

**CLOSING THE GAP BETWEEN POLICY AND REALITY:
A STUDY OF COMMUNITY HEALTH SERVICES IN
CHENGDU AND PANZHIHUA**

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LIST OF ABBREVIATIONS

ADL	Activity of Daily Life
AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
CDC	Centre for Disease Control
CHC	Community Health Centre
CHS	Community Health Services
CMA	China Medical Association
CMS	Cooperative Medical System
COPC	Community Oriented Primary Care
COPD	Chronic Obstructive Pulmonary Disease
CQI	Continuous Quality Improvement
DALY	Disability Adjusted Life Years
DOCA	Department of Civil Affairs
DODPC	Department of Disease Prevention and Control
DOMA	Department of Medical Affairs
DOMCH	Department of (Basic Health) and Maternal and Child Health
ECG	Electrocardiogram
EPS	Epidemic Prevention Station
FPC	Family Planning Committee
GDP	Gross Domestic Product
GIS	Government Insurance Scheme
GP	General Practitioner
HCA	Health Care Agreement
HIV	Human Immunodeficiency Virus
IHF's	Individual Health Files
IHSA	Individual Health Saving Account

IOM	Institute of Medicine
MCH	Maternal and Child Health
MOCA	Ministry of Civil Affair
MOH	Ministry of Health
MOLSS	Ministry of Labour and Social Security
NCD	Non-Communicable Disease
NHS	National Health Service
PHC	Primary Health Care
PHI	Public Health Institution
PHW	Public Health Worker
PUMC	Peking Union Medical College
QA	Quality Assurance
SAOs	Street Administrative Offices
SOE	State-owned Enterprise
SPF	Social Pooling Fund
UNAIDs	Joint United Nations Programmes on HIV/AIDS
UNICEF	United Nations Children's Emergency Fund
URI	Upper Respiratory Infection
WCUMS	West China University of Medical Sciences
WHO	World Health Organisation

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ABSTRACT

The development of community health services (CHS), characterised in particular by the emergence of general practitioners and the establishment of community health centres, is one of the top priorities on the policy agenda for urban health reform in China. The primary and secondary levels of hospitals are being urged to change functions, shifting from traditional hospital services to CHS.

This study aimed to contribute to the development of training strategies for CHS through documenting the policy, administrative and institutional arrangements of the CHS programs, identifying performance problems, and analysing relevant determinants that underpin the practice and performance of CHS. Document analysis, indepth interview and questionnaire survey were adopted as main methodological approaches. The study was undertaken in Chengdu and Panzhihua, which included observation of 14 community health centres, interview with 23 general practitioners and managers, and a random sample survey among 1041 residents.

This study revealed that the top priority of the CHS programs was to try 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 for the community residents had not been improved significantly. Poor response to local population health issues, inefficient use of resources and poor quality of services were amongst the key performance problems. There was little prospect of the CHS institutions achieving sustainable development.

There was a widespread agreement among the CHS managers and practitioners that training is an essential strategy in improving the CHS performance. However, when policy, system, and cultural barriers are not properly addressed, training means little. There were evident organisational failings and lack of inter-governmental collaborations and leaderships in developing CHS. The lack of policy coherence with respect to organisational incentives impeded the achievement of the goals of CHS. There was also a lack of consumer participation and support.

These findings have implications for both policy development and training arrangements. The development of CHS needs to be considered as a system change rather than in terms of isolated institutional developments. Training arrangements for

CHS need to offer competencies for a wide range of organisations and professionals to enable them to improve their daily works and also to contribute to solving some of the system problems. The training programs developed for governmental officials, hospital and CHS managers, general practitioners, community nurses, public health workers, pharmacists and other CHS practitioners need to be aligned with a unified goal and facilitate the development of the supportive environments and inter-organisational collaborations (partnerships).

STATEMENT OF AUTHORSHIP

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma.

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All research procedures reported in the thesis were approved by the Ethics Committee of the Faculty of Health Sciences, La Trobe University, and the directors of the municipal health bureaux of Chengdu and Panzhihua.