

芝兰生于深谷
不以无人而不芳

Progress and challenges of Anhui rural health reform

Xu hengqiu
2012.5.8



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孝白

蕙草流芳根

幽兰香风远

Why to reform?

- Rural health service can not meet the demand fo rural residents
- government has not lived up to its responsibilities,
- governments' financial source is small (10%)
- Staff is little, low overall quality.
- The service level and the operating efficiency is not high





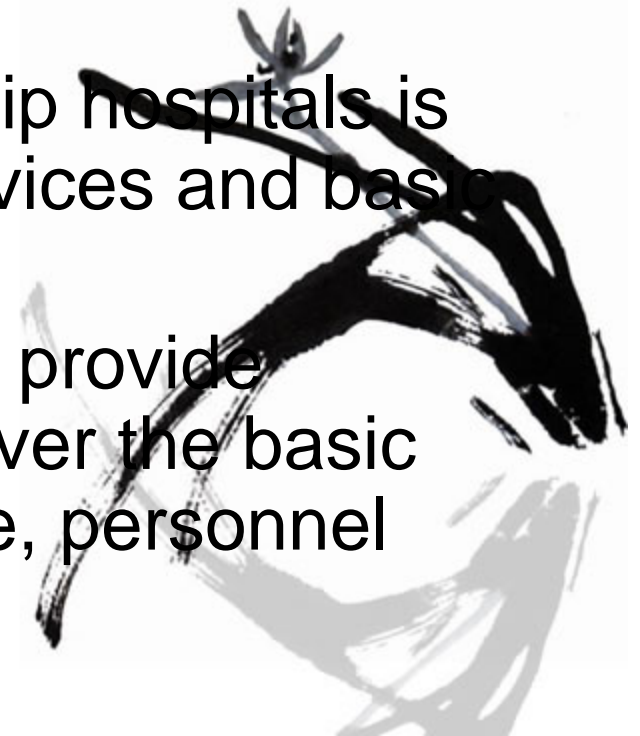
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Main idea

- Each towns must have a government-run township hospital, each village must have a Standardization clinics supported by government, township hospitals are public sectors;
- the main responsibility for township hospitals is to provide basic public health services and basic medical services;
- the government is responsible to provide necessary funds which should cover the basic construction, equipment purchase, personnel expenditure and so on.





Key measures

- 1.Reform of personnel system .
- 2.Reform of the distribution system(P4P)
- 3.Drug procurement and distribution
--- online, province as a unit
- 4.Reform of financial subsidy system.
(governments pay for basic expenditure, including personnel expenditure, social security payment, housing fund and pension for the retired)





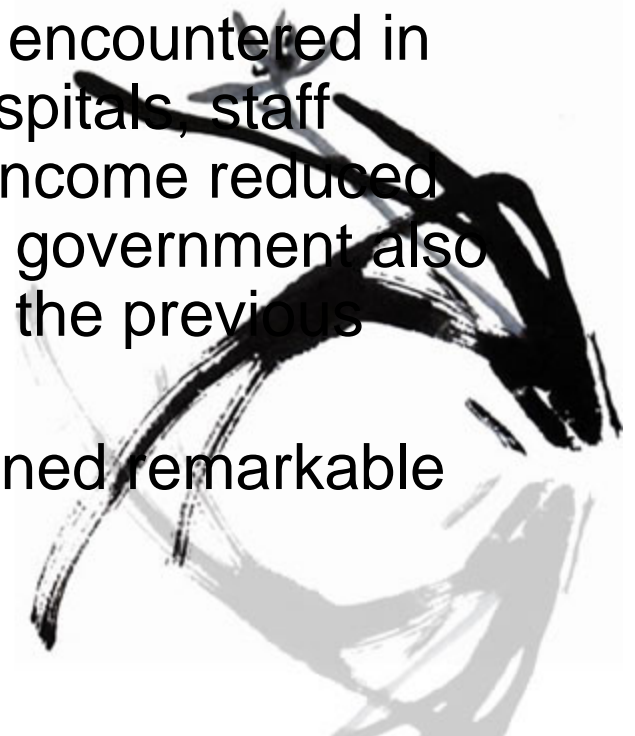
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progress

- January 1, 2010, 32 pilot counties started to carry out "township hospital comprehensive reform" .September 1, 2010, in summing up the experience of the pilot, all 100 counties (city, area) implemented the comprehensive reform.
- In 2011 August, aimed at the problems encountered in the reform, such as low efficiency in hospitals, staff enthusiasm drops, the village doctors income reduced sharply and other issues, the provincial government also introduced a new document, amended the previous policy.
- At present,rural health reform has obtained remarkable effects.



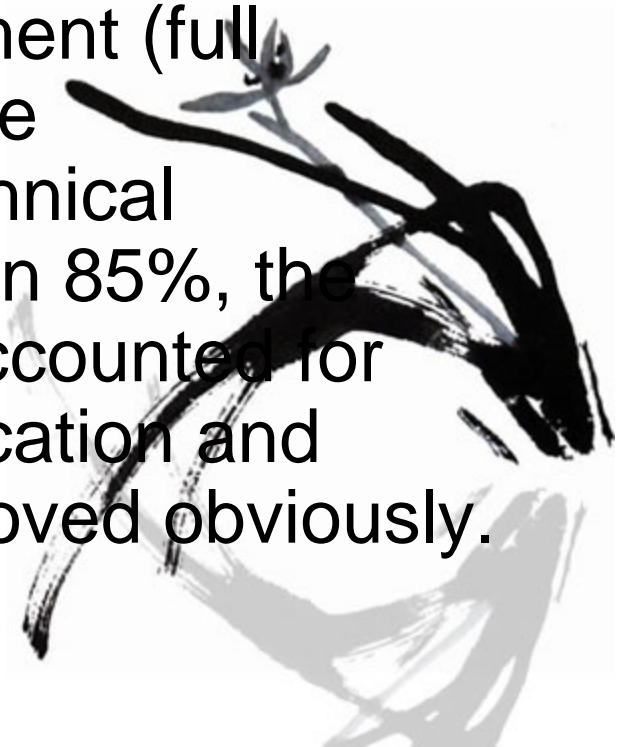


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progress

1. public management system for township hospitals and village clinics has been established. The function of rural health units more clearly
2. new personnel system establishment (full employment) , personnel structure optimization. Professional and technical personnel accounted for more than 85%, the public health service personnel accounted for 21%; with secondary school education and above accounted for 93.4%, improved obviously.



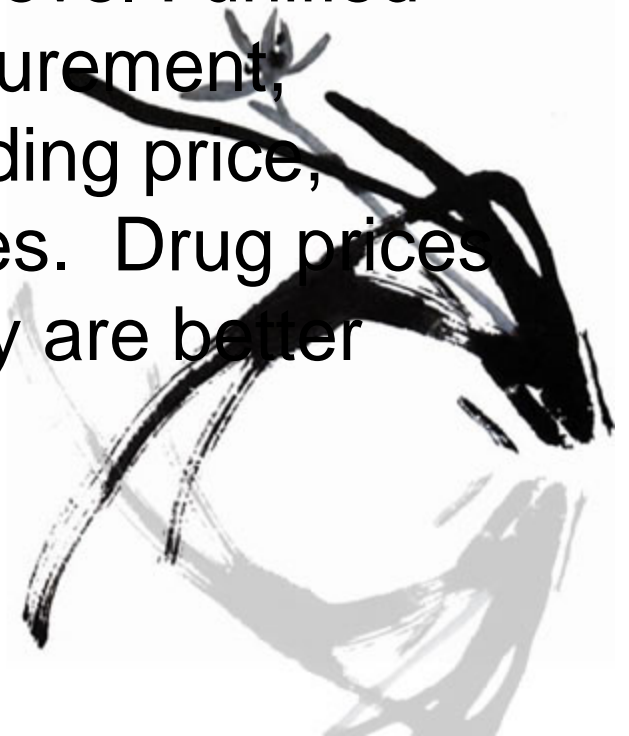


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progress

3. Performance evaluation and pay for performance system is in practicing.
4. Essential drug system has been established, realized "seven unity" in province level : unified catalog of medicines, unified procurement, unified platform of centralized bidding price, unified contract, unified price sales. Drug prices dropped significantly. Drugs quality are better than before.





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progress

5. Established the centralized financial payment system, financial subsidy level improved obviously. In 2010, governments finance allocates funds 2.03 billion yuan, growth of 200% compared with 2008.





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challenges

- In some places new policy has not been implemented (1/3), part of local governments don't perform their duties on rural health conscientiously.





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challenges

- .The service ability of township hospital and village clinics can't meet patients' need and the patients have to go municiple or provincial hospitals to get service.





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challenges

- The number of health staff is shortage and personell quality is not high. Job vacancies 9400. There is an urgent need to take effective measures to solve this problem.





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challenges

- The efficiency of rural medical health units needs to be improved. Scientific and standardized performance appraisal should become the current key work.





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Measures

1. Strengthen primary-care team building and rural health personnel training





Measures

2. Enhancing the basic medical service ability of the central Township Hospital and make it regional medical center

- Personnel construction
- Specialty Departments Development
- Choice Scope of Medicine expanding





Measures

- **3. Strengthen Performance Appraisal (P4P) in township hospital to make staff work hard and provide better service**

