Fu Yinyu

On course for better health care

Advances are reported in the quantity and quality of training given to health workers in the countryside of China’s Hunan Province. Here, as elsewhere in China, the steps being taken should lead to significant improvements in rural health services.

As economic reform proceeds in China, innovations are necessary in the education of health workers so as to facilitate progress towards the health-for-all objectives. Additionally, this education should be adapted to the changing needs of society and the country’s reconstruction goals. In this connection it should be borne in mind that some 80% of China’s population live in rural areas where there are serious shortages of manpower and facilities in the health care field.

In 1986 the ratio of graduate physicians to population in China was 0.7:1000. There is a national plan to increase this to 1:1000 by the year 2000. Rural populations receive a lower level of health care in relation to needs than do urban populations.

The three-tier system for the education of health workers aims to fulfil the urgent requirement for large numbers of trained personnel, especially in the extensive rural areas. Tertiary education is provided in 129 medical colleges, 27 of which teach traditional Chinese medicine, the others Western medicine. They enrol about 40 000 undergraduates and 4300 postgraduate students per year.

There are 544 secondary institutions with an enrolment of approximately 88 000 per year. Their main task is to train nurses and other health workers for duties in county and countryside hospitals.

Primary-level health workers are trained in establishments that are mostly situated in the counties. Most entrants have completed nine years of primary and junior middle school education, and their training usually lasts three years. The students come from the countryside and, after qualifying, return to their places of origin. There are no longer any barefoot doctors, many of whom went through these primary institutions to increase their competence.

During the last few years we have investigated the rural health care delivery system in 31 counties, 137 rural districts and 307 rural localities in Hunan Province. These counties comprise 65% of the province’s area and contain 27.6% of its population. The study revealed a markedly uneven distribution of graduate physicians (see table).

Medical personnel working in urban areas were 7.5 times more numerous than those in

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Health care personnel in county and urban areas

<table>
<thead>
<tr>
<th>Health workers per 1000 population</th>
<th>County area</th>
<th>Urban area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate physicians</td>
<td>0.27</td>
<td>1.9</td>
</tr>
<tr>
<td>Other health workers</td>
<td>0.038</td>
<td>0.42</td>
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</tbody>
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rural areas. Most graduate physicians worked in county hospitals, there being almost none in the rural localities.

Deficiencies in health services for rural populations are so serious that special efforts should be made to improve matters. The most important requirement is to enhance primary health education in rural areas by:

- strengthening the primary institutions in the counties in various ways, including the adoption of joint management schemes by, for example, county governments and hospitals;
- increasing investment in primary schools from private or collective sources;
- upgrading manpower, facilities and working conditions in rural hospitals, and raising living standards of doctors in rural localities;
- providing opportunities for doctors in rural localities to obtain continuing medical education;
- increasing government investment in rural medical facilities, accommodation and health services, with a view to attracting more doctors and other health workers.

Over the last ten years many primary institutions have been established, 35 of them in Hunan Province.

Continuing medical education is a new and important service in China. In recent years, more than 3597 medical centres have provided structured courses on a wide range of topics. A considerable number of rural doctors have had the opportunity to study in these institutions.

The rural reforms of the last decade have raised awareness of the need for a high standard of primary care in the countryside. Some medical colleges have introduced courses or programmes on rural medicine in response to the needs of the country areas. An evaluation of students who participated in rural medicine programmes showed that they were not at any academic or attitudinal disadvantage relative to undergraduates in normal medical courses, and that they were fully competent to provide health care in the countryside.

The basic objective of medical colleges in the near future is to increase both the number and quality of graduates so that the goal of one graduate physician per 1000 population can be achieved by the year 2000. The development of the all-important secondary and primary health education systems will be coordinated with that of the medical colleges. At present, there are 1.2 million primary health workers in the countryside. It is calculated that, within five years, 150 000 or more will upgrade their skills to the level of secondary health workers and gain “assistant doctor” certification by national examination. This process should result in significant improvements in rural health services.