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中国卫生政策与管理协会(海外)

China Health Review
中国卫生评论

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China Health Review (CHR), published quarterly, is the official online magazine of the China Health Policy and Management Society (CHPAMS). The CHR is intended to promote health research, policy, practice, and education related to China and the general population health sciences by providing research and policy updates, topical reviews, and other appropriate information. Targeted audience includes (1) academic researchers within and outside of China; (2) policymakers within China; (3) other interested parties including nonprofit organizations and business leaders as appropriate.

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Instructions for Authors

China Health Review (CHR) is soliciting submissions of manuscript for the following sections: *Topical Review*, *Perspectives*, and *History Speaks*.

Topical Review is systematic, critical review and assessments of literature and data sources pertaining to a topical issue determined as appropriate by the Editorial team. The articles generally should be kept within 2000 words. Manuscripts in the ***Perspectives*** section are short reviews that, in most instances, highlight an article(s) that appears in the same or recent issue of the CHR. Perspectives that are not tied to an article are narrower in scope than Topical Review articles and allow more lively and timely discussion of a topical issue. The articles generally should be kept within 1000 words.

In addition, the CHR welcomes short submissions to two other sections, *Research Twitter* and *Policy and Practice Updates*. ***Research Twitter*** provides brief summary of most recent research reports appeared in academic journals and grey literature that are relevant to health issues in China and Chinese people. ***Policy and Practice Updates*** provides brief summary of updates in health policy and practice that appeared in relevant policy briefs, news release, and popular news sources. Submissions to both sections should be kept within 200 words per summary in general. Please contact section Editors listed below for questions, information or submission.

All submissions should be typed, double-spaced, as Word documents only. Manuscripts should conform to the style of the fifth edition of the Publication Manual of the American Psychological Association. All submissions should be submitted electronically to the attention of the Editor. Authors must ensure that their manuscripts are appropriately identified. All submissions, if accepted, shall indicate author's consent to assign CHR rights to disseminate in its final form. However, authors retain the copyright. Publication in the CHR does *not* preclude authors from submitting and publishing an edited version of the manuscript in a peer-reviewed journal or as a book chapter.

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China Health Review Volume 3 Issue 4, December 2012

EDITORIAL INTRODUCTION

The December 2012 issue of China Health Review focuses on mental health.

On December 14, 2012, a tragedy happened in Newtown, Connecticut, claiming lives of twenty children and six staff members at Sandy Hook Elementary School, in addition to the gunman himself and his slain mother. The gunman, Adam Lanza, was believed to suffer from personality disorder, a fact largely overshadowed by a more controversial side of the story.

Few in the United States realized that, about ten hours earlier of the Newtown shooting, in Xinyang, China, a mentally ill man wounded twenty two children in Wanquan Elementary School with a knife. The suffering of children in both countries demonstrates the importance of mental health policies and practice, as well as research that provides evidence and guidance for the policy debates.

In the *Interview* section, we are fortunate to have two conversations with Professors Michael Phillips and XIAO Shuiyuan to discuss mental health in China. **Professor Michael Phillips** is a Canadian scholar who has stayed and worked in China for more than 25 years. He had a passionate and frank talk with Jing Hao on his route to mental health work in China and his perspective on mental health priorities. **Professor XIAO Shuiyuan** of Central South University shared with Shuli Qu his views on the choice of mental health as his life-long career, resource allocation in mental health, public health emergency preparedness, and mental health legislation.

Research Twitter provides summaries of nine recent publications, covering topics such as the association of low birth weight for gestational age and earlier puberty among Hong Kong's "Children of 1997" birth cohort, breast cancer, China's National Health Development Strategies, prenatal care research in rural China, pandemic influenza H1N1 vaccination, pneumonia vaccines, long-term care system, urinary isoflavonoids and coronary heart disease, as well as mental disorders in Taiwan.

Policy Practice and Updates includes nine updates concerning topics including Shenzhen's new initiative to reform the existing medicine procurement system, follow-up of the tainted medicine capsule, China-U.S. Health Diplomacy, catastrophic health insurance, and private capital's role in China's health insurance market.

In *About CHPAMS*, we introduce to you **Dr. Xiaohui Hou**, a health economist with the World Bank. You will also find recent career and professional updates from **Drs. Xiaodong Cai**, **Zhuo (Adam) Chen**, **Jie Pan**, **Qi (Harry) Zhang**, and **Kai Zheng**, and reports of grants received by **Professor Li Wang** and **Ms. Yanfang Su**. **Drs. Zhanlian Feng**, **Xiaoxing He**, and **Xinping Zhang** reported their recent publications.

News and Announcements section features job opportunities with Peking University and the Johns Hopkins University.

Happy Holidays!

编者按：

2012年12月期《中国卫生评论》的主题是精神卫生。

2012 年 12 月 14 日，美国康乃迪克州纽顿镇（Newtown）发生了一起悲剧，桑迪胡克（Sandy Hook）小学枪击惨案造成 28 人死亡，包括 20 名儿童、6 位学校员工、以及凶手和他的母亲。据报道,枪手亚当·兰扎（Adam Lanza）患有人格障碍，然而这一事实很大程度上被美国枪支合法性的争议所掩盖。

美国很少有人知道，康州枪击案发生的大约十小时前，在中国河南省信阳市，一个患有精神病的男子持刀闯入完全小学砍伤 22 名儿童。中美两国发生在儿童身上的悲剧彰显了精神卫生政策和措施、以及为政策论证提供依据和指导的相关科研的重要性。

*访谈*部分，我们很荣幸邀请到**费立鹏教授**和**肖水源教授**就中国精神卫生领域分别进行探讨。费立鹏教授是一位加拿大学者，在中国居住和工作了 25 年多。他热情而坦诚地与郝静讲述了他在中国精神卫生领域的工作历程和对当前中国精神卫生工作重点的看法。中南大学肖水源教授同曲姝丽分享了他选择精神卫生作为终身事业的原因，以及他对精神卫生资源分配、公共卫生应急准备和精神卫生立法的见解。

*研究动态*栏目提供了 9 篇近期学术文章的总结，涉及领域包括：香港“1997 儿童”孕龄低出生体重与早熟的关联、乳腺癌、中国国家卫生发展战略、中国农村地区产前护理、大流行性流感 H1N1 疫苗、肺炎疫苗、长期护理系统、尿异黄酮与冠心病、以及台湾地区精神障碍状况。

*政策与新闻*栏目提供了 9 条最新信息，包括深圳对现行药品采购制度进行改革的新举措、毒胶囊的后续报道、中美健康交流、大病医保、以及私人资本在中国医保市场的作用。

在 *CHPAMS 之声*栏目，我们介绍了世界银行经济卫生学家**侯晓辉博士**。您还可以找到 **CAI Xiaodong**、**陈茁**、**PAN Jie**、**张琪**和 **ZHENG Kai** 博士的近期工作和学术活动， **WANG Li** 教授和 **SU Yanfang** 女士获得项目资助的报告，以及 **FENG Zhanlian**、**HE Xiaoxing** 和 **ZHANG Xinping** 也汇报了他们近期发表的文章。

*快讯*栏目中请注意北京大学和 Johns Hopkins 大学的工作机会。

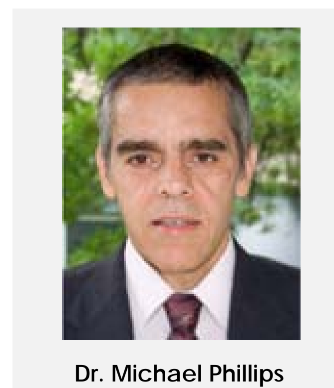
节日愉快！

INTERVIEW

A CONVERSATION WITH PROFESSOR MICHAEL PHILLIPS, SHANGHAI JIAOTONG UNIVERSITY
费立鹏教授访谈

Interviewer: *Jing Hao, MPH*, PhD student, University of Massachusetts at Amherst
采访者：郝静，MPH，麻州大学博士生

Professor Michael Phillips, MD, MPH, MA, is Director of the Suicide Research and Prevention Center at the Shanghai Mental Health Center of the Shanghai Jiao Tong University School of Medicine, Professor of Psychiatry and Global Health at Emory University, Executive Director of the World Health Organization (WHO) Collaborating Center for Research and Training in Suicide Prevention at Beijing Hui Long Guan Hospital, co-Editor-in Chief of the *Shanghai Archives of Psychiatry*, editorial consultant for *The Lancet* and a former International Clinical Epidemiology Network (INCLEN) liaison officer for China.


Dr. Michael Phillips

费立鹏教授简介：加拿大籍，医学博士，流行病学及人类学硕士，现任上海交通大学医学院上海市精神卫生中心危机干预研究室主任，研究方法咨询中心主任，美国艾默里大学精神卫生学与全球卫生学教授。费立鹏教授是世界卫生组织精神卫生处顾问，北京回龙观医院临床流行病学研究室主任，上海精神医学杂志共同主编， Lancet 中文版协调人，British Journal of Psychiatry 等国际一线杂志编委。费立鹏教授曾是国际临床流行病学发展中心的中国代表。

The interview with Dr. Phillips was conducted during Westlake Youth Forum held in Hangzhou, China on August 5th, 2012. Dr. Phillips was an invited speaker for the conference.

1. **中国 25 年职业生涯**
   25 Years in China

郝静：您作为一个加拿大籍学者，在中国一呆就是 25 年，是什么吸引您来到中国并学习和工作了这么久？

费立鹏：我最初来中国是在加拿大医学博士毕业后，在新西兰做住院医师期间。当时有考虑过转到公共卫生的方向，正好有朋友想去中国看看，于是我就随代表团来到中国。那是 1976 年，当时呆了 3 个星期。我第一次的中国经历让我印象深刻的是，虽然国家很穷，但是在毛泽东主席的带领下，公共卫生很受重视，也做得非常好，我认为这种早期的基础对后来整个国家的健康水平有很大好处。特别是中国公共卫生宣传工作的速度和力度，一有文件发出去，很快就连最偏远的地方都能收到信息。所以我想在这里可以学到一些关于公共卫生体系的东西，应用于其他的发展中国家，因为我本来就打算去发展中国家，比如非洲。

在回到新西兰后，也和同事交流了这次经历。在我完成了住院医生后，还没有完全决定要去哪个专业，有意向想去中国。我有个朋友在新西兰政府工作，他建议可以以新西兰 学生身份去中国学习。这个机会让我可以在中国呆两年，第一年学中文，第二年去公共卫生学校学习。我第一年在北京学中文，这个学习过程对我来说很困难，我花了很多功夫学习语言。但是第二年不能让我去医学院学习，因为我来自于第二世界国家（新西兰）。我很失望。于是第二年我在南京大学继续学习语言，期间找到些机会去一些医院看看。这两年的时间让我改变了原本去非洲发展的计划，并决定要来中国，因为我觉得在这里我可以做出些贡献。

但是我觉得我的专业能力当时不够强，于是我去美国华盛顿大学做精神科住院医师。在那里我遇到了 Arthur Kleinman 教授，他做关于台湾的医疗体系及精神卫生研究。他后来到哈佛大学，担任社会医学系主任， 后来担任人类学系主任。 他也是中国研究方面的专家，与中国长沙也有合作。于是我选择跟他学习。

在华盛顿大学期间，我完成了精神科的住院医师培训，同时在 Robert Wood Johnson Fellowship 的支持下，获得两个硕士学位，分别是流行病学和人类学。我毕业后 1985 年回到大陆，在湖南医科大学做访问学者两年。在此期间给精神科医生做方法学培训。两年结束后我找了全职工作，在 80 年代对一个外国人来说也并不好找，不过我很幸运的在湖北沙市（现荆州）精神病医院找到机会，在那里从 1987 年工作到 1994 年，一开始是做精神分裂症家庭医生，同时在很多地方讲研究方法学。在此期间，我也成为国际临床流行病学发展中心的国内代表，在成都的华西医科大和上海第一医科大（现上海复旦大学医学院）帮他们建立临床流行病学中心，并带研究生。接下来 1994 年到 2010 年我在北京回龙观医院工作。再后来来到我现在工作的地方—上海交大医学院精神卫生中心。回到你的问题说我为什么来到中国，我在 1978 年完成两年留学生生活时已经定了要在中国做精神卫生方面的研究，当我于 1985 年完成了精神科医师培训之后我就回到中国并一直在这里工作生活。

Jing: What motivated or attracted you, a Canadian scholar, to come to study and work in China decades ago and since then have lived in China for the past 25 years?

Dr. Phillips: I visited China for the first time in 1976 during my internship in New Zealand, after I received my MD degree in Canada. I was considering a career in public health. A friend of mine happened to be planning for a visit to China, so I tagged along with the group and came to China. I spent 3 weeks in China. It was quite impressive to me that even though the country was under-developed, the government paid a lot attention to public health and did a great job. I believe the efforts in public health at this early stage built a great foundation for the health system of the country in later years. I was especially impressed by the speed and intensity of public health communication. Once a public health directive was released, even the most remote rural areas would receive it within a very short period. I believed I could learn something about how the public health system worked in China and then apply it in other developing countries, because I had always planned to pursue my career in the developing world, such as African countries.

After finishing my internship in New Zealand, I returned to China as an international student in a two-year program — first year for language training and second year studying public health in a medical school. I spent my first year in Beijing studying Chinese, which turned out to be very difficult and I spent a lot of time learning the language. But in the second year I wasn't permitted to go to a School of Public Health because I was coming from a 'Second World' country (New Zealand). So I was quite disappointed. Instead I continued to study the language at Nanjing University in my second year, during which I was able to visit some medical centers. It was in the two years of studying in China that I made the decision to pursue my career here in China, because I knew I could do something and contribute.

However, I felt I was not ready professionally at that time, so I went to the University of Washington in the United States to further my professional training. I chose psychiatry as my specialty and enrolled in a psychiatry residency program. I met Professor Arthur Kleinman during this period. He was an expert in mental health research and had conducted research on the health care system in Taiwan. He later moved to Harvard University and became the chair of the Department of Social Medicine and, later, chair of the Department of Anthropology. I learnt a lot from him. While at the University of Washington, I completed my residency in psychiatry and subsequently finished two additional degrees – a Masters in Epidemiology and a Masters in Anthropology – with support from the Robert Wood Johnson Fellowship.

After I graduated in 1985, I came back to mainland China and became a visiting scholar in Hunan Medical University, providing research methodology training to mental health physicians. Two years later, I accepted a full-time job offer in a psychiatric hospital in Jingzhou, Hubei. It was

not easy for a foreigner to find a job in China at that time, but I was lucky. I worked there from 1987 till 1994, as a physician doing research in schizophrenia and as a national trainer in research methodology. During this time period, I also served as the liaison officer for China in the International Clinical Epidemiology Network (INCLEN) and worked with Huaxi Medical University in Chengdu and Shanghai First Medical University (now Fudan University Shanghai School of Medicine) helping them develop their centers for Clinical Epidemiology. I subsequently worked at the Beijing Hui Long Guan Hospital from 1994 to 2010 and then moved to Shanghai where I now work in the Shanghai Mental Health Center in the Shanghai Jiao Tong University School of Medicine. Back to your question on why I came to China. I decided to pursue metal health research in China when I finished my two-year exchange-fellow study in China in 1978. After receiving additional training in psychiatry I came back to China in 1985 and have stayed here since.

In China, mental health and suicide accounts for 20% of the total disease burden which is higher than infectious diseases, cancer, diabetes and respiratory diseases., and provider payment reforms.

—Prof. Michael Phillips, Shanghai Jiaotong University

2. 中国精神卫生的发展和现状 Mental Health in China

郝静：您是中国精神卫生领域的专家，能否给我们介绍一下中国精神卫生的发展及现状？

费立鹏：当我 1985 年来到中国，那时中国的精神卫生研究还很落后，原因是复杂的。精神方面的研究并不受到重视和尊重，也没有相关课程。精神科是属于神经科下的学科，一直到了 1994 年，精神科才成为独立的学科，然而，当时的医学院学生毕业后不愿意分配去精神科，即使分配去精神科，也要想办法转到其它科，没有人愿意留下，当时精神科并不受到重视，研究水平低，研究经费少。

后来情况也逐步改善，特别是最近几年。跟其他国家相比，其他国家卫生部有一大批人专门做心理卫生相关的事情，而中国直到大概 2006 年时卫生部才有全职管理心理卫生的官员，推动精神卫生研究的发展并逐步提高精神卫生研究的重要性，当然这也和疾病负担相关。1999 年，世界卫生总干事布伦特兰博士来中国做了关于心理卫生工作的专题报告 ， 他的报告强调了精神卫生在公共卫生领域的重要性。也是从那时起人们开始谈论自杀的问题，在中国，精神疾病及自杀占疾病总负担的 20%，比传染病，癌症，糖尿病，呼吸道疾病的负担都要重。之后，卫生部对精神卫生逐步重视起来，特别是 2009 年医改，精神卫生问题还是很被重视。总体来说，目前的情况是很乐观的。虽然精神卫生的地位仍不能跟外科，内科相比，但差距在明显缩小。现在有人自愿成为精神科大夫。

Jing: Being an expert in the field of mental health in China, could you tell us about the recent development of mental health in China?

Dr. Phillips: When I came to China in 1985, the research on mental health in China was very limited. There were many reasons for this. Mental health received little attention and there were no usable curriculums. Psychiatry was a subfield under Neurology and didn't become a separate discipline until 1994. At that time, medical school graduates were not willing to work in psychiatry. Psychiatry was not a priority so the quality of psychiatric research was poor and funding for Psychiatry very limited.

Mental health later received more attention, especially in recent years. Although there is still a substantial gap in this area between China and other countries. The Ministries of Health (MOH) in

other countries have a group of people who specifically work on mental health. But in China, we didn't have a full-time mental health official in the Ministry of Health until 2006. In 1999, the Director-General of WHO visited China and gave a major presentation on mental health. This highlighted the public health importance of mental health to the Chinese MOH. People started to talk about suicide since then. In China, mental health and suicide accounts for 20% of the total disease burden which is higher than infectious diseases, cancer, diabetes and respiratory diseases. The MOH gradually put more efforts on mental health, especially since the health care reform in 2009. Therefore, although psychiatry still does not enjoy a status comparable with internal medicine or surgery, but the gap has been much narrowed. Some medical students now prepare themselves to be psychiatrists, which is a sign of improvement in the field of mental health in China.

3. 医改对精神卫生的具体影响 China's Health Care Reform and Mental Health

郝静：您刚才提到 2009 年的医改对精神卫生也有很多的关注，请为我们解释一下其中具体的影响。

费立鹏： 在 2009 年的医改中，政府及卫生部都很重视支持精神卫生的工作。特别是医改对包括糖尿病，高血压及精神卫生等大病提倡社区化服务。因此，发展城市及农村社区卫生诊所并有能够提供精神卫生服务的全科医师非常重要。所面临的巨大挑战是中国缺乏精神科医生，中国的医学院并没有系统的关于精神卫生的教育，而且目前仍然较少人愿意选择精神科。基于四个省，63000 多样本的大型流行病学研究显示中国17%的人群有精神卫生方面的问题，而但只有其中 5%的人看过精神科大夫。卫生部在医改中给了很明确的方向：把钱放在社区卫生发展上，尤其是着重控制影响社会稳定的严重精神病。686 项目重点强调了严重精神分裂症，及其他威胁他人及影响社会稳定的严重精神病人进行治疗或免费治疗，提高该人群接受服务的比例。下一步重点将放在严重抑郁症，焦虑症等，即个人社会功能有障碍的人。中国有 1.7 亿人有精神障碍，其中四分之一中等或严重社会功能缺失，不能工作。这四分之一的人群中只有 20%接受服务，使另外的 80%能够接受治疗是下一步的改革重点。这些病人通常不愿意看专科大夫，因此需要在社区卫生服务中心治疗。所以培训社区卫生服务能力非常重要。能不能很好的实施精神卫生服务社区化是个大问题，但是卫生部有决心实现这一目标，并表示愿意支持需要的经费。

Jing: You mentioned that the Health Care Reform of China in 2009 paid a lot of attention to mental health. Could you elaborate on this?

Dr. Phillips: In China's Health Care Reform in 2009, the central government and MoH emphasized on mental health issues. Specifically, the reform encourages the treatments of hypertension, diabetes and mental illness in community-based health centers. Thus, it is important to develop urban and rural community-based clinics that have general physicians who are capable of providing mental health services. A critical challenge of this reform is that China still has a severe shortage of physicians who can treat patients with mental illnesses, because there is very limited systematic training in mental health in Chinese medical schools and few doctors choose psychiatry as their specialty. In a large epidemiological study of 63,000 community members from four provinces we found that 17% of the Chinese population have current mental health problems but only 5% of them had ever sought help for these problems. The MOH has given clear guidelines in the reform: invest on developing Community Health Service Centers and especially on controlling severe mental illnesses which could affect social stability. The 686 program has especially emphasized the availability of treatment or free treatment for people with schizophrenia or other severe mental illnesses who may pose a danger to others or to the community. The future efforts will focus on individuals who lost some degree of social functionality, such as those who have severe depression and anxiety. China has 170 million people who have mental disorders, one fourth of whom are moderately to severely disabled because of their mental health problems. Among these who cannot work, only 20% are

receiving services. Therefore, the next step is to focus on providing treatment for the remaining 80%. These people are often unwilling to visit psychiatric services, so they will need to be treated in community health service centers. Hence, it is important to develop the capability to treat mental health patients in community-based health services. This will be a huge challenge, but the good thing is that the MOH is determined to achieve this goal and has indicated willingness to provide the required funds.

4. 中国精神卫生政策发展 Mental Health Legislation in China

郝静：在过去的 20 年，中国关于精神卫生的法律及政策有什么重大的发展和改变？

费立鹏：中国关于精神卫生的政策及法律发展大部分是在司法方面，关注犯罪的问题，比如精神病患者杀人，有没有责任，在什么情况下需要负担部分或全部责任，发展比较快。但是其他关于普通精神病管理的条例发展很慢，中国没有这方面的法律。只有北京，上海，广州等城市有出台地方条例，比如在什么情况下接受治疗，什么情况下可以免费治疗，工作单位有责任保护有精神问题的工作人员等。与国外作个比较，国外很多医保对精神病治疗的报销有严格限制，因为国外担心不必要的医疗资源的浪费。但中国的将精神病和其他疾病给予相同对待，所以如果中国患者愿意，他们并不会受限制来接受精神病方面的治疗。

Jing: During the past 20 years, what were the major policies or legislations in the field of mental health in China?

Dr. Phillips: The development of mental health policies and legislations was initially focused on criminal law enforcement. For example, if a patient with severe mental illness killed someone, the law determines if he/she is legally responsible, and if not, under what circumstances he/she needs to carry partial or full responsibility. However, the development of regulations on the management of non-criminal general mental problems was relatively slow. Some big cities, including Beijing, Shanghai, and Guangzhou, have their local policies on when patients are eligible for treatment, when they can receive free treatment, and employer's responsibility to protect employees with mental health problems. In western countries, health insurance normally provides restricted coverage for mental illnesses, because of the concern of wasting health resource by providing treatment for the 'worried well'. But in China, health insurance systems treat mental illness the same way as other diseases. So Chinese patients with mental illnesses are not excluded from receiving psychiatric treatment if they decide to do so.

郝静：您认为中国的精神卫生政策发展方向是什么？

费立鹏：今年，在经历 20 年后，中国的精神卫生法或将出台[编者注：在与 Michael Phillips 教授的采访两个多月后，中国精神卫生法已于 2012 年 10 月 26 号正式被全国人大常委表决通过]，正在进行第三次征求意见，如果通过就出台。这个法律出台后，原先有自己精神卫生管理条例的城市将取消原有条例，都将遵循此法。这个法律将很有意义，现在精神病院的病人大多是强制住院，一般被家人推荐入院。出于伦理的考虑，新的法律将要求大多数情况下自愿住院。除非对社会及他人有危害的情况下才可以由公安系统带走强制住院。

Jing: What do you think the direction of mental health policy and legislation in China?

Dr. Phillips: It will be very exciting this year if the National Mental Health Act is passed into law [Note: Few months after the interview, China's National Congress passed the National Mental Health Act on Oct 26, 2012]. Now the proposal is under the third round of public consultations. If it passes this round, it will become legislation. If this happens, cities that previously had their own local regulations will repeal their own versions and adopt the new national law. The law is quite meaningful; it is the result of over 20 years of hard work. Currently, patients admitted to

psychiatric hospitals are primarily admitted involuntarily, usually on the recommendation of family members. Based on ethical considerations, the new law will require voluntary hospitalization in most cases. Involuntary hospitalization will only be allowed if the individual is a danger to others or to the community.

5. 中国精神卫生研究的重点，成就及前景 Mental Health Research in China

郝静：请您介绍一下目前中国精神卫生研究的重点及取得的成就。

费立鹏：精神卫生的研究重点与美国相似，还是在基础研究，尤其是在基因上的研究。原因有受国外研究趋势影响，再加上国内样本量大，在基因上容易有新发现的优势。另外高等院校的毕业要求学生在有限时间完成研究并要求 SCI 文章发表也促使基因研究成为精神卫生的研究焦点。相反，我感兴趣的精神卫生在公共卫生，社区卫生方面的研究，比例很低。研究经费绝大多数投入生物学，药理等基础研究方面，而在公共卫生领域很少。

Jing: Please give us an overview of the focus and achievements of the mental health research in China.

Dr. Phillips: The focus of mental health research in China, similar to that in the United States, is on basic research, especially research on the genetic bases of mental illnesses. Because of the influence of international research communities, and the advantage of large sample sizes in China, there is a great interest in conducting large-scale genetic studies. The need for graduate students to rapidly complete their research and publish it in SCI journals also leads to an over-emphasis on biological, lab-based mental health research. In contrast, mental health research from the public health and community health point of view, a field in which I am interested, receives little funding and few high-level graduate students are willing to work in the area. About 80% of the research funding for mental health in China goes to basic research and psychopharmacological research; relatively very little is available for community-based studies on public mental health.

郝静：您认为精神卫生在公共卫生领域研究面临的的挑战是什么？前景在哪里？

费立鹏：与很多学科面临的挑战相似，目前很多研究生，教授，考虑到研究时间有限，经费不足，对于长期研究项目积极性不够，研究人员及研究经费支持者更需要短期有效，马上出成果的项目，所以很多研究仅限于短期的研究。与其他领域研究相似，精神卫生的研究需要扩大多学科合作，也需要做长期随访研究。我认为长期随访研究很重要，我们也可以做。研究例如暴力行为，自杀，成瘾性等原因，要从早期开始，长期随访，这样的研究可以解释很多复杂因素之间的影响。同样，干预也要从早期开始。这将是周期很长的过程。

Jing: What are the challenges for mental health research in China? What is the future direction?

Dr. Phillips: Mental health research has many similar challenges as for other disciplines. Currently, a lot of graduate students and faculty have limited time and funding for research, so they are not motivated to do long-term research, and thus focus their attention to short-term projects that can produce deliverables within a short timeline. Similar to other fields, research on mental health needs multi-disciplinary collaboration and also needs long-term cohort study. Long-term longitudinal research in mental health is important to identify the underlying factors that result in violent behaviors, suicide, addiction, etc. These studies need to start at the early stage and then follow the individuals for many years to understand the complex factors that contribute to mental health problems. Similarly, interventions also need to start from an early stage. Long-term follow-up studies are critical.

INTERVIEW

INTERVIEW WITH PROFESSOR XIAO SHUIYUAN, CENTRAL SOUTH UNIVERSITY
肖水源教授访谈

Interviewer: Shuli Qu, MPH, ORISE research fellow
采访者：曲姝丽，MPH

肖水源博士多年来在中国研究社区精神卫生、精神卫生政策和自杀预防，是中国心理卫生协会危机干预专业委员会的主任委员、国际自杀预防研究院（IASR）委员，世界文化精神病学会委员，卫生部疾病控制专家委员会委员等。2000年获得国务院"特殊津贴专家"称号，2009 年获得 CMB"杰出教授"称号。

Dr. XIAO Shuiyuan's research interests include community mental health, mental health policy, and suicide prevention. He is the Chair of the Committee on Crisis Intervention, the Chinese Association for Mental Health; member of the International Academy of Suicide Research, the World Association of Cultural Psychiatry, and the Expert Panel on Disease Prevention and Control for the Ministry of Health, China. He received the State Council " Special Allowance Expert" Award in 2000 and the "China Medical Board Distinguished Professorship" Award in 2009.

Professor XIAO Shuiyuan

1 · 个人经历/职业生涯
Personal and Career Experience

曲姝丽：肖教授您好，很高兴能对您进行访谈。一直以来，中国对精神卫生问题的关注和投入都落后于传染病防治等其他领域，是什么促使您选择从事精神卫生事业呢？

Shuli: Dr. Xiao, I'm really glad to have this opportunity to talk with you. We know that mental health in China has been lagging behind other areas such as infectious diseases. What prompted you to choose mental health as your life-long career?

肖教授：我在湖南医学院（现中南大学湘雅医学院）临床医学专业读书时，就一直对人的心理及相关的脑科学问题有浓厚的兴趣，当时确实没有考虑到在以后相当一段时间内，精神医学既不是临床的重点，也不会被当做重大公共卫生问题。我本科毕业后，报考了精神病学专业的硕士研究生，师从著名精神医学专家杨德森教授。读研期间，我的第一个选题就是研究自杀未遂者的社会心理特征，这个选题在政治和文化上都很敏感，做到一半就放弃了。然而我的导师非常正确地预见到，将来国家一定会大力发展预防精神病学或公共精神卫生。在他的坚持下，我 1987 年硕士毕业后到了公共卫生学院工作。我们这一代学生都很有一些理想主义的色彩。

Dr. Xiao: During my undergraduate study of clinical medicine in Hunan Medical College (now Xiangya School of Medicine, Central South University), I was very interested in psychology and related brain science. Indeed, I did not think about that psychiatry was neither a focus area of clinical sciences nor a major public health topic. After finishing my undergraduate study, I began my graduate study in psychiatry under Dr. Desen Yang, a prestigious professor in this area. My first research project in graduate school was on social-psychological characteristics of individuals who attempted suicide. The project was discontinued halfway because of issues of cultural and political sensitivity at that time. However, Professor Yang foresaw the great need of preventive psychiatry and public mental health. I followed his advice to work in a school of

public health after I graduated in 1987. When we were students, many of our generation were idealists to some extent.

曲姝丽：早年的哈佛留学经历对您后来的事业发展有着怎样的影响？

Shuli: Did the study in Harvard University have any impact on your career?

肖教授：1990 年，我获得机会去哈佛大学社会医学系学习，师从著名的医学人类学家 Arthur Kleinman 教授。虽然这次学习只有七个多月，但对我的学术思想影响非常大。概括起来主要有这样几个方面：第一，理解了为什么和怎么将疾病，特别是精神疾病放到宏观的社会文化背景中去分析；第二，学到了如何认识和分析患者在患病过程中的体验，如心理痛苦、角色和人际关系改变、经济压力、社会歧视等。这些体验既与疾病本身造成的躯体和功能障碍有关，更是由社会文化所决定。第三，理解了人口学转变、社会经济转变、社会文化转变和健康状况转变（或称流行病学转变）这四个方面的转变对全球，特别是中国公共卫生的影响，从疾病负担的角度进一步认识了精神卫生的重要性。第四，一定程度上理解了人类学研究方法在健康领域的价值和意义。回国后我将自己的研究领域定为自杀预防和社区精神卫生，同时也在湘雅医院兼职一些临床的工作，将哈佛所学应用于具体的研究和教学中去，为中国公共精神卫生的发展做出了努力。

Dr. Xiao: In 1990, I took an opportunity to visit and study in Department of Social Medicine at Harvard University. My mentor was Dr. Arthur Kleinman, a renowned professor of medical anthropology. Although it was only for seven months, the visit had a profound impact on my research philosophy. I understood why and how to analyze disease, especially mental illness, in a macro socio-economic context, and learnt how to analyze the experience of patients, such as psychological pain, interpersonal relationship change, financial burden, social discrimination, which are not only related to disease and functional limitation, but also depended on social culture. Also, I started to understand the impact of demographic transition, socioeconomic transition, sociocultural transition and health/epidemiological transition on global, especially China's public health, and further understood the importance of mental health from the perspective of burden of diseases. Last, to a certain degree, I started to appreciate anthropological research in public health. After came back to China, I focused my research on suicide prevention and community mental health and did some part-time clinical work in Xiangya Hospital, to apply what I learned from Harvard to help develop the field of mental health in China.

2· 中国精神卫生领域
Mental Health in China

曲姝丽：您作为这个领域的专家，能否给我们介绍一下中国精神卫生的现状及发展？

Shuli: As a mental health expert, would you please briefly tell us the existing gaps and future direction of mental health in China?

肖教授：进入 21 世纪以来，中国精神卫生进入了一个较为快速的发展阶段。主要体现在这几个方面: 第一，精神卫生已被列入公共卫生范畴，重性精神障碍已被列为重大公共卫生问题。第二，社会保障体系、医疗保障体系已开始将精神病人当做弱势群体，并予以特别的关注和支持。第三，公众对精神疾病的认识和精神疾病患者的治疗率都有较大幅度的提高。第四，国家加大了对精神卫生体系的建设力度，包括精神病院和社区精神卫生网络的建设。第五，全国已有多个地方性精神卫生法律出台，国家精神卫生法草案经过多年讨论，也将于可以预见的将来通过 (编者注: 中国精神卫生法已于 2012 年 10 月 26 日在十一届全国人大常委会第二十九次会议经表决通过) 。

Dr. Xiao: Since 2000, mental health in China entered a phase of rapid development. First of all, mental health is now considered a public health issue; severe mental illness has been defined as

one of the major public health problems in China. Second, mental patients are now considered a vulnerable group by China's social security system and healthcare system, thus given special attention and support. Third, public awareness of mental illness and treatment rate among those with mental illness have significantly improved. Fourth, the nation has beefed up the investment on the mental health system, including psychiatric hospitals and community mental health network. Last, many local mental health ordinances have been implemented, and we can foresee the National Mental Health Legislation bill (draft) being passed in the near future. (Editor's Note: the China Mental Health Law was passed on the 29th session of the 11th Chinese National People's Congress on October 26th, 2012.)

曲姝丽：听说您刚从泰国考察回来，能谈谈这次泰国之行的感受吗？和世界其他国家比较，中国在精神卫生方面的工作还有哪些差距？

Shuli: How was your recent visit to Thailand? Compared with other countries, what is the gap of mental health work in China?

肖教授：精神卫生工作在泰国很受重视。一个人口 6000 多万、人均 GDP 只有 5000 多美元的国家，卫生部设有精神卫生司，而且有 500 多人在工作。这在全世界范围内应该是很少见的，即使不是独一无二的话。中国是一个发展中国家，精神卫生工作正处在快速发展的过程中。我认为目前中国精神卫生工作亟待解决的问题主要有四个方面：第一，应该从社会和谐、精神文明建设和国家发展的高度认识、理解和支持精神卫生工作。第二，要继续传播有关精神疾病、自杀等问题的正确知识，理解和关爱精神病人，降低对精神病人的歧视。第三，要大力加强精神卫生体系的建设，培养精神卫生领域的专门人才。第四，要为精神疾病患者提供强有力的医疗和生活基本保障，提高主要精神疾病的治疗率。

Dr. Xiao: Mental health work received extensive attention in Thailand. It is rare, if not the only case, that a country with a population of about 60 million, and GDP per capita of roughly $5000, has within the Ministry of Health a Mental Health Bureau with more than 500 staff members. Mental health work in China is undergoing a period of rapid development, and may focus on the following urgent problems: 1) to acknowledge, understand, and support mental health work from the perspective of achieving social harmony, promoting cultural development, and national development; 2) to continue health education among the public to disseminate proper knowledge about mental illness and suicide, to understand and to reduce stigma and discrimination of mental patients; 3) to strengthen mental health system and train mental health workforce; 4) to provide basic medical services and living allowances to mental patients, and improve treatment rate /cure rate among individuals with mental illness.

曲姝丽：目前有很多群体的精神健康状态都急需被关注，例如青少年，白领人群，医护人员，艾滋病患者等。在资源有限的情况下，如何实现最优化的配置？

Shuli: With limited resources, how to optimize resource allocation among mental patients from different subgroups such as adolescence, white-collar workers, healthcare workers, AIDS patients, etc.?

肖教授：公共精神卫生工作的任务主要有四个方面，即促进精神健康、预防精神疾病、治疗精神疾病和保障精神疾病患者的康复。我首先要强调，精神卫生是一个社会问题，提高人群精神健康水平需要全社会的努力。从资源配置的角度，重点要考虑两个方面，其一是解决影响人群中具有普遍性的精神卫生问题，其二是要关注弱势群体。目前精神病性心理障碍、抑郁症是最重要的精神疾病，而艾滋病患者则是弱势人群中的弱势人群。由于社会歧视和排斥、经济压力、HIV 侵袭神经系统等诸多原因，艾滋病患者的精神健康问题比普通人群要突出得多。国际上有研究表明，艾滋病患者的焦虑、抑郁、自杀等情绪问题发生率远高于一般

人群。与此同时，精神健康问题会影响患者的求助行为、遵医行为和心理状态，进而影响艾滋病的进程。遗憾的是，国内现在几乎没有项目、更无体系去解决艾滋病患者的精神健康问题。

Dr. Xiao: Public mental health work has four major objectives: promotion of mental health, prevention of mental illness, treatment of mental illness, and rehabilitation of mental patients. I have to emphasize that, mental health is a social problem, thus improving population mental health requires societal efforts. There are two things to consider in optimizing resource allocation: one is to address those common mental health problems that affect population health, such as psychotic disorder and depression; another is to pay attention to the vulnerable groups. AIDS patients are considered as the most vulnerable among vulnerable populations due to social discrimination, exclusion, economic burden, HIV invasion of the central nervous system and many other reasons. Studies showed that AIDS patients have much higher rates of anxiety, depression and suicide compared with the general population. At the same time, mental health issues affect patients' help-seeking behavior, following doctors' instructions, and psychological status, which may worsen the treatment of AIDS. Unfortunately, few programs, not even to mention about a systematic approach in China, tend to address the mental health problems among AIDS patients.

曲姝丽：在一些欠发达地区，仍然有许多精神疾病患者缺乏对疾病的自知力而不去就医，您认为这是目前推广精神卫生的最大的障碍吗？我们应该如何改变这种状况？

Shuli: In some rural areas, many mental patients are reluctant to visit a doctor due to lack of self-awareness of their mental illnesses. Is that the biggest barrier to promote mental health in China? What should we do to change this?

肖教授：缺乏对疾病的自知力，是精神病性障碍患者病程中常有的表现。这方面最大的问题是，由于缺乏精神卫生知识、担心受到社会歧视等原因，患者家属不能或不愿在早期送患者到专业机构就诊，或者在治疗稍有效果后中断治疗；患者也会因为社会歧视、药物副作用等原因中断治疗，因而导致疾病复发，病程迁延。这种情况在发达地区、文化程度较高的人群中，也没有得到很好的解决。另外，大多数精神疾病的病程很长，需要接受长期、连续的治疗。长期住院能够保证这一点，但会导致患者与社会隔离，阻碍其社会功能的恢复。六十年代后，西方特别是美国开展了大规模的"去机构化"和社区精神卫生运动，其基本理念是让患者在社区中得到继续治疗和康复。对我国而言，一方面我们应该采取多种措施普及精神卫生知识，从法律的角度保障精神病人的基本权益，降低对精神病人的社会歧视；另一方面要通过社区精神卫生体系的建设，发展有效的模式使精神疾病患者能够在社区接受连续的、系统的治疗和康复。

Dr. Xiao: Lack of self-awareness of *suffering* from a mental health issue is common among people with psychotic disorders. The biggest problem is, due to lack of knowledge about mental health or fear of stigma and social discrimination, family members of patients are unable or unwilling to send patients for treatment at the early stage, or they decide to discontinue the treatment after a moderate improvement; or after treatment and gaining of self-awareness, patients may relapse after discontinuing treatment because of discrimination and drug side effects. This situation also exists in developed areas and among highly educated population. In addition, most mental illnesses require a long-term, continuous treatment. An example of such treatments is hospitalization, which however, might cause social isolation of patients and hinder the recovery of his/her social function. In the 1960s, western countries, particularly the United States launched the deinstitutionalization and community mental health movement, which enabled patients to continue treatment and rehabilitation in the community. Overall, it is necessary to popularize mental health knowledge through various strategies, to protect legal rights of mental patients, and to reduce social discrimination. In the meantime, to develop community mental health system and allow mental patients to receive continues and systematic treatment and rehabilitation in the community.

3· 突发公共卫生事件的准备
Public Health Emergency Preparedness

曲姝丽：近些年中国发生了几次公共卫生突发事件，一些不实信息或者对信息的偏差解读会迅速带来非理性集体心理恐慌，最典型的例子是 2011 年日本核泄漏后的抢盐热潮。您认为造成这种现象的原因是什么？我们应该如何应对？

Shuli: China had several public health emergencies in recent years. Misinformation or misconstruing of the information often immediately results in collective irrational responses, among which the most cited example is the 'panic salt-buying' after the Japanese nuclear leak in 2011. What do you think are the underlying factors? How should we deal with that?

肖教授：导致非理性集体心理恐慌的原因主要有四个方面，其一是公众的科学素养较低；其二是正式信息的传播不通畅、不及时、不充分导致公众对正式信息缺乏信任；其三是公众的心理素质较低、缺乏批判性思维，容易产生从众心理；其四是在突发过程中，有人不负责任地散布伪科学信息和谣言。因此，提高公众的科学素养和心理素质，政府和知识界负责地、及时地、有效地传播正确健康知识，培养青少年的批判性思维，在法律层面上严肃处理那些不负责任散布伪科学信息和谣言的人，将能够预防非理性集体心理恐慌的发生和发展。

Dr. Xiao: Four factors are mostly accountable for the collective irrational responses. 1) The public's lack of scientific knowledge; 2) delayed and insufficient official information release; 3) ordinary people's lack of critical thinking, which could easily lead to herd mentality; 4) misinformation and rumors distributed when an emergency happens. To prevent collective irrationality and its spread, we need to improve the public's scientific and mental health knowledge; the government and experts need to distribute related information responsibly, timely and effectively. We also need to promote critical thinking among adolescence, and to take legal action against those who irresponsibly disseminate misinformation and rumors.

曲姝丽：对于构建公共卫生危机事件后的心理干预体系，您有什么好建议？

Shuli: Do you have any good suggestion to build an efficient psychological crisis intervention system for public health emergencies?

肖教授：心理危机干预是突发性公共卫生事件应急处置的有机组成部分。突发性公共卫生事件发生时，我们既需要有专业的心理危机干预队伍，也需要所有的现场处置人员都具有基本的心理危机干预知识和技能。无论平时的训练、演练还是现场干预，都应由突发公共卫生事件处置指挥机构统一协调和安排。

Dr. Xiao: Psychological crisis intervention is an integral part to construct of emergency response system dealing with public health emergencies. In public health emergencies, we not only need a professional psychological crisis intervention team, but also require all the field personnel to have basic knowledge and skills of psychological crisis intervention. Training, exercise, and field intervention should be coordinated and arranged by public health emergency response agencies.

4· 精神卫生立法
Mental Health Legislation

曲姝丽：对于国务院最新公布的《精神卫生法（草案）》目前引起了很多讨论，其中争议性较大的一个问题是，在保障精神病患者得到规范治疗的同时，如何保障一些精神正常的公民在复杂的社会事件中不遭受"被精神病"的折磨？是否有足够的监管部门保证司法公正公平地执行？

Shuli: The Mental Health Legislation bill (draft) recently released by the State Council lead to a lot of discussions. One of the most controversial issues was, while guaranteeing the treatment of mental patients, how to prevent the risk of forcing healthy citizens into psychiatric hospitals to receive "compulsory mental health treatment" in many complicated situations? Whether or not there are any supervising and regulating agencies to ensure justice and fairness in the implementation of the law?

肖教授："被精神病"不是一个公共卫生问题，而是一个法律问题。精神卫生立法的目的主要是保障精神病人的基本人权，包括保障基本生存条件和有机会接受基本治疗，而不是，也不应该是打击"被精神病"。无论出于什么动机，故意将人贴上精神病的标签，等同于诬陷、诽谤等行为，应由法律手段予以解决。

Dr. Xiao: "Compulsory mental health treatment" is not a public health problem, but a legal problem. The main purpose of mental health legislation is to ensure the basic human rights of mental patients, such as fundamental existence condition and the opportunity to access basic treatment. Cracking down "Compulsory mental health treatment" is not, and should not be, the main propose of mental health legislation. Regardless of motivation, deliberately labeling people with mental illness is a crime comparable to defamation and libel, and should be resolved by suitable legal actions.

曲姝丽：您认为中国精神卫生立法最棘手的挑战是什么？

Shuli: What do you think is the greatest challenge for China's mental health legislation?

肖教授：中国精神卫生立法最大的挑战不是立法本身，而是如何确保法案通过后能得到有效地执行。我相信，随着社会的进步，我国的精神卫生立法会逐渐完善，但我不会天真地认为立法能解决所有的精神卫生问题。

中国精神卫生立法最大的挑战不是立法本身，而是如何确保法案通过后能得到有效地执行。

—肖水源教授，中南大学

Dr. Xiao: The greatest challenge is not the legislation itself, but to ensure the law being enforced effectively after the legislation. I believe that the mental health legislation in China will be improved gradually along with the social progress. However, I won't be so naive to think that a bill solves all mental health problems.

5. 寄语中国卫生政策和管理学会 Words to CHPAMS

曲姝丽：中国卫生政策和管理学会是一个迅速发展的专业社区。您对我们的会员和读者有何期望与建议吗？

Shuli: CHPAMS is a fast-growing professional community. Do you have any words to share with CHPAMS members and readers of *China Health Review*?

肖教授：精神疾病占中国全部疾病负担的比例很大，其中抑郁症在疾病负担排行榜位列第二。我非常敬重中国卫生政策与管理学会为中国卫生事业所付出的努力。希望贵会会员及《中国卫生评论》的读者能一起努力，推动中国乃至全球的公共卫生事业，特别是推动精神卫生政策的发展和精神卫生体系的建设。

Dr. Xiao: Mental illness accounts for a great proportion of total disease burden in China, with depression ranked the second. I am very much appreciate CHPAMS's effort to promote public health in China, and hope all the CHPAMS members and readers of *China Health Review* can work together to promote public health in China and globally, particularly in area of mental health policy and health system development.

RESEARCH TWITTER

L. L. Hui, Gabriel M. Leung, Man-Yu Wong, T. H. Lam and C. M. Schooling. **"Small for Gestational Age and Age at Puberty: Evidence From Hong Kong's "Children of 1997" Birth Cohort**." *American Journal of Epidemiology*, 2012, 176(9): 785-93.

The predictive-adaptive response paradigm postulates that slow fetal growth advances puberty as a life-history strategy for reproductive success, when constraints on postnatal growth are minimal. The authors examined the association of birth weight for gestational age and small for gestational age (SGA) status (birth weight for gestational age <10th percentile, 6.9%) with clinically assessed age at onset of Tanner stage II in a non-Western developed population using interval-censored regression in 7,366 children (89% follow-up) from a population-representative Chinese birth cohort, "Children of 1997" in Hong Kong. Neither SGA status nor birth weight z score for gestational age was associated with age at onset of puberty, adjusted for sex, mother's place of birth, parental height, income, and parental education. Greater childhood height and linear growth were associated with younger age at onset of puberty. SGA status was associated with earlier puberty after adjustment for childhood height (time ratio = 0.984, 95% confidence interval: 0.972, 0.995) but later puberty after adjustment for linear growth (time ratio = 1.017, 95% confidence interval: 1.005, 1.030). SGA status was not associated with timing of puberty. However, the observation may be contextually specific depending on how other attributes, such as childhood growth, differ between SGA and other children.

Haixin Li, Alicia Beeghly-Fadiel, Wanqing Wen, Wei Lu, Yu-Tang Gao, Yong-Bing Xiang, Qiuyin Cai, Jirong Long, Jiajun Shi, Kexin Chen, Ying Zheng, Xiao Ou Shu and Wei Zheng. **"Gene-Environment Interactions for Breast Cancer Risk Among Chinese Women: A Report From the Shanghai Breast Cancer Genetics Study**." *American Journal of Epidemiology*, Advance Access, 10.1093/aje/kws238.

Genome-wide association studies have identified approximately 20 susceptibility loci for breast cancer. A cumulative genetic risk score (GRS) was constructed from 10 variants with replicated associations among participants of the Shanghai Breast Cancer Genetics Study (Shanghai, China, 1996–1998 and 2002–2005). Interactions between the GRS and 11 breast cancer risk factors were evaluated. Among the 6,408 study participants, no evidence of effect modification was found with the GRS for age at menarche, age at menopause, age at first live birth/parity, total months of breastfeeding, family history of breast cancer, history of benign breast disease, hormone replacement therapy, body mass index, waist/hip ratio, or regular physical activity. The effect of the GRS was least homogeneous by duration of menstruation; further analysis indicated a nominally significant interaction with one genetic variant. The mitochondrial ribosomal protein S30 gene (MRPS30) rs10941679 was associated with breast cancer risk only among women with more than 30 years of menstruation (odds ratio = 1.15, 95% confidence interval: 1.05, 1.26). Although this multiplicative interaction reached a nominal significance level (P = 0.037), it did not withstand correction for multiple comparisons. In conclusion, this study revealed no apparent interactions between genome-wide association study-identified genetic variants and breast cancer risk factors in the etiology of this common cancer.

Jian Zhang, Fei Yan, and Shenglan Tang. **"The Incoherence of China's National Health Development Strategies**." *American Journal of Public Health*, 2012, 102(12): e14-e16.

China ambitiously promised to provide safe, effective, and affordable health care services to all citizens. However, the national strategies for enhancing health remain patchy, and the policy frameworks to empower and inspire individuals and communities to pursue a healthy lifestyle are largely fragmented. The incoherency is well epitomized by China's failure to implement key parts of the Framework Convention on Tobacco Control treaty. We seek to advance constructive debate on the health care reform and national health development in China.

Bright I. Nwaru, Reija Klemetti, Huang Kun, Wang Hong, Shen Yuan, Zhuochun Wu, and Elina Hemminki. "**Maternal socio-economic indices for prenatal care research in rural China**." *European Journal of Public Health*, 2012, 22(6): 776-81.

This study constructed socio-economic status (SES) indices for prenatal care research and examined their relation to perinatal care and outcomes. It utilized data of 4364 rural women having recently given birth, collected by a cross-sectional survey in three rural Chinese provinces in 2007. Principal component analysis (PCA) was used to construct the SES indices and multilevel logistic regression was use to relate the indices to low birth weight, short exclusive breastfeeding (≤4 months), childbirth at the county or higher level health facility, caesarean section, inadequate prenatal care and no postnatal care. Three separate SES indices (wealth, occupational and educational indices) were obtained from the PCA analysis, capturing maternal, paternal and household SES characteristics. After adjusting for individual level factors, village and township wealth, higher levels of the indices were inversely associated with inadequate prenatal care. Higher occupational status was positively associated with short exclusive breastfeeding and childbirth at the county or higher level health facility, but inversely associated with no postnatal care. Higher educational status was positively associated with no postnatal care. This study concluded that the SES indices gave mostly varying results on their associations with perinatal care and outcomes, indicating that SES measures may be outcome-specific.

Jiun-Hau Huang, Yen-Yu Miao and Pei-Chun Kuo. "**Pandemic influenza H1N1 vaccination intention: psychosocial determinants and implications from a national survey, Taiwan**." *European Journal of Public Health*, 2012, 22(6): 796-801.

A national computer-assisted telephone interview survey using random digit dialing was conducted during 28–30 October 2009 among residents of Taiwan aged ≥15 years. Of the 1079 participants interviewed, 70.1% reported intention to receive pandemic influenza A/H1N1 (pH1N1) vaccination. Multivariate logistic regression analysis showed that participants who perceived pH1N1 in Taiwan to be much more severe than that in other countries [adjusted odds ratio (AOR) = 1.94; 95% confidence interval (CI) = 1.05–3.60], who agreed (AOR = 2.44; 95% CI = 1.30–4.58) or strongly agreed (AOR = 2.53; 95% CI = 1.38–4.65) that contracting pH1N1 would have a great impact on their daily life, who perceived pH1N1 vaccination to be very effective in preventing pH1N1 (AOR = 2.64; 95% CI = 1.61–4.33) and who considered receiving vaccination not very difficult (AOR = 8.97; 95% CI = 6.05–13.29) or not at all difficult (AOR = 30.72; 95% CI = 19.24–49.04) were more inclined towards getting vaccinated against pH1N1. This study concludes that these specific and modifiable health beliefs have practical implications for prevention and policy making, and highlight the importance of minimizing perceived barriers while convincing the public of the seriousness of the disease and effectiveness of vaccination when promoting vaccination programmes.

Hongjie Yu, Weizhong Yang, and Jay K. Varma. "**To Save Children's Lives, China Should Adopt An Initiative To Speed Introduction Of Pneumonia Vaccines**." *Health Affairs*, 2012, 31:112545-2553.

Despite rapid economic development, China has not yet incorporated into its national childhood immunization program vaccines against Streptococcus pneumoniae and Haemophilus influenzae type b. Both vaccines can prevent pneumonia, the leading infectious disease killer of young children in China. In contrast, the other World Health Organization member nations with the ten largest birth cohorts have included H. influenzae type b in their national childhood immunization programs, and many of the world's wealthiest and poorest countries have done the same with S. pneumoniae. In this article we review what is known about S. pneumoniae and H. influenzae type b in China, and we make recommendations for how to accelerate the use of vaccines against these pathogens in that country. We propose that China adopt a "Chinese Accelerated Vaccine Initiative" modeled after other successful global programs. This broad effort would marshal the

evidence and commitment needed to change vaccine policy, then develop and implement a plan for a sustainable, affordable supply of these and other new vaccines.

Zhanlian Feng, Chang Liu, Xinping Guan, and Vincent Mor. "**China's Rapidly Aging Population Creates Policy Challenges In Shaping A Viable Long-Term Care System.**" *Health Affairs*, 2012, 31:122764-2773.

In China, formal long-term care services for the large aging population have increased to meet escalating demands as demographic shifts and socioeconomic changes have eroded traditional elder care. We analyze China's evolving long-term care landscape and trace major government policies and private-sector initiatives shaping it. Although home and community-based services remain spotty, institutional care is booming with little regulatory oversight. Chinese policy makers face mounting challenges overseeing the rapidly growing residential care sector, given the tension arising from policy inducements to further institutional growth, a weak regulatory framework, and the lack of enforcement capacity. We recommend addressing the following pressing policy issues: building a balanced system of services and avoiding an "institutional bias" that promotes rapid growth of elder care institutions over home or community-based care; strengthening regulatory oversight and quality assurance with information systems; and prioritizing education and training initiatives to grow a professionalized long-term care workforce.

Xianglan Zhang, Yu-Tang Gao, Gong Yang, Honglan Li, Qiuyin Cai, Yong-Bing Xiang, Bu-Tian Ji, Adrian A Franke, Wei Zheng1 and Xiao-Ou Shu. "**Urinary isoflavonoids and risk of coronary heart disease.**" *International Journal of Epidemiology*, 2012, 41(5): 1367-75.

This study examined associations of urinary isoflavonoids, a biomarker of soy or soy isoflavone intake, with risk of CHD in a case–control study nested within two prospective cohort studies of Chinese adults in Shanghai. Cases were defined as subjects with no history of CHD at baseline who developed incident CHD during follow-up. Control subjects were randomly selected from those who remained free of CHD and matched to cases by sex, age, date and time of sample collection and antibiotic use. Baseline urinary isoflavonoids (daidzein, genistein, glycitein, equol, O-desmethylangolensin, dihydrodaidzein and dihydrogenistein) were compared between cases (n = 377) and control subjects (n = 753). Conditional logistic regression was used to evaluate the associations. It found that total urinary isoflavonoids were not associated with CHD in either women or men. However, urinary equol excretion showed a significant inverse association with CHD in women. The adjusted odds ratios (95% confidence intervals) for CHD across increasing quartiles of equol levels in women were 1 (reference), 0.61 (0.32, 1.15), 0.51 (0.26, 0.98) and 0.46 (0.24, 0.89) (P = 0.02 for trend). This study suggests that for the first time that equol, a bioactive metabolite of soy isoflavone daidzein, may be inversely associated with risk of CHD in women.

Tiffany Szu-Ting Fu, Chau-Shoun Lee, David Gunnell, Wen-Chung Lee, Andrew Tai-Ann Cheng. "**Changing trends in the prevalence of common mental disorders in Taiwan: a 20-year repeated cross-sectional survey.**" *The Lancet*, 2012, 380(9854): 1649-61.

This study investigated whether the prevalence of common mental disorders (CMDs) changed over a 20-year period of industrialisation in Taiwan. It used the 12-item Chinese Health Questionnaire to assess mental status of Taiwanese adults in 1990, 1995, 2000, 2005, and 2010. Respondents with scores of 3 or higher were classified as having probable CMDs. It assessed trends of probable CMDs with the Cochran-Armitage test and their risk factors (sex, age, marital status, educational level, employment status, and physical health) with multivariable logistic regression. The trends were compared with national rates of unemployment, divorce, and suicide. It found that of 10 548 respondents, 9079 (86·1%) completed questionnaires. The prevalence of probable CMDs doubled from 11·5% in 1990 to 23·8% in 2010 (time trend p<0·001). Increases paralleled rises in national rates of unemployment, divorce, and suicide at all five timepoints. Significant risk factors for probable CMDs were female sex (adjusted odds ratio 1·6, 95% CI 1·4—1·8), 6 or fewer years of education

(1·3, 1·1—1·5), unemployment (1·4, 1·1—1·7), and poor physical health that limited daily activities (6·5, 5·4—8·0). When these factors were controlled for in multivariable models, the time trends remained significant (p<0·0001). This study concluded that national rates of unemployment, divorce, and suicide increased in parallel with prevalence of probable CMDs in Taiwan. Clinical and social preventive measures both seem important during times of change to the economy and labour market.

POLICY AND PRACTICE UPDATES

深圳“新医改”启动：挑战药品招标采购
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http://www.21cbh.com/HTML/2012-6-20/4NMDY5XzQ1NzM4Nw.html

全国公立医院改革试点城市、广东省按照新医改的进程，全国公立医院改革试点城市、广东省深圳市宣布年底以前全面取消药品加成；5 月出台的《深圳市公立医院医药分开改革实施方案》，更明确规定将正式启动医药分开改革，取消公立医院药品加成、建立允许患者使用外购药品制度、完善公立医院补偿机制。

与此同时，为了弥补药品零加成带来的医院减收，深圳市另辟蹊径，除了同样提高诊疗费以外，更把矛头指向药品集中招标采购制度，提出公立医院集团式采购、药品“厂院直销”等创新做法。

改革措施之一是实行集团式采购。即由深圳市公立医院管理部门制订全市公立医院采购药品目录，以广东省药品统一采购中标目录和中标价格为基础，对进入深圳公立医院的药品实施二次遴选；与中标药品供应商进行价格谈判，代表全市所有公立医院实施集团式采购，并实行统一配送，从而降低药品入库价格。

此次改革的另一个主要做法是实施“厂院直销”。由市公立医院管理部门选取试点单位，探索建立医院与药品生产企业之间的直销渠道，以此减少流通环节，降低采购价格；或者以不高于广东省同品规药品集中采购中标价格为前提，参照周边地区中标品种和中标价格进行采购。

Shen Zhen Initiates “New Healthcare Reform”: Challenging Current Medicine Procurement System

In May, City of Shen Zhen in Guangdong Province introduced the Reform Implementation Plan for Separation of Hospital Management and Medicine Procurement in Public Hospitals, formally initiating the reform, eliminating public hospital medicine markups by the end of 2012, allowing patients to use medicine outside the hospital system, and improving current public hospital reimbursement system.

In order to reduce hospital revenue shortfalls resulting from zero medicine markups, Shen Zhen will increase hospital fees and decrease medicine purchasing price through group procurement. Shen Zhen Public Hospital Management Office will compile a medicine list based on Guangdong Province Unified Procurement Bidding List and Price, and represent all public hospitals in the city to negotiate with medicine suppliers to reach lowest possible price. The management office will also attempt to establish a direct link between pilot hospitals and medicine suppliers, eliminating all middle men and further reducing costs of medicine.

毒胶囊后续：药监局强化药用辅料管理
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http://www.21cbh.com/HTML/2012-6-5/xNMDY5XzQ0NzcxNw.html

近日，国家食品药品监督管理局公布了《加强药用辅料监督管理的有关规定（征求意见稿）》（以下称“征求意见稿”）。药用辅料是指生产药品和调配处方时所用的赋形剂和附加剂，包括蔗糖、淀粉、薄膜包衣粉等，以及不久前曾震惊全国的药用明胶胶囊。而征求意见稿起草的主要背景，正是药用胶囊铬超标事件暴露了医药企业和监管部门在药用辅料管理方面的漏洞。针对药用辅料监管标准和制度缺失，以及相关法律存在漏洞的问题，征求意见稿的起草说明中谈到，将通过实施信息登记、关联审评、强化责任、延伸检查、加大处罚等工作措施，进一步提升对药用辅料的监管力度和管理水平。同时，征求意见稿从制剂企业、药用辅料企业以及监管部门三个层面作出了相应的规定。

《征求意见稿》明确提出，药品制剂生产企业必须加强购入药用辅料的质量管理。药品制剂生产企业应对药用辅料生产企业定期进行质量评估，对药用辅料生产企业的质量体系进行现场质量审计和回顾分析，并建立所有购入药用辅料及供应商的质量档案。

与此同时，对药用辅料则参照原料要进行管理，提高生产企业准入门槛，根据风险程度对辅料实行分类管理，要求新药用辅料必须与药物制剂关联审评，并将提高和完善药用辅料标准作为当前工作重点。从政府监管的角度，未来国家和省级药监部门将建立药用辅料数据库和生产企业信用档案，以期将所有药用辅料生产企业纳入监管视野，减少监管盲区。同时征集意见稿中还要求各地的监管部门加强药用辅料生产使用全过程监管。
按计划，《加强药用辅料监督管理的有关规定》将于 6 月 8 日结束征集意见，并拟于 2012 年 10 月 1 日正式执行。国内药用辅料行业的格局也有可能随之而改变。

南开大学法学院副教授宋华琳分析指出："应该说，征求意见稿集中体现了企业是第一责任人的思路，并在不少重点环节上提出了实质性的措施。比如药品制剂生产企业申报药品注册时需要提供药用辅料的相关资料，并得到国家局的审批。总的来看，征求意见稿体现了药监部门延伸监管的思路，有利于加强对药用辅料的监管。但对整个辅料监管来说还需要通盘考虑，因为辅料不仅用于药品，还可以用于其它产品。这可能还需要质检等多个部门的共同参与。"

Poisonous medicine capsule follow-up: Food and Drug Ministry Strengthening Management of Pharmaceutical Excipients

State Food and Drug Administration recently announced "Provisions Relating to Strengthening Management and Monitoring of Pharmaceutical Excipients (Draft Version for Comment)" (refer to as the Draft from this point on). Pharmaceutical excipients refer to excipients and additives needed for production of medicine, such as sugar, starch, film-coating powder, and the gelatin capsules that recently shocked the entire country. The Draft was put together in response to these gelatin capsules with high levels of Chromium, which exposed loopholes in the current pharmaceutical excipients management system.

The Draft proposed several interventions (e.g., detailed information registration, extended inspection, and increased fine for violators) and made corresponding provisions for pharmaceutical companies, pharmaceutical excipients companies, and regulatory agencies.

Pharmaceutical companies must improve quality assessment of the purchased excipients, by periodically inspect excipient production companies and establish a database for excipients used and excipients providers. Pharmaceutical excipient companies must meet a higher quality threshold to be permitted production. Different types of excipients should be managed separately based on their levels of risk. In the future, national and provincial governments will set up databases to better monitor excipients and their productions.

The commenting period was proposed to end by June 8th, and the Draft was expected to go into effect on October 1st, 2012.

中美医疗外交新动
来源：《财经》杂志 2012-07-01
http://magazine.caijing.com.cn/2012-07-01/111921729.html

早在 2011 年 1 月胡锦涛访美时就公布的中美公私医疗伙伴关系初步框架，终于有了实质性进展。2012 年 6 月 26 日，中国美国商会与中国卫生部相关机构签署协议，启动县级医院慢性病管理培训试点项目，为 50 所县级医院的 1000 名医师提供培训。

公私伙伴关系（Public Private Partnership）是指，公共部门与私营部门为提供公共服务，而建立的长期合作伙伴关系。"这种理念可以让公共部门利用私营部门的力量，提高医疗服务的总体质量。"美中医疗卫生合作

项目总监周军对《财经》记者解释，“同时，私营部门在项目中可以推广新的医疗理念和医疗技术，为医疗改革提供能力建设。”

最初的框架是由中国卫生部、商务部，以及美国贸易发展署、卫生及公众服务部、商务部共同制定，并囊括强生、IBM、斯科、通用电气、中美互利医疗有限公司等 18 家企业以及中国美国商会等五家非政府机构和一所医疗研究机构。第一次将中美两国之间在医疗卫生领域，原本局限于政府主体的功能性外交，拓展到企业、非政府机构、学术团体等多主体的公共外交。

随后的 2011 年 3 月，中美双方公布了由中国美国商会主持的美中医疗卫生合作项目，作为落实初步框架的平台机构。在新近启动的培训试点项目之后，该合作项目还将在美国贸易发展署的资助下，开展中国卫生专业人士和相关政府机构的医疗专业人员赴美交流项目、医院管理定向访问、医疗信息技术定向访问和应急响应研讨会等项目。

以能力建设为主的美中医疗卫生合作项目，与作为政策探讨平台的中美商贸联委会药品与医疗器械小组，共同成为中美医疗外交的两大主要渠道。

New Movement in China-America Health Diplomacy
Source: CaiJing Magazine, 2012-07-01
http://magazine.caijing.com.cn/2012-07-01/111921729.html

The Chinese-American Public Private Healthcare Partnership that was initially established during President Jintao Hu’s visit to the U.S. in January 2011 saw substantive developments recently. On June 26 of 2012, Chinese and American Chambers of Commerce signed agreement with the Chinese Ministry of Health and its related agencies, putting in motion a county-level pilot program training 1000 doctors for 50 county-level hospitals in the management of chronicle diseases.

In a public private partnership, public and private sectors establish long-term partnership to bring services to the general population. In this particular case, the initial framework was jointly drafted by Chinese (Ministry of Health, Ministry of Commerce) and American (Trade and Development Agency, Department of Health and Human Services, Department of Commerce) government agencies. In addition, eighteen businesses including Johnson & Johnson, IBM, General Electric, five non-government organizations, and one medical research facility also participated in the process. For the first time in medical health field, China and America moved from government-centric diplomacy to public diplomacy involving multiple partners from private, non-government, and research sectors.

新一轮药品降价方案即将出炉 降幅或超 20%
来源：中国证券报 2012-07-27
http://www.21cbh.com/HTML/2012-7-27/zMNDIwXzQ4NDkzMQ.html

记者从权威人士处获悉，国家发改委即将公布新一轮药品降价方案，涉及品种将包括抗肿瘤药、血液制品药物等。中国证券报记者通过多个渠道求证获悉，此轮药品降价幅度最大或超过 20%。卫生部人士向中国证券报记者透露，国家基本药品目录正在调整，此次调整主要针对二、三级医院。据了解，新版国家基本药品目录入选品种最多可能达到 700 种，超出原来 500 种的市场预期。

中国证券报记者了解到，部分毛利率较高的抗肿瘤、血液制品药物将大幅降价，但血液制品药物中的紧缺品种或不受影响。免疫调节类药物中，可能有部分药物面临降价。这将是近 14 年来第 30 次药品降价，部分药品降价幅度将超过 20%。这也是年内第二次药品降价。早在今年 3 月 30 日，国家发改委便对消化类药品等价格作出大幅调整，药品价格平均降幅达 17%。

“药品价格虚高”频遭诟病，是药品再次降价的主要原因。而“医药分开”的开展和药品加成的取消，成为药品降价的推动因素。2012 年 5 月，国家发改委、卫生部、国家中医药局等要求全面规范医疗服务价格项目，做

好公立医院改革、医保支付方式改革和基层医疗卫生机构综合改革的衔接。2012 年 7 月 1 日开始，北京、上海、深圳等地的部分医院率先试点“医药分开”，设置医事服务费并取消药品加成，在获得公众认可的同时，为药品价格调整带来空间。

但是，此次降价对药企的真正影响尚需观察。中国证券报记者了解到，因为从药品出厂到终端零售之间的价差较大，终端零售最高限价的调整是否对药企带来较大负面影响，尚不能过早下结论。不过，药品流通中间环节的进一步规范将是行业所趋。卫生部部长陈竺日前在北京友谊医院调研公立医院改革试点工作时表示，为从根本上切断医院层面与药商的不良关系，将推动药品流通流域的改革。

New Round of Drug Price Reduction in the Pipeline: Reduction May Exceed 20%

National Development and Reform Commission will soon announce a new round of drug price reduction. This time the reduction may exceed 20% and include cancer treatment drugs and blood products. Sources in the Ministry of Health revealed that the national basic drug list is being revised to better reflect the needs of second and third tier hospitals. The list is also expanding to include nearly 700 types of drugs, exceeding the expected 500 types.

Even after 30 price adjustments in 14 years, and 2 reductions this year alone, drug prices are still viewed as artificially high. Currently, the main factors behind the most recent price reductions are the implementation of “Separation of Medical Treatment and Drug Prescription” and abolishment of drug markup. These policies have been piloted in Beijing, Shanghai, Shenzhen, and others.

It is too early to judge how this round of price reduction will impact pharmaceutical companies; the huge markups on drug prices might cushion any negative consequences. However, according to Zhu Chen, the Minister of Health, regulation of drug distribution is inevitable, with current reforms moving towards severing the unhealthy links between hospitals and drug distributors.

大病医保全国“商办”
来源：《财经》杂志 2012-08-13
http://magazine.caijing.com.cn/2012-08-13/112006365.html

日前，大病医保全国范围内经办商业化的相关文件已经通过多部委会签。此前在河南新乡、洛阳，广东湛江，江苏江阴等少数地区试水的医保商办，至此已成“星火燎原”之势。根据此前参与文件讨论修改的人士介绍，大病医保有望在全国范围内交由商业保险机构经办，若此议落实，医保经办商业化将迈出“举国体制”第一步。这里所说的大病医保，特指在新农合医保和城镇居民医保基础上的大病补充保险。与城镇职工医保在 1998 年启动之时即已搭建大病补充保险框架不同，新农合医保在 2003 年、城镇居民医保在 2007 年启动之时，并未附加大病补充保险。在医疗费用居高难下的情形之下，近些年有关新农合和城镇居民医保报销比率不高的诟病不绝于耳。

根据公开报道，7 月 19 日，国务院深化医药卫生体制改革领导小组第十一次全体会议审议了《关于开展城乡居民大病保险的指导意见》。国务院副总理兼国务院医改领导小组组长李克强表示，大病保障是衡量一个国家医疗保障水平的重要标准。目前，全民基本医保已经覆盖城乡，但大病保障制度尚未建立，群众负担仍然较重。伴随着多部委的文件会签，《关于开展城乡居民大病保险的指导意见》几已尘埃落定。这意味着，“新医改”施行三年有余之后，又有两项空白被填补，其一为建立大病保障制度；其二是商业保险机构首获某项医保的全国经办权。

在业界人士看来，大病医保“全国一盘棋”之后，商保机构的网络化功效将被放大，进而可实质推动城乡医保并轨。站在历史的角度，因大病医保经办商业化改革而推开的多米诺骨牌，对转型中国避开“中等收入陷阱”，有效推进以人为本的城镇化均具实质意义。无论是前者还是后者，均需医疗服务和医疗保险市场的有效发育。接近人保部的人士称，决策层的初衷正在于此。

Commercial Insurance Companies Involved in Catastrophic Health Insurance

After piloting in various cities and regions, several ministries co-signed related documents to push for national commercialization of catastrophic health insurance. The document "Guidance regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents" (Referred to as "Guidance" from now on) focuses on people insured under the New Rural Cooperative Medical Insurance and Urban Residents Insurance. These insurance plans, unlike the Urban Workers Medical Insurance, did not cover serious illnesses, resulting in low reimbursement and high cost for the insured.

The Guidance was reviewed during the eleventh Plenary Session for the State Council Leading Group for Deepening the Health Care System Reform, on July 19, 2012. According to Keqiang Li, the Vice Premier of State Council and lead for this Leading Group, catastrophic health insurance is an important standard to judge whether a nation offers adequate medical care for its citizens. Currently, basic medical insurance is available nation-wide. However, most citizens still pay high prices for medical care because there is very limited catastrophic health insurance.

Experts believe this policy will maximize the utilization of commercial insurance companies' networks, easing the merge of urban and rural insurance plans.

中国推大病医保新政：报销比例不低于 50%

来源：网易财经 2012-08-31

http://money.163.com/12/0830/16/8A5VMH0700253B0H.html

国家发展和改革委员会、卫生部、财政部、人力资源和社会保障部、民政部、保险监督管理委员会 30 日正式公布《关于开展城乡居民大病保险工作的指导意见》。

《意见》指出，近年来，随着全民医保体系的初步建立，人民群众看病就医有了基本保障，但人民群众对大病医疗费用负担重反映仍较强烈。开展城乡居民大病保险工作，是在基本医疗保障的基础上，对大病患者发生的高额医疗费用给予进一步保障的一项制度性安排，目的是要切实解决人民群众因病致贫、因病返贫的突出问题。《意见》指出，大病保险保障对象为城镇居民医保、新农合的参保（合）人，保障范围要与城镇居民医保、新农合相衔接；所需要的资金从城镇居民医保基金、新农合基金中划出，不再额外增加群众个人缴费负担。城镇居民医保、新农合应按政策规定提供基本医疗保障。在此基础上，大病保险主要在参保（合）人患大病发生高额医疗费用的情况下，对城镇居民医保、新农合补偿后需个人负担的合规医疗费用给予保障。此外，大病保险保障水平以力争避免城乡居民发生家庭灾难性医疗支出为目标，合理确定大病保险补偿政策，实际支付比例不低于 50%；按医疗费用高低分段制定支付比例，原则上医疗费用越高支付比例越高。

《意见》指出，通过政府招标选定承办大病保险的商业保险机构。符合基本准入条件的商业保险机构自愿参加投标，中标后以保险合同形式承办大病保险，承担经营风险，自负盈亏。商业保险机构承办大病保险的保费收入，按现行规定免征营业税。

China Implements New Policy for Catastrophic Health Insurance: Reimbursement to Exceed 50%

On August 30, National Development and Reform Commission, Ministry of Health, Ministry of Finance, Ministry of Human Resources and Social Security, Ministry of Civil Affairs, and Insurance Regulatory Commission announced the "Guidance regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents" (Referred to as "Guidance" from now on).

"Guidance" indicated that even though citizens have basic medical insurance, they still bear heavy financial burden for medical care because serious illnesses were not covered under the New Rural Cooperative Medical Insurance or the Urban Resident Insurance. This new "Guidance" aims

to alleviate this burden and to stop the vicious cycle of "poor because getting ill, getting ill because poor".

This new benefit will be financed by the funds for the two above-mentioned insurance plans, at no additional cost to the insured. If the insured suffers a serious illness, their out-of-pocket costs will be off-set by this new benefit. Reimbursement rate cannot be lower than 50%; the higher the medical cost, the higher the reimbursement rate.

"Guidance" indicated that the commercial insurance institute undertaking this new benefit will be selected through public bidding. Qualified insurance institutes will voluntarily participate in this bidding, and assume sole responsibility for profits or losses. Under current regulations, profit from catastrophic health insurance is tax exempt.

卫生部部长陈竺：欢迎民资和外资
来源：刘涌 2012-09-13
http://health.sohu.com/20120622/n346263244.shtml

"中国的经济环境是开放的，中国的卫生产业政策更是开放的。中国卫生行业主管部门欢迎民营资本和外资企业参与卫生相关产业发展。"9 月 12 日，在天津的夏季达沃斯论坛现场，卫生部部长陈竺再次阐述了中国卫生产业对社会资本和境外投资者开放的政策。

这种开放政策的大背景是，中国的卫生产业正在发生着巨大的变化。一方面医疗保障覆盖和保障水平的提高，释放了巨大的医疗服务需求，给中国的医疗服务业带来了难得的发展机遇，并同时带动了生物医药产业、医疗保险业等传统卫生产业的快速发展。另一方面，随着中国经济发展水平的提高以及人口结构等因素的变化，医疗服务的需求也开始呈现出多元化的趋势。与此相适应，老年照护、医疗旅游、休闲保健等健康产业开始蓬勃发展。但长期以来，公立医疗机构占据着我国医疗服务市场的主导地位。在医疗服务需求快速增长的情况下，公立医疗资源显得日趋紧张，"看病难"问题仍旧突出。而且政府作为单一主体提供医疗服务的现状，也与多元化医疗需求之间的矛盾日益显得突出。新医改政策一直强调鼓励和引导社会资本办医，但公立医院处于垄断地位，缺乏外部竞争压力，改革动力不足；而地方卫生行政部门又在开放医疗服务市场，鼓励社会资本办医方面缺乏积极性。

为改变现状，医改政策从两个方面采取了"一抑一扬"的措施。针对迅速扩大的公立医疗体系，陈竺多次表示，禁止公立医院举债建设、盲目扩大。与此同时，医改"十二五"规划明确提出发展目标，给社会资本留出 20%的空间。

陈竺特别提到了卫生部近期印发的《关于做好区域卫生规划和医疗机构设置规划促进非公立医疗机构发展的通知》，其中明确提出要进一步拓宽社会资本办医的准入范围，要给非公立医疗机构留出足够的发展空间，鼓励社会力量，以及境外投资者举办医疗机构。在开放医疗服务市场，鼓励更多民间资本和境外投资者进入的同时，陈竺还专门阐述了对未来卫生产业的规划和要求，尤其谈到了除高端医疗服务之外的医疗需求空间广阔。
"我这句话特别是说给跨国公司的朋友听的。"陈竺表示，中国的卫生产业不仅需要满足高端卫生服务需求，也要注重提供高质量、低成本、广覆盖的医疗产品，而这类市场的规模同样巨大。

Minister of Health, Zhu Chen: Welcome Private and Foreign Capital

Zhu Chen, the Minister of Health, at the Summer Davos Forum in Tianjin, reiterated that Chinese health industries welcome both private and foreign investments.

"China has an open economic market, also an open health industry policy. Chinese health industry regulators welcome private and foreign capital to invest in the industry's development."

China's health industry has been undergoing dramatic changes in the past decades. With increased healthcare coverage and improved level of protection, there is exponential growth in demand for healthcare services. This appetite for healthcare services also led to development of traditional health industries such as biomedical and medical insurance industry. China's economic development and changes in population structure also led to diversified medical services, with growth in areas such as old age care and medical tourism.

Public medical institutes still occupy majority of medical care, but increasingly couldn't meet the growing demand. The New Medical Reform encourages the introduction of social capital, but results are mixed. In order to change the status quo, the Reform adopted "Promote One, Suppress One" approach: 20% of the medical system development is reserved for social capital, and public hospitals are prohibited from using loans for needless expansion.

Zhu Chen believes that Chinese health industries not only need high-end medical services, but also high-quality and low-cost medical products with wide coverage. These products will be very profitable, and investments from foreign companies are welcome.

大病保险"引擎效应"可期 年新增保费 400 亿
来源：21 世纪经济报道 2012-09-19
http://www.chinahealthreform.org/index.php/publicdiscussion/8-media/1584--400.html

"大病保险涉及全国 10.5 亿城乡居民，按照我们研究制定文件过程中，进行的一亿样本数据测算来看，要达到 50%的保障目标，2011 年人均需要筹资 45 元，对保险行业而言，相当于每年要新增 400 多亿元的保障险业务市场，而且这个数字还会随着经济社会发展而逐年增加。"9 月 19 日，在保监会召开的城乡居民大病保险工作会上，国务院医改办副主任徐善长如是描述城乡居民大病保险的规模体量。随着上月底六部委联合发布《关于开展城乡居民大病保险工作的指导意见》，城乡居民大病保险也由多地区先行试点，转入全国范围内大面积实施阶段。而保监会昨日率先召开工作会进行全面部署，对此事的主导意味不言而喻。不过在会上，保监会主席项俊波和徐善长都反复强调商业保险机构参与大病保险可能面临的挑战与风险。自上任以来格外注重树立保险业正面形象的项俊波更格外强调："大病保险如果在落实中出现偏差走样，对于保险业形象将造成巨大的负面影响。"一位参会的商业保险机构人士则表示，虽然保监会此番已发出大力推动大病保险实施的强烈讯号，但由于城乡居民大病保险主要还是采取政府动用医保新农合资金购买商业保险机构产品的方式，因此方案制定的主导权或许还是在各地社保民政部门手中。"作为经办机构的商业保险公司，现在还不好说未来的发展前景。"

Catastrophic Health Insurance: Expected Annual Additional Premium Revenue around ¥40 Billion

Deputy Director for the Medical Reform Office of the State Council, Shanchang Xu, described the scale and volume to be expected from the new Guidance on catastrophic health insurance for rural and urban residents.

"Catastrophic health insurance involves around one billion urban and rural residents in China. According to our research, using 100 million residents as the basis for our projection, in order to reach 50% coverage, each person needs to spend ¥45 in 2011. For insurance companies, this equals to annual new revenue around ¥40 billion, and this number will increase with economic development."

Chairman of the Insurance Regulatory Commission, Junbo Xian, also emphasized the challenges and risks facing the participating insurance companies. Sub-bar implementation of this new benefit could potentially bring serious harm to the insurance industry and its image.

One of the commercial insurance industry representatives expressed that even though the Insurance Regulatory Commission is pushing for this new benefit to be implemented, the final say might still rest with local government, since catastrophic health insurance will be financed by funds for the New Rural Cooperative Medical Insurance and the Urban Resident Insurance.

解读关于开展城乡居民大病保险工作的指导意见
来源：人民日报 2012-09-20
http://news.workercn.cn/c/2012/09/20/120920140317640593850.html

日前，国家发展改革委、卫生部、财政部等六部委联合召开电视电话会议，贯彻落实《关于开展城乡居民大病保险工作的指导意见》（以下简称《意见》）。关于城乡居民大病保险保障的"大病"具体指的是什么？能报多少？报销范围是什么？国家发展改革委副主任、国务院医改办公室主任孙志刚在会上给出了具体解读。

大病保险可以保哪些病: 国家发展改革委副主任、国务院医改办公室主任孙志刚指出，什么是"大病"，我国的制度参考了世界卫生组织关于家庭"灾难性医疗支出"的定义，即：一个家庭强制性医疗支出大于或等于扣除基本生活费（食品支出）后家庭剩余收入的 40%。如果出现家庭灾难性医疗支出，这个家庭就会因病致贫返贫。换算成国内相应统计指标，按 2011 年数据计算，对城镇居民而言，大体相当于城镇居民年人均可支配收入，对农民而言，大体相当于农村居民年人均纯收入的水平。此时，大病保险制度发挥作用，对城乡居民的高额医疗费用进行合理的报销。

大病保险具体能报多少: 孙志刚说，大病保险的报销比例是，大病患者在基本医保报销（2011 年城镇居民医保、新农合政策范围内住院费用报销比例已达到 70%左右）后仍需个人负担的合理医疗费用，再给予实际报销 50%以上，而且，对医疗费用实行分段制定支付比例，原则上医疗费用越高支付比例也要越高。也就是说，城镇居民医保、新农合先在政策范围内报销约 70%，剩余自付费用再由大病保险实际报销最少 50%。对具体的筹资额度或比例，文件没有作出具体规定。孙志刚指出，主要是考虑各地经济发展、居民收入和医疗费用水平差别很大，因此，国家层面对具体筹资标准不作统一规定，由各地结合实际，进行科学测算后合理确定。

非政策范围内用药报销吗: 孙志刚指出："大病保险报销不再局限于政策范围内，而是大病患者在基本医保报销后仍需个人负担的合理医疗费用，再给予报销 50%以上。"也就是说，非医保报销目录内的药品、治疗项目等，只要是合规的费用，都可以报销。但具体哪些是合规费用，《意见》作为指导性文件，没有作出具体规定，主要原因是各地情况差异大。徐善长说："这次出台的大病保险文件，是一个原则性的指导文件，在许多方面没有设定全国统一的标准和比例，比如，筹资标准、合规医疗费用、高额医疗费用等的界定，都由地方政府来确定。"

Interpreting the Guidance Regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents

The previous articles talked about the Guidance regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents" (Referred to as "Guidance" from now on). What constitutes "serious illness"? How much could be covered by insurance? What is the range of reimbursement? Deputy Director of the National Development and Reform Commission, Director of the Medical Reform Office of the State Council, Zhigang Sun, answered these questions at a recent meeting.

For serious illness: the Guidance referenced the World Health Organization's definition for "disastrous medical expense": if a family's mandatory medical expenses equal to or greater than 40% of their discretionary expenses (total income minus basic living expenses). Once a family suffers disastrous medical expense, that family could become poor or return to poverty due to illness. Using 2011 figures, this "disastrous medical expense" is approximately the annual per capital discretionary expense for urban residents and per capita annual net income for rural residents.

For reimbursement: patients with serious illness will be paid through their basic insurance first. After that, 50% or higher of the reasonable medical expenses will be paid through this new benefit. The reimbursement rate is proportional to the total expenses: the higher the cost, the higher the reimbursement rate. For the insured under the New Rural Cooperative Medical Insurance and the Urban Resident Insurance, 70% of their medical expenses for serious illnesses will be paid through the

basic health insurance plan, and 50% of their out-of-pocket costs will be paid through the new benefit.

For treatment or drugs not covered by current insurance policies: even if the insured received treatments or used drugs outside the insurance plans' list, as long as the expenses are reasonable, the insured can be reimbursed. The Guidance is a framework; specific situations will be dealt at the local level.

ABOUT CHPAMS: FEATURE MEMBER

Xiaohui Hou, PhD MA

Xiaohui Hou, PhD, MA

Xiaohui Hou （侯晓辉） is a senior economist with the World Bank. She joined the World Bank as a Young Professional and has worked in human development department in the East Europe and Central Asia region and the South Asia region. Her current assignment focuses on capacity building in health system strengthening. In her previous assignment, she worked on the design, implementation and evaluation of a national cash transfer program in Pakistan (Benazir Income Support Program), a national health insurance program for the poor in India (RSBY program), and several health projects in Croatia, Georgia, and Moldova. Before joining the Bank, she has worked on the impact evaluation of the Oportunidades program in Mexico. Xiaohui Hou holds a Doctorate degree in the Health Services and Policy Analysis and a Master's degree in Economics from the University of California, Berkeley. She also holds a Master's degree in Health Policy and Administration from the Washington State University, and B.S. from Beijing University. Her field of research includes health economics and development economics. She has published a dozen of papers in both economics and medical peer reviewed journals. She teaches in international senior policy forums and a number of universities in China.

1. *How would you improve the public's understanding of research?*

Everybody cares about health. Everybody cares about the access and quality of the medical services he/she receives. The key to improve the public's understanding of research is to translate the research to some forms of articulation that general public can understand and are able to link to their daily lives. The ultimate goal for public to understand the health and health services research is to promote their health: through modifying their health behavior, improving the governance and accountability of the health system by empowering them to monitor the system through the right channels, by better understanding the policies and the evidence behind those. This should also be one of the missions of the researchers, to make their research more accessible to the general public, one way or another. Technology and media today has opened many new ways to communicate and disseminate.

2. Who was your most influential teacher, and why?

I have benefited from many teachers since I was in primary school. I thank each and every one of them who has shaped the way how I think, study, and work. It is hard to rank who is the most influential one but I would like to share something I learnt from my advisor, Prof. Paul Gertler from UC Berkeley. Paul is not only a top-notch researcher, but also he is one of the few researchers who can translate all the research jargons to plain English and able to persuade policymakers to have more evidence-based policies, even if some of them are against the political dynamics.

3. What keeps you awake at night?

一灯，一茶，一书， 一笔， 一纸，一份心情。

4. What is your idea of a perfect day?

完美难得，只求可作自己喜做之事.

5. What is your favorite book/film/play/song, and why?

我爱诗词。但已忘却了很多，只有几句还时时想起。爱“五岭逶迤腾细浪，乌蒙磅礴走泥丸”的气魄，“白日放歌须纵酒，青春作伴好还乡”的欢愉，“舞低杨柳楼心月,歌尽桃花扇底飞”的缠绵,“沉香断续玉炉寒，伴我情怀如水“的孤凄…。但最爱—“路漫漫其修远兮 ，吾将上下而求索”。

ABOUT CHPAMS: MEMBERS' UPDATES

CAREER AND PROFESSIONAL APPOINTMENT

Xiaodong Cai, M.D., Ph.D., joined the International Conference on Population and Development (ICPD) Beyond 2014 Secretariat, the United Nations Population Fund. Before joining the ICPD Beyond 2014, Dr. Cai worked in the Division of Policy and Strategy at the United Nations Children's Fund.

Zhuo (Adam) Chen, Ph.D., M.S., Senior Health Economist with the US Centers for Disease Control and Prevention, was elected as a Board Director (2012-2013) of the Chinese Economists Society (http://www.china-ces.org/) in September 2012.

Jie Pan, Ph.D., joined the West China School of Public Health, Sichuan University as an Assistant Professor. Before joining Sichuan University, Dr. Pan worked as a research fellow in the China Center for Health Economics Research at Peking University.

Qi (Harry) Zhang, Ph.D., was appointed as an Academic Editor of PLOS ONE, a peer-reviewed open-access journal with an impact factor of 4.092 in 2011.

Kai Zheng, Ph.D., Associate Professor in Information Systems and Health Informatics at the University of Michigan, is on sabbatical as a Visiting Associate Professor in the Center for Biomedical Informatics Research, Stanford University School of Medicine.

GRANTS RECEIVED

Li Wang, Ph.D., Assistant Professor of Health Economics at Pennsylvania State University, was awarded an National Institute of Health (NIH) R01 grant for the project "Do Access Barriers to Autism Care Persist Despite Autism Insurance Mandate?" for which she serves as the Principal Investigator (PI).

Yanfang Su, Sc.D. Candidate, Harvard University, and her team members received a grant to support a 2-year project "the Impact of Prenatal Messages through Cell Phone on Newborn Health".

NEWLY PUBLISHED

Zhanlian Feng, Ph.D., senior public health analyst at the Research Triangle Institute (RTI) International, published a lead-authored article titled "China's Rapidly Aging Population Creates Policy Challenges in Shaping a Viable Long-Term Care System" in the December 2012 issue of *Health Affairs.*

Xiaoxing He, MD, MPH, Department of Health Sciences, Cleveland State University, published an article titled "Physician Demography and Policy Implication" in the November 2012 issue of *the Journal of Health Care for the Poor and Underserved.*

Xinping Zhang, Ph.D., MD, Professor, School of Medicine, Huazhong University of Science and Technology, published a coauthored article titled "National Essential Medicines List and Policy Practice: A Case Study of China's Health Care Reform" in the December issue of the *BMC Health Services Research.*

NEWS AND ANNOUNCEMENTS

JOB ANNOUNCEMENT

POSITIONS: PROFESSOR OF HEALTH POLICY AND SYSTEMS RESEARCH

China Center for Health Development Studies (CCHDS), Peking University, Beijing, China

The China Center for Health Development Studies (CCHDS) at Peking University seeks to hire full professors of health policy and systems research. Peking University and China Medical Board established the CCHDS with the mission to advance health development and health care system performance in China and globally, through academic excellence in research, education and training in health policy and systems studies. To achieve its mission, CCHDS is building a world class multidisciplinary group of faculty, fellows, and students. More information on the mission, goals, research priorities and organization of the CCHDS can be found on: www.cchds.pku.edu.cn

Qualifications

The successful candidate is expected to play a leading role in the Centre's research priorities in health system research and in supervision of gradient students.

Candidates must hold a doctoral degree with an area of specialization in one or more of the following: health economics, applied microeconomics/econometrics, industrial organization, behavioral economics, development economics or evaluation science, global health, and public health. Prior research experience related to health policy and health care systems in China and other low- or middle-income countries is highly desirable.

In principle, candidates should be no older than 50 years old.

Salary

Payment, including basic salary and subsidies, will be in the range of 300,000 - 400,000 RMB per annum depending on experience and qualifications.
Application materials and contact

Interested applicants should send a letter of application, including a CV, sample publications, a statement of current and future research interests, and the names of three referees by post or email to the following contact:

Dr. Liu Xiaoyun
PO 505, Xueyuan Road 38, Haidian District, Beijing 100191, China
China Center for Health Development Studies, Peking University
Tel: +86 10 8280 5697
Fax: +86 10 8280 5695

Email: cchds@pku.edu.cn

Positions will remain open until filled.

Note: CCHDS has additional job postings that can be found through http://www.cchds.pku.edu.cn/index.php/zh/job-opportunity.

POSITIONS: RESEARCH ASSOCIATE, ASSISTANT OR ASSOCIATE SCIENTIST, DIRECTOR OF RESEARCH AND RESOURCES CORE

Johns Hopkins Global Center for Childhood Obesity (JHGCCO), Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

JHGCCO is a new national center with a 5-year $16 million NIH U54 Center grant, plus additional institutional support. JHGCCO is established to conduct research, training and outreach related to childhood obesity and non-communicable chronic diseases (NCDs). The Research and Resources Core (RRC) is one of the 4 cores of the Center that provides various supports =, including 1) technical expertise and assistance with statistical and spatial analysis; 2) support for outreaching activities to disseminate Center information; and 3) support to the research in the field. More information can be about primary duties and application details can at http://www.jhgcco.org/announcement_20121128.html

Qualification

A PhD degree in a related discipline, such as geographic information system (GIS), urban design and planning, environmental health, biostatistics, or epidemiology with 5-year research experience. The candidate needs qualify for a faculty appointment at the Johns Hopkins Bloomberg School of Public Health Department of International Health. Solid publications and funding records are expected, as well as an interest in participating in new research projects relevant to childhood obesity and chronic diseases.

Interested candidates should email CV, cover letter and names of 3 references as attached word files to: Sheryl Siegmund, MS, Center Manager, Email: ssiegmun@jhsph.edu

For a full list of recent opportunities at JHGCCO, please visit http://www.jhgcco.org/announcement_20120917.html