

China Health Bibliography Update

July 2005

EASHD---China Rural Health AAA

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- [China Daily: SHAANXI OPENS ITS COFFERS FOR THE POOR](#)
- [Sinocast: NDRC Revises Catalog of Government-Priced Medicines](#)
- [Consumers' Daily: NDRC report highly critical of China's health reform, very unusual among government research reports \(Chinese original with English summary\)](#)
- [China Times: NDRC report remarkable, the first official report acknowledging failure in health reform \(Chinese original with English summary\)](#)
- [Channel News Asia: Chinese Think Tank lashes the unfairness of the health system in China \(Chinese original with English summary\)](#)
- [Xinhua: Eight Chinese medical schools started piloting 8-year medical education system \(Chinese original with English summary\)](#)

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Note: Below are selected results from PubMed using EndNotes (search terms:
2005/07/01:2005/07/31, China)

Clayton, L. (2005). "HIV education in rural China." *Promot Educ* 12(1): 19-20; discussion 21, 47.

Csete, J. and W. Y. Hai (2005). "Breaking new ground on HIV/AIDS and human rights in China." *HIV AIDS Policy Law Rev* 10(1): 41-2.

A ground-breaking meeting of HIV/AIDS NGOs and community-based activists in China, focusing largely on legal and human rights issues related to HIV/AIDS, was held in Shanghai in December 2004. This was one of the first meetings in China where people living with HIV/AIDS from diverse communities were able to share openly their experiences and to discuss in detail the human rights, legal, and policy measures that are needed to protect people living with HIV/AIDS in China and to enable civil society organizations to contribute to China's fight against HIV/AIDS.

Cunha, V. S., N. T. Barcellos, et al. (2005). "HIV/AIDS risk among brothel-based female sex workers in China: assessing the terms, content, and knowledge of sex work." *Sex Transm Dis* 32(8): 516.

Lee, M. B., Z. Wu, et al. (2005). "HIV-Related Stigma Among Market Workers in China." *Health Psychol* 24(4): 435-8.

HIV-related stigma was examined among 209 employees and owners of stalls in 5 markets in an eastern coastal city in China. Of the participants 53% were women and 47% were men; 100% were Han. Ages ranged from 18 to 49 years (M=35, SD=8.1). Half of the participants believed that punishment was an appropriate response toward those living with HIV (50%). Over half (56%) were unwilling to be friends with infected individuals. The majority thought that those living with HIV should be isolated (73%). They agreed that persons living with HIV should not take care of other people's children (85%). Punishing beliefs toward persons living with HIV were related to being male, older, married, less educated, and unwilling to be tested for HIV. ((c) 2005 APA, all rights reserved).

**** Xue, B. (2005). "HIV/AIDS policy and policy evolution in China." *Int J STD AIDS* 16(7): 459-64.**

The early cases of HIV/AIDS in China were mostly foreign nationals. The Chinese government's response then was to stop and prevent HIV from entering China. However, the policy was not effective. From the middle 1990s, HIV/AIDS spread all over China and all modes of transmission have been reported. By the end of 2003, China estimated that there were 840,000 cases of HIV/AIDS. China's HIV/AIDS policy has been changing along with its epidemic change. Based on an extensive document and literature review, I depict China's HIV/AIDS epidemic and policy and illustrate the main factors contributing to its policy evolution.

**** Zhang, L., H. Wang, et al. (2005). "Social capital and farmer's willingness-to-join a newly established community-based health insurance in rural China." *Health Policy*.**

In 2002, China announced a new funding strategy that would reestablish community-based health insurance (CHI) in rural areas, whereby the Chinese government will entice farmers' participation by providing each participant an annual subsidy of 10-20 Yuan (US\$1.25-2.50). However, there is no evidence demonstrating how many farmers would be willing-to-join (WTJ) such newly developed government subsidized voluntary-based CHI scheme and what factors influence farmers' willingness-to-join. In this study, we examine the probability of farmers' willingness-to-join such CHI under the different scenarios of government subsidy and individual contribution, and also explore factors that influence farmers' willingness-to-join with the emphasis on social capital. The study is based on data collected from a 2002 household survey conducted in Fengsan Township, located in China's Guizhou Province. Logistic regression is used in the analysis. The findings from this study show that even with the government subsidy to the premium, the probability of WTJ the new voluntary-based CHI only reach 50%. The results also indicate that community level social capital, as measured by reciprocity index, and individual level

social capital, as measured by trust index, are significantly and positively associated with the probability of farmers' WTJ newly developed government subsidized CHI. Policy recommendations have been made based on those findings.

Hannum, E. (2005). "Market transition, educational disparities, and family strategies in rural China: new evidence on gender stratification and development." *Demography* 42(2): 275-99.

Two theoretical perspectives have dominated debates about the impact of development on gender stratification: modernization theory, which argues that gender inequalities decline with economic growth, and the "women in development" perspective, which argues that development may initially widen gender gaps. Analyzing cross-sectional surveys and time-series data from China, this article indicates the relevance of both perspectives: while girls' educational opportunities were clearly more responsive than boys' to better household economic circumstances, the era of market transition in the late 1970s and early 1980s failed to accelerate and, in fact, may have temporarily slowed progress toward gender equity.

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

** Xu, B., Q. W. Jiang, et al. (2005). "Diagnostic delays in access to tuberculosis care in counties with or without the National Tuberculosis Control Programme in rural China." *International Journal of Tuberculosis and Lung Disease* 9(7): 784-790.

SETTING: A county covered by the National Tuberculosis Control Programme (NTP) (Jianhu) and a non-programme county (Funing) in Jiangsu Province, China.OBJECTIVE: To compare diagnostic delays among tuberculosis (TB) patients between counties with and without the NTP, and to study the impact of demographic, socioeconomic and policy factors on the delays.DESIGN: A cohort study of 493 newly diagnosed TB patients registered in the study sites during 2002 was conducted using a structured questionnaire interview.RESULT: The median total diagnostic delay was longer in Jianhu County, 31 (1.4-68) days, compared to Funing County, 19 (12-34) days, with a shorter patient's delay (10 vs. 16 days, P < 0.05) but a longer doctor's delay (6 vs. 0 days, P < 0.01) in Jianhu than in Funing. Smear-positive TB accounted for 86% of patients in Jianhu, compared to 37% in Funing. Less educated and uninsured patients had longer patient's or doctor's delays in Jianhu, while in Funing poor patients and farmers had both longer patient's and doctor's delays.CONCLUSION: The subsidised NTP leads to a shorter patient's delay, but a longer doctor's delay, with a substantially higher proportion of smear-positive TB diagnosis. Education, medical insurance, poverty and the system of TB control can influence patients' access to TB care.

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

** Minot, N. and B. Baulch (2005). "Poverty Mapping with Aggregate Census Data: What Is the Loss in Precision?" *Review of Development Economics* v9 n1: 5-24.

Spatially disaggregated maps of the incidence of poverty can be constructed by combining household survey data and census data. In some countries (notably China and India), national statistics agencies are reluctant, for reasons of confidentiality, to release household-level census data, but they are generally more willing to release aggregated census data, such as village- or district-level means. This paper examines the loss in precision associated with using aggregated census data instead of household-level data to generate poverty estimates. The authors show analytically that using aggregated census data will result in poverty rates that are

biased downward (upward) if the rate is below (above) 50%, and that the bias approaches zero as the poverty rate approaches zero, 50%, and 100%. Using data from Vietnam, it is found that the mean absolute error in estimating district-level poverty rates is 2.5 percentage points if the census data are aggregated to the enumeration-area level means, and 34 percentage points if the data are aggregated to commune or district level. Finally, the authors propose a method for reducing the error using variances calculated from the census. When this approach is applied to the Vietnam data, this method can cut the size of the aggregation errors by around 75%.

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

Chinese minister accuses hospitals of sacrificing public interest for profits

BBCAPP0020050804e184003s5

543 Words

04 August 2005

13:27 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)

Beijing, 5 August: In an advent of health service reform to be announced in China, the Ministry of Public Health in a rare move published a lengthy report of Minister Gao Qiang Thursday [5 August] to slam "some medical institutions" for infringing upon public interests for economic gains.

Earlier this week, the research centre with the State Council, or the central government, released a report, which admitted the country's medical reform in the past decades as a "failure". And the Ministry of Health said the following day that it was drafting a new reform plan in collaboration with other government departments.

One of the public woes on the health service sector was the soaring medical expenses in recent years. Gao said in the report that the mismanagement of a large number of health institutions are to blame, which holds back ordinary Chinese from seeking adequate and proper medical care.

"Chinese medical institutions have been over-commercialized, relying chiefly on exorbitant charges for their maintenance and development," he acknowledged. "The goal for medical reform in the next step shall focus more on public interest and affordability of medical services for all."

According to the ministry statistics, the nation's hospitals have been maintaining a double digit growth rate in income while receiving fewer patients each year. The public expense on medical bills have been growing faster than people's income in the past eight years.

With 4.7 per cent patients going to the hospitals managed by health departments in 2003 than 2000, health institutions still recorded a growth of 69.9 per cent in their profits. Out of the profits, 49.8 per cent were obtained from medical treatment and 38.7 per cent from drug sales, while only less than 10 per cent were derived from government funding.

"Putting profit ahead of other functions by health institutions not only add burdens to patients, but seriously undermined the image of both medical personnel and public health departments," Gao said.

Gao also suggested instituting a public health mechanism in which state government should play a bigger part to guide hospitals to work for better welfare for the general public.

Since the late 1970s and early 1980s, the central government had reduced its funding to public health institutions so that the ratio of government input in China's medical and health work was lowered year by year. And less input and supervision from the government has resulted in over-commercialization of hospital practices.

Among the approximately 659.8bn yuan (some 81bn US dollars) of medical expense in 2003, 56 per cent were paid by medical bills of individual patients, as against merely 17 per cent by government input.

"Patients' medical bills have been used to cover almost everything: medicinal costs, wages and subsidies of medical personnel, both doctors and nurses, new medical apparatuses and facilities of hospitals," Gao said.

Gao also called for stepping up supervision on health institutions. "We are in need of specially-designated authoritative institutions to enhance the supervision of public hospitals," he said.

Source: Xinhua news agency, Beijing, in English 1206 gmt 4 Aug 05

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China to draw up new medical reform scheme

XNHA000020050803e1830015p

248 Words

03 August 2005

Xinhua's China Economic Information Service

English

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BEIJING, August 3 (CEIS) -- China's Health Ministry is working on a new medicare reform program to provide basic medical service for the public.

This indicates that China will abandon the five-year medicare reform which led to public complaints of too expensive medical cost.

In 2000, China started its medicare reform, which divided all medical organs into two kinds: the profitable and unprofitable, according to a proposal jointly issued by eight central government ministries and commissions.

The reform has aroused much concern from both the localities and the central government.

Last week, a report released by the Development and Research Center of the State Council claimed that China's medical reform has so far been an unsuccessful one because it has increased the charges paid by patients to an unbearable level that some patients dare not go to hospital when they fall ill, China Youth Daily said.

"There is no timetable for the new medicare reform program," August 3's China Youth Daily quoted an information official with the Health ministry as saying.

Liu Xinming, an official in charge of policy-making in the Health Ministry, attributed current expensive medical cost to the lack of social fairness and low efficiency in medical resources deployment in China.

To solve the two problems, he said, the government should be mainly responsible. Government-run hospitals and non-governmental non-profit hospitals should play the key role in China's health service system.

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Think-tank lashes the mainland's health care; Market reforms unfair and a threat to stability, say advisers to top leadership

SCMP000020050729e17u0002j

FT News, Education

Josephine Ma in Beijing

555 Words

30 July 2005

South China Morning Post

1

English

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Mainland health-care reform has been a failure and has turned medical services into the exclusive privilege of the rich, according to a top-level think-tank advising the central government.

Hospitals were guilty of extortion, some doctors made patients more sick so they would buy more treatment, and institutions focused on lucrative hi-tech medicine at the expense of basic health care, the State Council's Development Research Centre said.

From giving universal health care at no cost 20 years ago, China's public health

system had become one of the least efficient and least equitable in the world.

That unfairness, and the impossibility for most people of obtaining medical care, threatened economic development and social stability, the centre said in a study notable for its unusual bluntness.

It said the government was wrong to "ignore its responsibility" to provide medical services as a public good and had turned medical institutions into cash-hungry, money-making businesses.

The World Health Organisation ranks China fourth-worst for the fairness of its allocation of medical resources. The study was jointly commissioned by the WHO and the Development Research Centre.

It is rare for a government department to publicly declare a major reform a failure, although the fact China's public health-care system is poorly run has been widely criticised by the public.

"Most of the medical needs of society cannot be met because of economic reasons. Poor people cannot even enjoy the most basic health care," the study said.

Hospitals and clinics that were once fully funded by the state rely on medical fees and sales of drugs to pay for equipment and staff. They focus on lucrative hi-tech services and some even intentionally aggravate or exaggerate the conditions of patients to persuade them to buy expensive treatment.

Basic health care for rural dwellers is almost nonexistent, the report said. That had led to the recurrence of infectious diseases brought under control before the market-based reforms began.

The report identified the commercialisation of medical institutions as the root of the problem and said the Sars epidemic two years ago had made the problem even more conspicuous.

The reforms "violated the basic rules of health-care development", it said.

The government has been struggling to put together a medical insurance system, but the report said that too risked becoming a "rich men's club" because it only covers about 100 million urban dwellers and 10 per cent of rural residents.

It urged the government to involve itself directly in the provision of basic medical services to both urban and rural areas. Public hospitals should be fully funded by the government to provide cheap treatment for common illnesses, it says.

The report's lead researcher, Ge Yanfeng, said the centre would write a follow-up report that would go into more detail about implementing its proposals.

Tang Jun, a deputy director of the Public Policy Research institute of the Chinese Academy of Social Sciences, welcomed the report and said if the government showed

sufficient determination, the situation could be reversed in a few years.

"It depends on the political will of the leadership," he said.

Ming's view - A14

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Expert says China's medical reform "basically not successful"

XNHA000020050729e17t0010c

206 Words

29 July 2005

Xinhua's China Economic Information Service

English

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BEIJING, July 29 (CEIS) -- China's reform of its medical and health system has been "basically not successful", China Youth Daily reported on July 29 .

Ge Yanfeng, deputy chief of the social development research department under the Development Research Center of the State Council (DRCSC), China's cabinet, said in an exclusive interview with the paper that there are "major" philosophical and practical problems in the reform.

The DRCSC and the World Health Organization (WHO) jointly published a study titled "China's Reform of the Medical and Health System" in 2003. The research team was composed of experts from the DRCSC, Beijing University and the Ministry of Labor and Social Security.

The report said the reform has led to a decline in both the fairness of medical services and the efficiency of investment in the sector.

The "business- and market-orientation" of the medical and health system is "absolutely wrong" and conflicts with the proper goal of public health, the report concluded.

"There are obvious flaws with the urban medical insurance system and its prospects are not good," the report said.

China's medical and health reform is itself badly in need of reform, said the report.
(?)

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Tianjin to Invest CNY300mn in Renovating Township Health Centers

APRT000020050729e17t0000f

119 Words

29 July 2005

SinoCast China Business Daily News (Abstracts)

Page 1

English

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TIANJIN, July 29, SinoCast -- Tianjin Municipality in Northern China has a plan to inject CNY 300 million in constructing standardized facilities for township health centers in rural areas over the following three years. This move by Tianjin aims to promote the transformation of township health centers to urban community health services, and better its services such as medical treatment, disease prevention, health care and health education. The constructing area of these centers will depend on their service functions and served population. Ordinary center is 1,500 square meters and the one serving more population 3000 square meters. And the total construction area is predicted to exceed 200,000 square meters.

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China improves public health with T-bond funds

BDU0000020050729e17t0001c

212 Words

29 July 2005

Industry Updates

English

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Since 1998, the Chinese government has used more than 48 billion yuan (US\$6 billion) raised from issuing treasury bonds in the sectors of education, public health, culture and tourism, the Economic Daily quoted sources with the National Development and Reform Commission as saying on Thursday.

About half of the funding went to the education sector, according to a report of the Beijing-based Economic Daily, a leading economic newspaper in China.

The newspaper gave a breakdown of the funds raised by issuing T-bonds: Since 1999, some 8.5 billion yuan has been used to enhance college education. and 11 billion yuan has been used to support education in western areas. Since 2001 a total of 12 billion yuan has been used to support the nine-year compulsory education in rural areas.

In 2002 and 2003 a total of 2.92 billion yuan was used in the construction of disease prevention systems in central and western areas, and after 2003, when the SARS epidemic broke out in the country, another 5.7 billion yuan was put in this regard.

Since 2000 a total of 6.72 billion yuan has been used to improve the tourism infrastructure in various scenic spots, the newspaper said.

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Vice premier highlights importance of preventive medicine for public health

XNHA000020050727e17r0018h

199 Words

27 July 2005

Xinhua's China Economic Information Service

English

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BEIJING, July 27 (CEIS) -- Chinese Vice-Premier Wu Yi has called for whole society to help guarantee public health by promoting public health policy and preventive medicine.

The vice premier praised the China Preventive Medicine Association (CPMA) for its vital contribution to public health at its Fourth Congress.

In recent years, the country has achieved greater strides in the building of a public medical service system based on the emergency responses to accidents in the public health sector, the prevention and control of diseases, and public health law-enforcement, Wu said.

To speed up the reform of the health sector and vigorous development of public health, the vice-premier acknowledged, joint efforts from the entire society are required, and CPMA should make its due contribution in this regard.

The CPMA, founded in 1987, now has more than 70,000 members and 38 branches and special committees.

More than 500 people attended the congress, including He Luli and Han Qide, chairpersons of the Standing Committee of the National People's Congress (NPC), and Zhang Kehui, vice chairman of the National Committee of the Chinese People's Political Consultative Conference (CPPCC).

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What the doctor ordered

HKIMAL0020050724e17p00001

906 Words

25 July 2005

The Standard

English

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For someone new to the mainland medical system, the most surprising sight when visiting a hospital is the large number of people hooked up to intravenous drips.

In most places, it's a form of treatment for the seriously ill, but in China it's a routine way of treating routine ailments. Most days, most of the patients sitting in wards or standing in the open air with tubes stuck in their arms are seeking relief from the flu.

``When you have a fever in Taiwan, the doctor usually gives you some medicine and tells you to drink more water and take a few days off," says a Taiwanese businessman resident in Shenzhen, marveling at the comparative inconvenience of mainland life.

But inconvenience isn't even the half of it, say the health system's many detractors. They tell of hospitals bursting at the seams as the gravely ill vie for attention with the mildly indisposed, of doctors taking bribes to bump patients up the surgery queue and of callous treatment in general.

For foreigners in China, the idea of being treated in local hospitals instills such fear that most would happily pay huge sums to avoid the ordeal.

This is the case of the Shenzhen chapter of the Taiwan Merchant Association, whose members are paying 350 million yuan (HK\$335.3 million) to build a hospital catering to the city's 50,000-strong Taiwanese community and local staff of Taiwan companies.

China's private hospital movement is in its infancy, but in the forefront are the Taiwanese, whose resident population on the mainland is almost a million and growing.

Taiwan is even amending its health insurance rules to extend coverage to its citizens who will use the Shenzhen hospital. Before, Taiwanese abroad weren't entitled to any health benefits.

Next month, almost five years after the Taiwanese community began navigating the murky waters of China's health-care bureaucracy, work will begin to convert two disused buildings in Longhua district into the first home of Shenzhen Ai Qun Hospital.

The 150-bed facility will open before the end of this year but is destined to be replaced, around 2008, by a brand new 600-bed hospital in the same area.

Across the mainland there are 145 Taiwan Merchant Associations, and most dream of building their own hospitals, but the Shenzhen chapter is the first to get Beijing's permission.

“There were no precedents to follow,” says the new hospital's public relations manager, Billy Chen. “We were just hopping from stone to stone to cross the river,” as the saying goes. China's regulations on private hospitals aren't very clear.”

Shenzhen Ai Qun is determined to exceed the standards that prevail at Shenzhen “Grade A” hospitals like First People's, Second People's and Beijing University.

The best public hospitals in China can have a lot of equipment and technology, but they suffer from the unclear division of labor.

“The clinics in Shenzhen are supposed to deal with patients with minor illnesses. But due to a lack of public confidence in clinics and small hospitals, even patients with the flu are thronging into the Grade A hospitals. Each one now treats more than 5,000 people a day,” says Lu Xingsu, a former mainland hospital chief who is the obligatory 30 percent domestic partner in the new hospital.

Another big problem is questionable medical practices. Despite universal recognition of the dangers of prescribing too many antibiotics, for example, most Chinese hospitals use them indiscriminately, mostly to treat the flu.

“I know it isn't right to use antibiotics to treat flu,” says one mainland physician, throwing up his hands in frustration. “Influenza is not a bacterial infection, so antibiotics are of little use against it. Why do patients with the flu like to be treated

with an intravenous drip? Because it can deter the development of certain flu symptoms, like fever, headache, sneezing and muscle pain." Migrant workers, afraid of being fired if they take a day off, are especially prone to asking for an intravenous drip, and it isn't easy to refuse them.

Critics also say mainland hospitals are permeated by a ``kickback" culture _ doctors receiving ``red packets" from patients before surgery, for example, or ordering too many tests to drive up fees. Nor is there much compassion for the sick.

``In emergency wards in Shenzhen, no one will tell you how long you have to wait, and the staff don't seem to care if your condition is getting worse," says Kim Huang, chairman of Shenzhen Ai Qun and its largest investor.

To create a compassionate environment, Huang plans to institute a code of conduct for staff, organize volunteers to visit the sick, and offer counseling to patients of different faiths. The biggest challenge for all private hospitals is finding the right staff.

``For most senior doctors, public hospitals that have rich medical resources and high technology are a better place to work than private hospitals," says Chen. ``They have more chance to continue their research and sharpen their technological skills. As a result, every private hospital in China lacks experienced doctors."

To remedy the problem, Shenzhen Ai Qun says it has reached agreements on exchanges of experienced staff and medical data with some famous mainland institutions and one facility in the United States. It will employ local doctors as junior physicians only.

Source: The Standard.

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Massive urban migration China's biggest AIDS risk

AFPR000020050722e17m003s6

JW

577 Words

22 July 2005

08:40 GMT

Agence France Presse

English

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TOURS, France, July 22 (AFP) -

China's massive wave of urban immigrants represents the greatest danger in the country's struggle to contain the spread of HIV/AIDS, researchers at an international population conference said Friday.

Vinod Mishra of the research company Demographic and Health Surveys said the disease had now broken out of the high-risk groups of injecting drug users and sex

workers and was spreading through the general population in China.

"The growing migrant population in China may be the 'tipping point' in China's battle with the AIDS epidemic," researchers Xiushi Yang and Valerian Derlega of the Old Dominion University in the United States and Huasong Luo of Yunnan University said.

The growth of urban migration in China since the early 1980's has been phenomenal with census data showing a rise of 11 million in 1982 to more than 79 million in 2000 and an estimated 120 million currently.

Research by Yang and colleagues found that the risk of HIV infection among temporary urban migrants was much higher than for non migrants. They were four times more likely to have unprotected sex and twice as likely to have used illicit drugs in their lifetime.

They also found that separation from the social bonds of their village communities was a key factor in the migrants high-risk behaviour.

Urban migrants, mostly males in their late teens, live together at their place of work such as construction sites, restaurants and living quarters provided by employers or in camps on the city fringes characterised by poverty, overcrowding and lack of health services.

Mishra said China with 1.3 billion people and India with 1.08 billion were on the frontlines in the battle against AIDS because of their massive populations which meant that even small changes in the percentage rate of infection translated into very large numbers of infected people.

"You have to watch the big giants, they will never have the prevalence rates of subSaharan Africa, but in terms of the number of people infected they could be huge epidemics," Mishra said.

India has 5.1 million people infected with HIV representing 0.9 percent of the population, ranking second behind South Africa with 5.3 million in absolute numbers, the researchers said.

They said the number of HIV infected people in China is at 840,000 or 0.1 percent of the population.

Official statistics, which do not reflect the true magnitude of the epidemic, suggest that the number of new infections in China doubled or tripled year to year in the early 1990's and grew on average 44 percent between 1994 and 2002, Yang and his colleagues said.

"AIDS has evolved from being a perceived disease of foreigners to an epidemic that has affected every population group and geographical location in the country," the researchers said.

The dominant route of infection is through needle sharing while injecting drugs but sexual transmission is on the rise, reaching 10.9 percent in 2002, and represents the

fastest growing source of infections.

UNAIDS estimates that if the current trend continues up to 10 million people could be infected by the end of the decade, creating serious public health problems, social stability and economic development.

Numerous studies in China and other developing countries have also cited migration as one of the most important factors leading to the spread of HIV/AIDS in the country.

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16 'AIDS' ORPHANS RECEIVE AID IN BEIJING

CHNDLY0020050720e1710000g

By Wang Zhenghua

431 Words

21 July 2005

China Daily

English

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They wear everyday clothes. They become excited at the sight of their idol Zhao Wei. They do everything other youngsters do.

But they are special. All 16 of these children from East China's Anhui Province and Southwest China's Yunnan Province have been orphaned by HIV/AIDS.

Yesterday, the children from three ethnic groups shared their sentiments and wishes with dozens of representatives from State agencies, non-governmental organizations and international societies who gathered in Beijing to lend their help.

The youngsters are also expected to share the knowledge they have gained from three days of training mainly about children's rights with peers in their hometown.

"By the end of 2004, around 107,000 people in China had tested positive for HIV," Deputy Health Minister Wang Longde said yesterday. "And among those infected, about 1,300 are under 15."

By the end of 2001, about 76,000 Chinese children had lost at least one parent to AIDS, according to the latest statistics available from the United Nations Children's Fund (UNICEF).

In the Asia-Pacific Region, the number was more than 1.5 million.

The stigma of the condition and discrimination still cast shadows over these children in China and prevent them from having the opportunities other children enjoy.

Han Mengjie, an official with the State Council Working Committee for HIV/AIDS Prevention and Control, said yesterday: "Some residents strongly objected that schools their children attended enrol children infected with HIV, even though they

allowed these vulnerable minors to live in their communities."

China has continued to take steps to address the problem.

Basketball star Yao Ming visited a group of HIV/AIDS orphans from Anhui on Sunday in Beijing, hoping to raise public awareness.

Earlier last month, the China Youth Concern Committee, a children's welfare organization, unveiled a logo and theme song and appointed Zhao Wei, a movie star much beloved by children, as special ambassador.

According to UNICEF, China is the only country in East Asia with a national policy on children affected by HIV/AIDS.

"In the anti-HIV/AIDS campaign, children are entitled to priority care and support," Vice-Chairwoman of the Standing Committee of the National People's Congress He Luli said yesterday at a high-level seminar for children affected by HIV/AIDS.

In provinces such as Central China's Henan and Hubei, institutions have been set up to raise unwanted children with HIV although experts say it's better to support them in a family environment.

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Health Insurance Coverage Expands Further in China, to 130 mil. People

WDAN000020050720e17k0003b

Gustav Ando

203 Words

20 July 2005

Global Insight Daily Analysis

English

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The Chinese ministry of labour and social security today announced that the number of people covered by the country's basic medical insurance system increased by 6.3 million during 2004, to reach a total of 130.3 million. Revenues for the fund increased by 27.5% over the year, totalling 63.5 billion yuan (US\$7.7 billion), while expenditure increased at roughly the same rate (27.4%) to 48.8 billion yuan.

Significance: The expansion of medical insurance in China is the primary growth-driver for the overall pharmaceutical market. Although many markets - most notably the US - do not operate a universal health insurance system, there is stronger financial muscle among the non-insured; in China, however, patients who lack cover are generally priced out of healthcare altogether. After nearly two decades of neglect, national insurance in China was revitalised in 1999, with the imposition of a new health insurance scheme, created through the amalgamation of the Government Insurance System (GIS) and the Labour Safety Healthcare System (LSHS); thus, the matter is now a core political issue. It is estimated that around 75% of the population remains uninsured.

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Coverage of China's social security further enlarged

XNHA000020050719e17j0012y

339 Words

19 July 2005

Xinhua's China Economic Information Service

English

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BEIJING, July 19 (CEIS) -- The coverage of China's major social security programs, old-age, medical, maternity and industrial injury, expanded to reach 168.7 million, 130.3 million, 45.8 million and 73 million people by this June, according to statistics released by the Ministry of Labor and Social Security on July 19.

The figures are, respectively, 5.15 million, 6.29 million, 1.95 million and 4.57 million more than those of last year.

The statistics also show that the old-age insurance fund paid retirees a total of 172 billion yuan (20.8 billion US dollars) in the first half of the year and there were no records of delaying pensions throughout the country.

"The rapid economic development in recent years has contributed to the rise in the balance of the old-age insurance fund. The coverage of China's social security has been further enlarged," said the ministry's spokesman Hu Xiaoyi at a press conference.

China had 24.12 million, or 63.8 percent of retirees, cared for by residential communities by June.

Hu said that the ministry will further standardize the premium payment by employees of private enterprises or people with no fixed jobs and further enlarge the coverage of China's social security. According to the statistics, China had 104.96 million people covered by unemployment insurance by June, with 4.03 million having received insurance payments.

"In the next half of the year, we will continue to promote the reemployment of the laid-off and steadily transform the system of basic life insurance for laid-off workers to the system of unemployment insurance before the end of this year." Hu said. He pointed out that funds for old-age insurance, unemployment insurance and medical insurance had all increased rapidly in the first six months, amounting to 221.5 billion yuan (26.69 billion dollars), 14.9 billion yuan (1.8 billion dollars) and 63.5 billion yuan (7.65 billion dollars), respectively. (?)

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China industry: Ailing healthcare system needs a lot more than foreign money

EIUCP00020050720e17j00015

972 Words

19 July 2005

COUNTRY BRIEFING

FROM THE ECONOMIST INTELLIGENCE UNIT

China's healthcare system is in a mess. Even the opening of the sector to foreign and private investment will have little impact on the treatment most people can expect

Before the passage of the Healthcare Reform Act in 2000, all Chinese hospitals, clinics and other healthcare institutions were state-owned, non-profit operations. The legislation introduced that year reflected a government goal of establishing a two-tier system, with both for-profit (mostly privately owned and foreign-invested) and non-profit hospitals. Since then, the establishment of private hospitals and clinics has progressed rapidly, while many state-run structures have also shifted to for-profit management. By 2005, for-profit hospitals and clinics accounted for approximately 10% of all such establishments in China, though providing just 3.6% of beds, according to official figures.

Such reforms have led to a surge in overseas interest in China's healthcare sector. With the government moving away from its role as the country's principal healthcare provider, foreign companies are seeking out opportunities in a sector perceived as ripe for modernisation. Foreign involvement has been going ahead on a limited basis since the first Sino-foreign joint venture hospital was established in 1989, with projects initially catering to China's expatriate community and then targeting the growing urban middle class. The country now has some 200 foreign-invested hospitals and clinics, but most projects to date have been on a small scale, with more than half with investment of less than US\$2m and fewer than 10% with funding exceeding US\$10m. Many are eye-care or dental clinics without inpatient services.

Foreign operations

The regulations released in 2000 opened the sector up to much greater foreign involvement, easing previous restrictions on minority stakes and permitting shares of up to 70%, while setting minimum project investment at US\$2.4m. Shanghai is at the forefront of promoting such projects, with some 200 of the city's 600 hospitals having some kind of foreign involvement. Two hospitals in the city are now being established with overseas parties taking a majority stake.

China's hospitals are much in need of an overhaul, with infrastructure, hygiene and service standards—while varying enormously across the country and, in particular, from urban to rural areas—mostly falling well below international standards. Even in large modern urban hospitals built in the past 25 years, levels of maintenance of infrastructure and equipment are generally poor, with the interiors often shabby, dirty and over-crowded. Only a few upper-tier establishments in major cities achieve higher standards. While reforms have given hospitals relatively high levels of autonomy—including responsibility to cover almost all operating costs—the legacy of

five decades of state support and of ignoring issues such as profitability and efficiency remains strong, with management and accounting standards generally poor.

With present services and management so inadequate and with China's increasingly sophisticated urban middle class demanding something better, foreign healthcare executives are eyeing the country as an attractive untapped market. But, amid the excitement, many experts are urging caution, noting that the backward nature of China's healthcare sector poses great challenges to making a return on investment.

ChinaCare Group, an independent Beijing-based healthcare consultancy, warns that building, equipping and staffing an international facility in China costs more than in many other countries. This is due to a range of factors, including higher costs for imported medical equipment and medications, and a reliance on expatriate managers and physicians. Recouping these costs is hard in an environment where hospital rate structures have historically been set by the government without regard to making a return on capital. This history of artificially low fees—together with poor health insurance coverage in China—has created strong public resistance to price increases to more realistic levels (see box).

ChinaCare warns that, at present Chinese rates, a hospital built and managed to international standards running at full occupancy 365 days per year would still have little hope of covering interest on capital, let alone operating expenses. While surveys have indicated that the affluent urbanites that would be targeted by foreign-run hospitals would be willing to pay two or three times more for better hospital services, there would be little market with rates set at 15 to 20 times present levels, as needed to achieve a reasonable return on investment.

Moreover, with foreign interest mainly restricted to major cities where relatively high fees could be charged, greater overseas investment is unlikely to have much overall impact on improving the poor state of China's healthcare sector. In 2003, China had just 2.5 beds in healthcare facilities and 1.7 doctors for every 1,000 of its 1.3bn people. The situation is worst in rural areas, where—with most of the country's impoverished farmers unable to afford care—facilities face a vicious cycle of deteriorating healthcare provision.

SARS shakeup

The SARS outbreak in 2003 highlighted the inadequacies of Chinese medical infrastructure, with many hospitals proving to be so under-resourced that they became breeding grounds for the disease. SARS, which killed some 350 people in China, resulted in healthcare reform moving up the official priority list. The government subsequently pledged to spend Rmb11bn (US\$1.3bn) on increasing the country's capacity to respond to medical emergencies, pledging investment in new centres and hospitals for infectious diseases.

While such investment is much needed, the introduction of more sophisticated technology and increasingly expensive treatments in both Chinese and foreign-invested hospitals will be of little significance unless workable methods are found to make them affordable to broader segments of the population.

SOURCE: Business China

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SHAANXI OFFERS FREE AIDS TREATMENT

CHNDLY0020050714e17f0000j

By Ma Lie

432 Words

15 July 2005

China Daily

English

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XI'AN: Fifty HIV/AIDS sufferers will receive one-year's free traditional Chinese medicine treatment in Shaanxi Province.

"Paid for by the local government and costing 250,000 yuan (US\$30,120), the free medical treatment will start late this month, aiming to treat early-stage HIV-positive people and extend the timeframe from infection to the development of full-blown AIDS," said Yuan Ruihua, deputy director of the Shaanxi Provincial Chinese Medicine Administration Bureau.

Yuan's bureau has mapped out a clear plan for the trial project, set down which patients will receive the treatment, and who wants to receive it.

"Within a year from July, we will treat 50 HIV/AIDS sufferers with herbal medicines free of charge, in order to lessen their pain and improve their health," Yuan said.

And when the scheme comes to an end next year, the bureau will examine the results and make plans to further treat the trial patients, the director said.

Jiang Xin, an HIV/AIDS sufferer looking to take part in the project, said he thought the scheme would improve the health of patients like him and relieve their financial burden, as they would no longer need to pay for expensive medication.

According to sources with the local health bureau, another 75 HIV/AIDS cases were diagnosed in Shaanxi in the first half of 2005, and the spread of infection is picking up pace.

"Among the newly diagnosed patients, 60 are men and 15 are women, of whom 43 were infected through injecting drugs and 12 through sex," said Zhang Yiwei, an official with the Shaanxi Provincial Health Bureau. "This shows more effective measures need to be taken to educate and protect the people who use drugs and engage in unsafe sex," he added.

Zhang said that compared with other provinces, Shaanxi had relatively few HIV/AIDS sufferers, but the rate of infection is on the rise: only 58 patients were diagnosed from 1992 to 2000, but 88 were found in 2004 alone.

"To date, Shaanxi has recorded a total of 357 HIV/AIDS cases, of which 57 have

already died," Zhang said.

The Shaanxi Provincial Health Bureau yesterday released the January-June Report on the HIV/AIDS Situation in Shaanxi and warned local residents to pay attention to the issue.

Quan Xiaoli, a 22-year-old clerk from a private firm, said she knew a little about the killer virus but thought people like her would not become infected if they took care in their daily lives.

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Ageing population threat to health insurance

SCMP000020050711e17c00027

FT News, Education

Vivien Cui

376 Words

12 July 2005

South China Morning Post

6

English

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China's rapidly ageing population threatens to cause a serious drain on the nation's public health system, which is already struggling to make ends meet, a senior health insurance official warned yesterday.

Addressing a two-day China-US Health Care Forum in Beijing, Yao Hong , director of the Ministry of Labour and Social Security's Health Insurance Department, said the ratio of employed workers to retirees had fallen from 3.2:1 in 2000 to 2.6:1 this year.

The health insurance fund, established in 1998, contained 27.9 billion yuan by the end of last year, but the growth rate of expenditure had far surpassed growth in income during the past four years.

"Going down this track, the public health insurance system will face a deficit soon," Mr Yao said.

In some urban areas such as Shanghai, the employed-retired ratio was as low as 1.53:1.

"It is a dangerous ratio, and the problems in Tianjin and Xinjiang {hellip} are no less severe," he said.

In addition, the nation's senior citizens were tending to have more chronic and costly diseases, including diabetes, cancer, cardiovascular problems and neurological

illnesses.

"Also, the incidence of disease increases as people grow old. So although retired people make up a smaller percentage of the population, they rely much more on the health-care system than people who are still working," Mr Yao said.

He also hinted that the legal retirement age could be partly responsible for the low ratio of workers to retirees.

"China established the retirement age, which averages out at 51.7 years, in the early 1950s, when the average life span was only 39 years," he said.

Although the national average life expectancy had risen to 70 years by 2000, the retirement age remained more or less unchanged.

Many women working for poorly performing state-owned enterprises, in particular, were forced to resign as early as 45.

Despite the difficulties, the ministry is keen to widen the health-care system's coverage to include migrant workers and their families.

By the end of May, 129 million people were covered by the public health system, with 27 per cent of them retired.

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China boosts fight against HIV/AIDS among women

APRS000020050711e17b000zv

By STEPHAN GRAUWELS

Associated Press Writer

392 Words

11 July 2005

07:21 GMT

Associated Press Newswires

English

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BEIJING (AP) - China is stepping up efforts to combat the spread of AIDS in Chinese women as they face an upward trend in infections, the country's top health official said Monday.

The proportion of AIDS sufferers who are women jumped from 19.4 percent in 2000 to 27.8 percent last year, Health Minister Gao Qiang said at a Beijing conference about AIDS. "In March this year, the proportion of women rose to 28.1 percent," he said.

Gao blamed the ballooning numbers on a lack of knowledge about the disease, especially among women in poor rural areas. He said fewer than 40 percent of women in the countryside knew how to prevent AIDS.

"Women on the whole know less about the disease than men," Gao said.

Health workers are talking to youths and women and distributing posters at schools in the countryside to raise awareness about AIDS prevention, he said.

China says it has 840,000 people who are infected with HIV and 80,000 with full-blown AIDS. But the United Nations' AIDS agency says the true figure is likely higher and that up to 10 million could be infected by 2010 without more aggressive prevention measures.

While the disease has mainly spread in China through prostitution and intravenous drug use, tens of thousands of people, especially in the hard-hit province of Henan, were infected by an unsanitary blood-buying industry in the 1990s. Dealers bought blood from villagers and pooled it, mixing healthy blood with HIV-infected blood, and often re-used needles.

A 47-year-old female farmer from the central province of Anhui, told the conference she contracted the disease after selling her blood for four years.

"My family was in a difficult situation, so to make money to support my family, I sold blood," Zheng Xiufang said.

Xu Shuqin, an anti-AIDS volunteer from Henan, said she had visited a village where 90 percent of the population had sold their blood and where several had caught AIDS.

Minister Gao said sexual transmission was catching up rapidly as a source of infection for women in China.

More than half of the AIDS patients infected through sexual transmission -- 55 percent -- are now women, Gao said, up from 44 percent in 2001.

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Chinese gov't to procure 360-mln-dlr medical equipment

XNHA000020050708e178000k7

272 Words

08 July 2005

Xinhua's China Economic Information Service

English

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BEIJING, July 8 (CEIS) -- The Chinese government will spend more than 3 billion yuan (about 360 million US dollars) to buy medical equipment from Chinese and overseas medical equipment makers and related businesses in 2005, an official in charge of planning and finance in the Chinese Ministry of Health said here on July 8.

The official said China will continue to support the development of public health, including in rural areas.

He said that major areas that need strong government support include the

construction of the public health system, the health law enforcement and supervision system, public health in rural areas and the prevention and control of serious diseases.

Medical equipment and other related items to be procured by the ministry include emergency and testing equipment for grass-root medical organizations, special-purpose vehicles for law enforcement and supervision departments in China's western and central areas, HIV laboratory equipment and reagents, anti-virus and anti-TB medicine and other medicine and equipment.

According to the official, the appraisal and selection of all equipment on the government procurement list will be completed at the 14th China International Medical Equipment and Facilities Exposition and Symposia (China-HOSPEC) to be held in Beijing from September 7 to 10.

More than 400 Chinese and overseas businesses gathered in Beijing last year to compete for a share of more than two billion yuan (about 240 million US dollars), the amount the Chinese government allocated to buy medical equipment in 2004.

In 2003, the ministry spent more than 800 million yuan (about 96.4 million US dollars). (?)

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Sex ratio of AIDS/HIV carriers in China reaches 2:1

XNHA000020050706e176000xe

181 Words

06 July 2005

Xinhua's China Economic Information Service

English

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BEIJING, July 6 (CEIS) -- The male to female ratio of HIV/AIDS carriers in China has risen from 5:1 in the 1990's to 2:1, and even 1: 1 in certain regions, according to the Ministry of Health.

Women now are particularly vulnerable in the transmission of the disease from high risk groups through sex, the material delivered by the Ministry said.

"Female AIDS patients also usually have less of a chance to get treatments or help," the material said.

Recently, several government departments, including the Department of Publicity of the Communist Party of China Central Committee, the Ministry of Health, the National Population and Family Planning Commission and the All-China Women's Federation decided to jointly launch an anti-AIDS campaign calling for more care to women.

China has an estimated 840,000 people infected with the AIDS virus. The U.N. AIDS agency has warned that China could have as many as 10 million people infected by 2010 if it does not take urgent action. (?)

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China's revenue from social insurance funds rises by sizable margin in H1

XIFINN0020050720e17k001xh

170 Words

20 July 2005

Xinhua Financial Network (XFN) News

English

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BEIJING (XFN-ASIA) - China's revenue from its basic pension insurance fund, unemployment insurance fund and medical insurance fund increased by a sizable margin in the January-June period, the Xinhua News agency reported. In the first half of 2005 revenue from the basic pension insurance fund increased 24.8 pct year on year to 221.5 bln yuan, the report said, citing statistics published by the Chinese Ministry of Labor and Social Security (CMLSS). China's unemployment insurance fund increased revenue by 15.5 pct year on year to 14.9 bln yuan and its medical insurance fund rose 27.5 pct year on year to 63.5 bln yuan, according to the CMLSS data. Revenues from the pension insurance fund will continue to grow provided China maintains sustainable and rapid economic growth, the report quoted Hu Xiaoxi, spokesman for CMLSS as saying. (1 usd = 8.3 yuan)
hank.wang@xinhuafinance.com hw/gf/dk

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NDRC Revises Catalog of Government-Priced Medicines

APRT000020050719e17j0000p

147 Words

19 July 2005

SinoCast China Business Daily News (Abstracts)

Page 1

English

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BEIJING, July 19, SinoCast -- National Development and Reform Commission (NDRC) of China released the revised government-priced medicine catalog, which will officially take effect as of August 1. The new catalog includes some amendments in several aspects, including the scope and pricing of government-priced medicines. The varieties of government-priced medicines will increase from around 1,500 to nearly 2,400. Such medicines include not only 2,100 kinds of medicines covered by the medical insurance catalog, but also such 300 kinds as narcotic, contraceptive medicines and devices. In accordance with relevant laws by the state, medicines, included in the national basic medical insurance catalog, should be priced by the government or under the governmental guidance. The pricing systems in the country have been improved much these years thanks to the joint efforts of the government and the people.

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SHAANXI OPENS ITS COFFERS FOR THE POOR

CHNDLY0020050712e17d0000p

By Ma Lie

548 Words
13 July 2005
China Daily
English

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XI'AN: The urban and rural poor in Shaanxi Province will be guaranteed basic medical care and enough social security to maintain the minimum standard of living, thanks to projects launched by the local government.

Plans have been drawn up by the provincial bureaux of civil affairs, health, labour and social security and finance to start a trial project aiming to give medical support to urban poor people in 25 counties and cities within two years.

"And from 2007, an urban medical support system for poor people will be set up in every district in Shaanxi in two or three years, to practically provide better medical conditions for poor people," said Geng Qingyi, deputy director of the Shaanxi Provincial Health Bureau.

Shaanxi has 108 counties, cities and districts in which many people live without proper medical security.

"The first step of the project is to work out how many people need help, and then it will focus on managing a medical support system, operating it and raising funds for it," Geng said.

The deputy health director said preparations had been done and trial work would be carried out from September. The first actual financial aid will be available to poor people in October.

Liu Yanqi, a 76-year-old urban resident in Xincheng District in Xi'an, the provincial capital, said his illness was a burden on his family and the new plan would certainly help.

There is more good news for Xi'an's farmers. The city is officially implementing a policy this month where poor rural people will get social security payments to enable them to live at a minimum living standard.

Han Jianxu, deputy secretary-general of the municipal government, said Xi'an has been carrying out investigations since 1998 into how much people need to live on in order to maintain a minimum living standard. Rapid social and economic development has left some behind, hence the need to help out to at least a minimum standard.

Xi'an has a rural population of some 4 million, of which 180,000 are poverty-stricken people and some 50,000 poor families are living without enough food and clothing, the official told China Daily.

"A 750 yuan (US\$90) pension a year for a person is considered to be the minimum amount needed for farmers to maintain a living standard in six major districts of Xi'an. In other counties and districts, 650 yuan (US\$78) is needed to ensure a basic living for a farmer," said Du Suoqiang, director of the Xi'an Municipal Civil Affairs

Bureau.

"The new policy will help old people, unemployed youths and disabled people who have no income, no ability to work and no legal dependants; those who suffer from disease and natural disasters and others who have been living in particular difficulty for a long time (more than one year)," the civil affairs director said.

Alongside the new welfare system, the local government will provide farmers with some support measures for technical training, production support, farm produce marketing, medical insurance, education for children and legal services, to ensure poor people are able to maintain a basic living standard at the very least, Du said.

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高医疗支出牵制其他消费增长

BJCNCN0020050804e18300003

要闻

1360 Words

03 August 2005

消费日报 (简体)

1

Chinese (Simplified)

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国务院发展研究中心发布报告称，我国医改基本不成功，其最重要的表现之一便是百姓医疗支出增长过快——

据报道，改革开放以来，我国的经济实力已经增长了 10 倍以上，但是过去 10 年，我国医疗卫生服务体系的利用率明显下降。目前，我国每年的医疗费用上涨幅度达 14%，已经远远超过全国物价上涨指数和 GDP 的增长，更是远远超过预计 2005 年全国农民收入 5% 左右的增长幅度，造成每年有近 50% 的人应该到门诊看病、30% 的人应该住院，但

他们却由于各种原因，得不到救治。

医疗消费已成为居民消费的“重头戏”，在很大程度上限制了其他消费需求的增长，对于扩大内需、改善整体的消费结构产生了负面影响。

最近，国务院发展研究中心公布了我国医疗卫生体制改革基本不成功的报告。对此，卫生部酝酿医改新政。我国医疗改革的新框架正在搭建中。

据分析，国务院发展研究中心的报告涉及近年来一个重大争论，即医改应不应该以市场化方向。报告从社会公正与资源配置效率两个角度，批评医改市场化基本上不成功，指出目前医疗市场不公正与低效率的状况并未扭转，甚至还有不断恶化的趋势。报告还强调，医改的核心问题在于强化政府职能，市场化不是出路。

这是迄今为止官方对医改最正面、最不客气的评价，而且语气之硬，也是过往温和的调研报告所罕见的。

国务院发展研究中心社会发展研究部副部长葛延风对媒体记者说，现在的医疗改革走入困局，根源在于它的基本方向有问题，不能走市场化的道路。基于医疗卫生事业的特殊性，无论是基本保障目标选择还是医疗卫生的干预重点选择，靠市场都无法自发实现合理选择，必须强化政府职能。

葛延风表示，只要医疗服务机构走向全面市场化，医疗卫生服务体系的布局及服务目标偏离问题就不可避免；竞争无法保证医疗服务价格降低，也早已被各国的实践所证明。在此前提下，政府补贴需方和购买服务不仅无法保证医疗卫生服务体系的健康发展，也减轻不了政府的财务负担。

有人说，如今的老百姓之所以出现高额储蓄，不为别的，一是用于孩子教育，二是用来医疗消费。医疗消费已经严重阻碍老百姓的其他消费需求。

专家认为，这些问题的根源在于我国医疗服务的社会公平性差、医疗资源配置效率低、医疗竞争与民众就医的无序化。要解决这些难题，主要靠政府，而不是让医疗体制改革走市场化的道路。

现在，我国“医疗改革思路”明显强调市场化不是改革方向，而要强化政府责任的两个方面：一是强化政府的筹资和分配功能，二是全面干预医疗卫生服务体系的建设和发展。与此相应，新的医疗卫生体制的框架性设计也提出，要点在于：一是对全民提供“基本医疗服务包”，二是这种服务以政府直接供应的方式来实现。前者意味着打破城乡与体制界限，平等提供基本的医疗卫生产品和服务；后者要求政府职责转向公共卫生与低端医疗服务，并提供相应的公共财政保障；而将超出基本需求的中高端医疗服务开放，由市场解决。

中国医疗改革已悄然转舵，未来医疗消费将往哪走？卫生部政策法规司司长刘新明向有关媒体指出，卫生部正在酝酿医改新政，我国医疗体制改革的总体方向应以政府为主导，医疗服务应体现社会公益性。

以后的医院可以分为三类，一类是政府所属的医院，政府不但要管医院，还要再办一些医院；一类是社会非营利医院；还有一类是营利性医院。他说，政府所属医院应是主导，政府医院与社会非营利医院要成为卫生服务体系的主体，以此来体现卫生事业的社会公益性质；而营利性医院是补充，并对它们确定不同的政策。

“医改市场化”的锣鼓声曾经被有关人士敲得震天价响。正当医疗大门外“热钱”虎视眈眈之际，政府部门站出来主持大局，市场唱“独角戏”的舞台上，恢复了应有的理性景象。

English Summary: **High healthcare expenditure choke out demand for other consumption**

August 03 2005 (Consumers Daily) – The report recently released by NDRC concluded that China’s health reform basically was “unsuccessful”, and pointed out the rapid growth of healthcare expenditures as one of the evidence of “the failure”.

It was reported that China’s GDP had grown more than tenfold since 1978. However, in the past ten years, China has seen a drop in the health service utilization. Currently, China’s total health expenditure increases at 14% per year, far bigger than the national inflation rate and GDP growth rate. As a result, more than half of the people didn’t seek to see doctors when they became sick and about 30% of the people skipped hospitals when their doctors recommended them to.

The NDRC report is so far the most critical and negative report on China’s health reform by an official source. Its harsh tone makes it very different than other government research reports, which usually are very mild in tone and views.

Following the publication of this report, MOH has responded that it's pondering on new framework for China's health reform.

(the end)

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北京首承医改失败 大陆人每年近 5 成没钱看病

CTEDCN0020050731e17u0000w

焦点话头

296 Words

30 July 2005

中时晚报 (简体)

05

Chinese (Simplified)

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中国国务院发展研究中心与世界卫生组织近日发表研究报告指出, 中国的医疗卫生体制改革「基本不成功」; 医疗卫生体制出现商业化、市场化倾向是完全错误的, 违背医疗卫生事业基本规律; 城镇医疗保险制度本身存在明显缺陷, 前景不容乐观。这是大陆开放改革 20 多年来, 当局首次公开否定 1 项重大改革, 引人注目。

报告指出, 医疗卫生服务出现两极化, 公平性大大降低。2000 年, 世界卫生组织在对成员国卫生筹资与分配公平性的评估排序, 中国在 191 个成员国中排倒数第 4 位。有数据显示, 中国每年有近 5 成人有病没钱看医生、3 成人患重病没钱住院。报告指出, 在城镇地区, 医疗保障覆盖约 1 亿人, 不足城市从业人员总数的一半; 在农村, 只覆盖全部人口 1 成左右。

English Summary: For the first time Beijing acknowledge "failure" of the health reform, more than half of mainlanders can't afford care

July 30 2005 (China Times) – The study recently published by NDRC and WHO concluded that China's health reform was basically "unsuccessful", the trend of commercialization and market-orientation in health sector is downright wrong and against the basic principles of health sector. The urban health insurance system has many flaws and its prospect allows no optimism. This study is remarkable as it is the first official report denouncing a major government reform.

(the end)

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中国智库谴责中国医疗制度不公平

CNASCN0020050730e17u0008d

1540 Words

30 July 2005

10:09 GMT

亚洲新闻台 (简体)

Chinese (Simplified)

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北京消息，中国官方智库最近的一份报告指出，中国医疗改革基本是不成功的。报告指中国现在的医疗体制缺乏公平性，医疗权已经成为富人的专利。这个结论已经引发了中国媒体的高度关注，各大报章和新闻网站纷纷予以报道。这份中国国务院发展研究中心和世界卫生组织“中国医疗卫生体制改革”合作课题组的报告指出，当前的医疗卫生服务出现两极分化，公平性大大降低。报告援引数据指出，每年有接近 50% 的人应该到门诊看病、30% 的人应该住院，但他们却因各种原因得不到救治。国务院发展研究中心是中央级的智库，其中的一个职责是向中央政府提供意见。这份报告说，医院现在成了敲诈病人的场所，一些医生夸大病人的病情，让病人支付更多的医疗费和药物费，或者开出昂贵的药方。报告引述数据说，2000 年，世界卫生组织在对成员国卫生筹资与分配公平性的评估排序中，中国位居第 188 位，在 191 个成员国中排倒数第 4 位。报告警告，医疗的不公平和大多数人难以获得医疗服务，已经威胁了中国的经济发展和社会稳定。报告说，政府错误地放弃了把提供医疗服务视作公益的责任，使得医疗机构成为赚钱机器。北京青年报今天一篇文章指出，目前医疗制度改革的结果之一，就是医疗资源向大城市和高收入群体的集中。在大城市中若干“三级甲等”医院不断扩充规模、提高档次的同时，曾经水平不高却也基本满足基础医疗服务的农村医疗卫生网却告瓦解。这篇文章说，“小病扛，大病等(死)”已经“相当普遍”。中国已故领导人毛泽东曾在 1960 年代谴责当时的卫生部是城市老爷部，意指农村民众看病难。过后，中国在 1970 年代在农村推行“赤脚医生”运动，这项举措主要通过培训农村基础医疗人才，并推广诸如“针灸医疗”在内的新的经济医疗方法，试图改变中国农村缺医少药的状况。不过，中国实行改革开放之后，“赤脚医生”这个名词渐渐淡出媒体。2003 年的 SARS 疫情，当局发现中国农村医疗体系的严重不足。而医院改革后，也造成很多农民看不起病的现实。中国卫生部副部长朱庆生去年底透露，中国农村目前有 50% 的农民看不起病，“在中国的中西部地区，因为看不起病、住不起医院，因病在家里死亡的人数估计在 60%—80%。”他也指出，中国现在农民医疗状况远不如七十年代，并肯定赤脚医生是农村卫生的法宝。

朱庆生说：“农村合作医疗起于 50 年代，60 年代在全国发展起来，70 年代末在全国普遍开展起来，在全国的覆盖面达到 90% 左右。”但是，他说：“80 年代以来，我们的合作医疗工作就逐渐下滑了，一直滑到这次新型农村合作医疗开展以前，全国的覆盖面大概只有 10% 左右。”北京青年报今天说，全能型的社会组织结构不复存在，作为其子系统之一的医疗卫生体系也必然随之发生异变。况且在 20 多年后的今天，也没有理由让广大农村人口继续满足于“赤脚医生”水平的服务。文章说，如果改革的结果，是在医疗卫生投入总量剧增、高端医疗水平不断提高的情况下，却有一部分，而且是很大一部分人口反而失去了曾经拥有的基本医疗保障，那么这种改革就无论如何需要检讨。不过，中国近年来实际已经注意到这个问题，并推出了一些重要的举措。这些举措包括，在农村施行称为“合作医疗”的医疗保险制度，这项计划曾被西方媒体成为全球最大的保险计划。按计划，中国要在 2010 年覆盖全国的这项制度，为了不增加农民的负担，政府公开承诺：中央财政将对中西部地区参加新型合作医疗的农民提供每年人均 10 元的合作医疗补助资金，地方财政也相应提供每年人均不低于 10 元的补助，以推动这些地区的农民参加合作医疗。此外，中国卫生部也投资 2.3 亿元人民币，派遣大约 1000 个医疗人员或小组，也称为流动医院，前往中西部农村地区，诊断常见病，也可以做一些小型的手术；同时也对农民进行健康检查和健康教育。中国也要求，城市医院的新聘医生必须定期到农村卫生院服务一年。朱庆生去年表示，要想法让大学毕业生到农村去。他说：“卫生部正在研究建立一些机制，包括奖学金机制。将来奖学金主要向农村的贫困地区倾斜，发放给这些人，规定他们在农村要服务若干年。”“另外，现在城市医生晋升职称有要到农村服务一年的要求。对农村现有的 120 万医生进行培训，要求他们达到助理医师的水平，不够条件的话，要慢慢离开岗位。”朱庆生说。

English summary: **China Think tank lashes the unfairness of the health system in China**

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我国已有 8 所重点大学试办 8 年制医学教育

XICNCN0020050726e17q000gy

419 Words

26 July 2005

新华社经济信息-中国经济动态 (简体)

Chinese (Simplified)

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新华社信息长沙 7 月 25 日电（谭克扬、周科际）截至目前，我国已有 8 所重点大学试办 8 年制医学教育，也就是从大学本科到研究生连读 8 年，便可获得医学博士学位。这是近日在中南大学召开的 8 年制医学教育峰会上传出的消息。

我国现行医学教育学制主要为 3 年大专、5 年本科、7 年本硕连读，医学教育的层次结构与提升医师队伍的学历层次需求不相适应。为逐步解决这个问题，教育部、卫生部根据《中国医学教育改革和发展纲要》所确定的目标，在协和医科大学、北京大学、清华大学 3 所高校试办 8 年制医学教育取得初步经验的基础上，又于不久前批准复旦大学、华中科技大学、中南大学、中山大学、四川大学等 5 所高校试办 8 年制医学教育。

与会专家学者在峰会上，就 8 年制医学教育的教育理念、教育模式、培养目标、课程体系建设与效果评估等课题进行了研讨。大家认为，8 年制医学教育的实施和试办大学的扩大，对于深化医学高等教育改革、推动医学学科发展、促进医学教育与临床应用的紧密结合、加速培养高级医学人才尤其是临床医学人才具有重要意义。

English summary: **Eight medical schools in China started piloting 8-year medical education system**

July 26 2005. Changsha, Hunan (Xinhua) – The reporter was told at the China Medical Education Summit that 8 Chinese medical schools have started piloting eight-year medical education system. These medical schools include Beijing Union Medical University, Peking University, Tsinghua University, Fudan University, Central China Technology and Science University, Central China University, Zhongshan University and Sichuan University.

(the end)

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