

Construction of Village Health Organizations with Distinctive Chinese Characteristics People of Korea

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As a strategic goal it is very important to set up village health organizations with Chinese characteristics and to exploit medical resources in countryside according to the social structure of public regime, the developing level of culture and sciences in rural area, the real financial condition of peasants and their requirement of health service. In this paper the construction and development of village health organization will be discussed briefly.

1. The starting point of developing Chinese rural health service.

1) To be practical and realistic and to proceed all from objective reality. China is a developing country with vast territory and one billion people. The development of economy and culture is unbalanced and different markedly in different places. In recent years, along with the reform carried on in depth the rural economy grew quickly, but there are still many places remained poor, the living standard of peasants is still at low level and the development of health service is slow. Therefore, we must stick to the principle of being practical and realistic and proceeding from our reality to seek and find the route for development of rural health service and to choose adequate model and scale of primary organization, rational administration and regulations of medical care to fulfill the peasants' requirement of health service.

2) To adhere to the principle of providing medical service to vast majority of people. There are 800 million Chinese people living in countryside, therefore we must put the stress of medical work on the rural area by means of improving and developing health service there. Thus, the well organized rural medical work means a good health service to 80% of Chinese population. However, it does not mean we have to cut down medical work in cities or to abandon high-level scientific research and education at all. Nevertheless, we have to accept that without good rural health work there will be no way to talk about good service to majority of people and it is also a betrayal to the royal purpose of health work in China.

3) To stick to the principle of putting prevention first. Since founding of this country for 39 years, we have eliminated or basically controlled several high-risk infections and endemic diseases and won the achievement admitted worldwide. It is a victory by implement the policy of putting prevention first, which makes up the deficiency of man power and equipments and also the insufficiency of financial supports. Nowadays, when continuing to follow this policy, we find the pulmonary, cerebrovascular, cardiovascular diseases, malignant tumors, various accidental trauma as well as occupational and psychiatric disease become more and more threatened to people's health and life. Following improvement of

living condition, the demands on food nutrition, maternal and children health care, eugenic and good baby care, senile health care and handicapped rehabilitation will be brought into agenda. Therefore, the implication of putting prevention first is extending to meet those progressively appeared new demands.

2. The village health unit (VHU) is a very important link in 3-level rural health network with distinctive Chinese characteristics.

Since founding of this country, the rural health work has got success to which the three-level medical and health networks of county-district-village played ist role in prevention, treatment of diseases. These networks have provided basic medical service and prevention of diseases to 800 million peasants over 9.6 million Km² territory. The village health unit is the base of this network with a popular name of "net bottom". It is located nearby the living and working places of peasants. Under the intervention and arrangement of state and collectives, it can deliver convenient and cheap medical care and health service to every family and every person in vicinity. This kind of service is very useful not only to early diagnosis and early treatment of diseases but also to vis-a-vis education of hygienic knowledge to peasants, instruction of patriotic hygienic campaign and birth control, and implementation of varions procedures of prevention. The VHU plays very important role in protecting peasants by raising their health condition, improving the environmental sanitation, cultivating their good hygienic habits and raising their cultural accomplishment. In a rather long historical period, the VHU will be first grade medical and preventive organization for peasants. Without this institution, it will be certainly impossible to give medical and health consideration to 800 million peasants. The role played by VHU is not repalceable by that of hospitals in cities or districts.

According to the survey of rural health service, the total sick days of peasants were about 919 billion

and the patients of chronic diseases were about 69.6 million. About 50% of the patients in rural area received medical care from VHU and about 97% from medical institutions of county, district and village levels. In 1984, about 60.6% of new technique midwifery was managed by village midwives and 0.4 persontimc of medical and preventive service was provided to each peasant in average.

3. To construct and develop village health unit, a struggle for attaining the goal of "Health for All in 2000 Year" in China.

- 1) The installation and leading-adminitrative system of village health unit. In China, the governments of different levels are responsible for taking care of people's health. In 1986, the Seventh 5-year Plan of CCP Central committee proposed "to increase medical health institutions and to perfect the three-level medical and health networks of town and rural area" and "to implement continuously the policy of putting prevention first, to spread hygienic knowledge, to improve the sanitary condition as well as to provide safe drinking water to 80% of population in rural area and to raise inoculation rate of planned immunization to 85% all over this country in 1990". In order to meet those demands, the village health organizations must be consolidated and developed. The VHU is the basic organization of both district and village governments to carry on medical and health service and social hygienic work for peasants. It is subordinate to citizens committee of village and financially supported by collectives, therefore it is so-called "collective medical service". It recieves professional guide and instruction from health center of district. It has been proved appaently superior in work assignment and payment delivery to village doctors, application of personal responsibility system, implementation of scientific administration, adoption of procedures convenient and beneficial to patients as well as arrangement of planned training to raise the professional quality of village doctors. In the report of Anhui Medical University, the diffe-

rent medical institutions (collective, cooperative and private) were synthetically analyzed and evaluated according to following 4 criteria: public opinion, medical service provided, preventive and health care provided and medical fund possessed. This report showed that the collective and cooperative institutions are much more superior than private institution.

2) The selection and training of rural doctors Nowadays, there are 1.278 million rural doctors and health workers in total. According to the financial capacity of state and training such a large team through national education it is impossible to train such a large team through national regular medical colleges or schools. The only way applicable is to select rural young intellectuals with certain cultural basis and to give them a short training about techniques and basic knowledge of rural common diseases and frequently encountered diseases. After practice for long time add repeated retraining (about 58.9% received regular training for more than 1 year and some of them for 2-3 years), about 57% of those locally born and bred medical workers passed the official examination and were proved correspondent to graduates from middle medical school. Therefore, they were approved as "rural doctor" and received documents of "rural doctor". Along with development of rural economy and universalization of compulsory junior middle school education, the training of rural doctors will be gradually brought into the orbit of regular middle medical education. After regular training, a special type of rural medical and technical personnel will appear as primary health workers with knowledge and technique adequate to do both public health work and clinical therapeutic work. Nowadays, several provinces and municipalities in this country have started this kind of new trial.

3) Administration of village health unit. It is subordinate to village citizens committee and belonged to the collective of citizens. Its responsibility is to

carry on primary health care to maintain health of peasants. Therefore, when running VHU the monitoring and implementation of medical policy and regulations, medical moral education, establishment of scientific administrative procedures, principle of distribution according to contribution, and method of evaluation and rewarding to health workers are all very important in construction of VHU. On the basis of summarized experiences, many provinces and municipalities have set up administrative regulations to promote the standardized construction of VHU according with their own working characteristics, mode of operation and pattern of internal activities. At same time, they launched campaign to nominate "Civilized", "Grade A" and "Qualified" village health units after inspecting and appraising their work to push the construction of VHU forward to a new level.

4) Medical and health system The medical fund collection system applied in VHU is a part of rural social security, which guarantees rational utilization of medical resources and fulfillment of peasants' basic demands for medical service. The application of this system, including fund in, providing necessary drugs and overall medical health service may enhance the development of rural medical service. The Seventh 5-years Plan indicated that "according to present national status and power and in order to facilitate production and ensure people's life, various categories of social security systems should be set up step by step ... to build up the embryonic form of social security system with Chinese socialistic characteristics step by step". It is impossible to bear the medical cost of 800 million peasants by state, even in developed countries. However, the donation from collectives and people received medical care may solve this problem. With the support from state and collectives vast peasants set up organisations to carry on "cooperative medical service" through mutual aid and benefit. This is a great beginning proved very effective by past and present experience.

riences of practice. As a matter of fact, the development of social security system is equally necessary in either rich area or poor area of countryside. After life improved, peasants seek for guarantee of safety and try to avoid poverty caused by sickness ; the poor peasants are more eager for mutual aid as in same broken boat. Most peasants can not bear the big burden of medical cost, especially for treatment of severe diseases. According to reports, about 22.9% of peasant patients needed medical care did not go to see doctors and 23.7% of patients ought to be admitted did not stay and receive treatment in hospital. It was due to lack of enough money to pay the medical cost at one's own expense.

5. The construction of village health unit as a stage goal of primary medical and health service. In order to push the development of rural medical and health service forward, we have made three programmes, namely Indices for Evaluation of Primary Medical

and Health Cooperative Center and Exemplary County of Rural Medical Service from 1988 to 1990", "Lowest Standard of Primary medical and Health Cooperative Center and Exemplary County of Rural Medical Service in 1990", and "Programme of Information and Mass Work of Rural Three-level Medical Networks". In those programmes, the requests about construction of VHU were clearly raised : rate of foundation of VHU 100% , among which qualified VHU 70% and peasants joined the collective medical service 54% . The VHU is also the primary information spot of three-level medical information and message networks. The VHU should play the role of basic organization to attain the goal of "Health for All in 2000 Year".

The primary medical and health cooperative center and exemplary county should play their exemplary role in achieving this goal and completing the historical mission of VHU in new circumstances.