根据艾滋病平均潜伏期推算，在艾滋病流行较早的地区，大量感染者已到发病期。2003年9月，中国开始向农民和城镇经济困难人群中的艾滋病患者提供免费抗病毒药物。

在回答有关河南免费抗病毒治疗情况的问题时，郝阳说，目前在河南共有9000名患者接受免费治疗。过去一年多里，有近3000名病人由于副作用和其他原因放弃了抗病毒治疗，转为接受中

医药治疗。

“按照河南省的计划，明年将有 1 1 0 0 0 名艾滋病患者接受免费抗病毒治疗，”郝阳说。据已公布的数字，河南省共报告艾滋病病毒感染者 2 5 0 3 6 例，现症病人 1 1 8 1 5 人。

郝阳说，短时间内在如此大范围开展全方位的艾滋病免费抗病毒治疗，不仅在中国，在世界范围内也是首次。在今后的治疗中，中国将加强对新病人的入选、检测和病人服药效果的监测，在科学谨慎的基础上，逐步扩大免费抗病毒治疗的覆盖面。

Summary:

Beijing, Dec. 8 2004 (Xinhua) – MOH announced that China plan to provide free antiviral treatment for 20-30, 000 HIV/AIDS patients by 2005.

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2004：医疗保险扩展年

BJPHCN0020050105e1140000z

要闻

2144 Words

04 January 2005

中国医药报 (简体)

9

Chinese (Simplified)

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编者按

2004 年在不经意间一掠而过，新的一年在人们的期盼中悄然而至。

这一时刻是媒体盘点过往的时刻，是人们清点得失的时刻，也是行业规划未来的时刻。

2004 年，医疗保险制度改革、医药卫生体制改革和药品流通体制改革在喜与忧、清晰与混沌、彷徨与负重中又向前迈进了一步。这些与人们息息相关的改革在过去的一年中取得了哪些进展？做了哪些努力？得到了哪些经验和教训？专家的回顾和分析有利于我们廓清思路，坚定信心，继续前行。

2004 年在中国医疗保险改革进程中具有里程碑意义，这不仅因为它是中国基本医疗保险制度改革的第十个年份，同时很大原因在于这一年中国医疗保险改革的众多实质举措。

突破

2004 年 6 月，劳动和社会保障部正式推出《关于推进混合所有制和非公有制经济组织从业人员参加医疗保险的意见》，宣布中国将改革管理模式，从四个方面扩大基本医疗保险覆盖范围，使享受医保的人数在 11200 万人的基础上年内再增加 300 万人。其中最为关键的内容是全面扩大基本医疗保险范围：一是将关闭破产的国有企业退休人员和困难企业职工纳入医保范围；二是吸引小时工、自由职业者等灵活就业人员参加医保；三是引导混合所有制企业、个体私营等非公有制经济组织从业人员参加医疗保险；四是逐步解决进城农民工的医疗保障问题。而这一政策也取得了超出预期的成效。据记者了解，截至 2004 年 11 月底，全国参加基本医疗保险的人数已经达到 1.2 亿人，比计划目标的 1.15 亿人超出 500 万人。

同时，为了能够保障广大医疗、工伤保险参保人员的合理用药需求，体现经济社会的发展进步、临床医药科技的进步和以人为本的精神，劳动和社会保障部还对医保目录进行了全面扩充。去年9月16日发布的《国家基本医疗保险和工伤保险药品目录（2004年版）》与2000年版相比，中成药品种由415个增加到823个，增加了98%；西药品种由725个增加到1031个，增加了42%。品种的增加，使参保者有了更大的选择余地。

此外，参保人员新的特殊用药需求也受到前所未有的重视。去年5月份，按照国务院的规定，劳动和社会保障部已经把11种抗艾滋病药品纳入医保目录当中。

这一年医保不仅在参保面的扩充上实现突破，并且在管理机制上也实现了新的突破，其中最为突出的是诚信机制的引入。去年9月，劳动和社会保障部社保中心出台《关于开展城镇职工基本医疗保险定点医疗机构信用等级评定工作的意见》，要求建立定点医疗机构信用等级分级的评定标准，对医疗服务行为规范、服务质量好、费用控制合理的定点医疗机构，原则上可设定A、AA、AAA三级，AAA级代表最高信用等级。

业内分析人士认为，这标志着我国医保诚信制度的正式引入。

公开的资料显示，截至2004年8月底，全国医疗保险启动城市包括4个直辖市、340个地级市、1500多个县市，参保人数达1.18亿多人，10年之间，基本医疗保险制度运行平稳，基金收支总体平衡，已初步建立起了具有中国特色的城镇职工基本医疗保险制度。劳动和社会保障部副部长王东进指出，医疗保险制度改革能够取得重要阶段性成果，其主要经验可以概括为“六个坚持”：一是坚持从我国国情出发，使医疗保险制度改革与社会经济发展水平相适应；二是坚持制度创新和机制转换，使医疗保险制度改革适应社会主义市场经济的要求；三是坚持原则性和灵活性的统一，鼓励地方探索改革的实现途径和具体办法；四是坚持抓住重点、分类指导、典型引路，实现医疗保险整体发展；五是坚持科学管理和优质服务“两手抓”，确保医疗保险制度稳健运行；六是坚持干部队伍能力和作风建设，不断提高医疗保险管理服务水平。

问题

但在取得突出成效的同时，医保改革中的一些问题也引起管理机构的重视。劳动和社会保障部医疗保险司副司长陈金甫表示，我国医疗保险制度改革历经10年，在取得积极进展的同时，也存在着亟待解决的问题、矛盾和困难。

首先，困难人群特别是国有困难企业退休人员急需医疗保障，但没有参保资金的整体解决方案。由于医疗保险是“谁交钱谁享受”，一些困难企业连职工工资都发不了，根本没钱替职工缴纳医疗保险金，这个庞大的困难群体作为我国最早的产业工人，现在面临着“三高”的问题，“三高”是高龄、高发病率与享受不了医疗保险而导致的高死亡率。

其次，分担机制发挥作用的同时，不同需求的保障渠道还没有形成，个人负担过重成为改革所不可避免的社会热点话题；医疗保险管理机制受管理职能制约，难以对不规范的医疗服务和不合理的费用增长发挥基础性作用；并且受原公费劳保医疗福利惯性影响，无论是人们的医疗消费需求还是目前统账结合的医疗保障范围都超出了我国社会经济发展水平，背上过去高医疗福利的包袱。

第三，医疗保障方式难以惠及城镇其他人群，医疗保障制度体系建设和推进方式缺乏有力的法律支持。同时，医疗保险基金运行承载着越来越大的支付风险：影响总费用的住院天数和药品支出居高不下，诊疗费上升压力趋强，参保人员年龄结构变化特别是人口老龄化使保障需求增大不可逆转，过度的无规划的补充保障将削弱基本保障分担机制的作用，医疗技术进步、疾病谱变化等拉动

保障成本提高。此外，医疗保险运行与管理还缺乏绩效与激励机制。

陈金甫说，进一步推进和健全医疗保障体系，将面临更复杂严峻的挑战。如何从针对相对稳定的单位主体的管理转向围绕频繁流动、情况更复杂的个人管理，如何实现促进就业与社会保险的协调发展都是新的课题；如何在医疗服务质量与费用控制方面平衡医疗需求与支付能力，平衡当前需要与长远支撑能力；如何将医疗保险的管理延伸到制定医疗服务基本规范与规则，建立一整套质量考核和费用参照标准等，还需要进行理论的创新和方式的探索。

陈金甫认为，面对艰巨的任务、紧迫的形势、复杂的难题和重大的课题，必须在更高层次确定医疗保障体系建设的目标，在更深层次解决体制性障碍，在更基础层面完善运行管理系统。

Summary:

Year 2004: Expansionary Year for Medical Insurance

The year 2004 represents a landmark for China's medical insurance reform. This is not only because it is the 10th year since China started its medical insurance reform but also China launched many substantial reform measures in this year.

Breakthroughs

In June 2004, MOLSS officially issued "Opinions on Encouraging Employees in Mixed-ownership and Non-state-owned Organizations to Participate in Medical Insurance", announcing China will reform its management mode of medical insurance and expand the coverage of basic medical insurance (BMI) to increase the total enrolment by 3 million from the early 2004 level of 112 million. The Opinion proposed four measures to expand BMI coverage. Firstly, to include retirees of already closed and bankrupt SOEs and employees of financially struggling enterprises into BMI coverage. Secondly, to encourage hourly-waged workers, freelancers and other flexibly employed people to join in BMI. Thirdly, to introduce employees of non-state-owned enterprises such as mixed-owned and individually-owned enterprises into BMI coverage. Fourthly, to gradually solve the problems of providing medical security to migrant farmers in the cities. The reporter was told that by the late November 2004, the total insured under BMI have reached 120 million, 5 million more than the targeted 115 million.

At the same time, MOLSS increased its essential drug lists. The "State Essential Drug List for Basic Medical and Accidental Insurance" issued in Sept. 16 2004 increased TCM drugs from 415 to 823, and western medicine from 725 to 1031.

Eleven AIDS medicines are also included in the essential list.

Last September, MOLSS issued "Opinions on Starting Credit Rankings On BMI-certified Medical Facilities", proposing ranking BMI-certified medical facilities in the range of AAA, AA and A, with AAA the highest rank, to encourage providers to improve their services quality.

Problems

Problem 1: How to provide medical security to the retirees of financially struggling or bankrupt enterprises.

Problem 2: Even with BMI, the costs borne by individuals are still very high and BMI management can hardly curb unreasonable medical costs due to various constraints. The

sustainability of BMI merits concerns.

Problem 3: It's hard for BMI to reach other urban population groups and there is a lack of legal support in promoting the building of medical security system. The default risk of BMI is getting higher as hospital stays and drug costs escalate, the population become aging, technologies advance, and ill-designed incentive mechanism, etc.

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Hospital Reform Fully Launched in Beijing (06/13/02)

北京医院改革全面启动（医疗信息）

www.sinoservice.com.cn 2002-6-13 中国后勤网

本报讯 北京市卫生系统后勤服务社会化改革近日全面启动，两三年内，物业管理、保洁公司、电梯维修公司、餐饮服务公司等将全面“接管”医院的后勤服务。

北京市各医院后勤管理“小而全”的问题近来日益突出，医院办社会的做法让许多医院不堪重负。整个卫生系统的后勤队伍庞杂，但工作效率却越来越低，浪费和重复设置现象严重。此次启动的后勤社会化改革将把后勤保障系统从医疗卫生机构中分离出来，成立独立的后勤服务中心，规范后勤服务行为和标准，计划在两年内逐步取消各医院的洗衣房，基本实现医用被服的洗涤社会化服务；加快医疗固体废物的无害化处置工程的建设，用两年的时间实现全市医疗固体废物的 75% 得到无害化处理，并在 2005 年之前全部实现医疗固体废物无害化处理；组建医用物资流通中心，用三年的时间实现医用物资的集中采购、集中管理、统一配送；规范医用文本的印制，用两年的时间实现医用文本印刷的规范化、标准化；组建专业化的物业管理公司，为医院提供高水准的物业管理服务；组建餐饮服务中心，用三年的时间基本实现直属单位职工用餐的社会化服务。（章张）

原作者：章张
来源：《市场报》

Summary:

The focus of this reform will be to separate hospital support services such as office/housing management, cleaning services, maintenance services and food services from hospitals and make them independent businesses instead of part of hospitals.