

Public Health Development of China

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After a half century of effort, especially with the reform and opening policy, China has made tremendous progress in public health. Health departments at all levels have strengthened rural hygiene and health care programs and encouraged development of traditional Chinese medicine. The infant mortality rate is now 35 per thousand compared to 200 per thousand before the liberation. The maternal fatality rate is down to 61 per 100000 from 1500 per 100000. Various infectious, endemic and parasitic diseases have been effectively controlled; the incidence and death rate of common diseases have declined, while the average life expectancy has doubled from 35 to 70.

1. Establishing and perfecting the disease prevention and health care network and raising the ability to prevent and cure sickness.

(1) Medical and health care organization have kept increasing, while those handling drug tests, medical study and education have developed steadily.

In 1998, there were 314097 public health establishments of all types, including 172800 medical treatment institutions, accounting for 91 percent of the total (Table 1). In addition, there were more than 800000 village-level clinics serving as primary public health centers in rural areas. A total of 1995 pharmaceutical testing institutions have been established to strengthen management and supervision of the market, improve drug quality and prevent the circulation of fake and inferior medicine which might harm public health. Thanks to more attention being paid to medical science research and educational work, a large number of qualified medical workers have been trained. In 1995, there were 427 medical and pharmaceutical scientific research institutions nationwide, an increase of 208 over that of 1978, 126 medical universities and colleges, and 551 secondary medical schools. Over the past 47 years, about 1 million students have graduated from the universities and colleges and 2.1 million from secondary medical science schools. Of these, 65 percent have graduated since the reform program began in 1978.

(2) The number of hospital beds has kept rising but the growth rate is on the decline.

In 1998 there were 3.14 million beds in the country, including 2.84 million hospitals, 89300 in outpatient clinics, 116000 in sanatoriums. Compared with 1949, the average hospital beds per thousand people rose from 0.15 to 2.39, greater than the rise of population. In recent years, the utilization and growth rates have tended downward, with little change in the number of hospital beds between 1994 and 1995.

(3) There has been a steady increase in the number of health workers and their professional abilities have continually improved.

In 1998, there were 5.53 million medical workers nationwide (Table 2), with medical technicians accounting for 80 percent, other types of technicians 2 percent, managerial personnel 8 percent and workers 10 percent. Compared with the figure of 1949, doctors per 1000 people has risen from 0.67 to 1.62, nurses from 0.06 to 0.95 (Table 3). The ratio of doctors and nurses in hospitals at and above the county level is 1.1:1. Since the initiation of reform, the professional abilities of medical workers have seen much improvement, With professional of treatment, pharmacists, nurses and technicians rising from 4200 in 1985 to 28500 in 1995, associate professors of treatment, pharmacists, nurses

and technicians from 14900 to 139400, doctors-in-charge, pharmacists-in-charge, nurses-in-charge and technicians-in-charge from 142100 to 806700.

- (4) Noticeable progress has been made in medical treatment, hygiene, and the prevention and cure of disease. The three-level medical treatment, prevention and health care network has been solidified and strengthened.

In 1995, while efforts continued to be made to comprehensively develop hospitals at all levels nationwide, a number of special hospitals were established, and the construction of disease prevention and health care institutions, especially in primary health care, were strengthened. With the government focus having long been on rural public health, the current decade has seen increased input resulting in the medical prevention and health care network at county, township and village levels being set up and perfected. By 1995, there were 2038 county-level hospitals with an average of 174 beds and 66 doctors. The county-level maternal and infant health care institutions and epidemic prevention stations numbered 1604 and 1760 respectively. There were 44100 township-level hospitals with beds and 7222 without beds. There was an average of 0.81 beds and 1.17 medical staff per 1000 farmers. A total of 804400 medical centers have been set up in approximately 90 percent of the country's 740000 administrative villages, staffed with 1.33 million doctors and medical workers (rural doctors accounting for 72 percent of the total). This represented 1.48 doctors and medical workers per 1000 farmers. In comparison with the 1950s-60s, the rural three-level medical treatment, prevention and health care institutions have seen much development in terms of number and scale. However, due to the economic standard and natural conditions, there still exists the gap between urban and rural areas in medical services and hygiene levels.

2. Medical services have become efficient while their total service items have been expanded, satisfying people's increasing demands.

- (1) The numbers of patients treated and examined and the total of in-patients are increasing, and the operating load of doctors and nurses is becoming larger.
- (2) The average stay in hospital has shortened and the rate of the use of beds has dropped.
- (3) The cure and pick-up rate for in-patients have tended upward and fatality rate has dropped.