Counterpart Technical Support between Urban Tertiary Hospitals and Rural Hospitals in China

Challenges

China has the largest population in the world, with more than 1.3 billion people, 70% of whom are living in the rural areas. However, less than 20% of the total health resources are allocated to the rural population. Even though China’s economy has been improving dramatically over the past three decades, there has been an imbalance in development between the eastern and western parts of the country, the interior and coastal regions, and rural and urban areas. This has resulted in health care and healthcare delivery across the country, which has become a concern for the Chinese government.

Policy Description

In recent years, a variety of national health policies have been implemented in order to reduce the gap in the quality of health services between rural and urban areas. An important area of intervention has been that of facilitating cooperation and knowledge transfer from the large well-resourced hospitals to those in marginalized areas.

In 2005 the ‘Ten Thousand Physicians to Support Rural Healthcare Project’ was put in place to improve the standard of health services in rural areas. From January 2005 to the end of 2008, more than 10,000 physicians from urban tertiary hospitals were assigned to work at county-level hospitals and township health centers. Designated physicians were required to work for 1 year in rural health facilities and were given financial incentives (an additional allowance during their year of the facility) as well as non-financial incentives (with future promotion contingent upon adequate performance during their 1 year placement) to encourage effective participation in the project. Along with fulfilling their regular duties as physicians whilst working in these facilities, they were also required to provide technical support and training for health workers in recipient health facilities.

This cooperation aimed to develop human resources for health in rural areas. This in turn was expected to enhance service capacity, improve health outcomes, reduce the incidence inequalities, and quality of health services in rural areas. To ensure sustainability of the project, the Chinese government issued the ‘Measures for the Administration of Counterpart Support between Urban and Rural Hospitals (2009-2012)’ initiative. This initiative builds on the ‘10,000 physicians’ project by encouraging tertiary hospitals to continue providing counterpart support to at least 3 county hospitals.

Outcomes

As of the end of 2008, 600 county hospitals and 3,644 township health centers in 665 marginalized counties have benefited from the counterpart technical support policy. The recipient hospitals have significantly improved their hospital management capability, technical skills, and service quality. Medical costs have been reduced and patient satisfaction has increased.

Conclusions

The project has been very successful in building the capacity of rural human resources to improve health services in rural areas. The project has enhanced local health staff’s professional skills and increased their motivation. Patient satisfaction with health services has increased, and coordination between urban and rural hospitals has improved significantly.

This cooperation ensures sustainable development of health care in rural areas. It is expected to have a lasting impact on rural health services.

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Dispatching doctors conducted physical examination to the elderly who are unable to go to the distant county hospital.