

This month observers could be forgiven for thinking that all of China's talent, energy and resources have been focused on hosting the 2008 Olympic Games in Beijing.

But as the athletes pack away their medals and the cleaners clear the stadiums, the country's best medical minds will be preparing to unveil the results of a task of equally Olympic proportions. They have spent the equivalent of an Olympiad on seeking ways to reform the health system so that the growing gaps in access and service quality can be closed and good, but affordable, care be offered to all.

It is expected that the fruits of those four years of debate, research and consultation will be presented to the nation after the Olympic Games. And after further consultation the hardest task of all, implementation, will begin.

One of those closely involved in the process, Professor Han Qide, a celebrated academic turned medical politician, told the *Hong Kong Medical Journal* "We have achieved this after 3-4 years of preparation—with people arguing all the time."

Speaking in his office at Peking University, Professor Han explained how China is now tackling the need to have some means of improving access and underwriting health costs by developing "medical co-operatives" in rural areas.

"The government has made some changes already. By the end of this year the cooperative medicine will cover all rural areas where the people and the government make an effort together."

The co-operatives started with small grants (10 *yuan* from central government and 10 *yuan* from local government) matched by what the people could afford—10 *yuan* per person. Later, government responsibility was strengthened, and 20 *yuan* was provided by the central government, 20 *yuan* by local government, elevating the total rate to 50 *yuan* per capita. Now, both the subsidy and the farmer's payment has doubled, ie the subsidy from both central and local governments has been increased to 40 *yuan*, added by 20 *yuan* paid by each farmer. In the near future, hopefully, the total amount will reach 150 *yuan*. These co-operatives have been able to "gradually improve the basic health care to the farmers".

But the other important part of the needs equation—training and retaining good rural health care workers: a worldwide problem faced by both developed countries like Australia and the underdeveloped in Africa—also needs to be tackled. "We will also train more rural health care workers."

Though Vice-Chairman of the Standing Committees of both the 10th and now 11th (as of March this year) National Peoples' Congress, the Chairman of the Central Committee of the China Jiu San (September 3) Society (a political party comprising



Professor Han Qide never planned to be a politician but now spends most of his time on politics

mostly research scientists, doctors and academics) Chairman of the China Association for Science and Technology, and Dean of Peking University Health Science Center, Professor Han still keeps up with his earliest professional colleagues, barefoot doctors. They taught him invaluable lessons when he was sent to Lintong County in Shaanxi Province in 1968 after graduating from the Shanghai No. 1 medical college, for ten long years of learning practical medicine the hard way in remote rural communities.

"I did 10 years as a rural doctor with a very poor life but I had such good relationships. I had several barefoot doctor friends and I still keep up with them. Those ten years of service in the country is a treasure of my life. Anyone, if they want to know the real China they must understand the rural areas. You have to know the farmers to know the real Chinese."

Not only did Professor Han make good friends, he found people unafraid to give him their opinions freely—on any subject—despite his rise to the top of the medical, and more recently, political tree. "Sometimes it's difficult to know the real information but I get the real information—not just on rural health care reform issues but on all kinds of issues in the countryside."

And these views from the frontline have helped shape the ideas Professor Han has brought to the table when discussing health care reform.

Even so, says Professor Han, he expects there will be a very wide range of views and demands for changes to the plan when it is presented for wider consultation.

"The plan is still general. The east and west of China are very different, so it's impossible to have one plan to fit everyone. The only thing we can do is provide a structure and consult over the details. I'm not sure how people will accept it."

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