

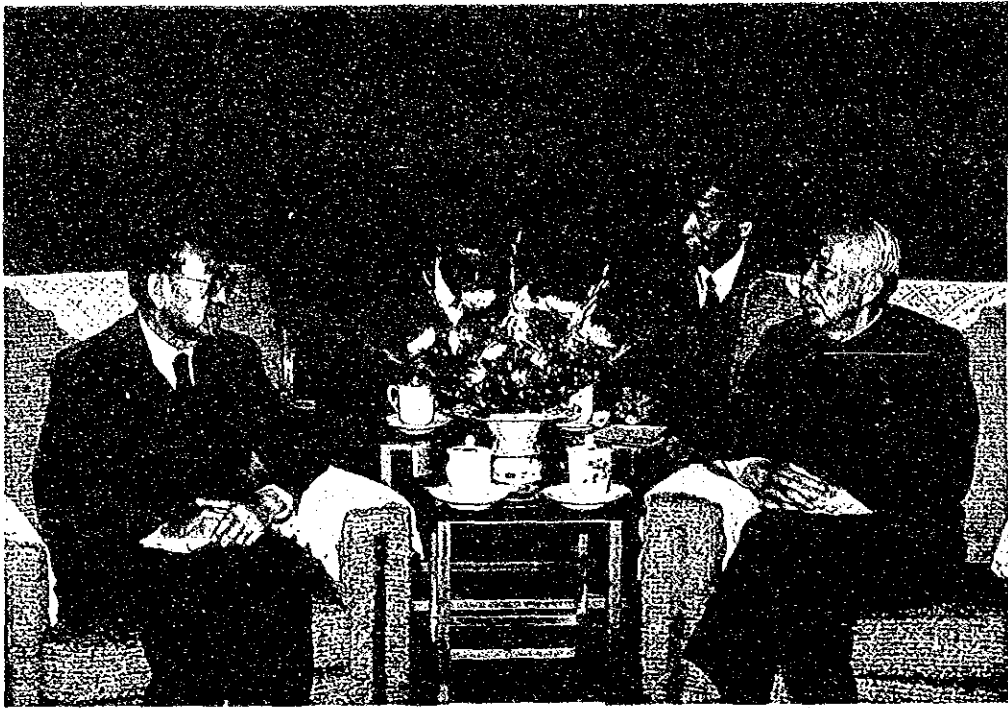
ANNEX IX

中国卫生事业概况

• 1992 •



中华人民共和国卫生部



万里委员长会见WHO总干事中岛宏博士



国务委员李铁映和陈敏章部长在全国血防五作会议上，
观看血防科技展览



计划免疫宣传日



陈敏章部长与土耳其卫生部长阿克因纳签署两国卫生合作协定

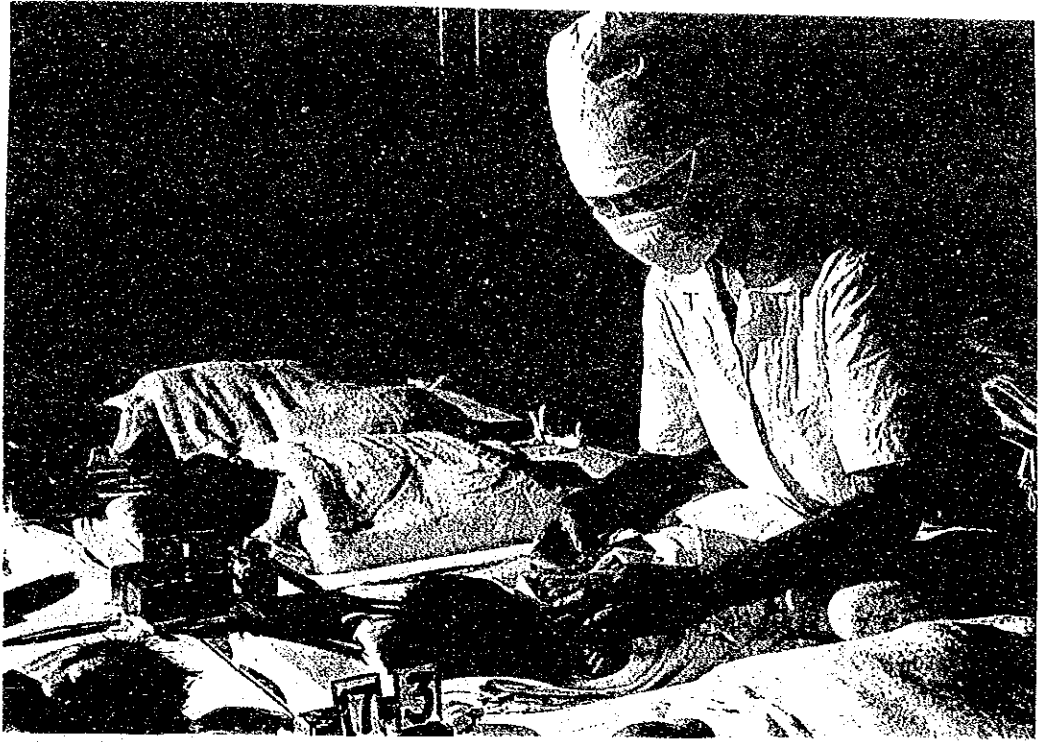


卫生部贯彻《九十年代中国儿童发展规划纲要》实施方案暨省别妇幼卫生规划讨论会

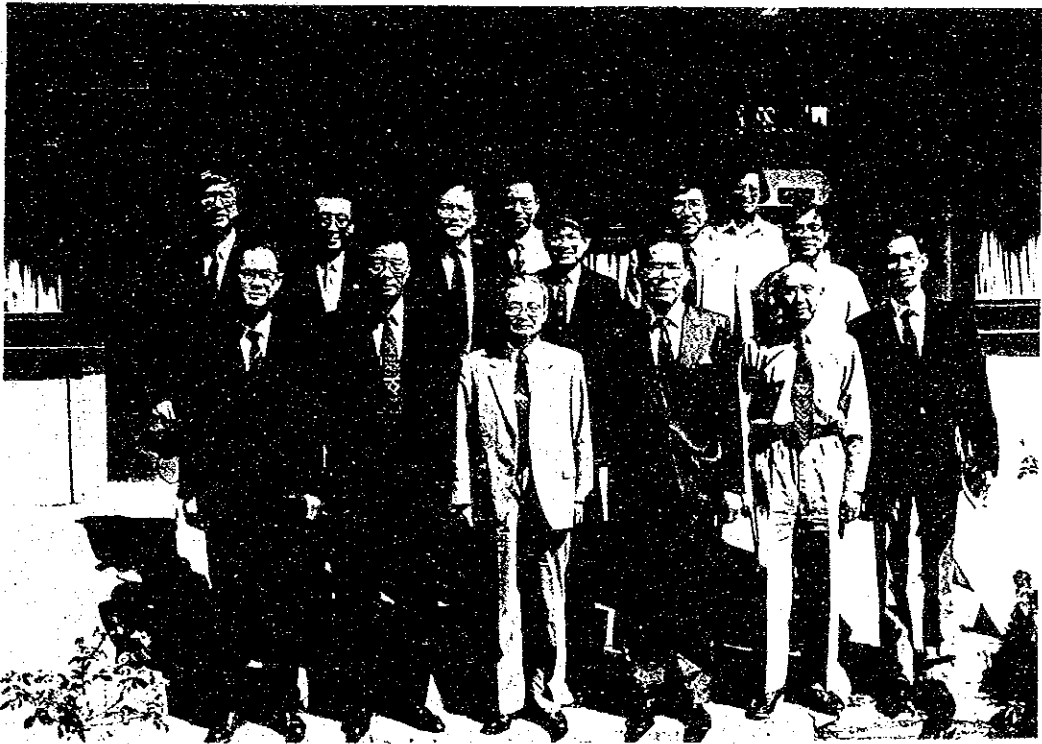
陈敏章部长等部领导
听取药政局关于药品
监督管理互作的汇报



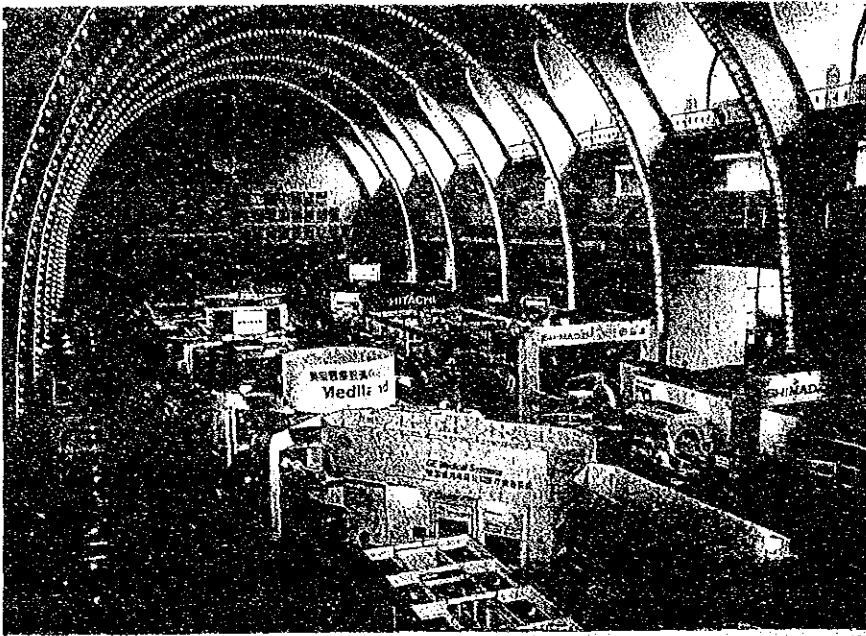
第二届诸福棠奖
颁奖活动仪式



宝宝第一针



顾英奇副部长在卫生部会见新加坡卫生部常务秘书柯顺美及其率领的代表团

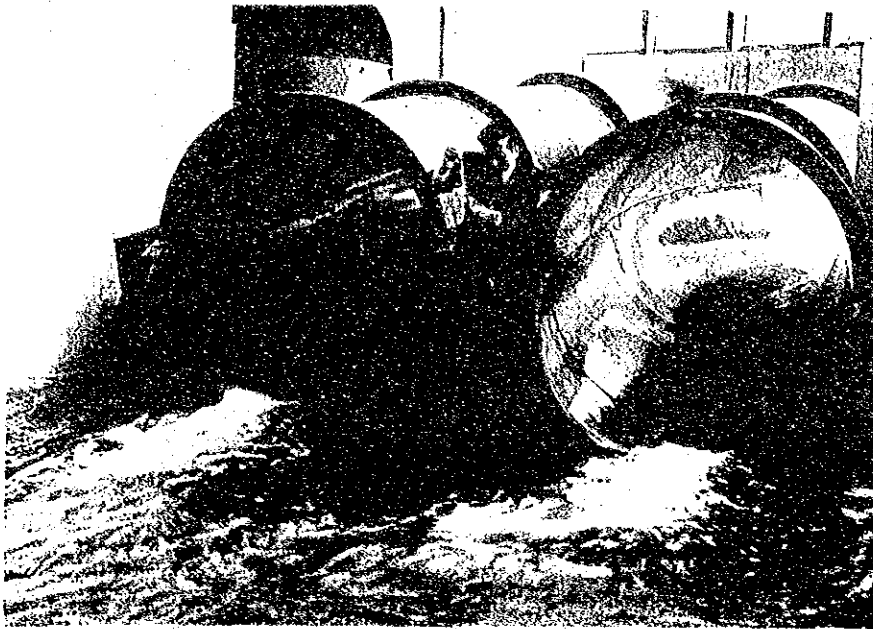


第二届中国国际先进
 医疗器械设备展览会
 暨技术交流会会场

人为健康, 健康为人人



北京加中儿童健康
 基金会研究合作中
 心成立



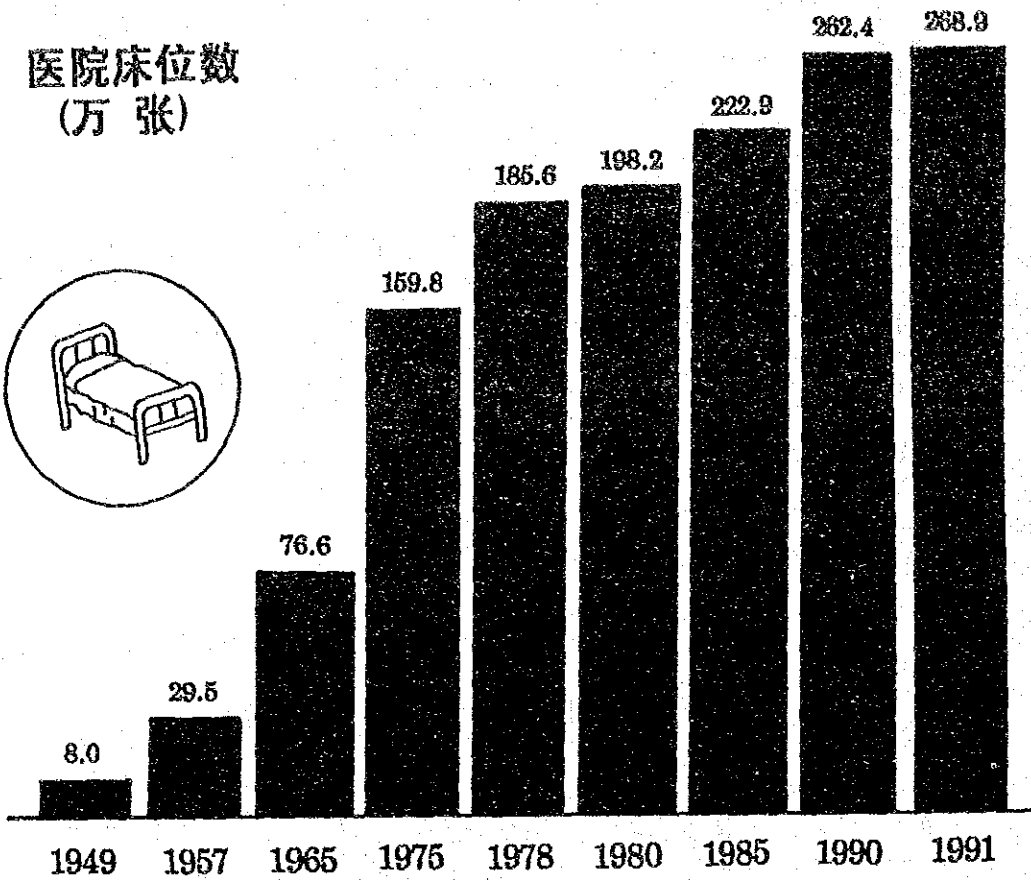
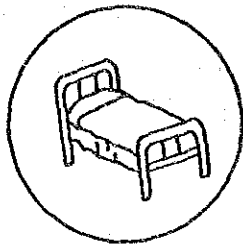
公共场所卫生监督人员
正在对游泳池水质进行
监督检测

食品卫生监督人员
正在对农贸市场进行
卫生监督检查



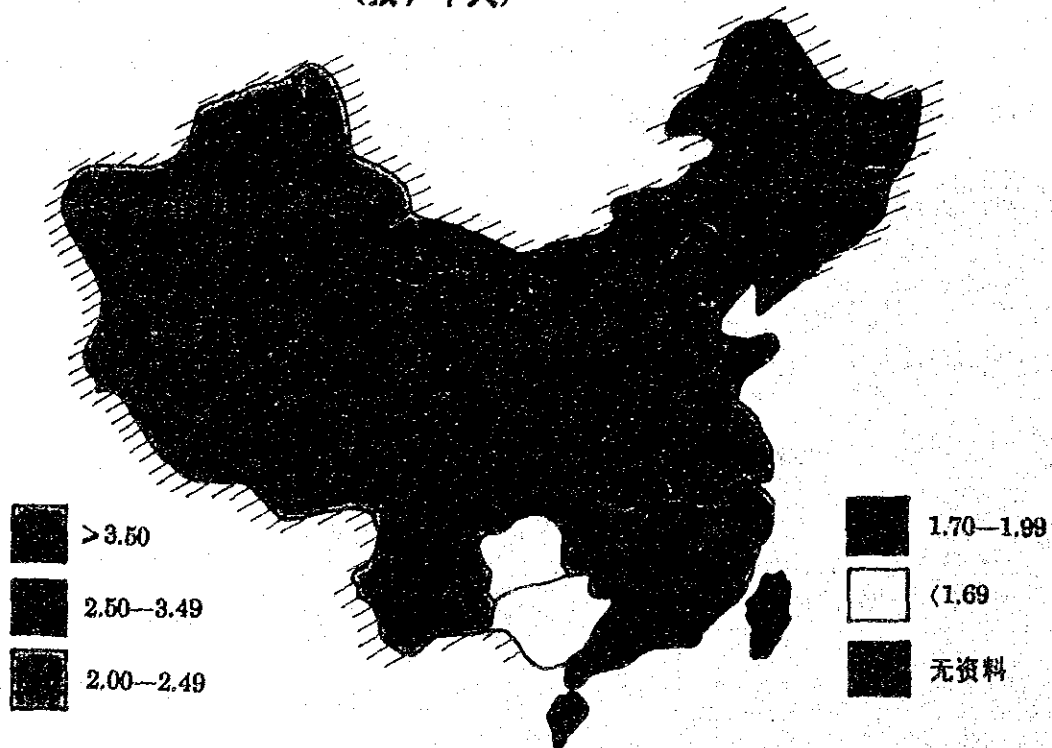
公共场所卫生监督人员
正在对'卡拉OK'歌舞厅
进行风速检测

医院床位数 (万张)

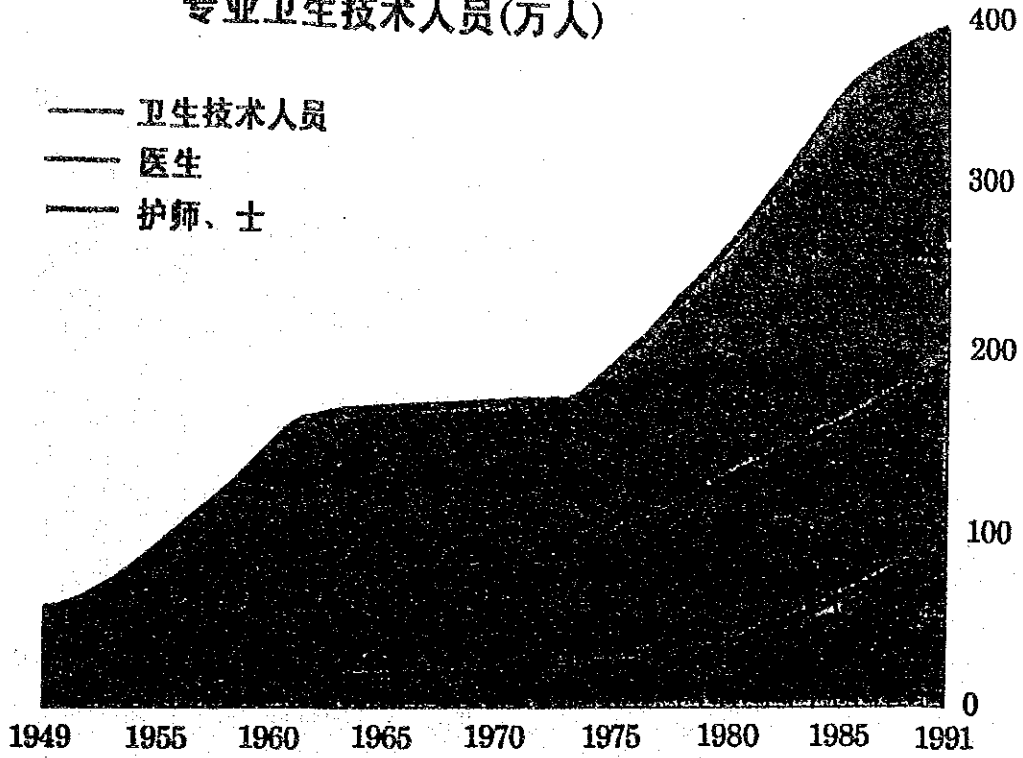


每千人口医院床位数公布图

(张/千人)

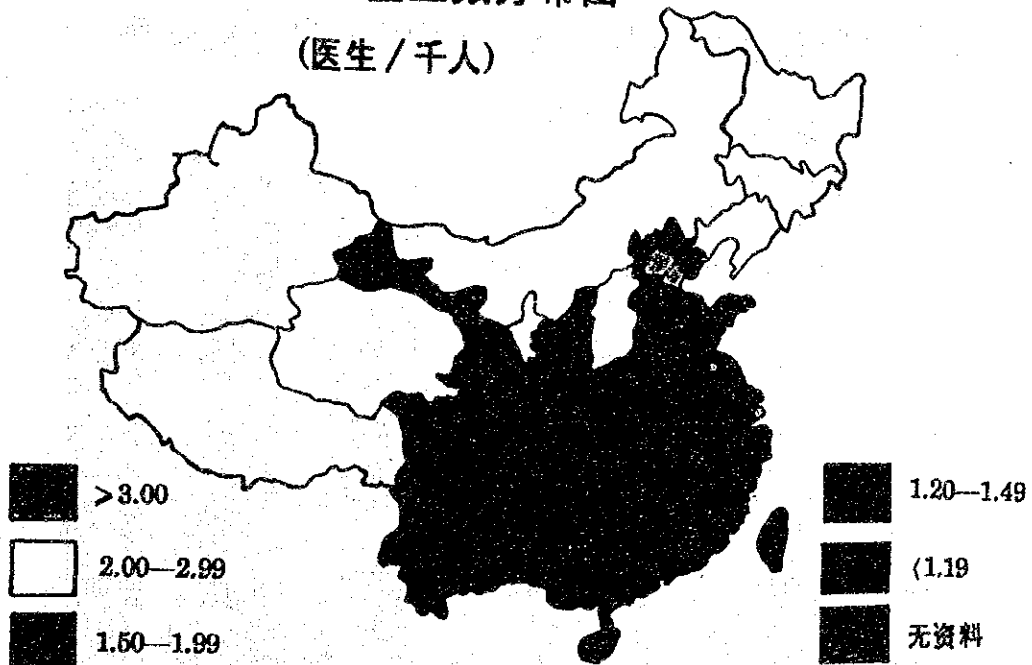


专业卫生技术人员(万人)



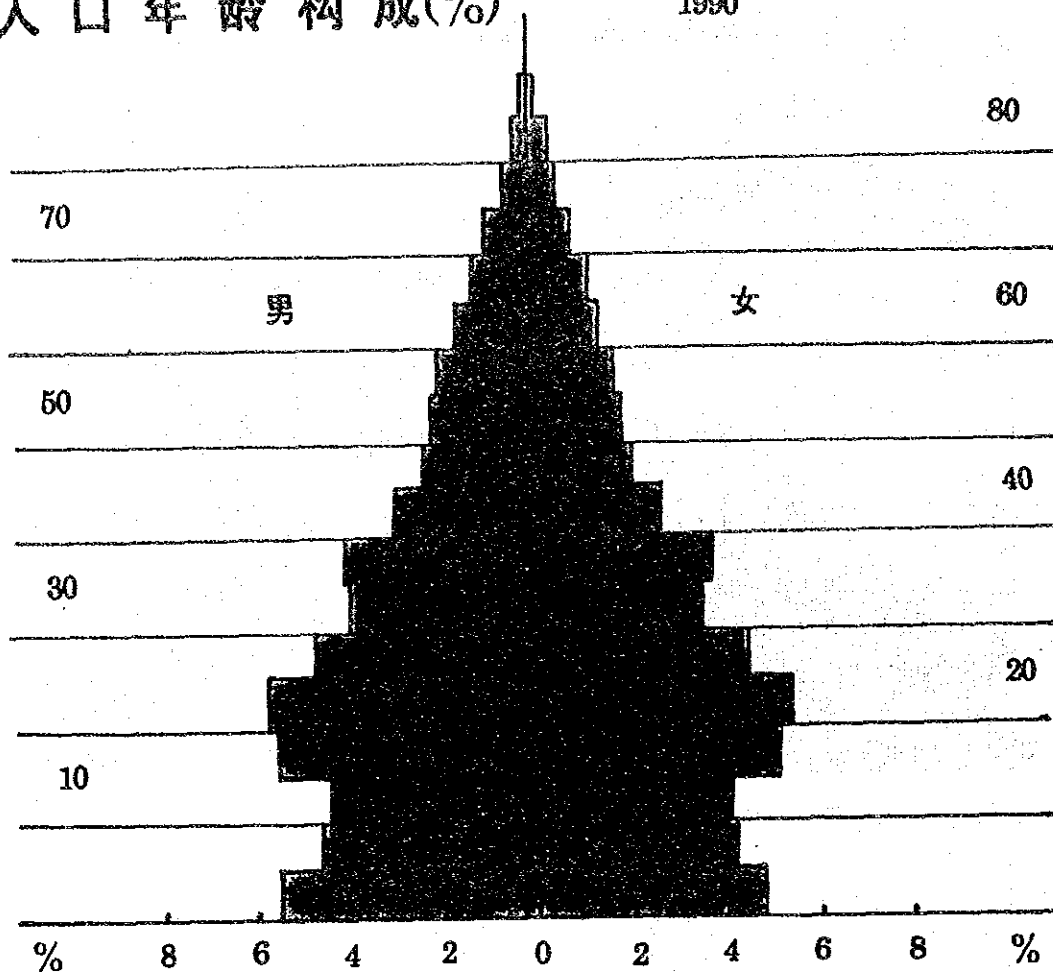
每千人口医生数分布图

(医生 / 千人)

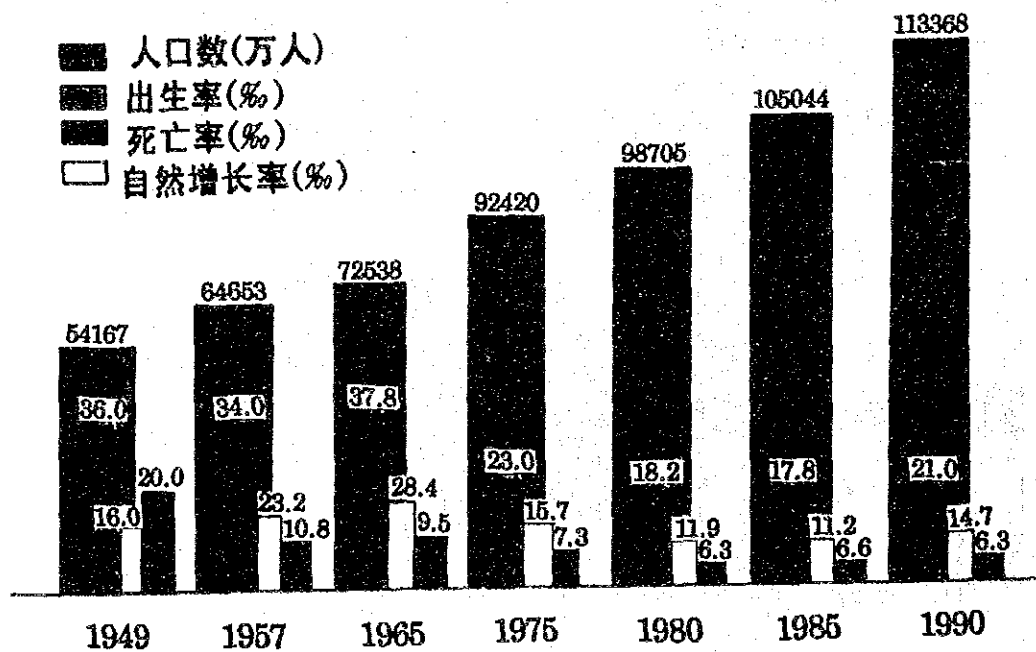


人口年龄构成(%)

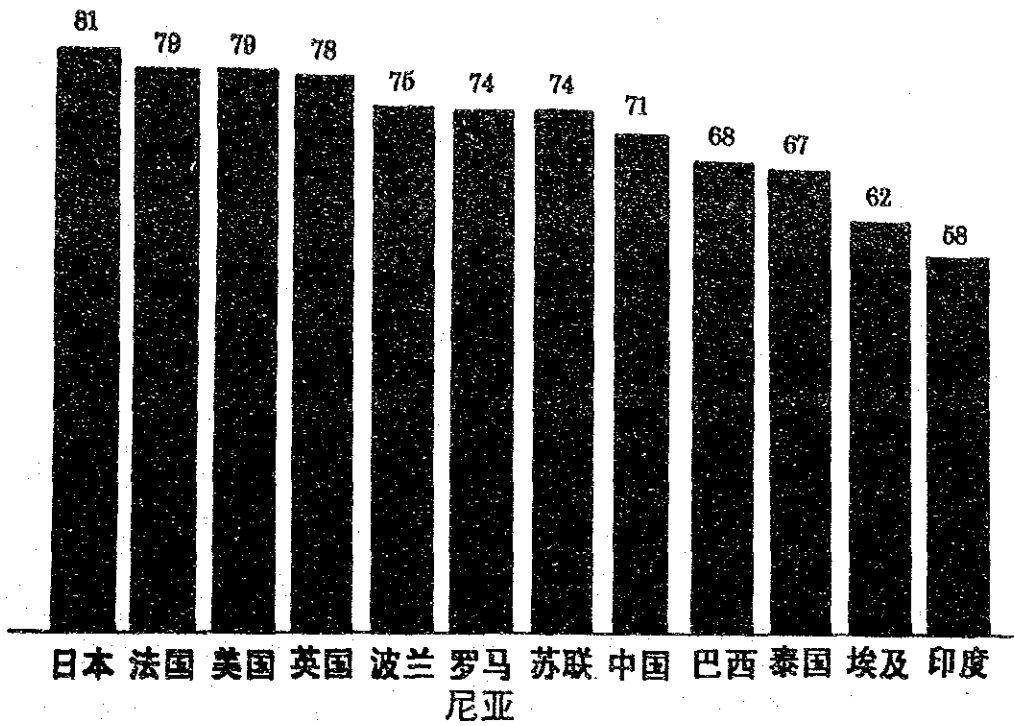
1990



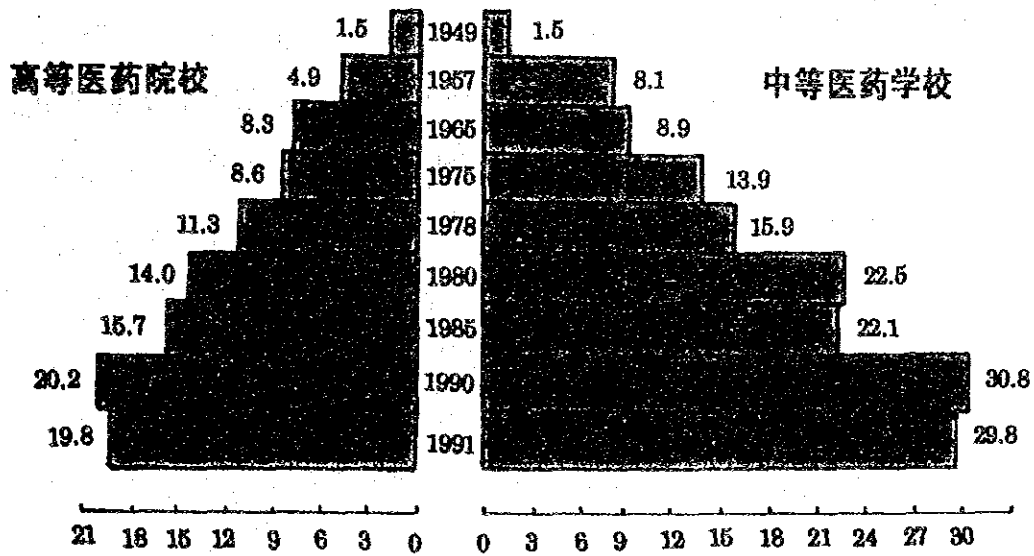
全国人口数及人口出生率、死亡率、自然增长率



1988年我国人口平均期望寿命与世界部分国家比较



高、中等医药院(学)校在校生人数(万人)



中国卫生事业概况

中国位于亚洲东部,面积 960 万平方公里,行政区划有 23 个省、5 个自治区、3 个直辖市。据 1990 年统计,人口 11.3 亿,有民族 56 个,汉族人口最多,占总人口的 91.96%。

卫生机构与人员

我国的卫生机构 1949 年全国只有 3670 个,医院病床 8 万张,专业卫生人员 54.1 万人,其中卫生技术人员 50.5 万人。新中国成立以来,我国的卫生事业有了很大发展。到 1991 年,全国卫生机构发展到 20.9 万个,增加了 57 倍多。其中医院 6.3 万多个,各类门诊部、所 12.9 万多个,卫生防疫站 3652 个,妇幼保健所、站 2854 个,形成了从中央到地方遍布城乡的医疗卫生网。医院的病床 299 万张,增加了 37.4 倍,平均每千人口 2.35 张。各种卫生专业人员 502.5 万人,增加了 9.3 倍。其中卫生技术人员 398.5 万人,增加了 7.9 倍,医生(指中、西医师、士)178.0 万人,增加了 4.9 倍,平均每千人口 1.56 人。

我国发展卫生事业,采取了多种形式和多种途径。在发展全民卫生机构的同时,积极发展集体卫生机构,允许和支持个体开业行医。个体开业医生已达 6.2 万人。现有的城乡医疗卫生机构,县以上大中型的大多属于全民所有制,城乡基层大部分属于集体所有制,个体开业行医则是全民和集体医疗卫生机构的补充。

卫生资金与医疗保健制度

改革开放以来,我国已逐步形成多层次、多渠道筹集卫生资金的局面,卫生资金主要来源有以下几个方面:1. 政府卫生投入包括中央及地方各级政府安排的卫生事业费,基本建设投资、各种专项补助等;2. 各种医疗保健制度的卫生投入,包括公费医疗、劳保医疗以及农村地区多种形式的互助合作医疗制度;3. 居民自费医疗的卫生投入;4. 社会其他部门的投入,如农、林、水等部门的有关卫生投入,城乡集体组织及居民的有关卫生保健活动的资助等;5. 外国政府、国际组织以及港澳台同胞、海外侨胞的卫生捐款、贷款;6. 个人筹资开设医疗机构,即个体医卫生投入。在以上卫生资金来源渠道中,政府的卫生投入以及各种医疗保健制度的卫生投入构成了我国卫生资金投入的主渠道。

据初步测算,1990年,我国卫生总费用约为640亿元(当年价格,下同),占当年国民生产总值的3.60%左右。人均卫生费用56元。卫生总费用中政府投入124.75亿元,占比重的19.35%。医疗保险支出283.36亿元,占44%。自费医疗支出232.6亿元,占36.1%,国外贷款4.2亿元。

我国卫生资金使用主要有以下几方面:1. 用于卫生事业的发展,即各类卫生机构的发展、卫生机构床位的增加,专业卫生人员的增加;2. 用于维持医疗卫生机构的正常运行,即人员工资支出和各项业务支出;3. 用于提高卫生服务能力,和各项防病治病工作以及购置医疗卫生器械设备等等。

我国现行的医疗制度是:在国家干部和大专院校学生中实行公费医疗;在工交企业职工中实行劳保医疗;在农村根据群众的意愿,

实行多种形式办医,做到有医有药,能防能治。在医疗制度上,各地可根据实际情况,采取形式多样、项目不同、标准有别的办法,继续推行健康保险、合作医疗、预防保健合同,孕妇围产期和儿童计划免疫保偿保险等综合或单项医疗防病制度。

农村基层卫生

我国政府一贯重视农村基层卫生工作,采取国家、集体和群众相结合,专业卫生人员与不脱产卫生人员相结合的办法,发展农村卫生事业,健全县、乡、村三级医疗卫生网,为农村居民提供日渐完善的医疗卫生服务。

全国有 1986 个县,1991 年全国县医院有 2199 所,卫生防疫站 1893 个,妇幼保健所、站 1722 个。有些县还设立了卫生进修学校、职业卫生技术学校、药品检验所和一些专科防治机构。县级机构是全县的疾病防治中心,在防治疾病、发展初级卫生保健、加强乡和村医疗卫生机构的业务技术指导,培训基层卫生人员等方面起了重要的作用。

乡建立了卫生院,1/3 是国家办的,2/3 是集体办的。卫生院是综合性的卫生事业单位,担负全乡的卫生行政管理和医疗卫生防疫、计划生育等方面的业务技术工作。全国现有乡卫生院 38248 个,床位 432452 张,平均每院 11.3 张;专业卫生人员 56.6 万,平均每院 14.8 人。各县都选择了一批技术和设备条件较好、地点比较适中、交通比较方便的乡卫生院作为中心卫生院,重点加以建设。现有中心卫生院 9892 个,占乡卫生院总数的 26%,床位平均 30 张,人员平均 35.1 人。

目前,有 87.7% 的行政村建立了以村集体办为主的多种形式村

级卫生组织。行政村的乡村医生具体负责全村的医疗、卫生防疫、妇幼保健、计划生育技术指导和群众卫生等方面的工作。全国农村有乡村医生和卫生员(原赤脚医生)125.3万人。其中经过培训已达到中专水平的乡村医生有77.7万人。

我国80%的人口在农村,解决好9亿农民的防病治病问题,是我国卫生工作的一个重点。现在,各级地方政府正在把实施初级卫生保健,改善农村卫生状况,提高农民健康素质,实现世界卫生组织提出的“2000年人人享有卫生保健”的战略目标作为社会发展目标之一,列入政府工作议程,有计划地、分期分批地对县级医疗卫生机构和中心卫生院进行整顿建设,巩固和发展乡卫生院和村的卫生机构,完善卫生服务设施。

疾病防治

旧中国人民生活非常贫困,卫生设施极少,疫病猖獗流行,人民健康水平很低。新中国成立以后,我们贯彻预防为主方针,集中力量预防和控制严重危害人民健康的传染病,大力开展以传染病防治为主的爱国卫生运动,加强了劳动卫生、食品卫生、学校卫生、放射卫生防护等方面的工作,积极进行了疾病防治,抓了卫生基本设施的建设,城乡卫生面貌发生了很大的变化,人民的健康水平有了很大的提高。

我国在50年代就消灭和基本消灭了天花、鼠疫、黑热病、斑疹伤寒、回归热和性病,急性传染病发病率已从20000/100000下降到目前的284/100000以下,使传染病的死亡顺位由死因第一位下降到第九位。1960年消灭了天花。麻疹、脊髓灰质炎、白喉、百日咳的发病人数已从解放初期的1183万例下降到1991年的13.6万例,降低

98.4%。

1989年全国人民代表大会常务委员会批准颁布了《中华人民共和国传染病防治法》，1991年国务院批准卫生部颁布了《传染病防治法实施办法》，一些专业性法规、标准、办法相继实施。这样，我国的传染病防治工作逐步走上了法制管理轨道，各级政府领导全社会参与传染病防治工作的局面正在形成，有力地促进了传染病的防治工作。1990年以县为单位，计划免疫疫苗接种率达到85%的目标。目前，全国正为力争1995年消灭脊髓灰质炎努力工作。

同时我们也应当看到，我国每年急性传染病的发病人数仍高达300多万人，其中80%为消化道传染病，部份地区仍时有爆发流行，艾滋病确已传入中国。传染病在相当长的时间内仍然是我国部分地区危害人民健康的主要问题。

建国以来，地方病防治工作在各级党委和政府的领导下，动员社会各方面力量，开展群众性的除害灭病活动。截止1990年，布鲁氏菌病、大骨节病大部分病区疫病情基本稳定，克山病已有1/3的县达到基本控制，有碘缺乏病的1697个病区县已有64.3%的县达到基本控制，全国大部分地区已经基本查清了地方性氟中毒的病情，并积极开展防治工作。血吸虫病在378个流行县中，已有148个县达到消灭标准，105个县达到基本消灭的标准。截止1991年底丝虫病流行于864个县中，已有835个县达到了消灭标准；疟疾发病率除1989年稍有回升外，已连续9年持续下降；麻风病人已由解放初的50万人减少到目前的2万余人。

卫生监督

我国的卫生监督工作自五十年代以来有了较快的发展，形成了

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卫生监督网络,建立了一套卫生监督制度。

一九八三年《中华人民共和国食品卫生法(试行)》实施以后,极大地推动了我国的卫生监督工作,国务院先后颁布或批准颁布了《公共场所卫生管理条例》、《尘肺病防治条例》、《化妆品卫生监督条例》、《放射性同位素与射线装置放射防护条例》和《学校卫生工作条例》。这使我国的卫生管理由一般的行政管理转入法制管理的轨道。为了加强全国卫生监督工作的宏观调控和综合管理,卫生部于1989年初组建了卫生监督司。根据现行的法律、法规授权各级卫生行政部门和卫生防疫机构成为法定的卫生监督监测机构。目前,中央、省、地市、县四级国家卫生监督监测网络已基本形成,承担着由法律、法规直接授权和卫生行政部门委托的食品卫生、环境卫生、劳动卫生、放射卫生和学校卫生等国家强制性卫生监督任务。随着卫生法制建设的加强,卫生监督监测队伍不断得到充实。至1990年底,在各级卫生监督监测机构中,食品卫生监督员(包括兼职)达3万余人,从事劳动卫生监督监测的业务人员2万余人,环境卫生和放射卫生业务人员也分别近万人。学校卫生专业人员5000余人。此外,乡镇还有相当数量的卫生检查员,几年的卫生监督执法实践已经培养、锻炼出了一大批既懂法律、又精业务的卫生监督监测人员。

大量卫生监督监测工作的开展,促进了整个社会卫生水平的提高,为我国的经济改革、生产发展和公众生活创造了良好的环境。

全国食品卫生合格率已从1982年的61.5%上升到1990年的82%。进口食品卫生合格率已达98%。各类食物中毒、食源性疾病和营养缺乏病的发生率已有显著下降。

城市、农村饮用水的监测、公共场所卫生许可证的发放、化妆品的卫生监督、从业人员的培训以及环境污染与健康的调查等都大大

促进了我国环境卫生质量的提高。

以尘肺病防治为主的全面劳动卫生和职业病防治工作的加强,使县及县以上国营集体企业的作业场所的尘毒达标率由1986年的50%上升到1991年的60%以上。目前全国80%以上的县及县以上的国营集体企业都建立了劳动卫生档案。与此同时,还加强了对乡镇小工业的劳动卫生管理和对“三资”企业职业危害调查研究。在此基础上,卫生部正在起草一部综合性的职业病防治法规。

放射卫生工作范围也逐步拓宽,除对核设施放射性同位素与射线装置实行卫生许可制度外,还对与人民生活密切相关的食品、饮用水、近地面空气、牛奶等农用化肥、生活用品、建筑材料的辐射水平以及放射性污染实行了监督监测。

《学校卫生工作条例》的颁布,为保护我国近2亿青少年的身心健康提供了法律保障。学校卫生监督工作已逐步开展以保证广大学生学习、生活环境的卫生质量。目前我国已基本形成了一个卫生、教育部门密切配合的学生卫生保健体系。学生的传染病、常见病大幅度下降,学生发育和健康水平得到了显著提高。

各级卫生监督监测机构除依法进行各类卫生监督监测外,还开展了大量的业务指导、技术咨询、科研培训、宣传教育等卫生服务工作,并取得了良好的社会效益和经济效益。

妇幼保健和计划生育技术指导

我国妇女、儿童占总人口的2/3。保障妇女和儿童的健康是我国卫生工作的一项重要任务。

全国城乡建立健全了三级妇幼卫生服务网络。90%以上的产妇能够享受到新法接生。我国围产保健质量逐年提高,重点抓了高危孕

妇的系统管理,住院分娩。在全国开展了保障母亲安全的规划活动,孕产妇死亡率由建国初期的150‰降为9.47‰。成立了中国出生缺陷监测中心,建立了出生缺陷动态监测网。国家颁布了《女职工劳动保护规定》和《女职工保健工作暂行规定》,女职工在月经期、孕期、产期、哺乳期、更年期能够得到相应的保健和保护。女职工生育子女,产前产后享受56天至半年的产假,工资照发。女职工较多的厂矿设女工卫生室、孕妇休息室、哺乳室等福利和保健设施,并给予乳母每天两次授乳时间,每次30分钟。定期进行妇女疾病普查普治,使严重危害妇女健康的子宫脱垂、尿瘘得到了控制,妇女的健康状况有了很大的改善。

党和政府十分重视儿童保健,号召全党全社会都来关心儿童少年的健康成长。新中国成立四十年来,儿童保健工作取得了很大进展。1991年3月18日,李鹏总理代表中国政府签署了《儿童生存、保护和发展世界宣言》和《执行九十年代儿童生存、保护和发展世界宣言行动计划》两个重要文件,并表示我国政府将履行我们的义务。据国家统计局公布,我国的婴儿死亡率由解放前的200‰下降到1990年35‰。由于开展计划免疫工作,一些严重危害儿童生命的急性传染病已得到控制,儿童营养状况不断改善,严重营养不良疾病在我国绝大多数地区已很少见。1975年、1985年两次城乡儿童生长发育调查表明,我国儿童生长发育水平明显提高。

城市儿童保健工作已从系统管理发展到五官保健,心理卫生保健,早期教育和智力开发,以促进儿童身心全面发育。在农村开展儿童系统管理和生长监测,为儿童建立健康档案,定期健康检查,防治常见病。佝偻病、贫血、肺炎、腹泻是我国重点防治的四种儿童常见病,卫生部制定了《全国小儿“四病”防治方案》和防治规划,指导各地

有计划地开展防治工作。为搞好集体儿童保健,卫生部制定了《托儿所、幼儿园卫生保健制度》,注重推广儿童保健适宜技术,开展生长监测,提倡母乳喂养、母婴同室,重视普及科学育儿知识。

由于中国人口众多,各地经济发展不平衡,进一步加强贫困地区的儿童保健将是今后一个时期的重点工作。

计划生育是我国的一项基本国策。卫生部门的重要责任是做好计划生育技术管理和提供技术服务工作,贯彻避孕为主,推广综合节育措施。宣传普及避孕节育知识,在节育技术和方法方面给予指导、帮助。培训节育技术人员,提高技术水平,保证手术质量。卫生部颁发了《计划生育技术工作管理条例》、《节育手术常规》等。从事节育手术的技术人员都经过培训,考核合格后才担任技术工作。国家通过科学研究,研制并推广了各种新型宫内节育器,长效、短效、速效口服避孕药片(丸)和长效避孕针剂、工具等,达到了经济、简便、有效、安全的节育目的。在广大的农村和城市已经形成计划生育技术管理和技术服务网络。

中医和中西医结合

中医在我国有几千年的历史,有独特的理论和丰富的实践经验。中医药在保障人民健康方面发挥了重要的作用。根据我国存在中、西医两种医学的国情,我国政府从人民的实际需要出发,明确指出:在我国,中医和西医都要得到发展。把“发展我国传统医药”载入我国《宪法》,并制定了一系列方针政策和各项有力措施,促进中医药学的发展。

1986年7月正式成立了国家中医管理局,现名为国家中医药管理局。

全国现有中医药专业技术人员 50 多万人,县以上中医医院 2222 多所,病床 19.5 万张,有 95% 的西医院中设立了中医科。农村中,受过专业培训的 130 万乡村医生大多能运用中草药和针灸等中医疗法为人民防治疾病。全国现有中医药院校 31 所,培养了 7.3 万多名中医药大学毕业生,1200 余名中医博士和硕士。专业中医药研究机构 76 所。

中西医结合是在我国既有现代医学又有传统医学特定历史条件下发展起来的一支新生力量。我们坚持中西医结合的方针,中医、西医互相配合,取长补短,努力发挥各自的优势,在学术上,实行“百花齐放,百家争鸣”,并取得了一批可喜的科研成果,这对促进我国医学的发展起到了重要的作用。

医学教育与科研

医学教育在我国整个教育事业和卫生事业中占有重要地位。经过长期持续发展,我国医学教育已形成有鲜明行业特点和较为完整的教育体系。1991 年全国有高等医学院校 122 所(不包括未招生筹建院校、综合大学内的医学院系、大学分校和军队院校),在校本、专科生 19.8 万人,占全国普通高校在校生总数的十分之一;全国现有 85 所高等医学院校和 30 个科研机构培养医学研究生,在学研究生 11658 人。全国现有中等卫生专业学校 563 所,在校生 24.4 万人,占全国中专在校生的 13.7%;另有近 300 所卫生职业技术学校,为进一步提高在职卫生技术人员的业务素质,我国大力发展医学成人教育,现有高等医学成人院校 41 所,在校生 1.1 万人,还通过函授、夜大学和自学高考等形式对在职人员进行系统教育;全国现有职工中专 330 所,县卫校 1128 所,各级医学教育机构和医疗卫生单位通过

各种方式对 46 万以上在职人员进行短期培训和进修教育。近年来,我国医学教育的重点放在为农村培养卫生技术人员上,并已取得初步成效。

近些年我国医学科学研究工作发展较快,并具备了一定的基础和规模。现在全国拥有 1403 个独立的和附设的研究院所,科技人员达 9 万多人。卫生部设有 17 个医学科学技术专家咨询委员会,聘任了 437 名专家为委员,就卫生部领导全国医学科研工作的各方面,从宏观上提供咨询和建议。中国医学科学院、中国中医研究院和中国预防医学科学院,是我国最大的医学科学研究机构。

医学科学技术取得了一大批成果,从 1949——1991 年获国家级科技成果奖 521 项,由卫生部批准授予的医药卫生科技成果奖 1835 项,基本反映了我国在基础与临床医学、预防医学、传统医学、药品、生物制品及医疗器械诸方面的主要研究成就,特别是显微外科、小肝癌的诊断与治疗;绒癌研究、食管癌的发生发展与亚硝酸胺关系的研究、砂眼衣原体的发现、中国鼠疫自然疫源地的发现与研究、乙型肝炎疫苗的研制、传统医药的发掘与提高等,推动了相关学科或领域的长足进步。

药政管理

中国的药政管理工作,经历了艰苦奋斗、迅速发展的四十个春秋,为保障人民身体健康和用药安全有效作出了贡献。四十多年来,中国的药政药检机构发展十分迅速,从卫生部到各省、地、市、县的卫生厅(局)均设有药政管理机构及药品检验所。全国有药政管理人员三千多人;药品检验所两千多个,技术人员一万八千多人;药品监督员一万二千多人,形成了较完善的药品监督管理保证体系,为促

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进医药工业的发展起到了积极的作用。

1984年9月20日,中华人民共和国第六届全国人民代表大会常务委员会第七次会议通过,并以中华人民共和国主席令第十八号公布了《中华人民共和国药品管理法》,自1985年7月1日起施行。《中华人民共和国药品管理法》的施行,标志着中国的药品监督管理工作进入了法制化管理的新阶段。《中华人民共和国药品管理法》规定,国务院卫生行政部门主管全国药品监督管理工作;县以上地方各级卫生行政部门的药政机构主管所辖行政区的药品监督管理工作。具体有以下几个方面:

1. 执行《中华人民共和国药品管理法》、《中华人民共和国药品管理法实施办法》;
2. 起草有关药品监督管理的法规,制定配套的单行办法;
3. 颁布《中华人民共和国药典》和药品标准;
4. 审批新药、核发药品批准文号和进口药品注册;
5. 对药品的生产、经营、使用进行监督;
6. 组织对已经生产的药品的药效、副作用进行调查和再评价,并及时提供和公布有关质量方面的资料;
7. 依照《中华人民共和国药品管理法》、《中华人民共和国药品管理法实施办法》决定行政处罚。

爱国卫生运动

爱国卫生运动是我国特有的一种卫生工作方式,是由各级人民政府领导组织、全社会共同参与、改善社会卫生状况的群众活动。全国及各级爱国卫生运动委员会办公室是同级人民政府处理社会性公共卫生等问题的行政协调机构,主要职责是:

1. 根据全国爱国卫生运动委员会的部署,研究拟定爱国卫生运动的方针、政策、法规和规划,提交委员会审议;
2. 根据委员会决议,统筹协调各委员部门承担的爱国卫生任务的落实;
3. 开展城乡卫生评比活动,创建卫生先进城市和单位,组织群众性卫生监督和管理;
4. 开展健康教育,普及卫生科学知识,提高广大群众的自我保健意识和能力;
5. 组织开展病媒生物(如鼠、蚊、蝇、蟑螂、臭虫等)防治工作;
6. 改善农村饮水条件,开展农村环境卫生的综合整治;
7. 组织和协调有关部门制定重大疫情及中毒事故的应急措施和对策,并检查部门落实情况;
8. 参与全球卫生活动,开展国际间的卫生交流与合作。

国际友好合作

1991年,我国卫生外事工作在国际友好合作中,进一步开展了多层次、多形式的对外交流与合作。一年中,我部长级代表团出访了8个国家,有17个国家的卫生部长对我国进行了友好访问,派赴国外考察访问、讲学和进修各级专业技术人员2506人次,接待来访的外国专家和卫生人员2907人次。自1978年截止到1991年底,我国卫生部已先后与90个国家进行部级代表团互访,同23个国家签订了卫生和医学科学合作、协议,在更为广泛的医学领域中开展了官方和民间交流。

为支援非洲等第三世界国家发展医疗卫生事业,从1963年以来的28年间,我们已先后应邀向六十多个国家和地区派出了医疗队和

针灸培训小组。另外,还通过联合国志愿人员组织向4个国家派出了医务人员。至今累计派出医务人员1万多名,共为所在国诊治各种病人近1.7亿人次。目前,还有近1200名医务人员在37个国家和地区工作。

我们的医疗队员牢记祖国的重托,以白求恩大夫为榜样,发扬国际主义精神,克服种种困难,全心全意地为当地人民的健康服务,他们的医德和医术受到了所在国政府和人民的广泛赞扬。在共同的工作和生活中,他们同当地医务人员和人民群众结下了深厚的友谊,为发展所在国的医疗卫生事业,为增进我国同这些国家之间的相互了解和友谊做出了积极的贡献。

我国政府十分重视和赞同世界卫生组织提出“2000年人人享有卫生保健”的全球战略,并在该领域中与世界卫生组织进行了卓有成效的合作。自1978年与世界卫生组织签订了卫生技术合作备忘录及1982年签订基本协定以后,在技术合作方面得到迅速的发展。十多年来,世界卫生组织共派出专家来华讲学和办训练班将近1000余起,在63个卫生科研单位建立了合作中心,并从技术、资源上给予支持。同时,我国的150余名专家先后被聘请为世界卫生组织专家咨询团成员,每年还参加80多起专业会议,在促进我国与成员国的技术交流、推动我国医学科学技术进步和卫生事业发展上起到了积极的作用。

我国已同世界银行建立起良好的合作关系,自1990年起五年内提供800万美元贷款用于浙、陕、赣三省及金华、宝鸡、九江市区域卫生发展项目中的健康教育工作。另外提供20万美元贷款支持我国第二次50万人口吸烟与健康状况抽样调查活动。

通过政府间和民间的各种交流与合作,增进了我们同世界各国

人民及医务界同道们的友谊,引进了一些新技术、新设备,培养了一批卫生科研技术人员。

我们希望在“平等互利、讲求实效、形式多样、共同发展”的原则基础上,同更多的国家进行友好合作,为发展“南南合作”,为实现世界卫生组织提出的“2000年人人享有卫生保健”的全球战略目标,做出我们应有的贡献。

卫生行政组织系统

卫生部
(一九九二)

机关职能机构

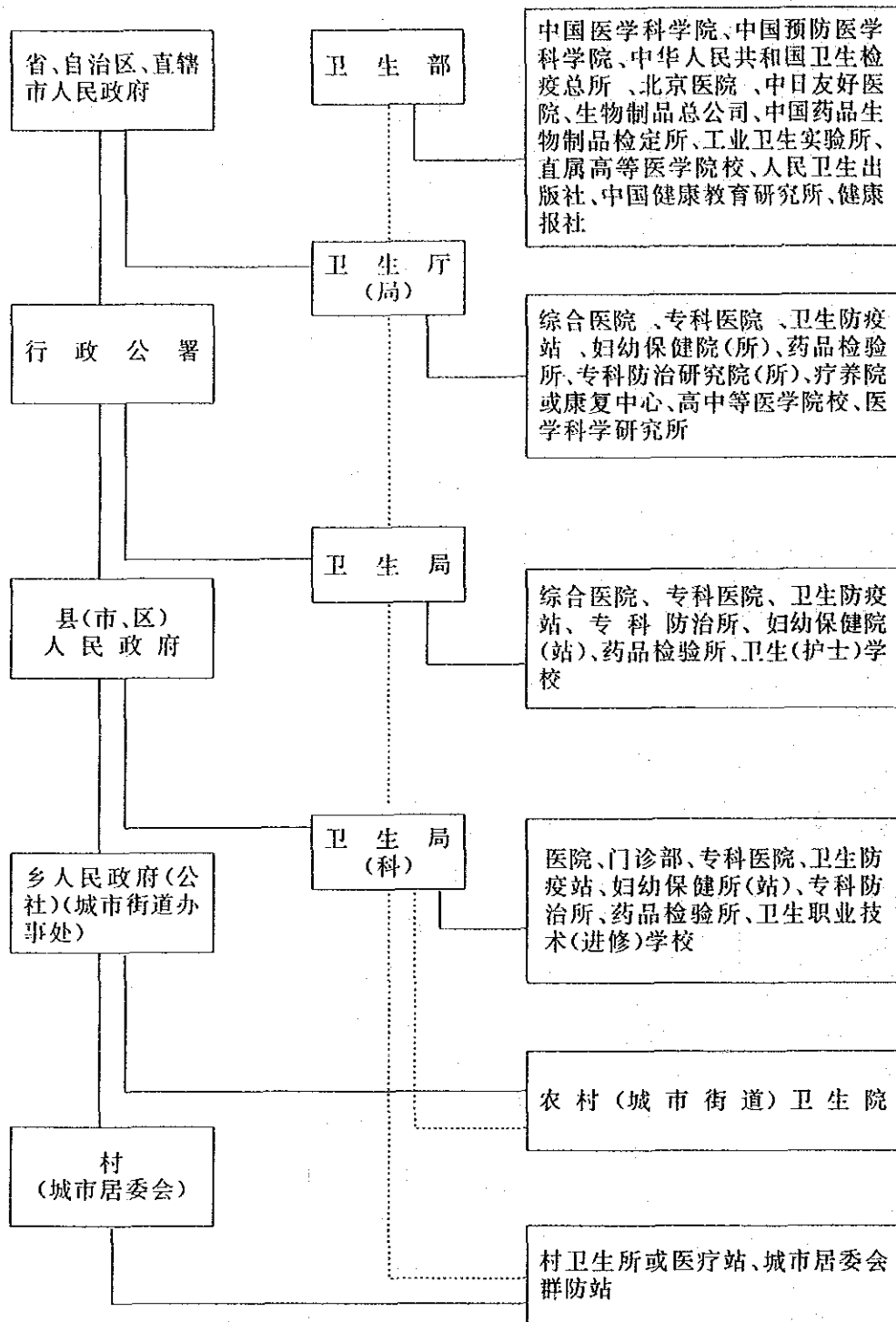
- 办公厅
- 政策法规司
- 人事司
- 计划财务处
- 医政司
- 卫生防疫司
- 地方病防治司
- 卫生监督司
- 教育司
- 科技司
- 妇幼卫生司
- 药政管理局
- 外事司
- 保健局

地方职能机构

省、自治区、直辖市卫生厅局

- 办公室
- 人事处
- 计划财务处
- 医政处
- 卫生防疫处
- 科研教育处
- 中医处(局)
- 妇幼卫生处
- 药政处
- 外事处
- 行署卫生局—县市、区卫生局—农村卫生院

各级医疗卫生组织机构



A BRIEF INTRODUCTION TO CHINA'S MEDICAL AND HEALTH SERVICES

China is situated in the eastern part of Asia. It covers an area of 9.6 million square kilometers and is divided into administrative area including 23 provinces, 5 autonomous regions and 3 municipalities directly under the central government. According to the statistics in 1990, it has 56 nationalities with a total population of 1.13 billion, of which 91.96 per cent belong to the Han nationality.

Health Institutions and Personnel

In 1949, there were only 3670 health institutions, 80,000 hospital beds and 541,000 professional health workers including 505,000 technical personnel. Since the founding of new China, great progress has been made in the health services. By 1991, medical and health institutions have grown to some 209,000 in number, an increase of over 57 times, including 63,000 hospitals, 129,000 outpatient departments and clinics, 3652 health and epidemic prevention stations and 2854 maternal and child health care centers, thus a nationwide medical and health network from the central down to the grassroots levels has taken shape. Hospital beds have been increased by 37.4 times with a total of 2.99 million, averaging 2.35 per 1000 population. Professional health workers of all categories have developed to 5.025 million, an increase of 9.3 times, of which technical personnel 3.985 million, an increase of 7.9 times, doctors (including doctors and assistant doctors of both western and traditional Chinese medicine) have gone up to 1.78 million, an increase of 4.9 times, averaging 1.56 per 1000 population.

A multitude of forms and approaches has been employed to

develop China's health services. Efforts have been made to energetically promote the development of the collective-run health institutions and permit and support private practice, while developing the state-run health institutions. There are now 62,000 private practitioners. Among the existing medical and health institutions in the urban and rural areas, the majority of big and medium-sized ones at county level and above are under the state ownership, the majority of those at grassroots levels are under the collective ownership, and private practice serves as a supplement to the state and collective-run institutions.

Health Financing and Medical Care Insurance System

Since the implementation of the policy of reform and opening to the outside, the mechanism of financing health services through diversified channels and at different levels has been gradually established with the funds mainly from following sources: (1) health input by the central and local governments including health budget, capital construction investment, and subsidy for special activities; (2) health input by medical care insurance system including free medical care insurance service, labor insurance service and various kinds of cooperative medical service at rural areas; (3) health input by patient fee payment; (4) health input by other social sectors (such as agricultural, forest and water conservancy sectors etc) and funds contributed by collective organizations and residents in urban and rural areas for health care activities; (5) donation and loan from foreign governments, international organizations, compatriots from Hongkong and Macao and overseas Chinese; (6) health input by private medical institutions or private practice. Among above-mentioned sources, the health input by the government and various medical care insurance systems constitutes a major source for the total health input in China.

According to preliminary estimate, China's total health expenditure in 1990 was RMB 64 billion yuan(constant 1990 prices), which represents 3.6% of GNP in 1990, averaging RMB 56 yuan per capita. Among the total national health expenditure, the government input amounts to RMB 12.475 billion yuan, accounting for 19.35%, medical care insurance amounts to RMB 28.336 billion yuan, representing 44%, patient fee payment amounts to RMB 23.26 billion yuan, making up 36.1%, foreign loan amounts RMB 420 million yuan.

The funds have been mainly utilized for following purposes: (1) to develop health services, including the development of all kinds of health institutions, the increase of number of hospital beds and professional health workers; (2) to maintain normal operation of medical and health institutions, including salary payment and expenditure for various activities; (3) to increase health service delivery capability, including various services for disease prevention and treatment, and purchase of medical supplies and equipments, etc.

The present medical care insurance system in China includes free medical care service enjoyed by the government functionary and university/college student; labor insurance medical service by the employee of state industrial and communication enterprises. In rural areas, various forms have been adopted on a voluntary basis in running medical services for the population to ensure the availability of doctors and medicine for disease prevention and treatment. With regard to rural medical care insurance system, all localities will continue to introduce and implement a comprehensive or unitary medical insurance schemes such as health insurance, cooperative medical service, and contractual insurance services for preventive care, perinatal care and child immunization by adopting diversified forms covering different items of services with different premiums according to actual local conditions.

Rural Health Services

The Chinese Government has all along attached great importance to the rural health work and promoted the development of rural health services and the improvement of three-tier medical and health networks embracing county, township and village to provide improved medical and health services to the people in the rural areas through giving full play to the initiatives from the state, collectivity and the community and combining efforts by professional and part-time health workers.

There are 1986 counties in the whole country, which have 2199 general hospitals, 1893 health and epidemic prevention stations and 1722 MCH stations at the county level in 1991 with secondary health school, vocational health technical school, drug quality control institution and specialized diseases control institutions established in some counties. As the centers for diseases prevention and control for the whole county, medical and health institutions at county level have played a significant role in diseases prevention and control, development of primary health care, reinforcement of technical guidance to medical and health institutions at township and village levels and training of health workers from grass-roots level.

Health centers have been set up at township level, with one third of which run by the state and the remainder by the collectivity. The health center is a multifunctional health institution in charge of health administrative management, technical service delivery on medical care, health and epidemic prevention and family planning, etc. There are 38,248 health centers with 432,452 beds averaging 11.3 per each center and 560,000 professional health workers averaging 14.8 per each center in the whole country. A batch of township centers with relatively strong technical staff and better equipment, easy communication and transport facilities

and properly located have been selected by each county as key health centers for special reinforcement. There are 9892 key health centers, making up 26% of the total and with an average of 30 beds and 35.1 health workers per center.

At present, 87.7% of administrative villages have set up village health organizations in diverse forms, which are mainly run by the village community. The village doctors are responsible for medical care, health and epidemic prevention, MCH, technical guidance on family planning and community health within the administrative village. The number of village doctors and health aids (used to be called barefoot doctor) has reached 1.253 million, of which 777,000 village doctors have through training acquired a level equivalent to that of an intermediate medical school graduate.

Since 80 per cent of China's population live in the rural areas, therefore disease prevention and control for the 800 million rural population constitute a top priority in our medical and health work. At present, the governments at all levels have taken the implementation of primary health care, improvement of rural health conditions and quality of farmer's health, and attainment of strategic goal of "Health for All by the Year 2000" put forward by WHO as one of objectives for social development and included this objective into their agenda and implemented the program to reorganize and reinforce medical and health institutions at county level and key township health centers in a planned way and in batches, while consolidating and developing township and village health institutions, so as to improve health service facilities.

Disease Prevention and Control

In old China, the Chinese people were in extreme poverty and were scarce of health facilities and pestilence and diseases were rampant, as a result, the people's health was

very poor. After the founding of the People's Republic of China, we have put into implementation the principle of prevention first, concentrated the forces on prevention and control of infectious diseases seriously endangering people's health, energetically carried out the patriotic health campaign centered on preventing and controlling infectious diseases and strengthened the work on occupational health, food hygiene, school health, radiation protection and disease prevention and control as well as building up of health infrastructure. As a result, the urban and rural health condition has witnessed great change and people's health has been improved greatly.

As early as 1950s, smallpox, plague, kala-aza, typhoid, recurrent fever and STD had been eradicated or eliminated in China. The morbidity of acute infectious diseases has been reduced from 20,000/100,000 in 1950s to less than 284/100,000 at present. In the order of causes for death, the infectious disease has dropped from first to ninth. Smallpox was eradicated in 1960. The cases of measles, poliomyelitis, diphtheria and whooping cough have been reduced by 98.4% from 11.83 million in the early period of the Liberation to 130,000 in 1991.

Following the implementation of "Infectious Diseases Control Law of the People's Republic of China" approved and promulgated by the State Council in 1989 and "Measures for the Implementation of the Infectious Disease Law" approved by the State Council and promulgated by the Ministry of Public Health in 1991 as well as some other relevant regulations, standards and measures, the management of infectious diseases prevention and control has gradually been regulated by legislation. The situation of which governments at all level have provide leadership over and community have been involved in the infectious disease control has taken shape, thus vigorously promoting the infectious disease control. The target of 85% coverage rate of child immunization at county level was attained in 1990. At present, the whole country is

striving for the eradication of poliomyelitis by year 1995.

However we must be aware of the fact that there are still more than 3 million people suffering from acute infectious diseases every year in China, with 80% of them due to enterogastric infectious diseases, the outbreak of infectious diseases has taken place in some areas from time to time and AIDS has entered China. Therefore infectious diseases will still remain as major problem endangering people's health in some areas of our country for fairly long period of time.

Since the founding of the People's Republic of China, under leadership of the Party committees and governments at all levels and through mobilization of all social forces, the mass control program centered on extermination of pests and elimination of diseases has been carried out. Up to 1990, the situation in most brucellosis and Kaschin-Beck diseases endemic areas was stable, Keshan disease had been brought under basic control in one third endemic counties, IDD had been eliminated in 64.3% of 1697 endemic counties and districts, the condition of endemic fluoride poisoning in most areas was ascertained through investigation with control program energetically implemented, among 378 counties with schistosomiasis, 148 counties had already reached eradication criteria and 105 counties reached elimination criteria. By the end of 1991, 835 out of 864 filariasis endemic counties had reached eradication criteria. Apart from 1989 when it saw the resurging, morbidity of malaria had been decreased for 9 years running, and the number of leprosy patients has dropped from 500,000 at the early period of the Liberation to 20,000 at present.

Health Inspection and Supervision

Health inspection and supervision have witnessed a rapid development since 50s with a network of health inspection and supervision set up and a set of health inspection and

supervision systems established.

Following the implementation of "Provisional Law on Food Hygiene of the People's Republic of China" in 1983 which has greatly promoted health inspection and supervision services in this country, the State Council had approved and promulgated "Regulation on Health Management in Public Places", "Regulation on Pneumoconsis Control", "Regulation on Health Inspection of Cosmetics", "Regulation on Protection of Radioactive Isotope and X-Ray Apparatus" and "Regulation on School Health ", thus making our health management turn from general administrative management to legal management. With a view to strengthening macro regulation and comprehensive management of national health inspection and supervision services, a Department of Health Inspection and Supervision was set up in the Ministry of Public Health in the early 1989. According to existing laws and regulations, health authorities and health and epidemic prevention stations at all levels have become statutory agencies for health inspection and supervision. At present, the national network of health inspection and supervision consisting central, provincial, prefectural and county levels has been basically formed to undertake enforced tasks mandated by law and regulation and entrusted by health authorities on food hygiene, environmental health, occupational health, radiation health and school health. With the reinforcement of health legislation, the contingent of health inspection and supervision has been constantly strengthened in terms of quantity and quality. Up the end of 1990, in health inspection and supervision agencies at all levels, there were 30,000 food inspectors (including part-time ones), 20,000 professionals engaged in occupational health inspection and monitoring, 10,000 in environmental health, 10,000 in radiation health and over 5000 in school health and with additional a large number of health inspectors working at township level. A great number of health inspectors and supervisors with good knowledge of law and

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being proficient in professional work had been turned out during the practice of law enforcement in a last few years.

The conduct of a large amount of work on health inspection and supervision has promoted the elevation of health level of whole society, creating a sound environment for our economic reform, production development and people's life.

The national qualified rate of food hygiene had increased from 61.5% in 1982 to 82% in 1990, while the rate for imported food has reached 98%. The incidence of all kinds of food poisoning, food-born diseases and nutritional deficiencies has been reduced markedly.

The quality of our environmental health has been greatly improved through conducting monitoring of drinking water in urban and rural areas, issuing hygiene license for public places, conducting health inspection on cosmetics, training personnel involved and carrying out investigation on environmental pollution and health.

Through reinforcement of overall occupational health and occupational disease control with emphasis on pneumoconiosis control, attainment rate of dust and poisoning standards had increased from 50% in 1986 to over 60% in 1991 at working places of state and collective enterprises at and above county level. At present, occupational health records have been established in more than 80% of state and collective enterprises at and above county level. At meanwhile, efforts have been made to strengthen the management over occupational health in township enterprises and conduct survey on occupational hazard in joint-venture, cooperative-venture and solely foreign-funded enterprises, at this basis, the Ministry of Public Health has been drafting a comprehensive regulation on occupational disease control.

The scope of radiation health has been gradually broadened. In addition to institution of health license issuance system for radiative isotope in nuclear installations and actinoapparatus, the health inspection and monitoring have been carried out on radiation level and

radioactive contamination of food, drinking water, over ground air, milk, agricultural fertilizer, daily necessities and building materials, which are closely related to people's life.

The promulgation of "Regulation on School Health Work" has provided a legal guarantee for protection of mental and physical health of 200 million teen-agers. The school health inspection has been gradually conducted with a view to ensuring the health quality of the student's study and living environment. At present, a student health care system closely coordinated between health and education sectors has been basically established in this country, with the incidence of infectious and common-seen diseases among the student reduced by a big margin and student's development and health level raised visibly.

Apart from conducting health inspection and supervision as mandated by laws and regulations, the health inspection and supervision agencies at all levels have carried out a great deal of health service activities such as professional guidance, technical advisory services, scientific research and training as well as publicity and health education with satisfying social and economic benefits been achieved.

MCH and Technical Guidance of Family Planning

Women and children in this country make up two third of the total population and to ensure their health is one of the important tasks of our health services.

Thanks to the establishment and perfection of three-level MCH network in both urban and rural areas, over 90% of lying-in women have their babies delivered with sterile methods. The quality of perinatal care has been improved year by year with emphasis on the systematic management of high risk pregnant women and hospitalized delivery. The safe motherhood program has been implemented in the whole country, as a

result, maternal mortality rate has been reduced from 150 ‰ in the early days of the founding of new China to 9.47 ‰ at present. The national monitoring center and dynamic surveillance network for birth defects have been set up. In the wake of the promulgation of "Regulation on Labor Protection for Female Workers" and "Provisional Regulation on Health Care of Female Employees" by the state, female employees have been provided with better care and protection during the "five periods" namely, menstruation, pregnancy, maternity, lactation and menopause. Female employees are entitled to 56 days to 6 months maternity leave with full pay. Women health clinics, lounges for pregnant women and lactating room as well as other health and welfare facilities are available in factories and mines with a large number of female employees. The lactating time is twice a day with 30 minutes for each. Regular mass screening and treatment of woman's diseases have been conducted, thus hysteroptosis and urinary fistular seriously endangering women's health have been brought under control and women's health condition has been considerably improved.

The Party and the Government have attached great importance to the protection of children's health and called on the whole Party and society to show concern to healthy growth of children. Great progress has been made in the field of child health care in last 40 odd year since the founding of new China. On March 18, 1991, Premier Li Peng signed, on behalf of the Chinese government, the two important documents, namely "the World Declaration on the Survival, Protection and Development of Children" and "Plan of Action on the Implementation of the World Declaration on the Survival, Protection and Development of Children" and expressed that our government will fulfil its due obligations. According to the statistics released by the State Statistic Administration, the infant mortality rate had been reduced from 200 ‰ before Liberation to 35 ‰ in 1990. Thanks to the successful implementation of the Expanded

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Program on Immunization (EPI), a number of acute infectious diseases seriously threatening children's life has been brought under control, children's nutritional status has witnessed constant improvement and the diseases due to severe malnutrition have rarely occurred in most parts of China. The Findings of two national surveys on child growth and development conducted in 1975 and 1985 indicate marked improvement of level of child growth and development both in rural and urban areas.

In urban areas, child health care has been extended from systematic management to E.N.T care, mental health care, early education and intelligence development, so as to promote overall mental and physical development of children. In rural areas, child health care consists of systematic management and growth monitoring, establishment of health records, regular health check-ups, prevention and treatment of common-seen diseases. The priority has been given to the prevention and control of four common-seen diseases among children, namely rickets, anemia, pneumonia and diarrhea. "National Control Program for Four Common-Seen Diseases among Children" and the plan of action have been formulated by the Ministry of Public Health to provide guidance to various localities to implement the control program in a planned way. With a view to further upgrading institutional health care of children, the Ministry of Public Health has formulated "Provisions for Health Care in Nurseries and Kindergartens" in which attention is given to popularization of appropriate technology for child health care, conduct of growth monitoring, encouragement of breastfeeding and rooming-in as well as spread of know-how on scientific rearing.

Due to a large population and imbalance of economic development in different parts of China, the priority will be given to the further strengthening of child health care in poor areas for a quite long period of time in the future.

Family planning is a basic state policy of China. The

weighty responsibilities of the health departments are therefore to do a good job on technical management of family planning, provide technical service in family planning, put emphasis on birth control, spread comprehensive contraceptive methods, disseminate birth control knowledge, provide guidance on birth control methods, train birth control professionals with a view to raising their expertise to guarantee the quality of birth control operations. The Ministry of Public Health has issued "Regulations on Technical Management of Family Planning" and "Procedures for Birth Control Operation". Those who are engaged in birth control operations must receive training first and are allowed to perform operations only after being qualified through technical examination. All kinds of new IUDs, long-term, short term and fast-acting oral contraceptive tablets or pills, and long-term injectable and other devices which are economic, simple, effective and safe have been developed through scientific research and introduced in the country by the state. The family planning technical management and technical services network has been set up in both urban and rural areas.

Traditional Chinese Medicine and Integration of Traditional Chinese and Western Medicine

Traditional Chinese medicine has a history of thousands of years and has its unique theories with rich practical experience. The traditional Chinese medicine has played an important role in protecting people's health. Proceeding from the co-existence of traditional Chinese medicine with western medicine in this country and actual needs of its people, our government has explicitly pointed out that both traditional Chinese medicine and western medicine should be developed in this country. "Development of traditional Chinese medicine and pharmacology" is stipulated in the constitution with a

series of principles and policies laid down and various effective measures taken to promote the development of traditional Chinese medicine and pharmacology.

State Administration of Traditional Chinese Medicine was officially established in July 1986.

In the field of traditional Chinese medicine, there are now more than 500,000 professional personnel, 2222 hospitals of traditional Chinese medicine at and above county level with 195,000 beds and departments of traditional Chinese medicine have been set up in 95% of hospitals of western medicine at and above county level. Among 1.3 million trained village doctors, most of them can use therapy of traditional Chinese medicine such as medicinal herbs and acupuncture in preventing and treating diseases. There are 31 colleges of traditional Chinese medicine and pharmacology with 73,000 undergraduate students and 1200 graduate students of PH.D or master degrees trained and in addition, there are 57 research institutions of traditional Chinese medicine.

The integration of traditional Chinese medicine and western medicine is a newly emerged force developed under the specific historical conditions of China in which modern medicine and traditional Chinese medicine co-exist. The policy of integrating traditional Chinese and western medicine has been pursued, so that the traditional Chinese medicine and western medicine can supplement each other, make up each other's deficiencies and bring their strong points into full play. Academically, the policy of "letting a hundred flowers blossom and hundred schools of thought contend" has been followed with gratifying results achieved. This has played a significant role in developing medicine in our country.

Medical Education and Scientific Research

Medical education has occupied an important place in

entire education and health services in this country. After sustained development for a long period of time, a relatively complete educational system with its distinct characteristics has been established in our medical education. In 1991, there were 122 medical universities and colleges (excluding universities and colleges under preparation for establishment and without enrollment, medical school of comprehensive universities, branches of the universities, and military medical universities and schools) with 198,000 undergraduate students, accounting for one tenth of the total undergraduate students of universities and colleges in China. The graduate training program is available in 85 medical universities and colleges and 30 research institutions with 240,000 graduate students. There are 563 secondary medical schools in whole country with 240,000 undergraduate students, representing 13.7% of the total undergraduate students of secondary schools in this country. In addition, there are about 300 vocational health schools in the country. With a view to further improving quality of professional health personnel, this country has vigorously developed adult medical education. There are now 41 adult medical universities and colleges with 11,000 students. Medical and health personnel have been trained in a systematic way through correspondence training program, evening university and self-study training program. There are 330 secondary in-service training schools for medical and health professionals, and 1128 county health schools. More than 460,000 medical and health personnel have been trained every year through short-term training program and postgraduate training program of various forms conducted by medical education institutions and medical and health institutions at all levels. In recent years, the priority of our medical education has been given to the training of technical personnel for rural areas with initial results made in this regard.

The research work on medical sciences has seen fairly fast development in terms of its foundation and scale in recent

years. In whole country, there are 1403 independent and affiliated medical and health research institutions staffed with 90,000 research workers. 17 Advisory Committees of Medical Sciences and Technology with 437 experts appointed as their members have been set up in the Ministry of Public Health to provide the Ministry with advices and recommendations of macroscopic nature on all aspects of guiding nationwide scientific research work in medicine. The Chinese Academy of Medical Sciences, Chinese academy of Traditional Chinese Medicine and Chinese Academy of Preventive Medicine are among the biggest medical and health research institutions in China.

A great number of achievements have been scored in the research of medical sciences and technology, of which 521 items won national awards, 1835 items the Ministry of Public Health awards from 1949 to 1991, which generally reflect our major research results in basic medicine, clinical medicine, preventive medicine, traditional Chinese medicine, pharmaceutical, biological products and medical instruments and equipment. Particularly the research results in microsurgery, diagnosis and treatment of minute hepatoma, study on choriocarcinoma, study on correlation between development of esophagus cancer and amine nitrite, discovery of chlamydia trachomatis, discovery of and study on natural focus of Chinese plague, development of hepatitis B vaccine and exploration and improvement of traditional Chinese medicine have facilitated the advancement of relevant disciplines or areas.

Drug Administration

Thanks to great efforts made in last forty year, the drug administration service in China has witnessed rapid development and made its due contribution to the protection of people's health and safe use of drug. In last forty odd

years, drug administration and drug quality control institutions in China have been expanded rapidly with drug administration agencies and drug quality control institutes set up in the Ministry of Public Health and provincial, prefectural and county health bureaus. There are over 3000 personnel engaged in the work of drug administration; 18,000 technical personnel working in more than 2000 drug quality control institutes; and 12,000 drug inspectors in whole country, forming a fairly sound guarantee system for drug supervision and administration, thereby playing a positive role in facilitating the development of pharmaceutical industries.

"Drug Administration Act of the People's Republic of China" was adopted by the Seventh Session of the Standing Committee of Sixth National People's Congress of the People's Republic of China and promulgated in 18th Decree of the President of the People's Republic of China on September 20, 1984, and entered into force on July 1, 1985. The implementation of the "Drug Administration Act" marks a new stage of which our drug supervision and administration have been governed by means of legislation. According to the stipulations under "Drug Administration Act", health authorities under the State Council is responsible for drug supervision and administration in whole country, drug administration agencies under health authorities above county level are responsible for drug supervision and administration in the administrative areas under its jurisdiction.

The specific aspects of their responsibility are as follows:

1. Implementation of the "Drug Administration Act" and the "Measures for enforcement of the Act";
2. Drafting of relevant regulations governing drug supervision and administration, and formulation of separate measures under framework of the regulation;
3. Promulgation of " Pharmacopoeia of the People's Republic of China" and drug standards;

4. Approval of new drugs, check and issuance of approval number for drugs and registration of imported drugs;
5. Supervision of manufacturing, marketing and use of drugs;
6. Conduct of investigation and reassessment on efficacy and side effect of existing drugs and timely provision and release of data on drug quality;
7. Determination of administrative penalty according to the "Drug Administration Act" and "Measures for Enforcement of the Act".

Patriotic Health Campaign

The patriotic health campaign represents an unique approach of carrying out health services in our country and a mass activity organized by the people's governments at all levels and with the participation of whole society for the improvement of health condition in community. The Patriotic Health Campaign Committee offices are administrative coordination agencies of people's governments at all levels for dealing with public health issues of social dimension, and their main functions are as follows:

1. Drawing up principle, policy, regulation and program of the patriotic health campaign for consideration by the committee according to the instruction of National Patriotic Health Campaign Committee;
2. coordinating in an overall manner the implementation of patriotic health campaign tasks undertaken by all member sectors according to the resolution of the committee;
3. Conducting public appraisal of health units at urban and rural areas, establishing outstanding health cities or units, and organizing mass health supervision and management;
4. Carrying out health education to popularize scientific

- knowledge on health, so as to increase consciousness and capability of broad mass of people for self-care;
5. Organizing the implementation of control program on biological vectors (such as rat, mosquito, fly, cockroach and bedbug);
 6. Carrying out the program on improvement of drinking water supply and comprehensive treatment of sanitation in the rural areas;
 7. Organizing and coordinating sectors concerned to work out contingent measures and strategies for tackling major epidemic and poisoning accident, and monitoring the implementation by sectors concerned.
 8. Participating in global health activities and conducting international exchanges and cooperation in the field of health.

Friendly International Cooperation

In 1991, the friendly international exchanges and cooperation in diversified forms and at different levels had been further conducted in the field of health in this country. In last year, Chinese ministerial health delegations visited 8 countries and ministriear health delegations from 17 countries paid friendly visits to China with 2506 professional personnel of all categories sent abroad for conducting study tour, giving lectures and attending training program, and 2907 foreign experts and health personnel received in this country. From 1978 to the end of 1991, ministerial delegations of the Ministry of Public Health of China paid visits to 90 countries and vice versa, signed with 23 countries agreements on the cooperation on health and medical sciences and technology, and conducted official and nongovernmental exchanges in more wide medical fields.

With a view to assisting African countries and other third world countries in developing their medical and health

services, during the past 28 years since 1963, China has, upon request, sent medical teams and acupuncture groups to over 60 countries and regions. Furthermore, Chinese doctors have been sent through UN Volunteers agency to work as UN volunteers in 4 countries. Up to now, the number of medical personnel sent abroad has totalled more than 10,000 with about 170 million patients suffering from a variety of diseases been treated. At present, over 1200 medical personnel are still working in 37 countries and regions. With the entrust of their motherland borne in minds firmly, the members of of the Chinese teams have rendered their services whole-heartedly for the protection of local people' health by following the fine example of the Canadian doctor Norman Bathune and by carrying on the spirit of internationalism and overcoming numerous difficulties. They have been highly praised by the government and the people of countries they serve for their good medical ethics and skill. They have developed unshakable friendship with local people during their stay abroad, thus making a positive contribution to the development of medical and health services in countries they serve and to the enhancement of friendship and understanding between China and those countries.

Chinese government has attached great importance to and fully endorsed the global strategy of "Health for All by the Year 2000" put forward by WHO and conducted fruitful cooperation with WHO in this regard. Since the signing of the Memorandum Governing Technical Cooperation and the Basic Agreement between China and WHO in 1978 and 1982 respectively, the technical cooperation between two sides has witnessed a rapid development. In past more than ten years , WHO has sponsored foreign experts to conduct about 1000 training courses and lectureship in China and designated 63 Chinese medical and health research institutions as WHO collaborating centers and provided them with technical and financial support. At the same time, over 150 Chinese medical experts have been appointed as members of WHO expert advisory

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panels and committees with more than 80 technical meetings attended annually, and they have played a positive role in facilitating the technical exchanges between China and other member states and promoting the advancement of medical sciences and technology and development of medical and health services in China.

China has established a sound relations of cooperation with the World Bank. The World Bank has provided China with the loan totalling 8 million US dollars for health education program within the regional health development project covering JinHua, Baoji and Jiujiang cities in Zhejiang, shaanxi and Jiangxi provinces for a period of 5 years starting from 1990. In addition, the loan totalling 200,000 US dollars has been provided to support the second national sample survey on smoking and health among 500,000 population.

The all kinds of exchanges and cooperation conducted through governmental and nongovernmental channels have enhance the friendship between Chinese people and medical workers and those of all countries in the world, facilitated the introduction of new technology and equipment and trained a large number of research and technical personnel.

It is our hope to see the development of friendly cooperation with more countries on the basis of principle of "equality and mutual benefit, emphasis on practical results, diversification and common development", so as to make our due contribution to the promotion of "South-South cooperation" and the attainment of the global strategic goal of "Health for All by the Year 2000" put forward by WHO.

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