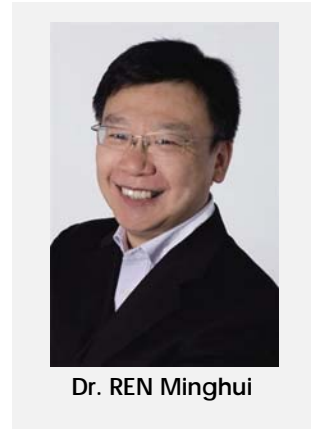


# IN SPOTLIGHT

## INTERVIEW WITH DR. REN MINGHUI, MINISTRY OF HEALTH, CHINA

*By Lingling Zhang, ScD, Harvard University*

任明辉博士, 现任中国卫生部国际合作司司长。1987年7月毕业于西安医科大学医疗系, 获医学学士学位; 1993年6月毕业于美国哈佛大学公共卫生学院, 获公共卫生硕士学位; 2008年6月北京大学医学部卫生政策与管理学系博士毕业, 获社会医学与卫生事业管理专业医学博士学位。自1987起在卫生部工作。曾担任卫生部政策法规司政策研究处、医疗保险处副处长、卫生部办公厅部长秘书。2001年1月起, 担任卫生部国际合作司副司长; 2008年4月起, 任国际合作司司长。任世界卫生组织执委会 (Executive Committee) 委员、世界卫生组织结核病策略和技术顾问小组 (Strategic and Technical Advisory Group for TB, STAG-TB) 成员、联合国艾滋病规划署加速实现全面可及全球指导委员会 (Global Steering Committee on Scaling Up Towards Universal Access) 等委员会委员、全球抗击艾滋病、结核病和疟疾基金理事代表、财务与审计委员会副主席、政策与战略委员会委员, 以及中美、中加、中法、中澳等国政府间卫生合作委员会、克林顿基金会、盖茨基金会、生物梅里埃基金会艾滋病、结核病等合作项目管理机制中方主席等职。



Dr. REN is the Director-General of the Department of International Cooperation at the Ministry of Health (MOH) of the People's Republic of China. Throughout his career, Dr. REN has been involved in numerous health policy research projects including the "Health care systems research in rural China" (MOH), "Financing and organization of health care services in poverty areas of China" (World Bank), "The pilot study of health insurance reform in urban China" (Chinese State Council) and the "Experiment in community health protection-policy exploration, training and demonstration program" (UNDP). In recent years, as a senior representative of the Chinese government, he served as a leading board member in a number of international organizations including WHO, UNAIDS, and the Global Fund to Fight AIDS, TB and Malaria. He is also the point of contact for many Chinese bilateral cooperation mechanisms in health. Dr. REN received his MD, MPH and PHD from Xi'an Medical University in 1987, Harvard School of Public Health in 1993 and Peking University in 2008, respectively.

Dr. Lingling Zhang initiated this interview when she met with Dr. REN at the Harvard America-China Health Summit organized by the Harvard School of Public Health China Initiative. Dr. REN was one of the invited guests of honor at the Summit. Dr. REN responded to Dr. Zhang's questions in writing after he returned to China.

### 1. 重返哈佛 (Revisiting Harvard)

张玲玲: 我知道您是哈佛公共卫生学院的校友, 再次回到这里不知您的最大感受是什么?

任明辉: 本次重返校园时间很短, 但是感触很深, 最大的感受是各方对中国卫生政策和卫生体制改革的高度关注和支持, 以及相关研究分析的深入程度。此外, 也对公共卫生学院近年的发展感到高兴和祝贺。

Lingling: As an alumna of the Harvard School of Public Health (HSPH), what is your strongest feeling coming back here again?

Dr. REN: Although my return visit was short, I was very impressed with what I experienced during this visit. I was most touched and impressed by the Harvard community with its great attention and support for China's health policy and health system reform, as well as the depth of related

research. In addition, I am happy to see the development of HSPH in the recent years and would like to congratulate on its achievements.

## 2、中美医疗改革 (Health Reform in China and the United States)

张玲玲: 因为您来自国际司，从国际交流的角度来看，医疗改革对于中美两国的往来有什么正面影响吗？

任明辉: 从总体上看，近年中美两国关系不断发展，但是分歧不断。追求健康是人类共同的目标，卫生和健康的两国具有共同利益的领域，两国卫生交流与合作，特别是医改的交流，可以为两国人民交往带来共同福祉和积极的影响，并具有全球意义。因此，中美卫生医学合作与交流一直是两国关系发展最为稳定并愈加紧密的领域之一，呈现出政府、民间等多方参与，双边合作与多边协调同时推进，政策交流、科研合作、人员培训等广泛交流的良好局面。

Lingling: As you are an official from the Department of International Cooperation with the Ministry of Health of China, what positive impacts do you think China's health care reform have on the relationship between China and the US?

Dr. REN: Generally, Sino-American relations have been strengthened in recent years but dissonance also exists. Pursuit of health is the ultimate goal of human beings as well as the common interest of both China and the US. The exchange and collaboration between the two countries on their health care systems, especially health care reform, will bring benefits and positive impacts to their relationship, which has global significance. Therefore, collaboration and cooperation on health care and medical science has become one of the most stable areas between the two countries, and has been growing stronger and closer with the involvement of multi-stakeholders from the governments and civil societies, bilateral collaboration and multilateral coordination in many areas, including policy exchange, research collaboration, and workforce training.

张玲玲: 您认为中美两国同时在进行医疗改革是种巧合吗？

任明辉: 中美两国同时在进行医改，并不是一种巧合。中美两国人口众多，国情差异大，且处于截然不同的经济社会发展阶段，因此其医疗改革受到全球社会的高度关注。实际上世界主要国家都在进行医改，不断调整卫生服务的提供和筹资方式，比如英国、法国、澳大利亚、荷兰、墨西哥等。这是世界社会经济形势发展对健康需求、卫生服务提供影响的必然体现，是 21 世纪全球发展议程的体现。

Lingling: Do you think it is a coincidence that China and the United States are undertaking their health care reform at the same time?

Dr. REN: No, it's not a coincidence. Both China and the United States have large populations, yet the two countries are very different and are at different stages of their economic and social development. That's why their health care reforms have drawn great attention worldwide. As a matter of fact, many countries are undertaking their health care reform currently to adjust their health care delivery and financing. These countries include the UK, France, Australia, the Netherlands, Mexico, among others. This is inevitable and results from the demand of global socio-economic development on health needs and health care delivery. This represents the global development agenda in the 21st century.

## 3. 中国医疗改革 (Healthcare Reform in China)

张玲玲: 您认为中国医疗改革借鉴最多的国际经验来自哪些国家？

任明辉: 中国医改方案广泛学习借鉴了国际经验和做法，包括其中的成功和不足，并充分考虑到中国的基本国情和卫生国情，因此很难说哪些国家的做法借鉴的最多。医疗卫生体制是一个国家社会体制和制度的组成部分，其形成和发展，以及不断的调整和改革，都无法脱离这个国家特定历史时期的基本政治经济制度、

社会环境，以及文化沿革。学习借鉴的关键不是照搬其它国家的做法，而是了解这些做法背后的核心价值，分析是否符合本国国情，并创造性地走出适合自己的卫生发展道路。中国医改抓住了普世原则，即医疗卫生服务的公平性，并从基本医疗服务和保障切入。从这一点上看，中国医改均有自己独得的“知识产权”。

Lingling: In your opinion, which countries' healthcare systems has China's healthcare reform drawn the most lessons from?

Dr. REN: China's health care reform plan has widely drawn lessons from other countries' experiences including both successes and weaknesses, with thorough considerations of China's own domestic characteristics and health systems. Therefore, it's hard to calculate which specific country has offered the most experience to China. The health care system is a component of a country's social and political system. Its formulation and development, as well as constant adjustment and reform have to be embedded in the political and economic system, social environment, and culture evolution at certain historical times. Hence, China's health care reform cannot simply replicate what other countries have done. We need to understand the core value of other reforms and to analyze whether they are compatible with China's system. Then a proper health care development can be creatively implemented within China. China's health care reform has seized universal principles of equity in health care services and used essential health care services and financing as a breakthrough. From this standpoint, China's health care reform has its unique "intellectual property".

张玲玲:您认为中国医疗卫生体制中最棘手的问题是什么？如何解决您认为的棘手问题？

任明辉: 在当前医改 5 大重点工作中，公立医院改革是最困难的部分。基本医疗保障制度的完善、基本药物制度的建立、基本公共卫生服务均等化的实现，都在很大程度上依赖于公立医院的服务平台。如果公立医院改革无法顺利进行，整体医改的推进以及未来可持续都面临困难。然而，公立医院改革远远不是医院内部的管理问题，从根本上，就是财政投入、价格调控、行业监管等政府综合性职能，如何确保公立医院的“公益性”问题。我认为，公立医院改革的关键，是要明确公立医院的微观职能、宏观规模；其次，要明确各级政府对公立医院的作用和职责，特别是理顺财税、医保和价格政策，以及监管内容和路径。

Lingling: From your perspective, what is the toughest issue in China's health care reform? How would you propose to solve it?

Dr. REN: Among five major fields in the reform, public hospital reform is the most difficult one. Other reforms, i.e., improvement of essential health insurance system, establishment of essential medicine system, and equalization of essential public health services, are all greatly dependent on the services provided by public hospitals. If public hospital reform was not well implemented, the overall health care reform and its sustainability would face difficulties. However, the scope of public hospital reform goes far beyond the internal management of hospitals. It encompasses finance input, price control, regulation and other government functions, while ensuring public hospital's "public" nature. I think it is critical for public hospitals to have clear micro functions and macro scales. Also, governments at all levels should have a clear role and responsibility in managing public hospitals, especially in terms of tax, health insurance, and pricing policies, as well as regulatory actions and their formats.

张玲玲:您认为当前中国医改的优势和劣势各是什么？

任明辉: 当前中国医改是党中央、国务院和全国各级政府、社会各界上下一致的政治意愿，在医改总体方案的基础上，各部门分工负责，并与各地政府签订了责任状，明确了监测考核指标。这些是保证医改各项主要工作逐步有序、顺利推进的主要原因。然而，目前改革还没有解决深层次体制、机制性问题，比如各级财政增加投入的制度性安排，统一、高效、协调的卫生行政管理体制的构建等，这些都需要未来的改革逐步研究解决。

Lingling: What are the advantages and disadvantages of the current health care reform in China?

Dr. REN: The current health care reform is a widely accepted political will throughout the Central Government, all levels of local governments, and the society. Based on the general reform plan, the work was divided among various departments/ministries in central government, the accountability contract was signed by the central government agencies and local governments, and the monitoring and evaluation indicators were clarified for every stakeholder. All the above reasons ensure that health care reforms can progress smoothly on the schedule. However, the reform has not solved the fundamental, systematic and structural problems, for instance the systematic increase of fiscal investments at all government levels, and the establishment of a coherent, efficient, and coordinated health administration system. These emerging problems will need to be studied and solved gradually in the future.

张玲玲: 就政府进行医疗改革的执行力而言, 您认为当前卫生部做得最好的是什么, 需要继续努力的是哪方面?

任明辉: 医改涉及到国家发改委、财政部、人力资源和社会保障部等多个部门的参与, 卫生部是医改的主要决策者、参与者和实践者。为顺利推进医改, 卫生部建立了医改主要监测指标的定期收集、分析和报告制度, 部领导与各主要业务司局和各地卫生厅局签署责任状, 层层落实任务指标, 这种问责制是本次医改工作的一大特色。需要继续加强上下综合协调工作, 以及与公众的沟通工作, 创造更加有利的医改大环境。

Lingling: From the perspective of health care reform implementation, what is the best the Ministry of Health has done and in which areas we need to devote more efforts?

Dr. REN: Health care reform has involved multiple government agencies and ministries, including the National Development and Reform Commission, the Ministry of Finance, and the Ministry of Human Resources and Social Security. The Ministry of Health (MoH) is a major decision maker, participant, and practitioner. In order to implement the health care reform, the MoH set up a system to periodically collect, analyze, and report surveillance indicators. MoH leadership, major operating departments, and local health bureaus have all signed an "accountability contract". This accountability mechanism is a prominent characteristic of the current health care reform. More efforts are needed in strengthening general coordination through all levels of governments, improving communication with the public, and creating a more favorable environment for health care reform.

张玲玲: 您认为中国医疗卫生体制中值得他国学习的经验是什么?

任明辉: 中国医疗卫生体制坚持预防为主, 加强公共卫生, 重视妇幼保健, 以及基层卫生服务体系。实践证明, 这是符合中国国情的卫生发展之路, 对其它国家也有借鉴意义。

Lingling: What are the positive experiences from China's health care reform that are worth learning for other countries?

Dr. REN: China's health care system puts prevention as a main focus, strengthens public health, and emphasizes on maternal and child health, and aims at local essential health services delivery. It has been proved that this is the appropriate way forward for China's health care development, which can also offer a good reference to other countries.

张玲玲: 您认为中国医疗改革能成功的最关键因素是什么?

任明辉: 坚定的政治决策和强有力的执行力。

Lingling: What do you think is the key factor for a successful health care reform in China?

Dr. REN: The determined political decision and strong implementation, and execution capacity are critical for the success of China's health care reform.

#### 4. 寄语中国卫生政策与管理学会（Words to CHPAMS）

张玲玲: 您有什么话要对中国卫生政策与管理学会的成员及中国卫生评论的读者说吗？

任明辉: 中国医改是长期的任务，在基本原则和目标、方向确定之后，依然有大量需要探索研究和解决的问题，需要不断学习借鉴国际经验。在本次论坛上，我感觉中国方面还需要在微观方面的数据收集、分析，以及为政策决策服务方面下功夫。希望各位学会成员继续关心、支持中国的医改，并以更加主动、建设性的姿态，为中国的医改进言献策。

Lingling: What would you like to share with CHPAMS members and China Health Review readers?

Dr. REN: China's health care reform is a long march. Even though the basic principle and goals are already set, there are many problems that still need to be continuously explored, studied and resolved which requires continuing learning from international experiences. Based on the discussions at the Harvard America-China Health Summit, I think we need to put more efforts in micro data collection and analysis to better serve policy-making decisions. I hope all CHPAMS members will continue watching and supporting China's health care reform, and more actively get involved in and advocate for China's health care reform.

*Note: This article was translated from the original responses in Chinese by Lingling Zhang, ScD, and edited by Zheng (Jane) Li, PhD. In case of ambiguities in the English translation, please refer to the original Chinese version.*