



Providing Staff in Rural Areas and Village Health in China

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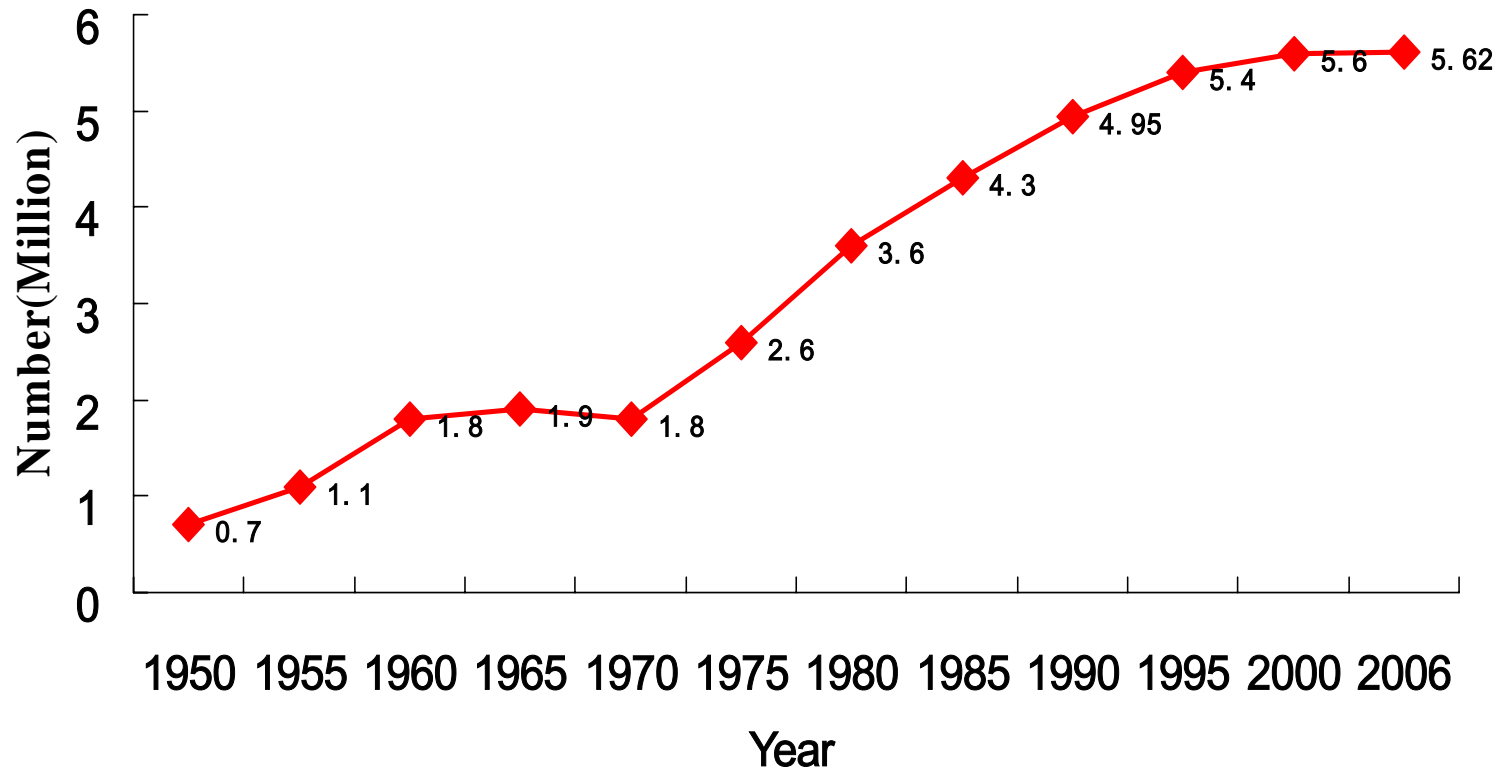


Outline

- Health Care Providing Staff in Rural China
- Challenges of Health care Providing Staff in Rural China
- Strategies of rural health care workforce development

Health Care Providing Staff in China

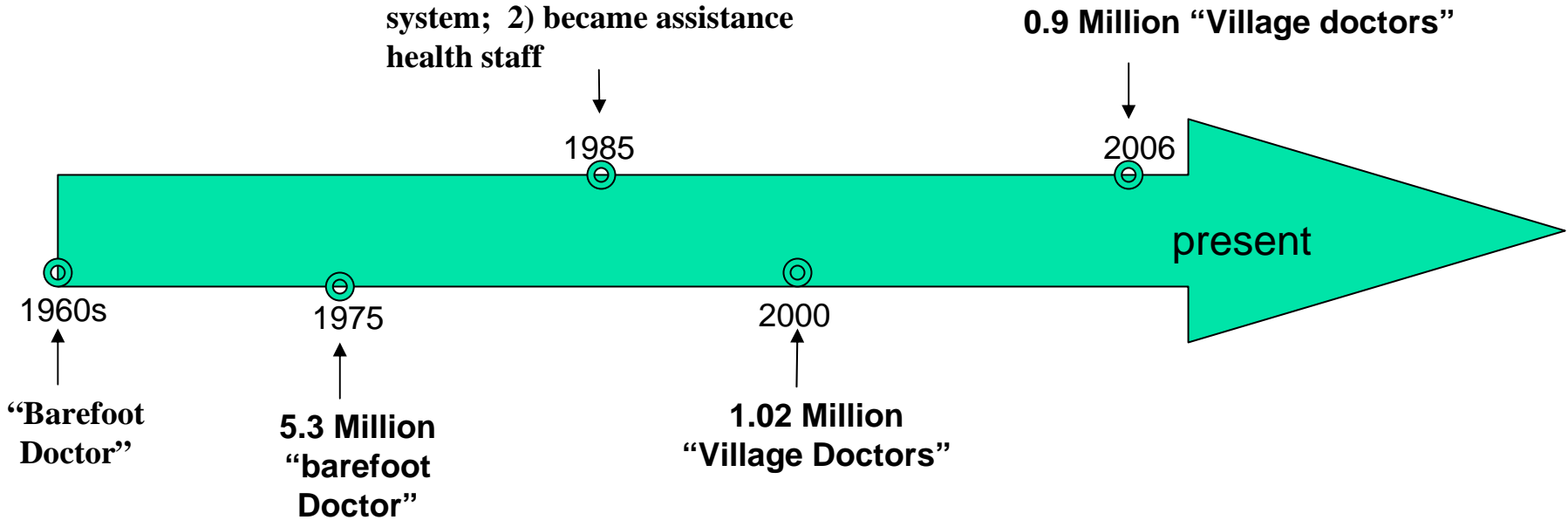
Number of Health Care Providing Staff in China(1950-2006)



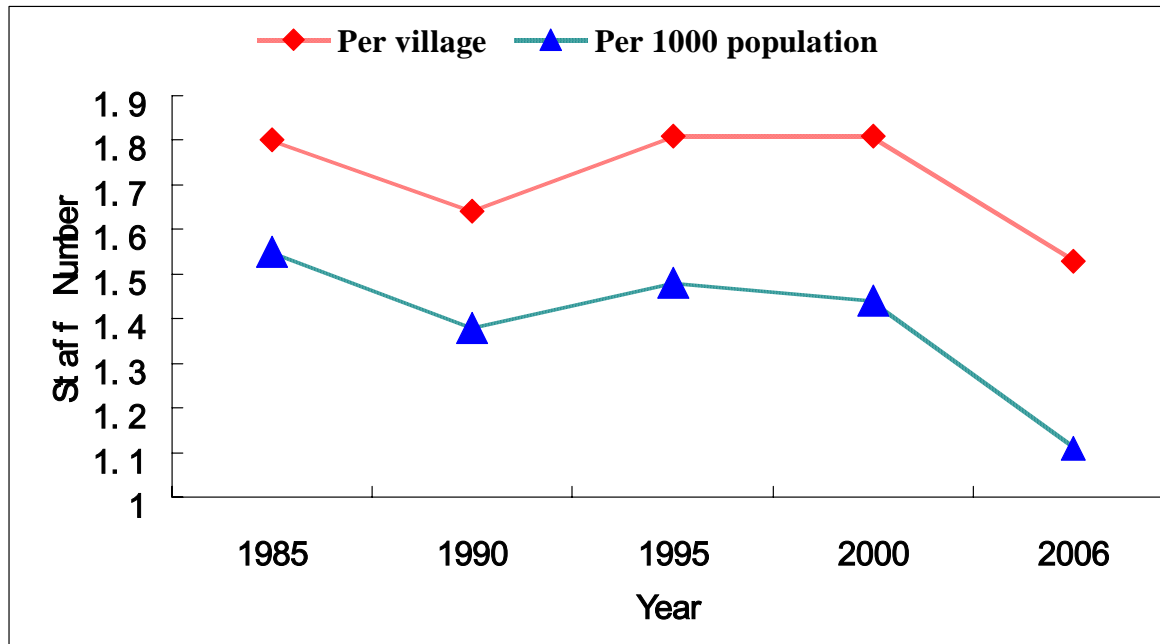
Source: health statistical yearbooks

Health Care Providing Staff in Village, China

- Abolishing title of “Barefoot Doctor”.
- 1.3 Million “Barefoot Doctor” get “Village Doctors” approval
- Others: 1) Unemployed by health system; 2) became assistance health staff

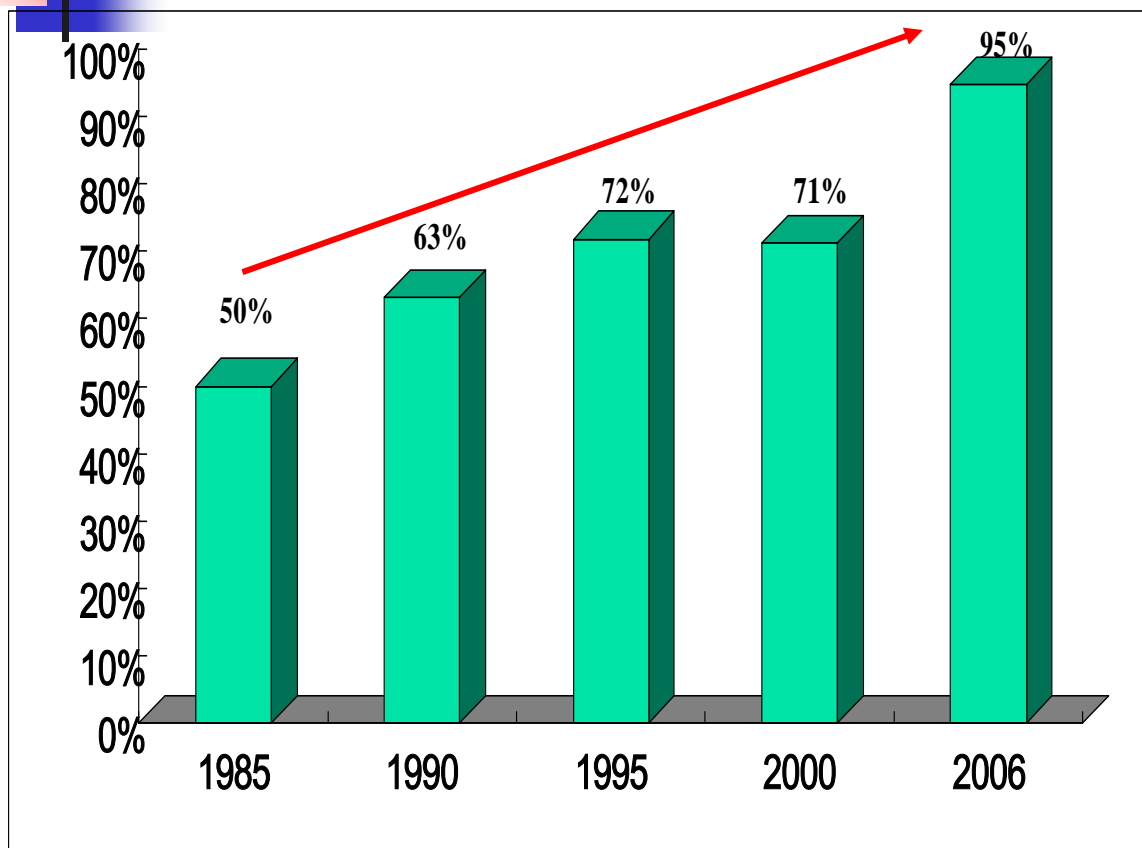


Number of Staff in Village, China



**Number of
Providing Staff
in Village Health
Decreased**

Percentage of “Village Doctor” in Providing Staff in Village, China

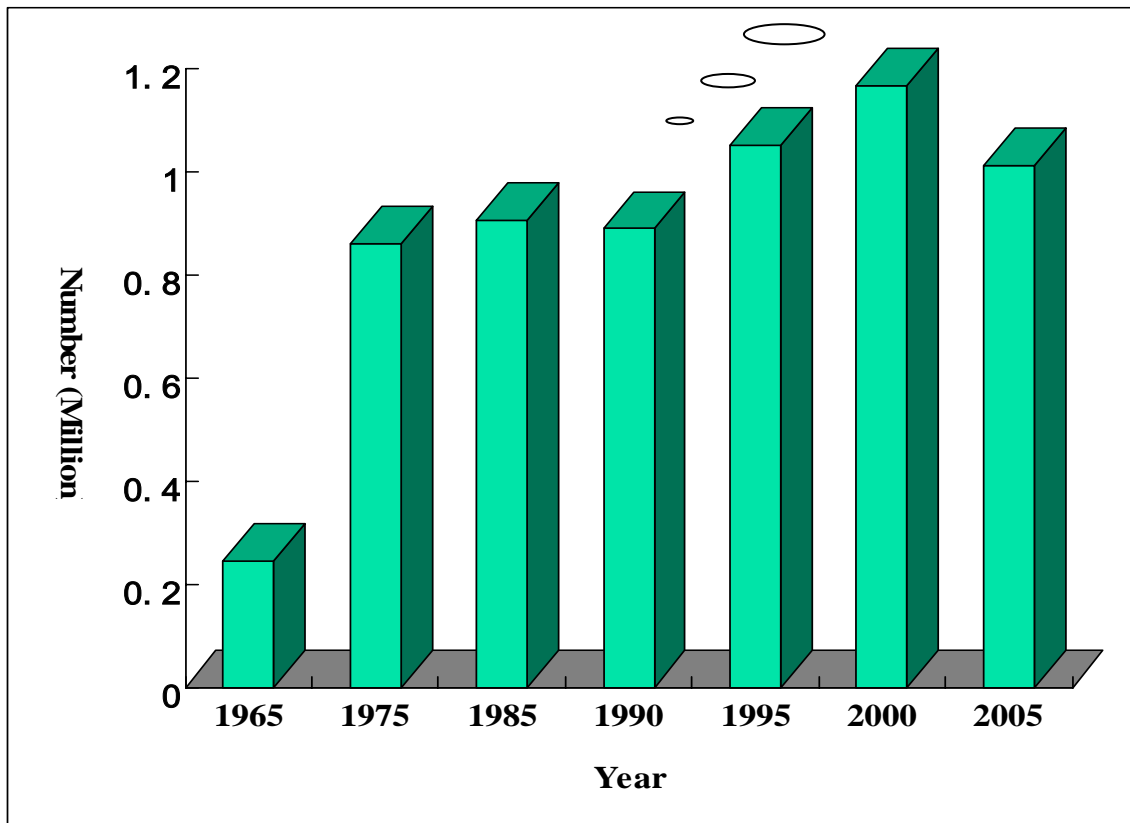


Quality of Health Care Providing Staff Improved

Source: Health statistical yearbook, health human resource report of China, 2006

Health Care Providing Staff in Township, China

Urbanization



- Number of Staff in Township Increased
- 1 Million health care personnel, 2005.
- 25 health care personnel in each township hospital



Regulation of village doctors

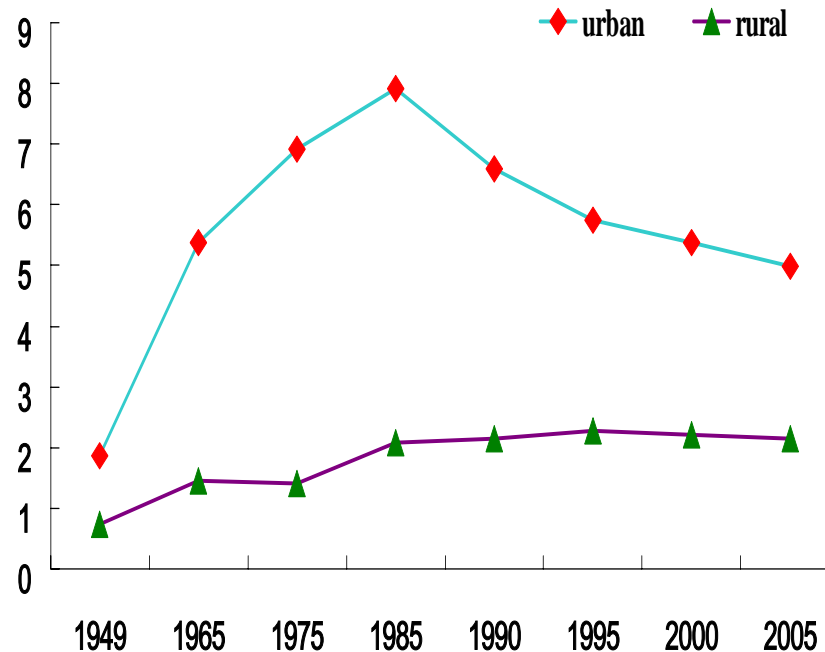
- In 2003, “regulation of Village Doctors’ Practices” was launched. Licensing registration system was introduced.
- By 2006, 94.7% of village doctors had got licensing certification.



Challenges of Health Care Providing Staff in Rural China

Disparity of Staff Allocation Between Rural and Urban

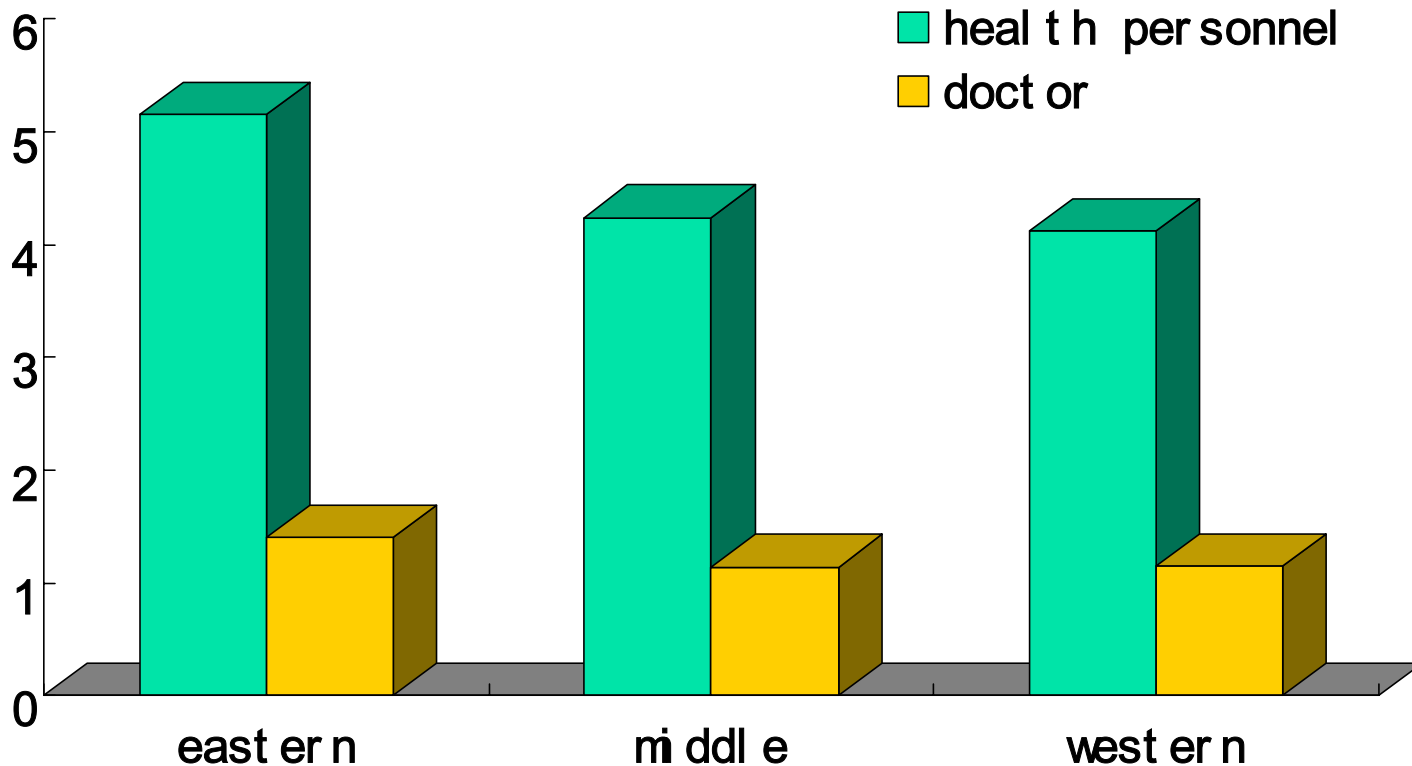
Number of Health Personnel per 1000 Population



Rural areas, which cover 2/3 of total population, only hold 1/3 of health care providing staff

Disparity by regions

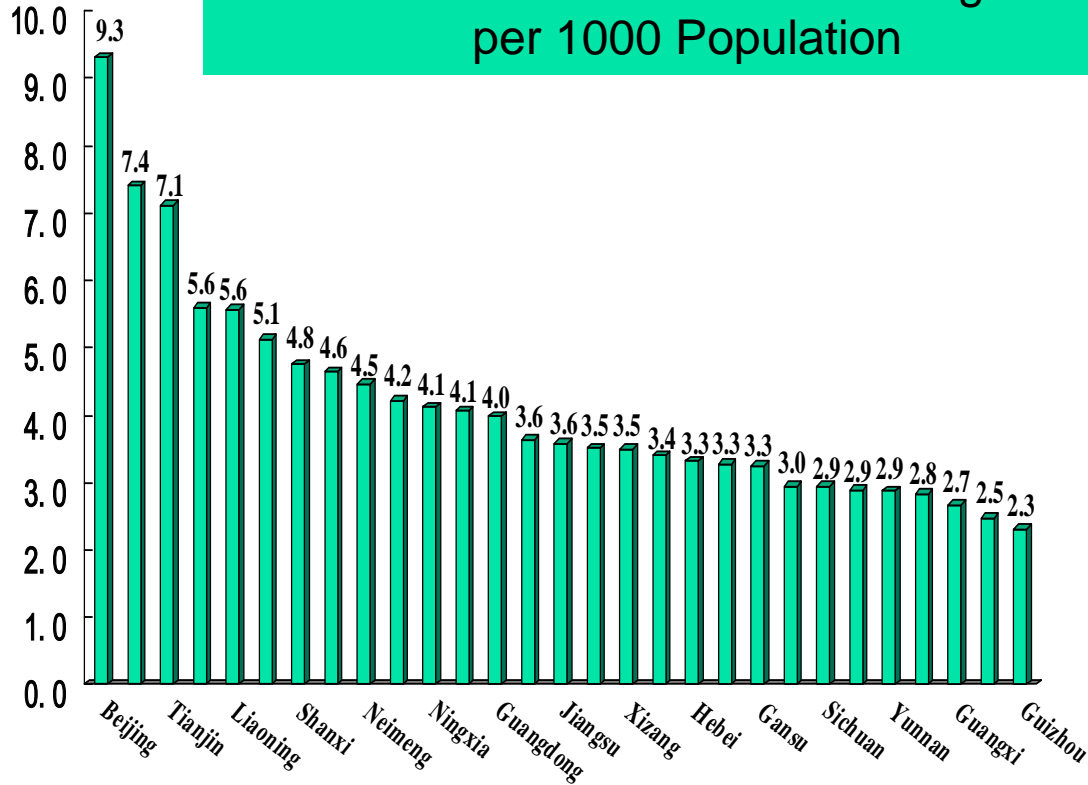
Number of Health Personnel per 1000 Population, 2003



Source: National health service survey, 2003

Disparity by Provinces

Number of Health Care Providing Staff per 1000 Population

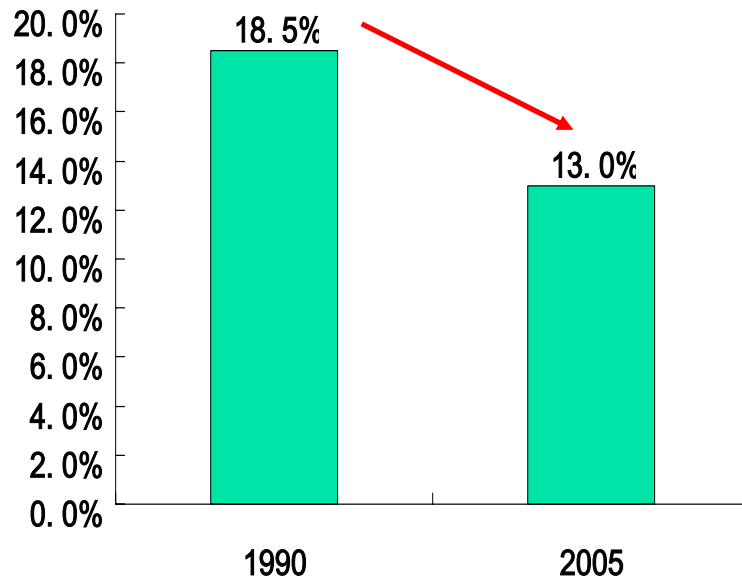


- Staff Disparity
- Population density...
- Unreasonable resource allocation

Distribution of health personnel specialty

- **Traditional Chinese Medical Doctors (TCMD) Decreasing**

Percentage of TCMD to Total Health Personnel



- **Quality and Quantity of Preventive care personnel in township health centers couldn't meet the demand**
 - **About 2 preventive care personnel in township hospital on average**
 - **Preventive care personnel have lower quality than medical personnel**



Professional Quality Should be Improved

Education distribution of health care workforce who have the title of doctor

	Junior college and above	Technical secondary school	Non- formal education
County Hospital	35.7	48.9	15.4
Township health center	19.4	40.3	30.3

Source: national health services survey, 2003



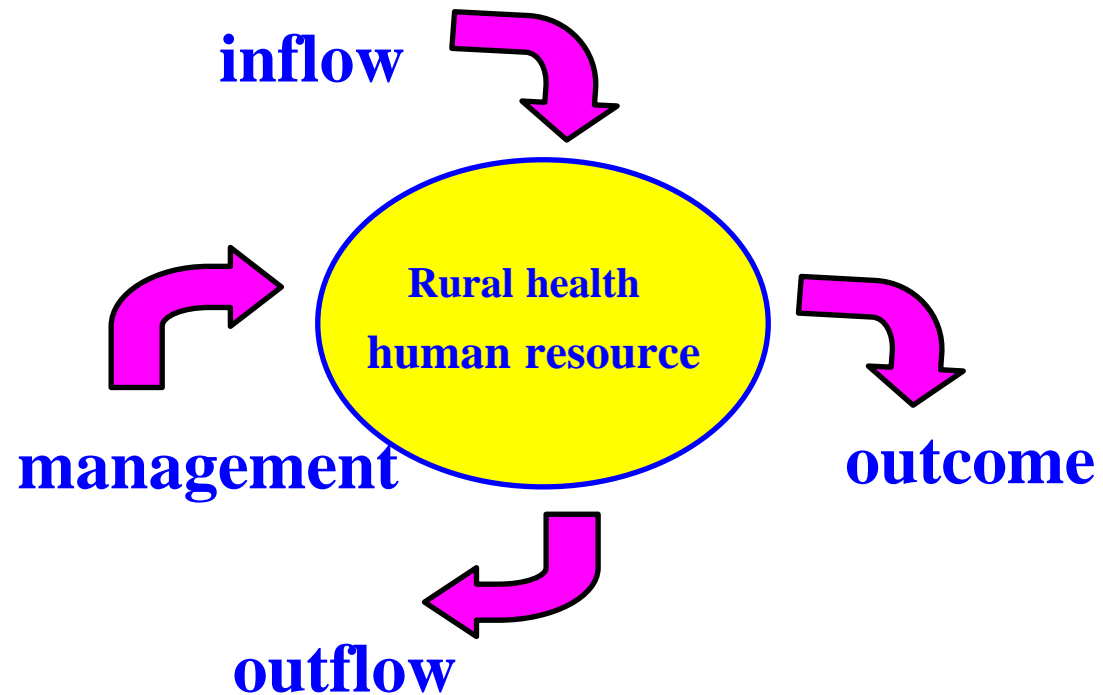
Loss of High-quality Health Care Workforce in Rural Areas in China

- Investigation from over 10 counties in western area reported: since 1980s, **85%** health care workforce who graduated from medical universities in county-level and township-level hospitals have left over the following 5 years.
- Determinants
 - Salary, welfare, working condition ,health insurance , education and employment for children and other aspects are not as good as people expected.



Strategies of rural health care workforce development

Framework





***INFLOW:* To strengthen the training of appropriate health human resource**

- **Launch a pilot education project of “enrolling from rural areas and back to work in rural areas”, which is the 5-year college education for junior high school graduates in western rural provinces.**
- **Since 2004, nearly 10,000 students have been enrolled in 23 colleges in 11 western provinces.**



INFLOW: Urban Areas Assisting Rural Areas

- **To establish the regulation on urban areas assisting rural areas and implement the project of “Sending thousands of urban doctors to enhance the quality of rural health care”.**
 - **Eastern assist western, urban areas assist rural areas – documents by MOH and MOF(2005)**
 - **Urban doctors before being promoted as attending physicians or vice chair physicians are required to serve in rural areas for one year.**

“Sending thousands of urban doctors to enhance the quality of rural health care”





OUTFLOW: Reverse the Loss of workforce

- **To improve rural healthcare service system and provide a better service environment, create good working condition and stabilize rural health team.**
- **According to the planning of MOH , State administration of TCM , State Development and Reform Commission, the infrastructure and equipments of 22,000 township health centers and 1700 county hospitals, county TCM hospitals and MCH facilities will be improved by 2010.**



MANAGEMENT: Develop Favorable Policies

Improve continuous education system.

Provide on-the-job training on operation and technical skills to all categories of rural health workforce. Encourage village doctors to become professional licensed (assistant) doctors after acquiring necessary qualifications.

The image shows the Bird's Nest stadium in Beijing at night. The stadium's unique, woven steel structure is illuminated from within, creating a warm, golden glow. The lights reflect on the water in the foreground. The sky is a deep, dark blue. Overlaid on the center of the image is the text "THANK YOU!" in a bold, yellow, sans-serif font.

THANK YOU!



Different kinds of Providing Staff

- **Doctor, Assistant Doctor**
- **Village doctor**
- **Assistant health staff**
- **Barefoot doctor**

