

Abstract:

China's health care delivery systems have been dominated by hospitals under a market mechanism since 1980s, leading to rapid escalation of medical costs and difficult access to medical care. The development of community health services (CHS), characterised in particular by the emergence of general practitioners and the establishment of community health centres, has shouldered great anticipations from the government for re-vitalising the glorious achievement in primary health care in the past.

This study evaluated the performance of the CHS programs through a mixed research approach, which included document analysis, non-participative observations, interviews (23 general practitioners and managers), and a random sample survey (1041 residents).

Ten years after the central government initiated the CHS reform, the CHS programs were still struggling to stay alive through competing with other health institutions for consumers who could afford medical charges and to provide clinical services that would generate good revenues. The accessibility to medical care continued to decline in the past decade. Poor response to local population health issues, inefficient use of resources and poor quality of services were amongst the key performance problems.

The Chinese government has concentrated up until now on establishing a new set of community health institutions. Without introducing a coherent package of policy and administrative changes in line with the principles of primary health care and the empowerment of consumers, the CHS reforms are unlikely to be very effective in promoting population health nor in improving efficiency. In actual fact more resources were being introduced into urban communities, intensifying competition.

These findings have implications for both policy development and training arrangements. Training arrangements for CHS need to offer competencies for a wide range of organisations and professionals and to be aligned with a unified goal and facilitate the development of the supportive environments and inter-organisational collaborations.

Bio: George LIU has a Medical Degree (1982-1988) and MPH (1988-1991) from China and PhD (2000-2003) from La Trobe University. He worked in China for about 10 years, serving as associate professor and lecturer in Social Medicine and Health Service Management, before moving to Australia in 2000. He is currently a senior lecturer and deputy director of the China Health Program in the School of Public Health of La Trobe University. His role includes coordination and teaching for the Master of Health Administration program and research into the Chinese health care system. He has a particular interest in the re-invention of primary health care and community health services in China. He has provided consultancy services to many projects in China sponsored by international agencies, including the World Bank, the World Health Organisation, the AusAID and the UK DFID. For more information about George Liu's research projects and publications, please go to [http://www.latrobe.edu.au/publichealth/Staff/StaffProfiles/chaojie\\_liu.htm](http://www.latrobe.edu.au/publichealth/Staff/StaffProfiles/chaojie_liu.htm)

